HEALTH AND WELLBEING BOARD

AGENDA

15 OCTOBER 2021

at 2.00 P.M.

in the COUNCIL CHAMBER
CIVIC CENTRE, HARTLEPOOL

PLEASE NOTE CHANGE OF DATE

A limited number of members of the public will be able to attend the meeting with spaces being available on a first come, first served basis. Those wishing to attend the meeting should phone (01429) 523568 or (01429) 523193 by midday on Thursday 14 October 2021 and name and address details will be taken for NHS Test and Trace purposes.

You should not attend the meeting if you are required to self-isolate or are displaying any COVID-19 symptoms such as a high temperature, new and persistent cough, or a loss of/change in sense of taste or smell, even if these symptoms are mild. If you, or anyone you live with, have one or more of these symptoms you should follow the guidance on testing

MEMBERS: HEALTH AND WELLBEING BOARD

Prescribed Members:

Elected Members, Hartlepool Borough Council - Councillors Cook, Howson, Moore and Tiplady.
Representatives of NHS Tees Valley Clinical Commissioning Group- Dr Timlin and David Gallagher
Director of Public Health, Hartlepool Borough Council – Craig Blundred
Director of Children's and Joint Commissioning Services, Hartlepool Borough Council - Sally Robinson
Director of Adult and Community Based Services, Hartlepool Borough Council - Jill Harrison
Representatives of Healthwatch – Christopher Akers-Belcher and Margaret Wrenn

Other Members:

Managing Director, Hartlepool Borough Council – Denise McGuckin
Director of Neighbourhoods and Regulatory Services, Hartlepool Borough Council – Tony Hanson
Assistant Director of Joint Commissioning, Hartlepool Borough Council - Danielle Swainston
Representative of the NHS England - Dr Tim Butler
Representative of Hartlepool Voluntary and Community Sector – 2 Vacancies
Representative of Tees, Esk and Wear Valley NHS Trust – Brent Kilmurray
Representative of North Tees and Hartlepool NHS Trust - Deepak Dwarakanath / Julie Gillon
Representative of Cleveland Police - Superintendent Sharon Cooney
Representative of GP Federation - Fiona Adamson
Representative of Headteachers – Sonya Black

Observer – Statutory Scrutiny Representative, Hartlepool Borough Council – Councillor Feeney

1. APOLOGIES FOR ABSENCE

2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS

3. MINUTES

3.1 To confirm the minutes of the meeting held on 26 July 2021.

4. ITEMS FOR CONSIDERATION

4.1 Clinical Commissioning Group Annual Report 2020/21 (*attached*)

4.2 Director of Public Health Annual Report (*attached*)

4.3 Mental Health Update – Hartlepool Mental Health Forum (*attached*)

4.4 Communications and Engagement Strategy (*to follow*)

5. **ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT**

Date of next meeting – 29 November at 10am

HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

26 July 2021

The meeting commenced at 10 am in the Borough Hall, Hartlepool

Present:

Councillor Moore, Leader of Council (In the Chair)

Prescribed Members:
Elected Members, Hartlepool Borough Council – Councillors Cook, Howson, and Tiplady
Representatives of NHS Tees Valley Clinical Commissioning Group
– Dr Nick Timlin and David Gallagher
Director of Public Health, Hartlepool Borough Council – Craig Blundred
Representatives of Healthwatch – Christopher Akers-Belcher and Margaret Wrenn

Other Members:
Managing Director, Hartlepool Borough Council – Denise McGuckin
Representative of Tees, Esk and Wear Valley NHS Trust – Shaun Mayo (as substitute for Brent Kilmurray)
Representative of North Tees and Hartlepool NHS Trust –Deepak Dwarakanath
Representative of GP Federation – Fiona Adamson

Observer – Statutory Scrutiny Representative, Hartlepool Borough Council – Councillor Feeney

Also in attendance:-
ICS Director of Governance and Partnerships, Dan Jackson,
Healthwatch representatives - Stephen Thomas and Zoe Sherry

Hartlepool Borough Council Officers:
Louise Allen, Head of Service (SEND)
Kelly Armstrong, Strategic Children Commissioner
Hannah Goodman, Covid Champion Co-ordinator
Rachael Graham, Team Leader Covid Engagement & Recovery
Leigh Keeble, Head of Community Hubs and Wellbeing
Gemma Ptak, Asst Director, Preventative & Community Based Services,
Joan Stevens, Statutory Scrutiny Manager
Amanda Whitaker, Democratic Services Team

1. Apologies for Absence

Representative of Tees, Esk and Wear Valley NHS Trust – Brent Kilmurray
Director of Children's and Joint Commissioning Services, Hartlepool Borough Council – Sally Robinson
Director of Adult and Community Based Services, Hartlepool Borough Council, Jill Harrison
Director of Neighbourhoods and Regulatory Services, Hartlepool Borough Council – Tony Hanson
Assistant Director of Joint Commissioning, Hartlepool Borough Council – Daniel Swainston
Representative of the NHS England – Dr Tim Butler

2. Declarations of interest by Members

None

3. Minutes

The minutes of the meeting held on 1 March 2021 were confirmed

4. ICS Update

The Board received a detailed presentation by the Director of Governance and Partnerships which included the following:-

- Key purposes of ICSs
- Place and System working
- Interdependence of ICS
- Scale of ICS
- National ICS development timeline
- Overview of Health and Care Bill
- Key elements of an ICS
- Role, Functions and Composition of the Integrated Care Board
- ICS statutory duties
- Role of Integrated Care Partnership
- ICP Engagement Events
- Key stakeholders in ICS

Board members debated issues arising from the presentation. The Director of Governance and Partnerships acknowledged issues raised including concerns regarding the 'ambitious' timeline, maintenance of existing relationships and patient involvement. In response to concerns expressed by an elected member, the Director gave assurance that the ICS related to the management reorganisation and would not impact front line services.

Decision

The presentation was noted.

5. Covid Update

The Director of Public Health provided an updated presentation on the ongoing coronavirus position in Hartlepool. The presentation focussed on the following:-

- Hartlepool and UK Covid 19 case rates per 100,000 population
- Weekly Covid cases as a comparator with the England average
- Hartlepool and England Covid 19 related death rates per 100,000 population
- Percentage 1st and 2nd dose Covid vaccinated population by age for Hartlepool in comparison to England.

The Board was advised that the Government had announced enhanced support for the Borough – along with the whole of the North East region. The detail of the support package was still being worked on but would include assistance to roll out more localised vaccine delivery.

In the discussion that followed, the Director of Public Health responded to issues raised arising from the presentation. The representatives of the GP Federation and North Tees and Hartlepool NHS Trust, also provided further covid updates. It was noted that it was intended that the Local Authority would promote myth-busting messages in Hartbeat to reassure young women in particular that Covid-19 vaccines were safe and did not affect fertility or breast-feeding. The North Tees and Hartlepool NHS Trust representative advised that his colleagues would support those messages.

Decision

The presentation was noted.

6. Update on Care Quality Commission (CQC) Action Plan (*Tees, Esk and Wear Valley NHS Foundation Trust)*

A briefing document had been circulated with agenda documentation which provided an update on some of the significant steps taken since an unannounced Care Quality Commission (CQC) inspection on some adult inpatient wards in January. Following the inspection, correspondence had been received from the CQC relating to concerns about risk management processes. The briefing note also summarised some of the work which had been done as part of the action plan, which is overseen and reviewed by an external quality assurance board including representatives from NHS England and Improvement, commissioners and the CQC. It was concluded that the Trust was well underway developing Our Journey to Change, the new strategic direction, which had been launched.

Shaun Mayo, Head of Service (MHSOP), expanded on issues addressed in the briefing document in terms of an update on the CQC inspections, actions taken and future direction and longer term actions.

Decision

The update was noted.

7. Covid Champion Update

The Board received a comprehensive update by the Assistant Director, Preventative and Community Based Services, which detailed the infrastructure for the Engagement Team, its priorities and the role of the COVID champions. Board members were advised of the effective working with testing, tracking and vaccination programmes and the long term implications of COVID and community engagement.

Decision

The presentation was noted.

8. Update - Reviewed Health and Wellbeing Strategy (HWS) Priorities and Development of a 'Place Based' Plan (*Director of Public Health)*

Following consideration of an update on the outcome of Working Groups / Partner sessions, the Health and Wellbeing Board at its meeting on the 9th March 2020 had approved the following:

- The reviewed priorities (as set out in the report);
- That, rather than starting something completely new, a plan to widen the work currently being undertaken by the Council's Children's Services Department (focusing actions on 85 streets in the Victoria Ward) should be developed. Emphasis to be placed on the importance of achieving clear outcomes in the identified areas; and
- The establishment of a Partnership Group of senior leaders to oversee the implementation of 'Hartlepool 85 Streets'.

An extract from the minutes of the meeting was appended to the report**.**

The Board was advised that the development of the 'place based' plan had not progressed as far, or at the pace, intended. The co-ordination of the Covid-19 response requiring the focusing of resources across all Health and Wellbeing Board partners.

Decision

The Board noted the update.

9. Health and Wellbeing Board Terms of Reference - Review (*Director of Public Health)*

The report sought consideration of the Board with regard to the incorporation of the role and responsibilities of the Outbreak Control Engagement Working Group in to the remit of the Health and Wellbeing Board (HWB).

Board members discussed a request from Hartlepower for an increase in the number of VCS representatives on the Board (as non-prescribed / non-voting members) to two. The benefit of the sector being represented on the Board was recognised. However, in order for it to meet its full potential, emphasis was placed on the importance of a communication strategy to ensure that information is effectively shared by the VCS H&WB representatives across the full VCS sector.

Board Members considered approval request for the development of a Communications / Engagement Strategy for the Board (as referenced in the Board's Terms of Reference).

Decision

The Board

i) Approved a request from Hartlepower for an increase in the number of VCS representatives on the Board (as non-prescribed / non-voting members) to two.
ii) Approved the refreshed Terms of Reference (as provided in Appendix A); and
iii) Approved the development of a draft Communication and Engagement Strategy for consideration at the next Board meeting

10. Pharmaceutical Needs Assessment (PNA) (*Director of Public Health*)

Following extensions to the statutory publication deadline for the revised PNA, the Board was updated on its responsibilities, and required actions, in relation to the operation and revision of Hartlepool's Pharmaceutical Needs Assessment (PNA) 2018. The report sought approval for the revised timetable, process and continuation of delegations required to facilitate the completion the required revision of the PNA and revised Statement of Intent to been published on the Hartlepool Borough Council website. The report also sought ratification of Supplementary Statements issued during 2020/21.

Decision

The Board noted and ratified the Supplementary Statements detailed in Appendix B.

