

<b>Title of Meeting:</b>	<b>Governing Body</b>	<b>Agenda Item: 4.2</b>									
<b>Date of Meeting:</b>	<b>22 April 2021</b>	<table border="1"> <tr> <th colspan="2">Session (Tick)</th> </tr> <tr> <td><b>Public</b></td> <td>X</td> </tr> <tr> <td><b>Private</b></td> <td></td> </tr> <tr> <td><b>Development Session</b></td> <td></td> </tr> </table>		Session (Tick)		<b>Public</b>	X	<b>Private</b>		<b>Development Session</b>	
Session (Tick)											
<b>Public</b>	X										
<b>Private</b>											
<b>Development Session</b>											
<b>Paper Title:</b>	<b>Accountable Officer Report</b>										
<b>Responsible Governing Body Member Lead</b> Amanda Bloor, Accountable Officer		<b>Report Author and Job Title</b> Amanda Bloor, Accountable Officer									
<b>Purpose (this paper if for)</b>	<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	
Decision	Discussion	Assurance	Information								
		X									
<b>Has the report (or variation of it) been presented to another Committee / Meeting?</b> If yes, state the Committee / Meeting: No.											
<b>Executive Summary</b> 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.											
<b>Recommendations</b> <b>The Governing Body is being asking to:</b> Review this report as assurance.											
<b>Monitoring</b> The Accountable Officer will provide a report at each Governing Body meeting.											
<b>Any statutory / regulatory / legal / NHS Constitution implications</b>	Any implications will be detailed in the report as required in the individual sections.										
<b>Management of Conflicts of Interest</b>	No conflicts of interest have been identified prior to the meeting.										
<b>Communication / Public &amp; Patient Engagement</b>	Not applicable.										
<b>Financial / resource implications</b>	Any financial implications will be detailed in the report as required in the individual sections.										
<b>Outcome of Impact Assessments completed</b>	Not applicable.										

**Amanda Bloor**  
**Accountable Officer**  
**NHS North Yorkshire CCG**

# Accountable Officer Report

## April 2021

### 1.0 ICS Developments

Conversations are underway with colleagues across regional health 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.

The White Paper has been released: *Integration and Innovation: working together to improve health and social care for all*. The focus is about getting Integrated Care Systems (ICS) to work locally, with as much local flexibility as possible. The current timeline remains, as outlined nationally, shadow form from September 2021 and fully established on 1 April 2022.

From a CCG perspective, we have agreed with system partners that the Gold Command meeting, that has been in place since the start of the pandemic, will be the Integrated Care Partnership Board for the North Yorkshire and York partnership. It will take a system view of the partnership plans and implementation of the wider system changes

The system will need to consider how it evolves in response to further national and regional guidance and legislation due to be published in May 2021 and learning from the local system.

### 2.0 COVID-19 Recovery

#### 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.

#### Addressing Inequalities

Actions to address inequalities have been a priority during the Covid-19 response and now as part of the planning for 2021/22. Key actions include the following:

- To support the vaccination programme a dedicated health inequalities group has been established, focused on reducing the gaps in take up across different ethnic groups and in areas of deprivation.
- The Director of Strategy and Integration acts as the executive lead for addressing health inequalities in NYCCG.
- The Humber Coast and Vale Digital Inclusion steering group, chaired by NYCCG's Deputy Director of Business Change and Planning, provides guidance to transformation programmes on how to avoid digital exclusion.
- The CCG carried out a significant piece of work to support practices to establish a GP led Pulse oximetry@home programme, initially targeting over 65's and clinically extremely vulnerable with layered support.
- There is now increased recording of ethnicity in GP clinical systems using the flu vaccination and covid vaccination programme as an opportunity to capture more of this data,
- Acute trusts have completed clinical validation and risk stratification of waiting lists.
- Increased multi-agency working for the Learning Disability and Autism Programme, including a robust DSR (dynamic support register), and regular MDTs to discuss those most at risk
- Population Health Management (PHM) workstream in place with an agreed programme of work across North Yorkshire and York.

