

Title of Meeting:	Governing Body	Agenda Item: 4.2									
Date of Meeting:	7 October 2021	<table border="1"> <tr> <th colspan="2">Session (Tick)</th> </tr> <tr> <td>Public</td> <td>X</td> </tr> <tr> <td>Private</td> <td></td> </tr> <tr> <td>Development Session</td> <td></td> </tr> </table>		Session (Tick)		Public	X	Private		Development Session	
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Paper Title:	Accountable Officer Report										
Responsible Governing Body Member Lead Amanda Bloor, Accountable Officer		Report Author and Job Title Amanda Bloor, Accountable Officer									
Purpose (this paper if for)	<table border="1"> <tr> <th>Decision</th> <th>Discussion</th> <th>Assurance</th> <th>Information</th> </tr> <tr> <td></td> <td></td> <td>X</td> <td></td> </tr> </table>			Decision	Discussion	Assurance	Information			X	
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		X									
Has the report (or variation of it) been presented to another Committee / Meeting? If yes, state the Committee / Meeting: No.											
Executive Summary The purpose of this report is to provide a brief update from the Accountable Officer of the North Yorkshire CCG to members of the Governing Body on areas not covered on the main agenda.											
Recommendations The Governing Body is being asking to: Review this report as assurance.											
Monitoring The Accountable Officer will provide a report at each Governing Body meeting.											
Any statutory / regulatory / legal / NHS Constitution implications	Any implications will be detailed in the report as required in the individual sections.										
Management of Conflicts of Interest	No conflicts of interest have been identified prior to the meeting.										
Communication / Public & Patient Engagement	Not applicable.										
Financial / resource implications	Any financial implications will be detailed in the report as required in the individual sections.										
Outcome of Impact Assessments completed	Not applicable.										

Amanda Bloor
Accountable Officer
NHS North Yorkshire CCG

1.0 ICS Developments

Update

Several guidance documents have now been published over the past few weeks and working groups established across the ICS, which includes subject matter experts from across all CCGs, are working through the documents. The integrated care board executives will be working collectively to ensure that a consistent approach is taken forward collaboratively across Humber Coast and Vale ICS.

Supporting Staff

We continue to support staff through the transition with regular staff briefings. We already know the transformation work under way is not a cost saving exercise and there is a strong focus on talent retention. The HR framework reinforces the employment commitment for those below board level and confirms that it will be a lift and shift process. It also sets out technical guidance to support this process. The aim is for minimal disruption to staff, with only minor changes identified such as a change to line manager, pay date and employer. Line managers will be encouraged to continue to hold health and wellbeing conversations to capture the needs of their staff as we move through the transition period so that support can be provided where identified.

Local Care Partnerships

Over the last few weeks the CCG and North Yorkshire County Council have hosted development workshops for each of the four 'neighbourhoods' which will make up the North Yorkshire place.

The workshops were well attended with representative participation from the localities. The workshops generated a lot of focused thinking on our health and care priorities and what will help us achieve the improvements in outcomes we would all like to see. Some of the emerging themes included: Desire to build on what is already in place; prevention and early intervention, fairness in funding to ensure that rurality and inequalities; help connect health and social care; and to make full use of our active volunteer and community sector.

ICS Plan Development Framework

Through 2021 partners across North Yorkshire and York have been reviewing their readiness to operate as Places using the ICS Place Development Framework.

Adopted for use across the 6 Places of HCV ICS the framework provides a consistent way of assessing our strengths and considering what actions will help us move towards being 'thriving' Places by April 2023.

Both Places (North Yorkshire and York) have completed a desktop exercise and engagement with key partners across NHS and Local Government to build the assessments. Following the outcome of the assessment, several key priorities and actions are being agreed. Leads will be assigned to those actions ensure progress is made against the plan.

2.0 COVID-19 Update

Integrated Working

We are continuing to maintain our Incident Response and ensure that we have robust arrangements in place to respond to the ongoing COVID-19 pandemic and other concurrent incidents including Winter pressures. At a strategic level, the Gold Command meeting, comprised of Chief Executives and Accountable Officers across the North Yorkshire and York health system, continue to meet regularly to ensure we have the right resources in the right place.

A paper on both Winter Planning and Emergency Preparedness, Resilience and Response (EPRR) are on the agenda for discussion and approval.

Staff Wellbeing

The CCG has continued to conduct staff surveys to monitor the health and wellbeing of staff during the pandemic. Feedback from the last survey was positive reflected that remote working has continued to work well for the majority of staff. Staff requiring additional support are being supported by line managers and HR where appropriate.