In relation to the revision of the PNA, the Board:-

i) Acknowledged the content of the report including the outline plan and timetable towards the review of the PNA of the Hartlepool HWB, commencing immediately.

ii) Delegated authority to the Director of Public Health (DPH), in conjunction with the Chair of the Board, for approval of the draft PNA 2021 for release to formal 60 day consultation.

iii) Approved the continued delegation of authority to the Director of Public Health (DPH), in conjunction with the Chair of the Board, for elements of the maintenance and use of the PNA, and for the DPH to approve, as required:

- Publication of minor errata/ service updates as on-going notifications that fall short of formal Supplementary Statements to the PNA (for example changes of ownership, minor relocations of pharmacies, minor adjustments to opening hours and service contracts that do not impact on need);

- Any response on behalf of the Hartlepool HWB to NHS England (42 day) consultation on applications to provide new or amended pharmaceutical services, based on the PNA; and

- Any initial determination with respect to the potential for either a Supplementary Statement or need for full review. Publication of Supplementary Statements to be ratified by the HWB at suitable periodic intervals (e.g. annually) as required.

iv) In accordance with the NHS Pharmaceutical Services regulations, now that the HWB is in the course of making its revised assessment for 2021, the HWB will monitor any changes to availability for pharmaceutical services in its area in the intervening period. The HWB will publish a Supplementary Statement on any changes (to availability) where (if) it is satisfied that immediate modification of its pharmaceutical Needs Assessment (2018) is essential in order to prevent significant detriment to the provision of pharmaceutical services in the town.

v) Agenda items related to consultation, review, maintenance (including Supplementary Statements) and future publication of the Hartlepool PNA be received as required at future Board meetings.

vi) Approved the:

- Revised Statement of Intent to been published on the Hartlepool Borough Council website (as detailed in Section 4.3 of the report); and

- Timetable for the revision and publication of the PNA (as detailed in Appendix C).

11. SEND (Special Educational Needs and Disabilities) Improvement Plan Progress *(Director of Children's and Joint Commissioning Services)*

The report set out progress on the local area's SEND Improvement Plan. Background information was presented in the report. It was highlighted that a review meeting with DfE and NHS England had been held in February with Local Authority, CCG, schools and parent representatives. The meeting had reviewed progress against the SEND Accelerated Progress Plan. The Board was advised that DfE had felt that the area had made significant progress and that formal monitoring was no longer needed and there was no further need for an Accelerated Progress Plan. The letter received from the DfE was appended to the report.

The report set out 2020/2021 progress in terms of Quality of Education, Health and Care Plans (EHCP), Governance, Understanding Needs/Joint Commissioning, Access to advice, guidance and support and Workforce Development. In addition to this work which was being undertaken, there were two reviews taking place as set out in the report. As previously reported to the Board, a peer review had been planned for April 2020 however due to the pandemic this has not been possible. The SEND Strategic Group had agreed an area review would be beneficial in the New Year (2022) once the above pieces of work had been completed.

It was noted that sub regional work is being carried out to review the Dynamic risk register. This register highlights children and young people that may be at risk of hospital admission due to Autism and/ or complex disabilities and undertakes CETR (Care Education and Treatment Review) to ensure the appropriate provision in the community is available. A project officer has been recruited and is employed by Stockton on behalf of the Tees Valley. Officers in Hartlepool are taking part in this piece of work.

Decision

The Board noted the progress in relation to support for children with SEND and reflected on their duties for children under the Children and Families Act 2014 to ensure that children with SEND are supported as appropriate.

12. Healthwatch Hartlepool Annual Report (*Healthwatch Hartlepool CIO)*

A copy of Healthwatch Hartlepool's published Annual Report for 2019 – 20 had been circulated. Board Members were reminded that Healthwatch Hartlepool had to publish an Annual Report by 30th June as a requirement under the Health & Social Care Act 2012. The Chief Executive, Healthwatch Hartlepool, thanked the Board for the opportunity to present the report and highlighted the salient issues included in the report. Steve Thomas provided further details in relation to loneliness and isolation work and Zoe Sherry addressed the Board in her role as Chair of the Mental Health Forum and Healthwatch lead for mental health.

Board Members debated issues arising from the report.

Decision

The Board noted the Healthwatch Hartlepool Annual Report 2019 – 2020

13. Better Care Fund Update (*Director of Adult and Community Based Services)*

Board members were advised that performance reports were routinely submitted to NHS England on a quarterly basis however reporting had been suspended over the past year due to COVID19 and a single year end return had been required which followed a different format to previous returns. The year end return for 2020/21 had been submitted in May 2021 and had confirmed that all national conditions continued to be achieved, as well as confirming that BCF contributions were in line with national guidance. The 2020/21 return had required local systems to record their views regarding a number of statements and the responses provided for Hartlepool were set out in the report.

Decision

The report was noted.

14. Any Other Items which the Chairman Considers Urgent

The Chairman ruled that the following item of business should be considered by the Board as a matter of urgency in accordance with the provisions of Section 100(B) (4)(b) of the Local Government Act 1972 in order that the matter could be dealt with without delay.

15. Any Other Items which the Chairman Considers Urgent

A Board Member brought to the attention of the Board proposals for the permanent closure of the medical practice within Hartfields. The Board was advised of the concern of residents and the assistance of the Board was requested by the elected member.

The Chief Executive, Healthwatch Hartlepool, advised that he was not aware of any statutory consultation on the proposals and suggested that a letter be sent on behalf of the Board to the Clinical Commissioning Group to determine if there are any plans, whether there would be consultation and inviting involvement of Healthwatch as a statutory consultee. The Chief Officer, Clinical Commissioning Group, clarified there was a procedure to be followed with regard to proposals for closure of a medical practice and he would pick this up following the meeting.

Meeting concluded at 12.15 p.m.

CHAIR

NHS
Tees Valley
Clinical Commissioning Group

Annual report and accounts

2020/21

Contents

Statement from the Accountable Officer and Chair

We are delighted to introduce this, our first annual report as Tees Valley CCG following our first year; a year that has produced one of the biggest challenges to the NHS since its inception. The global Covid-19 pandemic has stretched everyone much further than anything in living memory. As a newly formed organisation, working across the whole of Tees Valley, we have striven to ensure that we worked closely with partners to ensure we provided maximum response to these unprecedented challenges, often in completely unchartered territory.

The response from our teams, our partners and the local public has been way above what we could have expected, with everyone going the extra mile to ensure services were stepped up, created and maintained to ensure the local system could cope with the significantly increased pressure due to Covid-19, and to keep everyone as safe as possible while helping manage the way through this global emergency. We can, and should, all be proud of the huge efforts and sheer hard work of everyone to work together to support local people in this most difficult of times.

While the challenges have been immense, we are constantly struck by the innovative solutions that have been reached and rapidly deployed to manage the situation and ensure continuity of service to patients. Our member practices and their Primary Care Networks (PCNs) have rapidly reshaped the way general practice is delivered by working together to deliver Covid-19 clinics and vaccinations and undertaking the vast majority of consultations virtually where possible and clinically acceptable. Hospital services have reshaped how they work to ensure they can continue to see patients with other conditions at the same time as managing those patients with Covid-19. This has required some major changes to the way hospital facilities are used and a much greater use of virtual video out-patient consultations. Within the CCG and other partners' organisations we very quickly moved and adapted to remote working to adhere to Government restrictions while keeping our work going. No matter how small they may think their contribution has been, everyone has stepped up to play an important part.

Whilst our response to the pandemic has been our major challenge this year, we are keen to recognise our successes and hard work across other areas during 2020/21.

We describe in the report how Tees Valley Integrated Care Partnership (ICP) one of four ICPs that are part of the North East and North Cumbria Integrated Care System (ICS), has continued to work with the ICS to manage surge/winter pressures and challenges, such as Covid-19, as we play our part in bringing together NHS organisations, local government and wider partners at a system level to deliver more joined up approaches to improving health and care outcomes for the people we all serve across the Tees Valley.

As part of the County Durham, Darlington and Teesside Mental Health and Learning Disability Partnership we have significantly increased investment in mental health and learning disability services per head of population by an average of more than 20%. Alongside previous years' investments in enhanced perinatal mental health services, Children's & Young People mental health services, we have further invested this year in developing mental health liaison services

in our acute hospitals, integrating community mental health teams into primary care networks, developing personal health budgets, providing more options for respite care and delivering new psychological wellbeing and treatment services.

We have developed a 24/7 integrated urgent care service with Urgent Treatment Centres in our local hospitals, many co-located with A&E. Every GP practice now accepts appointments through NHS 111 and everyone in Tees Valley now has access to online consultations, with the option of a video consultation where appropriate. We also continue to ensure delivery of care closer to home for frail older people through improved collaboration across health and social care with staff supporting people to remain in their own home avoiding the need to be transferred to an acute hospital where appropriate.

This year we have been a pilot site for an innovative Covid-19 'virtual ward' supporting patients with Covid-19 from the comfort of their own home supported by the Oximetry @home service. This exciting project enables clinicians to use digital technology to support patients, preventing their condition deteriorating and avoiding their admission to hospital. We have also worked closely with local hospitals and the Northern Cancer Alliance to encourage people with possible symptoms of cancer to be seen, as the number of urgent cancer referrals plummeted during the first wave of the pandemic; running a number of public facing campaigns urging people to contact their GP with symptoms of cancer.

Our local primary care networks (PCNs) have made huge strides in their development this year. Primary Care Networks were established in July 2019 to bring together groups of practices to deliver services closer to their local populations. Each of our 14 PCNs has played a vital part in the roll out of the Covid-19 vaccination programme and continues to be successful in bringing together primary care, community services, mental health, voluntary sector and pharmacy services. This is an exciting development for health services, and we wish them well as they continue to develop and deliver proactive, joined up community-based services for people in the Tees Valley.

The financial section of this report shows that the CCG delivered a small surplus of approximately 0.3% of turnover (£4.5m) in 2020/21 financial year. This is an excellent outcome in a challenging year and has been delivered through effective financial management of the volatile expenditure patterns linked to the pandemic response, whilst operating within a temporary financial regime across the NHS as a whole.

We hope that you find this Annual Report informative and interesting during what has been an unprecedented first year for us all. If you would like to find out more about the CCG or get involved in its work, further information is available online www.teesvalleyccg.nhs.uk

We would like to take this opportunity to show our huge appreciation and admiration for our own staff, and all of the keyworkers across the Tees Valley who have worked tirelessly in difficult circumstances keeping patient care and support for local people at the forefront during these unprecedented times. We also thank members of the public who have played a key part in slowing the spread of the virus, used services appropriately, and patiently understood when

some services needed to pause to enable us to urgently respond to Covid-19. Your clear support is greatly appreciated by everyone who delivers our local services.

Mr David Gallagher

Accountable Officer

10th June 2021

Dr Boleslaw Posmyk

Chair

PERFORMANCE REPORT

David Gallagher
Accountable Officer
11 June 2021

Performance Overview

About NHS Tees Valley CCG

The following overview section is intended to describe the CCG, our purpose, our objectives and any risks to the achievement of those objectives. It also outlines how the CCG has performed during the year and gives an overview of the organisation without the need to look further in the report.

About Us

Clinical Commissioning Groups (CCGs) were formed as a result of the Health and Social Care Act 2012, and our organisation NHS Tees Valley CCG was established in its current form as a statutory body in April 2020. We are responsible for planning and purchasing a range of local healthcare services on behalf of patients across the Tees Valley (Darlington, Hartlepool, Middlesbrough, Redcar and Cleveland and Stockton-on-Tees areas) including the health care local people receive at hospitals and in the community. This process is known as commissioning.

We are a clinically led membership organisation made up of 80 GP practices. This means that local clinicians help shape our plans. In 2020/21, we had a total annual budget of approximately £1.3bn which we received from NHS England.

We are based at North Ormesby Health Village, Middlesbrough and our 80 GP practices, make up 14 Primary Care Networks (PCNs) 1 in Darlington, 3 in Hartlepool, 3 in Middlesbrough, 1 in Eston, 2 in Redcar & Cleveland and 4 in Stockton-on-Tees working across the five boroughs and a population of c710k. There is more information about our primary care networks and their role including a short video on our website.