## **Managing surge in demand**

All health organisations have surge plans in place to manage further waves in demand. These plans include ongoing review and prioritisation of services, maximising discharge and admission avoidance capability, and enabling flexible deployment of the workforce to areas of greatest need.

The clinical prioritisation process has ensured that patients requiring cancer treatment in North Yorkshire have not experienced delays in receiving treatment and care. Diagnostic, bed and critical care capacity has been protected for cancer patients to ensure that cancer diagnoses and treatments are not delayed.

## **Primary Care**

In Primary Care all practices remained open during the second wave and have contingency plans in place to maintain priority services in the event of significant demand or a reduction in clinic capacity. In addition, the priorities include returning access to pre-covid levels and data suggests they already are. Primary Care appointments are available through a mix of face to face and digital consultations (on-line, video, telephone). Priorities remain supporting the clinically extremely vulnerable, rolling out the vaccination programme, annual health checks for patients on the Learning Disabilities Register and cervical cancer screening.

## **Covid-19 Vaccinations**

- We have successfully met the milestone set by Government of offering everyone in JCVI cohorts 1-9 a vaccination by 15 April 2021. This includes everyone 50 and over, people who are extremely clinically vulnerable or have an underlying health condition, and health and care workers.
- As of Tuesday, 13 April we had vaccinated around 420,00 people in North Yorkshire and York and around 100,000 people had also received a second dose. This breaks down to 247k first doses and 57k second doses in North Yorkshire and 172k first doses and 43k second doses in York.
- There are currently around 35k people eligible for a Covid-19 vaccination who have not stepped forward. GPs and primary care colleagues have been working hard to reach these people and understand what more may be needed to support them in getting a vaccination, either through increasing their confidence in the vaccine or in ensuring they can access a vaccination centre. This work continues.
- The vaccination programme continues to develop: [13 April] saw the first dose of Moderna vaccination given in North Yorkshire and York at Askham Bar. Individuals in cohort 10 – those 45 and over – can now also book an appointment for a vaccination at all sites where stock is available.

## **Flu Programme**

The Flu programme for 20/21 is now complete. The Flu programme for 21/22 will now include the 50 – 64-year-olds again. Further guidance on this is expected shortly.

### **3.0 Annual Report and Accounts 2020/21**

In February 2021, the Governing Body delegated authority to the Audit Committee to review the Annual Report and Accounts 2020/21 prior to the draft submission to NHS England and Improvement. The draft report will be going to the Audit Committee on 27 April 2021 and will then be submitted to NHS England and Improvement for review and comment. Once feedback has been reviewed and any changes have been made the report will be audited and I will then attend the Audit Committee to present the final draft for approval in May 2021.

### **4.0 Reflections over the Past Year**

Having read through the annual report I wanted to personally express my sincere thanks, on behalf of the Governing Body and the Executive Team, to the extraordinary health and social care staff across the system for tremendous efforts and focussed approach over the past year.

The annual report clearly demonstrates the colossal amount of work that has been delivered over the past year. We have worked relentlessly at a sustained pace to ensure that services could react quickly

and could be rapidly innovated to keep patients safe. As a new organisation going through a pandemic, I am thoroughly impressed at the commitment, professionalism and dedication all staff have shown to keep our focus on the vision of the CCG, to work together for healthier lives across North Yorkshire.

Moving forward we need to focus on recovery and building resilience as the challenges will continue throughout 2021/21. We can do this by looking at lessons learned and building on innovation, good practice and effective collaborative working arrangements that are being developed through the Integrated Care System and Integrated Care Partnership.

## 5.0 CCG Strategic Objectives

The Council of Members met in February 2021 and approved an update to the CCG's Strategic Objectives, as recommended by the Governing Body. The update to the Strategic Objectives is highlighted below in blue.