A Resilience Hub was launched earlier this year to support health, care and emergency services workers across the Humber, Coast and Vale area. The Humber, Coast and Vale Resilience Hub provides independent and confidential health and wellbeing support for health, care and emergency service workers who may be struggling with the impact of Covid-19.

More information about the Resilience Hub can be found by following the link:

<https://www.hcvresiliencehub.nhs.uk/>

Reopening of Offices

The CCG has been continuing to monitor the situation and have agreed that offices will be reopening from 1 October 2021. Employees have been asked to remain vigilant and to follow some rules to ensure that we can be as safe as possible. The CCG will continue to monitor the situation, including any guidance from central government.

The CCG is committed to supporting the health and wellbeing of all its employees and following feedback from staff surveys, the CCG has developed a home working framework to support colleagues to have a better work-life balance.

3.0 NY CCG End of Year Assessment for 2020/21

The CCG's year-end assessment with NHS England took place on 9 June 2021.

Colleagues across the CCG have worked together to completed self-assessment and a slide deck for the year-end meeting. The work included a strong narrative describing how we have worked across the system during 2020-21.

The assessment was based on the operational priorities set out in July and December 2020 and the review focussed on the CCGs' contribution to local delivery of the overall system plan for recovery, with emphasis on the effectiveness of working relationships in local systems.

Following the review, the CCG received a letter that detailed an assessment of our performance. NHS England & Improvement concluded that: "the CCG has performed well during 2020/21 in difficult circumstances and in only its first full year of operation and is well placed to support the necessary transition to the new arrangements throughout 2021/22".

Throughout the assessment NHS England recognised the hard work that you have all put in over the last year, including to support colleagues in primary care and care homes, address health inequalities, improve the quality of service and keep people connected, as well as ensuring robust financial good practice is in place and delivered. It also endorsed the way that we have worked with our partners, particularly through the pandemic where we were able to make decisions quickly through the systems put in place at all levels to respond to Covid-19.

4.0 Governance Arrangements

The Governing Body previously discussed moving to an interim approach to the governance arrangements of the CCG in the transition to the ICS. The following agreements were made:

- Governing Body meetings would move from bi-monthly to quarterly – with any urgent decisions to be made virtually and then brought back to the Governing Body for ratification.
- All statutory committees would remain the same

In terms of the non-statutory Committees – Finance, Performance, Contracting and Commissioning Committee (FPCCC) and Quality and Clinical Governance Committee (QCGC) – it was proposed by

the Governing Body that the Chair and lead Executive for these committees meet to agree how we can provide the necessary oversight/assurance within the streamlined less bureaucratic process proposed. The position of each committee is outlined below:

FPCCC

- A proposal was taken to this Committee which provided a detailed proposal. FPCCC agreed that formal committee meetings are stood down replaced by virtual decision-making, unless there are exceptional circumstances agreed by the Executive Lead and Chair that require an item to be discussed.
- It was further agreed that all assurance delegations will be transferred back to the Governing Body.
- It was agreed that a virtual decision-making mechanism should be developed which allows FPCCC members to make quorate decisions virtually in line with the delegated decisions set out in the Scheme of Delegation. All such decisions will be reported into the next GB via a decision log for information. A standard format of information will be agreed which will be emailed to FPCCC members as necessary. Where there are complex issues, the Chair may ask for a virtual meeting of the members to discuss that item.
- It was agreed that the monthly informal meetings between the FPCCC chair and the CFO will continue to ensure that these new arrangements run smoothly and to agree where it is of an exceptional nature may need bringing to the attention of the GB.

QCGC

- It was agreed by the Chair (Lay Member for Patient and Public Engagement) and Executive Leads (Chief Nurse and Director of Corporate Services, Governance and Performance) that this meeting should remain as normal. The rationale for this is that high level monitoring and assurance is required through discussion with lead experts due to the number of risks relating to the areas of quality and clinical governance.

Recommendation: The Governing Body is asked to approve the above. If approved, the terms of reference for the FPCCC will be amended and brought back to the Governing Body for approval virtually.

5.0 Humber, Coast and Vale Health and Care Partnership Update

The latest HCV ICS stakeholder newsletter is available at:

https://humbercoastandvale.org.uk/wp-content/uploads/2021/07/Partnership-Newsletter_July_2021_v4.pdf

Highlights of the report include:

- Our 20/21 Strategic Objectives
- Latest guidance on integrated care system development
- The Humber Acute Services Programme What Matters to You engagement activity
- Digital innovation helping patients in our region

6.0 Recommendation

The Governing Body is asked to receive this report as assurance.

Amanda Bloor
Accountable Officer
NHS North Yorkshire CCG