We commission a specific set of healthcare services that include:

- General planned inpatient and day-case hospital services
- General urgent care services from hospitals, NHS 111 and local 'out of hours' services
- General maternity and children's services
- Community services
- Non-specialised mental health services
- Continuing health care and free nursing care services
- Medicines prescribed by the GP practices within the CCG
- Other non-specialised diagnostic and treatment services, such as x-ray or hearing aid services.

Since the inception of Tees Valley CCG in April 2020, we have had delegated authority from NHS England to commission primary care services delivered in General Practices (GPs) but not dental services, community pharmacy or opticians' services. This means that we are able to have greater influence over how services are delivered in primary care. It also enables us to move further with our vision for more care to be delivered closer to where people live.

From the extensive engagement and consultation activities undertaken over the last few years, we know this is important to our local population. This will help to ensure that people only have to go to hospital when it is clinically necessary.

Of the services that we do not commission, the majority are commissioned by NHS England including:

- Specialised services
- Primary care services such as dentists, opticians and pharmacists
- Oral surgery and dental services from hospitals
- Healthcare for members of the armed forces
- Healthcare for people in prison.

Specialised services are those that are typically provided in fewer than 50 hospitals in England. Definitions of the services are given on the NHS England website. Public Health England is the national body responsible for commissioning screening and vaccination services.

Local public health services including school nursing and health visitor services are commissioned by the local authorities (councils).

NHS Tees Valley Clinical Commissioning Group (the CCG) has an annual duty to review national planning guidance and agree a range of priorities for the financial year that form the basis of our annual operating plans. The 2020/21 NHS Operational Planning and Contracting Guidance was released in January 2020 and set out the 2020/21 delivery requirements of the NHS Long Term Plan:

- Maintain and improve access to services
- Expand primary and community services
- Continue to transform services through system working
- Meet the Mental Health Investment Standard
- Continue to improve outcomes and care for people with a learning disability or autism
- Begin to implement the People Plan
- Reduce the NHS Carbon Footprint
- Live within agreed financial trajectories
- Embed and strengthen governance of our system as we move to ‘system by default’.

National submissions were scheduled to be made at Integrated Care System (ICS) level (for us North Cumbria and the North East) to evidence system working to achieve these requirements but were built from the Integrated Care Partnership (ICP) and place-based plans. Our ICP covers the population of Tees Valley.

The planning process for 2020/21 was paused in March 2020 due to the impact of Covid-19. Regular planning processes were replaced by a series of phased Covid-19 communications which were released throughout the year and identified short term priorities to allow the NHS to respond to the impact of Covid-19 and new emerging risks.

Our Vision, Objectives and Values

Our vision is to work inclusively, innovatively and efficiently with our public and partners to commission high quality services that impact positively on the physical and mental health of the people in the Tees Valley.

Our Objectives

These are our strategic high-level goals that set out our ambitions and importantly, how we will achieve them. The importance of the involvement of patients, public and partners in our work is reflected throughout. Our Governing Body receives regular updates on how we are moving towards delivering these objectives.

Our strategic objectives are:

1. To be a well-led organisation and a good employer enabling the CCG to deliver its statutory duties and constitutional standards, facilitating the active engagement of member practices to shape the work of the organisation
2. Demonstrate systems leadership as an effective partner in the health and social care economy in the Tees Valley Integrated Care Partnership (ICP) to ensure we, and our collective workforce, deliver and transform services improving health outcomes for the population we serve and reduce health inequalities
3. Use research and evidence along with clinical and lived experience to implement innovative ways of working to maximise the availability and accessibility of healthcare in the right place
4. Work with local people and partners to support and encourage people to take control of their health and reduce preventable inequalities in physical, mental and social wellbeing across the population we serve
5. Deliver financial balance and value for money programmes, reinvesting savings in local services to ensure the best possible health benefit for every pound we spend

Values

As a member of the NHS family, the Tees Valley Clinical Commissioning Group shares the NHS values described in the national NHS Constitution. The NHS Constitution is a document that describes the commitments made to people who use NHS services. It includes the values that the NHS believes are important when delivering NHS care and services.

There are six values in the NHS Constitution. By living these values, we work to ensure we deliver the best possible care for patients:

- Working together for patients
- Respect and dignity
- Commitment to quality of care
- Compassion
- Improving lives
- Everyone counts

We have also developed our own values that reflect the way we work:

- People focussed – Putting people at the centre of everything we do

- Partnership – Achieving more working with others
- Innovative – Aspiring to find better ways of doing things
- Inclusive – Valuing people's differences
- Efficient – Getting the best value in all that we do
- Trust – Honest and open about what we can and cannot do

Our Priorities

Our responsibility for commissioning starts with developing an understanding of the needs of the population and then planning services to meet those needs. Services are obtained through contracts with organisations that provide health services.

We then monitor those services through the contracts to ensure that high quality care is delivered. In the Tees Valley area, we face some major health challenges.

These include:

- Overall health inequalities, meaning that some groups within our population have worse health than others and these differences could be prevented
- Cancer
- Heart disease and stroke
- Illnesses caused by smoking
- Illnesses caused by alcohol
- Managing hospital admissions and demand within primary care services.

Of course, we are now also focusing on responding to Covid-19 and supporting the recovery of services that have been impacted by the pandemic.

Our Constitution

Our Constitution sets out our duties and how we make decisions. It sets out our responsibilities as commissioners of care for people in Darlington, Hartlepool, Middlesbrough, Redcar and Cleveland and Stockton-on-Tees. It describes our governing principles, rules and procedures that we adopt for the day to day running of our CCG.

We work in close partnership with those providing care in the area, such as local voluntary and community sector (VCS) organisations, Healthwatch, South Tees Hospitals NHS Foundation Trust, North Tees and Hartlepool NHS Foundation Trust, County Durham and Darlington NHS Foundation Trust, Tees Esk and Wear Valleys NHS Foundation Trust, North East Ambulance Service, Darlington Borough Council, Hartlepool Borough Council, Middlesbrough Borough Council, Redcar and Cleveland Borough Council and Stockton-on-Tees Borough Council to make sure that health and care services meet the needs of our population.

The CCG is coterminous with the five Local Authority areas of Darlington, Hartlepool, Middlesbrough, Redcar & Cleveland and Stockton-on-Tees and hence the Tees Valley Combined Authority.

About Our Population

Health profile data (dated 2019) provides the following information about the population we serve:

	Health in summary	Health inequalities	Child health	Adult health
Darlington	The health of people in Darlington is varied compared with the England average. About 20% (3,940) children live in low-income families. Life expectancy for both men and women is lower than the England average.	Life expectancy is 13.7 years lower for men and 9.5 years lower for women in the most deprived areas of Darlington than in the least deprived areas.	In Year 6, 22.5% (269) of children are classified as obese. The rate for alcohol-specific hospital admissions among those under 18 is 52*, worse than the average for England. This represents 12 admissions per year. Levels of smoking in pregnancy are worse than the England average.	The rate for alcohol-related harm hospital admissions is 639*. This represents 676 admissions per year. The rate for self-harm hospital admissions is 221*. This represents 225 admissions per year. Estimated levels of excess weight in adults (aged 18+) and physically active adults (aged 19+) are worse than the England average. The rate of new cases of tuberculosis is better than the England average.
Hartlepool	The health of people in Hartlepool is generally worse than the England average. Hartlepool is one of the 20% most deprived districts/unitary authorities in England and about 28.6% (5,020) children live in low-income families. Life expectancy for both men and women is lower than the England average.	Life expectancy is 12.5 years lower for men and 10.4 years lower for women in the most deprived areas of Hartlepool than in the least deprived areas.	In Year 6, 26.9% (311) of children are classified as obese, worse than the average for England. The rate for alcohol-specific hospital admissions among those under 18 is 42*. This represents 8 admissions per year. Levels of teenage pregnancy, GCSE attainment (average attainment 8 score), breastfeeding and smoking in pregnancy are worse than the England average.	The rate for alcohol-related harm hospital admissions is 1021*, worse than the average for England. This represents 934 admissions per year. The rate for self-harm hospital admissions is 264*, worse than the average for England. This represents 235 admissions per year. Estimated levels of excess weight in adults (aged 18+), smoking prevalence in adults (aged 18+) and physically active adults (aged 19+) are worse than the England average. The rates of new sexually transmitted infections killed and seriously injured on roads and new cases of tuberculosis are better than the England average. The rates of statutory homelessness, violent crime (hospital admissions for violence), under 75 mortality rates from cardiovascular diseases, under