CCG Strategic Objectives	
1	<p><b>Strategic Commissioning:</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>To develop alliances of NHS providers that work together to deliver care through collaboration rather than competition.</li> </ul>
2	<p><b>Acute Commissioning:</b> We will ensure access to high quality hospital-based care when needed.</p>
3	<p><b>Engagement with Patients and Stakeholders:</b> We will build strong and effective relationships with all our communities and partners.</p>
4	<p><b>Financial Sustainability:</b> We will work with partners to transform models of care to deliver affordable, quality and sustainable services.</p>
5	<p><b>Integrated / Community Care:</b> With our partners and people living in North Yorkshire we will enable healthy communities through integrated models of care.</p>
6	<p><b>Vulnerable People:</b></p> <ul style="list-style-type: none"> <li>We will support everyone to thrive [in the community].</li> <li><b>We will promote the safety and welfare of vulnerable individuals.</b></li> </ul>
7	<p><b>Well-Governed and Adaptable Organisation:</b> In supporting our objectives we will be a well-governed and transparent organisation that promotes a supportive learning environment.</p>

## 6.0 Ways of Working and Staff Wellbeing

The CCG offices remain closed at the moment with all staff working remotely. The CCG will continue to monitor the situation and will plan to open the offices as soon as it is safe to do so.

The CCG has continued to conduct staff surveys to monitor the health and wellbeing of staff during the pandemic. Previous surveys have been positive and feedback demonstrates that remote working has worked really well. The latest survey was conducted recently, closing on 20 April 2021, and covered topics including returning to the offices, the integrating care transformation and communications and engagement.

Staff across the Humber, Coast and Vale health and care system are now able to access support via the Staff Resilience Hub. The Hub, which launched on 22 February 2021, provides NHS staff, healthcare workers, and other frontline staff adversely affected by the COVID-19 pandemic with

timely, confidential, culturally competent, psychological and trauma-informed care via a stepped care model of emotional well-being. The service is fully confidential and can be accessed by self-referral as well as via numerous other routes.

The NHS People Plan states that every NHS employer should introduce a wellbeing guardian into their organisation based on the 2019 Health Education England (HEE) 'Mental Wellbeing Commission Report'.

NHS England and Improvement (NHSEI) consider the role is best suited to a non-executive director/governing body member and they should have a genuine interest in the health and wellbeing of the NHS people, and be confident to question decisions and challenge behaviours of the executive team on behalf of the board that may impact on the health and wellbeing of staff. We have asked our Lay Member for Patient and Public Engagement to take on this role.

## **7.0 Humber, Coast and Vale Health and Care Partnership Update**

### **Humber, Coast and Vale Cancer Alliance Stakeholder Update published**

The March 2021 Humber, Coast and Vale Cancer Alliance Stakeholder Update has been published and is available to view at the link below. This month, the Update contains an article on the re-launch of the Hull Lung Health Check programme, information about the expansion of York Teaching Hospital's Rapid Diagnostic Centre to Scarborough, and information on a stakeholder event held about Community Diagnostic Hubs, amongst other news.

<https://hvcanceralliance.org.uk/march-2021-stakeholder-update/>

### **NHS 111 promoted across Humber, Coast and Vale**

With demand on emergency departments and urgent care centres growing, advertisements have been placed on social media and in local press across the Humber, Coast and Vale, to promote use of the NHS 111 service.

### **New NHS teams introduced in schools and colleges across Hull to support children and young people's mental health**

As children and young people make their return to school after almost a year of home-schooling, NHS Hull CCG, Humber Teaching NHS Foundation Trust and Hull City Council are introducing two Mental Health Support Teams (MHST) to support pupils in Hull with their mental health and wellbeing.

### **Academic Health Science Network announces new Chair and Vice Chair**

Richard Stubbs, Chief Executive Officer of Yorkshire and Humber Academic Health Science Network (AHSN), will take on the role of Vice Chair of the AHSN Network. Richard will remain the CEO of the Yorkshire & Humber AHSN whilst in this new role and will be supporting Gary Ford who will take up the role of Chair. The Chair and Vice Chair have an essential remit, leading and maintaining the collective ambition of the Network's 15 AHSNs.

## **8.0 Recommendation**

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

**Amanda Bloor**  
**Accountable Officer**  
**NHS North Yorkshire CCG**