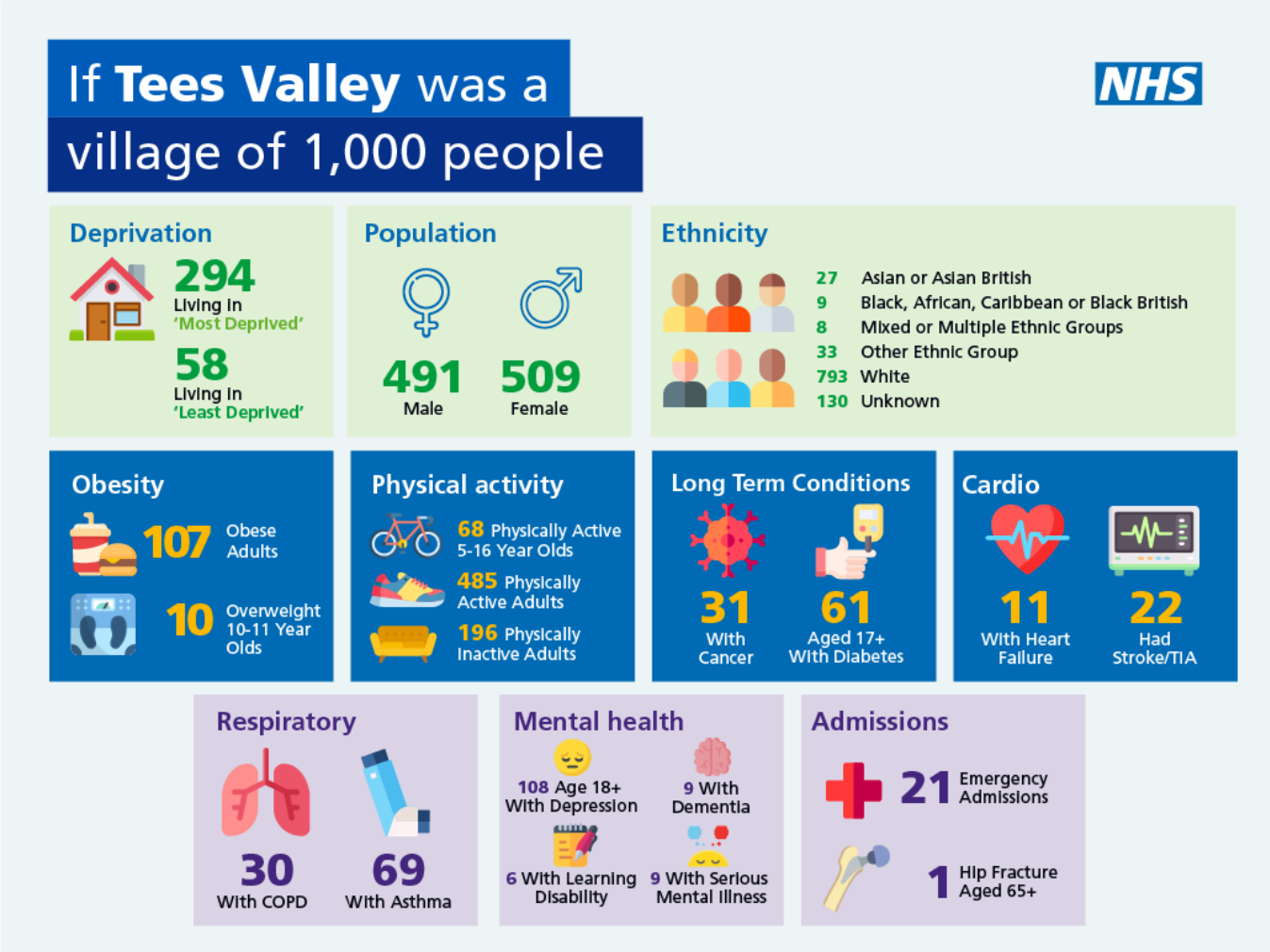
	Health in summary	Health inequalities	Child health	Adult health
				75 mortality rate from cancer and employment (aged 16-64) are worse than the England average.
Middlesbrough	The health of people in Middlesbrough is generally worse than the England average. Middlesbrough is one of the 20% most deprived districts/unitary authorities in England and about 31.8% (9,450) children live in low-income families. Life expectancy for both men and women is lower than the England average.	Life expectancy is 12.6 years lower for men and 12.0 years lower for women in the most deprived areas of Middlesbrough than in the least deprived areas.	In Year 6, 24.7% (450) of children are classified as obese, worse than the average for England. The rate for alcohol-specific hospital admissions among those under 18 is 41*. This represents 13 admissions per year. Levels of teenage pregnancy, GCSE attainment (average attainment 8 score), breastfeeding and smoking in pregnancy are worse than the England average.	The rate for alcohol-related harm hospital admissions is 964*, worse than the average for England. This represents 1,238 admissions per year. The rate for self-harm hospital admissions is 391*, worse than the average for England. This represents 560 admissions per year. Estimated levels of smoking prevalence in adults (aged 18+) and physically active adults (aged 19+) are worse than the England average. The rates of new sexually transmitted infections and killed and seriously injured on roads are better than the England average. The rate of hip fractures in older people (aged 65+) is worse than the England average. The rate of statutory homelessness is better than the England average. The rates of violent crime (hospital admissions for violence), under 75 mortality rates from cardiovascular diseases, under 75 mortality rates from cancer and employment (aged 16-64) are worse than the England average.
Redcar & Cleveland	The health of people in Redcar and Cleveland is generally worse than the England average. Redcar and Cleveland is one of the 20% most deprived districts/unitary authorities in England and about 25.2% (6,080) children	Life expectancy is 11.0 years lower for men and 7.3 years lower for women in the most deprived areas of Redcar and Cleveland than in the least deprived areas.	In Year 6, 22.1% (328) of children are classified as obese. The rate for alcohol-specific hospital admissions among those under 18 is 55*, worse than the average for England. This represents 15 admissions per year. Levels of teenage	The rate for alcohol-related harm hospital admissions is 806*, worse than the average for England. This represents 1,100 admissions per year. The rate for self-harm hospital admissions is 287*, worse than the average for England. This represents 365 admissions per year. Estimated

	Health in summary	Health inequalities	Child health	Adult health
	live in low income families. Life expectancy for both men and women is lower than the England average.		pregnancy, GCSE attainment (average attainment 8 score), breastfeeding and smoking in pregnancy are worse than the England average.	levels of excess weight in adults (aged 18+) are worse than the England average. The rates of new sexually transmitted infections killed and seriously injured on roads and new cases of tuberculosis are better than the England average. The rates of under 75 mortality rates from cardiovascular diseases, under 75 mortality rate from cancer and employment (aged 16-64) are worse than the England average.
Stockton-on-Tees	The health of people in Stockton-on-Tees is generally worse than the England average. About 21.3% (7,860) children live in low-income families. Life expectancy for both men and women is lower than the England average.	Life expectancy is 15.2 years lower for men and 13.8 years lower for women in the most deprived areas of Stockton-on-Tees than in the least deprived areas.	In Year 6, 19.5% (470) of children are classified as obese. The rate for alcohol-specific hospital admissions among those under 18 is 46*, worse than the average for England. This represents 20 admissions per year. Levels of teenage pregnancy, breastfeeding and smoking in pregnancy are worse than the England average.	The rate for alcohol-related harm hospital admissions is 940*, worse than the average for England. This represents 1,792 admissions per year. The rate for self-harm hospital admissions is 281*, worse than the average for England. This represents 540 admissions per year. Estimated levels of excess weight in adults (aged 18+) and physically active adults (aged 19+) are worse than the England average. The rates of new sexually transmitted infections killed and seriously injured on roads and new cases of tuberculosis are better than the England average. The rates of violent crime (hospital admissions for violence), under 75 mortality rates from cancer and employment (aged 16-64) are worse than the England average.

* rate per 100,000 population.

Further details about the health challenges faced by our population can be found in the Reducing Health Inequalities section of this report.

The graphic below represents the local population health statistics.



Covid-19 Response

This has been an exceptional first year for the CCG responding to the impact of the global Coronavirus pandemic. It has been made easier due to the support of colleagues in the wider public sector. Close partnership working has been one of the positive by-products of the pandemic, with joint working between all parts of our local system. Responding to the pandemic has seen cooperation and collaboration at its highest level between the local NHS, councils, police and fire and rescue colleagues. Part of this has been formally through the local resilience forums in Cleveland and in County Durham and Darlington, at both tactical and strategic levels.

Perhaps the most striking and humbling support has been that from the general public. The enormous interest and support for our local services has been remarkable, most poignantly seen during the ten weeks of Thursday evening clapping for carers. By far the most important support has been the adherence to the lockdown and social distancing arrangements in an unprecedented change to the way the country works. As an organisation we will be working hard with partners to repay this support as we rebuild services.

While coronavirus has brought much trauma, tragedy and tribulation to all of our lives, as we move into the next phase, following the initial emergency reaction, it is essential that as individuals, teams, organisations and systems that we learn from and lock in, sustain and further develop the many learning points from the last few months for the future.

We have also worked hard this year to help local people understand the changes that have been necessary to carry on delivering care in a 'Covid secure way' so that we continue to maximise the use of the local NHS – not just for people who have Covid-19, but equally for all other patients. We have used a number of communication channels to inform and reassure our community during the ongoing Covid-19 pandemic. You can get a flavour of the news headlines we have shared in the last 12 months in the Patient and Public Engagement section of this report, however by way of a summary these messages have included; how to access healthcare during the pandemic, urging local people not to delay treatment if they are unwell including a focus on cancer, tackling loneliness and distress during lockdown, and Covid-19 vaccination facts.

One of the biggest challenges this year has been to rapidly plan and deploy the delivery of a huge vaccination programme in a rapidly changing environment following the release of one, then two and now three vaccinations. The logistics of such an effort nationally, regionally and locally have undoubtedly and not surprisingly been challenging. However, the response to this by CCG member practices working within their Primary Care Networks and by our local NHS Foundation Trusts and pharmacies has been immense and enabled fantastic early progress to be made.

One of the clear priorities going forward is to get the services we commission and the plans for improving them back on track, while improving health and reducing health inequalities across Tees Valley. To do this we will learn from the examples of positive lessons from Covid-19, including the use of technology, different ways of working and most importantly to build upon the increasingly collaborative working across the local NHS and with our strategic partners.

The NHS planning guidance for 2021/22 provides a roadmap of what we need to do, while how we do it will depend on solidifying local relationships with partners, the public, patients and their carers. As we develop and implement these plans, we will continue to work closely with partners, including elected members and MPs as we have over the past months especially around the vaccination programme, to ensure involvement, understanding and support where necessary to manage collective expectations.

In addition to focussing on the services we commission, our Staff Group will be developing plans to help us reintroduce office working that comply with the national timelines for relaxing the current Covid-19 restrictions. This is planning for the 'new normal', which will build on our individual and collective experiences of working from home to develop a blend of working from home and working from the office in the future.

Our Achievements 2020/21

Throughout the financial year the CCG closely monitored performance against agreed operational plans and performance frameworks linked to the detailed plans in place. A robust governance structure is set up to support this process (described in the Governance

Statement) and regular assurance checks are undertaken by NHS England to ensure plans are in progress.

The following section sets out our achievements against our objectives:

Objectives	Examples of work in relation to our objectives
To be a well-led organisation and a good employer enabling the CCG to deliver its statutory duties and constitutional standards, facilitating the active engagement of member practices to shape the work of the organisation	• Enabling and supporting staff while working from home • Commitment to the ICS Black, Asian and Minority Ethnic (BAME) Promise to tackle workplace discrimination • Signed the Armed Forces Covenant and achieved the Bronze award for employers • Two virtual meetings of the Council of Members • Management of risk relating to Constitutional Standards • Continued safeguarding advice and support across the health economy
Demonstrate systems leadership as an effective partner in the health and social care economy in the Tees Valley Integrated Care Partnership (ICP) to ensure we, and our collective workforce, deliver and transform services improving health outcomes for the population we serve and reduce health inequalities	• Active members of our ICP, leading, co-ordinating and contributing to its work • Working with partners to deliver and help co-ordinate the Covid-19 response including coordination of PPE and infection control advice, support and training for care homes. • Established the Community Rapid Eyecare Service • Commencement of Impact on Teesside primary care talking therapy service with single point of access • Ongoing support for developing primary care networks introducing new role such as social prescribers
Use research and evidence along with clinical and lived experience to implement innovative ways of working to maximise the availability and accessibility of healthcare in the right place.	• Implementation of online and video consultations • Participation in the national Covid-19 Oximetry @home service research project, delivering a virtual ward with remote patient monitoring • With partners launched the 'Steady on Your Feet' innovative falls prevention tool increasing confidence in older people by offering helpful advice, guidance and resources • Spoke with local people about the Community Equipment Service

Objectives	Examples of work in relation to our objectives
Work with local people and partners to support and encourage people to take control of their health and reduce preventable inequalities in physical, mental and social wellbeing across the population we serve	• Support for the 'How Fit' exercise at home programme • Increased uptake of flu vaccination across all groups compared to previous year • Investment in and development of personal health budgets and increased options for respite care • Virtual programme offered to help parents and carers understand and respond to their crying baby • Little Orange Book published to help parents of babies and small children navigate advice and services
Deliver financial balance and value for money programmes, reinvesting savings in local services to ensure the best possible health benefit for every pound we spend	• Annual Accounts demonstrate delivery of financial balance for the year.

Clinical Leadership

In addition to our Governing Body clinical colleagues which include GPs, nurses, a clinical pharmacist and a retired hospital doctor, the CCG benefits greatly from expertise drawn from a range of other clinicians working in local GP practices.

We have a number of clinical roles whereby local doctors and nurses contribute to and help shape our work, providing expert clinical advice and another route for us to connect with the patients they see day to day in local GP surgeries. They advise and assist us with taking forward our work to transform and improve health services.

This year, we enabled our clinicians to focus on work in general practice supporting the response to Covid-19. They have still however been available to us to provide their expertise and advice to ensure our decision-making remains clinically led. However, much of their time this past year has understandably been spent on the front line.

In addition, as Medical Director, Dr Janet Walker provides professional clinical advice and clinical leadership to the Governing Body contributing to the decision-making processes, strategic vision and direction of the CCG. This role helps ensure we develop and sustain strong clinical leadership throughout every layer of the organisation. A significant part of the role is to support the development of primary care and to lead the clinical contribution to service transformation and delivery.

Working with Local and Regional Partners

Northern CCG Joint Committee

In common with all of the other seven CCGs in the region, we play an active role in the Northern CCG Joint Committee.

During 2020/21 the Joint Committee considered the following:

- Developing an Integrated Care System (ICS) in the North East and North Cumbria
- Governance items
- Research and evidence
- The use of Avastin for the treatment of wet AMD (age-related macular degeneration)
- Academic Health Science Network
- Northern Joint Committee Annual Report 2019/20
- Northern Treatment Advisory Group (NTAG) Annual Report
- How-Fit Programme
- Learning Disability inpatient provision across the region
- Commissioning of Maternal Medicine Network
- North of England Commissioning Support (NECS) Annual Review, Business Plan 2021/22-2022/23 and customer board reports.

A work plan for the Joint Committee for 2020/21 was agreed and includes:

- Proposals for jointly commissioning breast diagnostic services across the ICS area
- To jointly commission cardiology and specialised neuro-rehabilitation services within NHS England/NHS Improvement's Specialised Commissioning team for the North East and North Cumbria
- Development of a consistent policy to be applied across the ICS area for Value-Based Clinical Commissioning (VBCC) and Individual Funding Requests (IFRs)
- North Cumbria North East Prescribing Forum
- Plans for rheumatology services in the County Durham, South Tyneside and Sunderland ICP as they develop and for any other services being developed on an ICP footprint which may have an impact on areas of the region.

Due to Covid-19, it was not possible to hold meetings of the Committee in public and it met virtually. Papers were published on CCG websites together with recordings of more recent meetings.

Integrated Care System and Integrated Care Partnership

The CCG is part of the North East and North Cumbria (NENC) Integrated Care System (ICS) which is a regional partnership between the NHS, local authorities and others, taking collective responsibility for resources, setting strategic objectives and care standards, and improving the health of the 3.1 million people it serves. It is a highly interdependent health and care system, with longstanding clinical networks and mutual aid arrangements for managing surge/winter and challenges such as Covid-19.

In the North East and North Cumbria ICS, we work at three broad areas of scale:

- Place and Neighbourhood
- Integrated Care Partnership (ICP)
- Integrated Care System

Most work will focus at place and neighbourhood level, working with our primary care networks, local authorities and other community and voluntary sector partners including through Health and Wellbeing Boards, but with a mechanism to work at scale on a small number of strategic issues where that adds value.

Our ICS builds on existing local place-based leadership and responsibilities of our and other clinical commissioning groups to plan and arrange services for local populations. During 2020/21 the legislative proposals for a Health and Care Bill -'Integration and Innovation: Working together to improve health and social care', build on the work the system has been doing since the publication of the NHS Long Term Plan, and is in line with the need to bring together NHS organisations, local government and wider partners at a system level to deliver more joined up approaches to improving health and care outcomes, coterminous with local authorities. We and our provider partners have broadly welcomed the direction of travel towards a statutory body status for our ICS.

The 'at scale' priorities that our ICS is focused on include multiplying our collective impact around overarching clinical strategy and clinical networks, strategic commissioning and shared policy development. It is supported by four Integrated Care Partnerships including Tees Valley. Networks and ICS-wide regional arrangements include:

- 16 clinical networks – including the Northern Cancer Alliance
- One Joint CCG Committee for decisions on policy and strategic commissioning
- Workforce Planning working with HENE (Health Education England North East)
- One NHS Digital network – coordinating cyber-security & the Great North Care Record
- One Academic Health Science Network (AHSN NE) and Applied Research Collaborative.

During 2020/21, we have seen ICS-level coordination of the Covid-19 response with:

- Joint whole-system working with Local Authority Public Health and Social Care colleagues and local Police and Fire & Rescue Services to coordinate a response across organisational boundaries
- Supporting new ways of working to provide care differently and keep people safe – from the creation of GP red hubs to virtual consultations
- Digital innovation in clinical services e.g. 'Attend Anywhere'/online consultations (needing to be mindful of digital exclusion)
- Agile and flexible working of staff in multiple settings
- Working together to create our own sustainable supplies of PPE including the opening of the Northumbria Manufacturing and Distribution Hub
- The willingness and commitment of our VCSE partners to support service provision
- Joint delivery of NHS Charities Together funding via Durham and Cumbria Community Foundations on behalf of the ICS area
- Working with Healthwatch to understand the impact of Covid-19 on our patients and communities
- Developing an ICS-wide offer of psychological support via Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust to health and care staff no matter where they work.

Other ICS achievements include:

- Academic Health Science Network relicensed for our ICS, and Applied Research Collaborative established
- University of Sunderland Medical School established – with a focus on GP development
- Jointly promoting the ICS area as a place to live, train and work for medical trainees through our Find Your Place campaign.
- Investment in digital diagnostics to support Radiology, Pathology and Haematology
- Digital tools such as the Great North Care Record (GNCR) and HealthCall rolled out across the ICS
- NECS' Capacity Tracker deployed to care homes across the ICS, and 'RAIDR' health intelligence tool deployed to all regional CCGs and GP practices
- ICS Comms Network established leading the communications response to the pandemic and coordinating our #DoYourBit winter campaign
- Coordination of the flu vaccination programme – higher uptake rates across all groups when compared to last year (85% over-65s compared to 73% last year).
- ICS-wide Provider Collaborative established – building on the cross-boundary mutual aid developed during the pandemic and supporting service recovery
- Launch of our collective Black, Asian and Minority Ethnic (BAME) Promise to tackle workplace discrimination.

Our Integrated Care Partnership (ICP)

NHS Tees Valley CCG, together with North Tees and Hartlepool NHS Foundation Trust, Tees, Esk & Wear Valleys NHS Foundation Trust and South Tees Hospitals NHS Foundation Trust form the Tees Valley Integrated Care Partnership; working with local authorities, to lead and plan care for the population we serve in a coordinated way. Tees Valley ICP is one of four ICPs that supports the NENC Integrated Care System. County Durham and Darlington NHS Foundation Trust is a member of the 'Central' ICP and works closely with our ICP, to plan and deliver care to the population of Darlington in particular. The North East Ambulance Service NHS Foundation Trust (NEAS) works across the whole ICS and is a member of the 'North' ICP for accounting purposes but also works closely with Tees Valley ICP.

The Tees Valley ICP focuses on population and 'place' to improve health outcomes, reduce health inequalities and ensure the sustainability of services and that they meet quality, clinical and financial standards whilst tackling the challenges faced through recruitment and staffing shortages.

Like many other areas of the country, we face challenges with a growing need for health and social care services arising from an increasing ageing population and number of people with multiple illness and complex needs.

ICP partners have come together to deliver the following expected benefits across the whole system, including primary and secondary care, hospital and community services including mental health, learning disabilities and autism:

- Improved health outcomes, reduced health inequalities and encouragement of diversity.

- To improve the quality of physical and mental health and care services including ambulance services.
- To design and implement a programme of transformational change in service delivery across the Tees Valley.
- To work together on operational and financial pressures in order to optimise the use of our resources in the interests of the people we serve.
- To achieve ambitious improvements in health outcomes, with subsidiarity vitally important and operated wherever appropriate.

County Durham, Darlington and Teesside Mental Health and Learning Disability Partnership

In April 2017 the CCGs across County Durham and the Tees Valley began a formal partnership arrangement with Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) with the aim of working together as one responsive system to plan, buy and deliver high quality, best value services for people living with learning disability, autism or mental health needs. The partnership continues to develop, working alongside our six local authorities who all have seats on the partnership board.

The partnership was formed based on our shared aspiration for better quality and outcomes leading to an improved quality of life for people who need our services, this is set against an ever increasing financial challenge for the NHS and a requirement to deliver National and Local plans.

The partnership identified a number of key outcomes including:

- Less reliance on hospital admissions through improved community services
- Prevention, early identification, and intervention
- Shared ambitions and goals
- Improved quality of life and peoples experience
- Spending your money on the right things.

These outcomes sit alongside our agreed principles:

- Mental health is as important as physical health
- We will be ambitious for the people we serve and the staff we employ
- We are equals in our partnership
- We will do the work once and avoid duplication
- We will share our problems and issues
- We will deliver services at the appropriate level, at the right time and as local as possible
- We will be honest that some services need to be at a larger scale
- We will build constructive relationships with all stakeholders
- We will take a shared approach to managing risks.

The partnership has a set of strategic outcomes which are based on a recovery and wellbeing approach for all our services and an improved experience of those services for all people using

them. We recognise that people with mental health problems, learning disabilities or autism often have poorer physical health than the general population and this is something we aim to address.

In order to improve our services, we need to make sure that investment is available and also that it is spent wisely. Over the life of the partnership we have significantly increased the investment in mental health and learning disability services per head of population by an average of more than 20%.

Alongside previous years' investments in enhanced perinatal mental health services, Children's & Young People mental health services, we have further invested in 2020/21 in:

- Further expansion of our enhanced case management
- Further development of our mental health liaison services in our acute hospitals
- Integration of our community mental health teams into primary care networks
- Working towards achieving the goals for transforming care to ensure that people with a learning disability or autism get out of unnecessary hospital placements
- Development of specialist Persistent Physical Symptoms services
- Developing individual placement support to help people into employment
- Developing children's safe space
- Development of personal health budgets and increase options for respite care
- Investment in our third sector providers
- Development of new psychological wellbeing and treatment services
- Right Care, Right Place programme (delivery of the community mental health framework)
- Development of whole pathway commissioning for children and young people's mental health services.

Looking beyond these developments we have a range of other targeted ambitions. We remain on track for delivery of the mental health and learning disability elements of the Long-Term Plan for the NHS. We will also further develop our autism services to reduce waiting times and enhance support to improve outcomes for people affected by autism. We will continue to explore our options for better integrated working across health and social care and we have an ambition to further develop our financial approaches to include other budgets responsibilities as the partnership continues to develop.

North East and North Cumbria Urgent and Emergency Care Network

The CCG is an active member of the North East and North Cumbria Urgent and Emergency Care Network, which brings together organisations across the Integrated Care System (ICS) to ensure the quality, safety and equity of urgent and emergency care services in the region.

The network provides a delivery team (based at North of England Commissioning Support), Directory of Services (DoS) function and real time information through the UEC-RAIDR urgent care app, allowing providers to focus on operational delivery whilst the network provides operational and programme management support.

The network entered 2020-21 with clear aims aligned to the national Long Term Plan, designed to reduce pressure on emergency hospital services, provide alternative pathways to ambulance services, continue to enhance integrated urgent care services and reduce length of stay in hospital and delayed discharges.

The unprecedented challenges of the Covid-19 pandemic in early 2020 brought an inevitable change in approach, with the network partners focusing all their efforts on delivery of frontline services to manage Covid-19.

In order to support the partners, the network continued to meet monthly informing and supporting the newly emerging operating models, activity and behaviours and agreeing a revised timeline for the development of local system winter plans for 2020/21.

The annual winter debrief provided an opportunity for all system partners to come together virtually and test their winter plans. A subsequent system resilience event focused on sharing best practice and developing escalation plans at ICP level.

Changes in patient behaviour in the early months of the pandemic, with lower attendances at emergency departments and primary care, as well as the ongoing need to prevent the spread of virus, made it possible for us to identify areas of learning from the use of new technology and pathways, and to accelerate the introduction of the national NHS 111 First initiative, providing virtual access to advice, guidance and where necessary onward referral for patients.

This initiative was piloted in the North ICP area before being embedded across the region and is now ensuring all patients following the pathway receive appropriate advice and where possible, avoid attending face-to-face services where they aren't needed and where they risk further spread of the virus.

A regional project group has focused on reducing delays in handing patients over from ambulances to hospital staff and making changes as a result of Covid-19 and new infection prevention control requirements.

This will also support further opportunities for ambulances to convey patients to alternative locations, away from crowded Emergency Departments, which could include direct admission to same day emergency care services, or referral to Urgent Treatment Centres or community services where appropriate.

Directory of Services

The year saw significant advances in the digital framework for the Directory of Services, the central directory that is used by 111 and 999 staff if the patient does not require an ambulance, and by clinicians in urgent and emergency care services, to identify the most appropriate referral for the patient.

This includes increased detail in ranking of services to enable more accurate search results, and a change so that users can accurately profile services to ensure patients are signposted to an appropriate local service.

A number of additional services have also been made available for patients to be referred into, including Same Day Emergency Care, Sexual Assault Referral Centres, Mental Health Crisis and Urgent Community Response Services.

Several other changes were also made to ensure that patients are referred to their own GP or a pharmacy where this is more appropriate. Further work is also helping to increase 111 Online referrals to Urgent Treatment Centres, where this is appropriate as an alternative to Emergency Departments (EDs). This can provide a better service for patients and reducing pressure on busy EDs.

UEC-RAIDR app

The UEC-RAIDR application provides insight and intelligence on all aspects of urgent and emergency care, playing an important role in the collective management of capacity and demand across the system.

During the past year, the app has been enhanced as a tool for managing Covid-related pressures and the team has worked intensively to embed the app within areas facing high levels of escalation over a sustained period. This has aided the intelligent conveyancing of ambulance patients and informed discussions about the provision of mutual aid between hospitals.

The network has also worked to ensure that wherever possible the app displays key metrics on the level of pressure (known as OPEL), emergency department and bed data in near-real time.

The app has also been improved to include enhanced information on ambulance conveyancing and handovers. Looking ahead to 2021, the network hopes to build on this by creating the ability to capture individual patient or incident-level data and produce smart alerts that link conveyancing data to bed capacity.

Winter Funding

The network distributed over £780,000 in non-recurrent winter funding at short notice, to help local systems to deliver projects addressing our key priorities in urgent and emergency care provision. This included piloting new systems of intelligent conveyancing in North of Tyne, an innovative mental health street triage scheme in Cumbria, new equipment in Durham, South Tyneside and Sunderland, and support for the development of same day emergency care in Teesside.

Spotlight on Our Work in 2020/21

Online Consultations and Video Consultations

The Covid-19 pandemic has had a significant impact on the digital workplans of the CCG. It has been necessary for GP Practices to use digital solutions such as online and video consultations to continue to provide services for patients that were either unable or reluctant to attend GP Practice premises. This has driven the acceptance and implementation of the digital

solutions which would have possibly taken up to two years but have instead been achieved within a matter of months.

Due to the implementation of these digital solutions, the whole population of Tees Valley now has access to online consultations with the option of a video consultation should the clinician deem it appropriate.

Feedback has been overwhelmingly positive, with patients citing quick access to appointments; quality of care, follow ups and additional advice; along with being able to attend appointments without needing to sit in a waiting room as benefits of online and video appointments throughout the pandemic.

Little Orange Book

Being a new parent is rarely an easy job but when your child is sick it can be extremely worrying. Tees Valley CCG, working with County Durham CCG, has produced the Little Orange Book, designed to help the parents of babies and small children when they are poorly. The Little Orange Book is a great resource and covers everything from common minor ailments like teething, constipation and colds, through to more serious conditions like urinary tract infections and wheezy chests. The booklet uses a traffic light system to help parents and carers decide what action to take when their child is sick. The book points parents in the right direction, letting them know whether self-care, consulting with a primary care professional, a 111 call, or even a visit to Accident & Emergency is the right course of action.

Flu Campaign

Health and care chiefs from across the North East and North Cumbria including NHS Tees Valley CCG asked people to #DoYourBit to protect yourself, your loved ones and your community by having a free flu vaccination during winter. The region launched its biggest ever flu vaccination programme with more people eligible for the free vaccine this year amid concerns around the risk of catching flu in the pandemic. The campaign aimed to reassure the public that it's safe to have the vaccine – with robust infection control and social distancing measures in place across the region. As a result, significantly more flu vaccines were given in Tees Valley than in previous years.

Community Equipment Service

Residents in Darlington who have used the Community Equipment Service in the last 18 months, were asked to be part of a review to improve it. Across County Durham and Darlington, health and care organisations worked together to help understand the experiences of individuals who have used the Community Equipment Service. This service provides a diverse range of practical pieces of equipment to those people who need it as part of their recovery from periods of illness or injury, as well as for those with longer term needs who may need changes to their home environment.

To help look at what we need from this service in the future, we wanted to listen to the views and experiences of people who have used it along with those of their family and carers. We also gathered the views of frontline staff who are involved in ensuring people get the

equipment they need as part of their recovery. We used a mixture of online and postal surveys and digital engagement sessions.

'Do It For Yourself' Lung Cancer Campaign

We supported the 'Do It For Yourself' campaign as part of a coalition which aims to raise awareness of the signs of lung cancer and encourage the people of Tees Valley to contact their GP if they've been experiencing a cough or ongoing breathlessness for three weeks or more. The key message was that "not every cough is a Covid-19 Cough". Having a cough for three weeks or more or getting out of breath doing things you used to be able to do easily, could be signs of lung cancer. This is important because we know that the earlier cancer is diagnosed, the more treatment options are available.

We asked people if they were concerned about a persistent cough or lack of breath to not delay and to contact their GP today. This was important to highlight that the NHS is open for business and has introduced a range of measures to see patients safely, such as initial phone consultations and frequent hand sanitising.

National Recognition for Improving Patient Care

We celebrated being highly commended for the innovative work we have done to improve the health and wellbeing of patients before surgery, which is making a huge difference to patient recovery. The 'PREPWELL' team were runners up in the Anaesthesia and Perioperative Medicine Team of the Year Category of the British Medical Journal Awards announced in October 2020.

This is a fantastic programme which is making a real difference to patients' health and deserved the national recognition. Helping patients to improve their health through exercise and support such as smoking cessation is making a difference to how quickly patients recover after surgery with less risk of complications. The programme supports patients in the community up to six to eight weeks before surgery, preventing the need to go into hospital and continues that support up to three months after surgery.

The PREPWELL programme has been developed by South Tees Hospitals NHS Foundation Trust, Public Health South Tees, NHS Tees Valley CCG, Sport England and Northumbria University.

Get the right care, in the right place – think pharmacy, 111 and GP first

We promoted an ICS campaign to #DoYourBit to protect the NHS by keeping A&E free for serious emergencies and asked people to continue to do their bit by thinking pharmacy, GP and 111 online first – and not just turning up to A&E. The plea was the first part of a new 'do your bit' campaign aimed at raising awareness of the first routes people should take for urgent medical advice and treatment, following the disruption caused by Covid-19.

Due to social distancing and infection precautions, the space available in A&E to care for people and allow NHS staff to work safely had to be reduced by 30-50%. Action was needed to protect patients and staff in the run up to winter and to support and guide the public to make the right healthcare choices. If their condition was not life threatening, we advised people to

contact their local pharmacy, their GP or 111 online in the first instance. Those who did turn up to A&E departments or urgent treatment centres were assessed clinically and any inappropriate attendances re-directed to the right service for their needs.

We supported new ways of working due to the change in the way patients access services in light of Covid-19 and because of very limited space in hospital and urgent treatment waiting rooms due to the constraints of social distancing. Our message was for patients to contact their local pharmacy, GP practice or 111 online and if out of hours call 111 if their condition is NOT life threatening and if it is call 999. This will help keep A&E and urgent treatment centres free for those who most need them.

Online Falls Prevention Tool

We launched an innovative new falls prevention tool to help older people stay safe in partnership with South Tees Hospitals NHS Foundation Trust, Tees, Esk and Wear Valleys NHS Foundation Trust, Middlesbrough Council, Redcar & Cleveland Borough Council, Cleveland Fire Brigade and local voluntary sector organisations

The ‘Steady on Your Feet’ campaign and self-assessment tool offers practical help and advice and a range of online resources to help reduce the risk of falls. It also aims to increase confidence in older people by offering helpful advice, guidance and resources as well as lots of simple tips to help them stay active, independent and safe. The online ‘Steady on Your Feet’ tool is easily accessible to people within their own home, they can complete it by themselves or with help from family members, at outpatient appointments with help from nursing staff or with help from one of our trained voluntary organisation partners.

Type 2 Diabetes

We promoted the free local Healthier You NHS Diabetes Prevention Programme. Every two minutes someone finds out that they have Type 2 diabetes, which can be a very serious health condition that can cause long term health problems. We asked people to find out if they are at high risk of Type 2 diabetes so they can seek support to lower that risk. People may be eligible for The Diabetes UK risk tool that can help you find out if they're at risk of developing the condition. It takes just a few minutes and can be accessed at ‘Know Your Risk’

Pilot Site for Innovative Covid-19 oximetry @home

Known initially as a ‘virtual ward’ because patients did not need to be in hospital and were supported in the comfort of their own home, the CCG became one of the first pilot sites nationally working closely with the three GP Federations to provide a Covid-19 monitoring service. It has now been rolled out nationally in the community and is called Covid-19 oximetry @home. Patients with Covid-19 receive care and support from the comfort of their own homes and are being loaned an easy to use device called a pulse oximeter which is attached to the end of the finger and monitors the level of oxygen in the blood.

This is an exciting project that has allowed clinicians to use digital technology to support and care for patients who have tested positive or have symptoms of Covid-19. Patients who are offered support are monitored remotely from the comfort of their own homes, with clinical

processes in place to ensure this is done safely and that people are getting the care and advice they need should their condition deteriorate.

Cancer campaign tackles drop in urgent referrals

Jointly with other CCGs across the region we launched a new cancer campaign “Why wait? Cancer doesn’t”, aimed at tackling the fall in the number of people going to their GP with concerns regarding cancer symptoms.

Seven clinical commissioning groups (Tees Valley CCG, North Tyneside CCG, Sunderland CCG, South Tyneside CCG, County Durham CCG, Newcastle Gateshead CCG and North Cumbria CCG) partnered with the North of England Commissioning Support (NECS) and the Northern Cancer Alliance to launch a social media campaign urging people with potential cancer symptoms to “don’t delay, call your GP today” and to contact their GP practice if they notice anything out of the ordinary, as GPs send a very clear message that general practices are open and the NHS is still able to provide essential and urgent treatment for cancer.

Urgent Eye Care

The CCG alongside South Tees Hospitals NHS Foundation Trust (STHFT) launched a new service to provide community access to Urgent Eye Care during Covid-19. The Community Rapid Eyecare Service (CRES) is designed to help people with urgent eye concerns including the onset of red painful eye or sudden loss of vision. Patients requiring a face to face appointment were seen at a community clinic with existing processes still in place for people with more acute needs being referred to the Emergency Eye Casualty at James Cook University Hospital, Middlesbrough. The Community Rapid Eyecare Service is available to people of all ages, Monday to Friday, 9am – 4pm. It will minimise face-to-face consultations by carrying out telephone or video calls leading to a care plan for patients.

Shaken Baby Syndrome

Working with regional partners we launched a virtual programme to help parents and carers understand and respond to their crying baby. Research has shown that this knowledge helps to reduce risk and prevent the potential injuries caused by shaking. We know that some parents and carers may get frustrated when children are upset and we want to provide all the support we can to help them. The programme sets out clear steps parents and carers can take to relieve pressure so they don’t find themselves in a position where they may shake or strike a baby – it’s about providing support at a time when people can’t always get help, especially in these times of social isolation.

The programme is being delivered across Teesside in partnership with South Tees Public Health, South Tees Hospitals NHS Foundation Trust, North Tees and Hartlepool NHS Foundation Trust, Harrogate and District NHS Foundation Trust, Redcar and Cleveland 0-19 Healthy Child Service and Hartlepool 0-19 Healthy Child Service.

Hartlepool SEND Accelerated Progress Plan Review

Following a review, by the Department of Education, of the SEND Accelerated Progress Plan (APP) in Hartlepool, which took place in February 2021, the local area has been found to have

made 'clear and sustained progress' and formal monitoring that has occurred in recent years is no longer required. The review highlighted that the timeliness and quality of Education Health and Care Plans (EHCPs) has improved, and that the relationship between Hartlepool Borough Council, Tees Valley CCG and parent-carers has been strengthened.

Maternity Voices Partnership (MVPs)

The CCG works alongside the Local Maternity System (LMS); South Tees Hospitals NHS Foundation Trust, North Tees and Hartlepool NHS Foundation Trust, County Durham and Darlington NHS Foundation Trust, Public Health colleagues and Maternity Voices Partnerships (a team of women and their families, the CCG and clinicians working together to review and contribute to the development of local maternity care). From the outset of the pandemic, regular meetings were held with Maternity Voices Partnerships to update on necessary changes to maternity services and jointly create messages for patients to provide reassurance during this uncertain time. MVPs would then share these messages on social media platforms. Joint meetings were also used for MVPs to feedback concerns pregnant women had on changes to service provision during the pandemic and the worries/anxieties they were facing. In addition, joint leaflets were created to dispel any myths relating to pregnancy and Covid-19, as well as the latest position on testing and partner attendance at appointments.

Mental Health and Wellbeing

A pioneering new service was launched to support the mental health and wellbeing of people across Teesside. 'Impact on Teesside' is the primary care therapy service, available for people aged 16 and over, who are registered with a GP surgery in Stockton-on Tees, Hartlepool, Middlesbrough and Redcar. Commissioned by the CCG and provided by Alliance Psychological Services Ltd, works in partnership with Insight Healthcare, Middlesbrough and Stockton Mind, and Tees, Esk & Wear Valleys Foundation Trust.

It offers a range of interventions including talking therapies and outreach services across the region, for people experiencing difficulties that are impacting on their mental health. It is also the first in the country to provide recovery support for people who have experienced mental ill-health in the past. The new service has an easy-to-use single point of access and staff work closely with GPs and other healthcare providers to develop mental health provision and support within practices, remotely with technology and in community health settings.

Learning Disability Annual Health Checks

Learning disability annual health checks, delivered by primary care, are vital to help reduce health inequalities faced by people with learning disabilities, which have further been highlighted during the pandemic.

The national target for 2020/21 was set at 67% by NHS England and Improvement and locally we set a stretch target of 75% for the CCG. Due to the commitment and fantastic work by primary care and partners across the Tees Valley, the overall performance for the year reached 77%. Guidance and tools were regularly shared with practices to support them in delivering the checks during the pandemic and targeted support was provided by the CCG

Learning Disability Clinical Lead, working with TEWV Learning Disability Community teams and social care.

We will continue to support primary care in increasing uptake further and improving the quality of the checks, by continuing to provide support and introducing standards to work towards to prevent variation in quality.

Great North Care Record

Over the last year, the Great North Care Record (GNCR) project has helped health and care workers throughout the North East and North Cumbria to deliver collaborative care during unprecedented times.

The GNCR electronically connects patient information from GPs, local hospitals, social care, community and mental health teams together across the system, helping to make care better and safer. It operates in the North East of England and North Cumbria and covers the 3.6m people living in our region.

The GNCR has securely enabled all GPs, most hospital Trusts (including North East Ambulance Service), and a local authority to share patient data, such as medications, hospital visits, referrals and letters. To date, information is being shared on the GNCR by:

- All 400+ GP practices in the North East and North Cumbria
- Over 200 community-based services
- Newcastle upon Tyne Hospitals NHS Foundation Trust
- North Tees and Hartlepool NHS Foundation Trust Foundation Trust
- County Durham and Darlington NHS Foundation Trust
- Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
- South Tyneside and Sunderland NHS Foundation Trust
- North East Ambulance Service NHS Foundation Trust
- Gateshead Health NHS Foundation Trust
- Sunderland City Council

The system is being widely used by health and care workers, with approximately 220,000 views per month, or 7,000 a day.

The aim is for information to be available from all practices, Trusts and local authorities across the North East and North Cumbria Integrated Care System in 2021.

A second phase of the GNCR will also be fully launched in 2021. My Great North Care Record is set to give patients access to their personal information, including hospital appointments and repeat prescriptions, via the NHS App. For more information, please visit www.greatnorthcarerecord.org.uk.

Capacity Tracker

Our CCG is one of the organisations using Capacity Tracker, which was built by our partners at NHS North of England Commissioning Support (NECS) in partnership with NHS England, local authority representatives and care home providers.

Capacity Tracker enables care homes, in-patient community rehabilitation, substance misuse and hospice providers to make visible their vacancies and other critical information with minimum input to provide rich information across health and social care organisations to help reduce the time taken to discharge people from hospital.

Available beds and rooms are instantly visible to all discharge teams across England in real-time and accessible from any desktop or mobile device. This helps individuals make the right choice, ensuring they don't stay in hospital any longer than is necessary when discharge to their own home is not possible. The simplified process reduces stress and anxiety for the individual and their families at a time when they need care and support.

As the Covid-19 pandemic took hold, Capacity Tracker was mandated by the government and provided valuable insight, enabling support to be offered to providers in dealing with the crisis.

Capacity Tracker continues to evolve thanks to the input from health and social care partners and users of the system. By having close engagement with user groups drawn from local authorities and health care commissioners, this enables the system to meet the changing and ongoing needs and priorities of its users.

As part of the Covid-19 response, additional critical information on PPE, Covid-19 outbreaks, admission status and workforce was added to support national, regional and local co-ordination of a rapid response from health and social care teams to target support where it was most needed.

Primary Care Networks

Tees Valley CCG has 14 Primary Care Networks (PCNs) made up of 80 GP practices and covering a total patient population of 708,586 (as at January 2020).

PCNs were established in July 2019, and bring together general practice in practice groupings working as a network, offering local GP practices the ability to recruit and retain staff through the introduction of additional roles; to manage financial and estates pressures and to provide a wider range of services to patients, whilst more easily integrating with the wider health and care system.

At the broader system level, primary care as a provider of local health services will increasingly participate in system decision making through the PCNs. The Networks create an opportunity for primary care to have a greater voice in both the design and delivery of 'place' based care with hospitals and local authorities than may have been feasible previously working as individual and separate practices.

No one could have predicted a worldwide pandemic when PCNs were formed. Many of the planned timescales included in the national Directed Enhanced Service (DES) specification for PCNs were paused initially due to the need to respond to Covid-19 although they have since recommenced.

However, despite the challenges practices have faced there have been many examples of how working together as a group within networks and the wider system across Tees Valley has supported the response to the pandemic and encouraged PCNs to plan collaboratively for the

future in the delivery of healthcare. General practice services, along with the wider NHS and social care has had to respond to Covid-19 by varying the way they operate. Many of these will fundamentally change how care is delivered now and in the future.

It is through the hard work of practices working together as a group in PCNs that they have been able to deliver transformational change whilst responding to the pandemic, a huge achievement in their first year.

The year ahead - 2021/22 Planning

The 2021/22 NHS Priorities and Operational Planning Guidance was published on 26th March 2021. The guidance set out priorities for the year ahead:

- Supporting the health and wellbeing of staff and taking action on recruitment and retention
- Delivering the NHS Covid-19 vaccination programme and continuing to meet the needs of patients with Covid-19
- Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services
- Expanding primary care capacity to improve access, local health outcomes and address health inequalities
- Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay
- Working collaboratively across systems to deliver on these priorities.

To achieve these goals, while restoring services and recovering backlogs, will require us to do things differently, accelerating delivery against and redoubling our commitment to strategic goals that were agreed in the Long-Term Plan.

Key Issues and Risks

Key Issues and Risks

During 2020/21 the CCG has managed a number of identified issues and risks, and, in addition to regular reviews, the CCG's risk register was fully reviewed at the end of 2020/21 to ensure that all risks were up to date with appropriate controls in place. The key risks themes on the CCG's risk register related to the impact of the Coronavirus Pandemic on CCG business, financial position and delivery, performance issues with regards to constitutional standards, sustainability of Primary Care, non-compliance with antibiotic prescribing controls and the delivery of high quality care across the CCG population.

As at the end of the year, the CCG was actively managing 23 corporate risks. All these risks have key controls identified against them and the delivery of both external and internal assurance regarding these risks. They also include mitigating actions where appropriate and are often subject to an action plan. Throughout the year, the CCG worked hard to ensure any concerns or issues related to the achievement of Constitutional Standards such as waiting times have been managed proactively.

The Governing Body regularly reviews the CCG's Assurance Framework and receives an assurance report on work undertaken to maintain the corporate Risk Register. The 2020/21 CCG Assurance Framework has also been reviewed and details of the principal risks can be found in the Governance Statement. The end-of-year Assurance Frameworks were presented to the Audit and Assurance Committee on 2nd March 2021 and a risk update provided to the Governing Body on 24th March 2021.

NHS Long Term Plan

The NHS Long Term Plan (www.longtermplan.nhs.uk) is a plan for the NHS to improve the quality of patient care and health outcomes. It sets out how the £20.5 billion budget settlement for the NHS, announced by the Prime Minister in summer 2018, will be spent over the next 5 years. The plan focuses on building an NHS fit for the future by:

- enabling everyone to get the best start in life
- helping communities to live well
- helping people to age well.

The plan was developed in partnership with frontline health and care staff, patients and their families. It will improve outcomes for major diseases, including cancer, heart disease, stroke, respiratory disease and dementia. The plan also includes measures to:

- improve out-of-hospital care, supporting primary medical and community health services
- ensure all children get the best start in life by continuing to improve maternity safety including halving the number of stillbirths, maternal and neonatal deaths and serious brain injury by 2025
- support older people through more personalised care and stronger community and primary care services
- make digital health services a mainstream part of the NHS, so that in 5 years, patients in England will be able to access a digital GP offer.

The NHS People Plan

'We are the NHS: People Plan for 2020/2021 – action for us all https://www.england.nhs.uk/ournhspeople/online-version/ sets out what people working for the NHS can expect from their leaders and each other. The plan is ambitious, with around 100 recommendations for NHS employers, NHS bodies such as Health Education England and NHS England, and for local systems. Areas for action include health and wellbeing; flexible working; equality and diversity; culture and leadership; new ways of delivering care; growing the workforce; recruitment; retaining staff; and recruitment and redeployment across the system.
As a CCG we have undertaken work to deliver the principles underpinning the People Plan locally, appointing a Staff Wellbeing Guardian, establishing a Staff Group, working with our NECS HR team to develop a framework to support wellbeing conversations and exploring how we can work in a more agile way in the future and as life returns to the new normal, offering more flexibility and supporting a good work-life balance for our staff.

Financial Review

Overview

In response to Covid-19, a temporary financial regime was put in place for 2020/21 by NHS England and NHS Improvement (NHSE/I). All NHS Providers were moved on to block contracts and a cost reimbursement process was implemented for CCGs and NHS Providers. The aim of these arrangements was to provide certainty, resilience and increase the speed of the response to coronavirus and phased recovery from the pandemic, whilst maintaining appropriate financial governance and control.

The funding for the CCG for the first half of 2020/21 was based on centrally determined allocations, block contracts and retrospective top up processes for reasonable Covid-19 and non-Covid costs above centrally determined allocations, leaving the CCG in a break-even financial position for that period.

For the second half of 2020/21, the revised regime was based on the principles of system allocations, system performance and risk management, centrally set block contract values and fixed funding for expected Covid-19 costs. For Tees Valley CCG, the system funding was allocated at an Integrated Care Partnership (ICP) level.

Tees Valley CCG is part of the 'Tees Valley ICP', alongside the following constituent organisations:

- South Tees Hospitals NHS Foundation Trust
- North Tees & Hartlepool NHS Foundation Trust
- Tees, Esk & Wear Valleys NHS Foundation Trust

Constituent organisations may achieve a surplus or deficit but as long as the ICP in total achieved at least a break-even position, the system and the member organisations will have been deemed to have achieved financial targets.

The maintenance of financial control and stewardship of public funds has remained critical during the NHS response to Covid-19. All financial controls have continued to operate as normal and the robust systems of financial governance and financial management processes have allowed all financial risks to be appropriately managed during the year enabling the delivery of financial targets.

Further details on the CCG's financial position can be found in the Governing Body finance reports published on the CCG's website.

This continues to be a challenging time for the NHS with significant financial pressures and uncertainty around the impact of the coronavirus pandemic. The financial performance outlined in the CCG's annual accounts is pleasing to see, reflecting the strong financial management within the organisation.

Financial Targets and Performance for the Year

CCG surplus position

In addition to the requirement to fulfil its statutory duties, the CCG is expected by NHS England to deliver a cumulative surplus of at least 1% of its funding allocation. This surplus is carried forward from one year to the next.

For Tees Valley CCG, the cumulative surplus at 31 March 2020 from its predecessor organisations was £15.81 million (1.2% of funding allocation), which carried forward to 2020/21.

During 2020/21, Tees Valley CCG improved performance against plan. This resulted in the CCG delivering an in-year surplus of £4.51 million in total.

A summary of the CCG's final surplus position at the end of the year is as follows:

	£ million	% of total funding
Surplus brought forward from prior year	15.81	1.2%
Total funding allocation received for the year	1297.79	100%
Total spent by the CCG	1293.12	99.7%
Additional surplus delivered in year	4.51	0.3%
Final surplus carried forward to 2020/21	20.32	1.6%

It is important to note that this final surplus balance of £20.32 million is not a 'profit' or surplus generated during the financial year. The majority of it reflects a historical balance carried forward from previous years, with an additional £4.51 million of surplus generated during 2020/21 as a result of improved CCG performance and the impact of the temporary financial regime implemented for the year.
The CCG's successful results in 2020/21 are set out in the table below, with further detail included in note 17 of the full annual accounts published alongside this Annual Report.

Target	Outcome	Target Met?
Maintain expenditure within 'in-year' funding allocation	In-year surplus of £4.51 million against an in-year funding allocation of £1,297.79 million	✓
Maintain running costs within separate running cost allowance	Surplus of £0.475 million delivered on running cost budgets	✓
Maintain capital spending within capital resource limit	No capital resource required and no capital spend in year	**N/A**
Ensure cash spending is within the cash limit set	Cash managed within available resources	✓

Expenditure not to exceed resource limits

Unlike commercial companies which make a profit or loss, CCGs are set resource limits within which they must contain net expenditure for the year. There are separate resource limits set for revenue and capital expenditure, with revenue expenditure limits further split between programme spend and running costs.

The CCG financial performance is reported on an in-year basis.

The CCG's final in-year programme budget allocation for 2020/21 was £1,284.69 million.

As highlighted above, a separate running cost allowance is provided to all CCGs, to cover the administrative costs of running the CCG. There is a requirement to manage administrative costs within this allowance.

Total running costs for the year amounted to £12.632 million, compared to a running cost allowance of £13.107 million. That underspend on running costs was used during the year to increase spend on direct healthcare.

Capital resource limit

The CCG had no capital expenditure in 2020/21 and therefore did not require any capital resource, hence this target is not applicable in the current year. In future the capital requirements of the CCG, and any related capital resource received, are expected to be minimal.

Other financial targets and disclosures

In addition to the above statutory duties, CCGs have similar responsibilities to other NHS organisations to record performance against the Better Payment Practice Code (BPPC) published by the Department of Health.

Compliance with Better Payment Practice Code

The BPPC requires the CCG to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later.

The NHS aims to pay at least 95% of invoices within 30 days of receipt, or within agreed contract terms.

Details of compliance with the Code are given in note 4.1 to the financial statements.

Performance against the target is monitored by the CCG on a monthly basis with performance maintained at over 95% of invoices paid within 30 days of receipt, measured against both total invoice value and overall volume of invoices.

Prompt Payment Code

In addition to compliance against the BPPC, the CCG is an approved signatory of The Prompt Payment Code. This initiative was devised by the government with The Institute of Credit Management (ICM) to tackle the crucial issue of late payment and to help small businesses.

Suppliers can have confidence in any company that signs up to the code that they will be paid within clearly defined terms, and that there is a proper process for dealing with any payments that are in dispute.

Approved signatories undertake to:

- pay suppliers on time
- give clear guidance to suppliers and resolve disputes as quickly as possible
- encourage suppliers and customers to sign up to the code.

Setting of charges for information

The CCG has complied with HM Treasury's guidance on setting charges for information.

Pensions

Details of the accounting for pension liabilities can be found in the accounting policies and pension costs notes in the CCG's financial statements (notes 1.7.2 and 2.3 respectively). Further details of senior managers' pension benefits can be found in the Remuneration and Staff Report.

Audit and Assurance Committee

An Audit and Assurance Committee has operated throughout the year, chaired by the Lay Member for Governance and Audit. Details of other members of the committee can be found within the Members Report.

External auditors

Following a procurement and selection process undertaken by the predecessor CCGs, Ernst Young were appointed as auditors to the CCG for 2020/21.

The cost of audit services can be found in note 3 of the CCG's financial statements.

The auditors bring an annual work plan to the Audit and Assurance Committee for approval. This states that the audit team are independent of the CCG and would include any details of non-audit work if applicable. When considering whether the level of any non-audit work is appropriate the CCG would consider the composition of the team (and whether any audit team members are involved) and the level of fees.

Looking forward

This continues to be a particularly challenging time for the NHS and wider health and care system. Temporary financial arrangements will continue for the first half of 2021/22 and will build on the system-based approach to funding and planning.

Tees Valley CCG is committed to working with its partners in the Tees Valley ICP and wider Integrated Care System to collectively manage the system financial position and any financial risk.

Performance Analysis

Performance Overview

The ongoing Covid-19 pandemic response continues to significantly impact on public sector resources, and it is for this reason that reduced annual reporting requirements are in place for 2020/21. This section provides a summary of Tees Valley CCG's performance against key standards in 2020/21. Due to pressures arising from the Covid-19 pandemic, some of the information that usually forms part of the annual report has not been collected throughout 20/21, in accordance with guidance from NHS England/Improvement.

The Covid-19 pandemic has had a significant impact on performance against the constitutional standards. All non-urgent routine services were suspended for part of the year, with significant capacity constraints being experienced throughout the whole year as resources were necessarily diverted to the pandemic response.

Recovery plans have been developed with our local providers, utilising both capacity within our NHS hospitals and local Independent Sector (IS) providers. However, IS Providers have also been impacted by Covid-19 restrictions, such as social distancing and capacity related constraints.

Indicators that were monitored throughout 2020/21 were:

- Referral to treatment times
- Diagnostics
- A&E
- Healthcare Associated Infections
- Cancer.

Referral to Treatment Time (RTT)

Tees Valley CCG did not achieve the 92% target for RTT in 2020/21 and as of January 2021, there are 2752 patients that have been waiting longer than 52 weeks for their treatment.

At the start of the Covid-19 pandemic, all non-urgent routine services were suspended, which has impacted on Providers' RTT performance. In June 2020, these services were reinstated, and a recovery plan was developed. Due to restrictions required to reduce the risk of nosocomial infection and staff continuing to be redeployed directly supporting the Covid-19 response, activity levels remained below usual levels.

As part of the recovery work, additional capacity was secured at local independent (IS) sector hospitals, to assist in reducing the backlog of patients waiting to be treated and to support our NHS hospitals to continue to deliver urgent work, particularly cancer treatment. The additional independent sector capacity has in the main been used for outpatient, non-urgent elective surgery and diagnostics. However, in times of unprecedented pressure in the Trusts, local IS providers also supported with cancer work for a period of time.

Acute providers have implemented robust measures to ensure clinical triage and prioritisation of all referrals by an appropriately qualified clinician. Along with offering advice and guidance to

GPs, this has reduced unnecessary demand into secondary care and allowed for referrals to be sent back to Primary Care where appropriate to do so with specialist advice. It also means outpatient capacity can be maximised by booking patients into the most appropriate clinic type (face to face, telephone, virtual etc.) and patients are seen in order of clinical need.

Diagnostics

Tees Valley CCG did not achieve the 1% diagnostic target throughout 2020/21.

At the start of the pandemic non-urgent diagnostic procedures were stood down, which caused a significant backlog of activity across the majority of tests. The position has however improved from a high point of 58% of patients waiting over 6 weeks in April 2020 to 16% at January. This continues to improve as the backlog is reduced and as part of the recovery plan, additional capacity has been sought from independent providers.

A&E

North Tees and Hartlepool NHS Foundation Trust (NTHFT) was one of fourteen hospitals in 2019/20 that was involved in a pilot of new performance measures. These measures were due to be implemented in 2020/21, but due to the Covid-19 pandemic no changes were made. NTHFT has not reverted to reporting against the 4-hour target, so the current performance excludes NTHFT activity.

Ambulance Response Times

The North East Ambulance Service (NEAS) performed well against the Category 1 response time target throughout 2020/21 and achieved it consistently. This is the response time for the most life-threatening conditions and has a target of 7 minutes. At the start of the year NEAS was performing well against the other targets but unfortunately this was not maintained. This was a result of patients' reluctance to be transferred to hospital and being more accepting of the hear & treat and see & treat model due to the Covid-19 pandemic. However, once national restrictions eased, NEAS performance declined, this was attributed to staff sickness and reduced capacity caused by the increased vehicle cleaning required from national infection prevention and control guidance.

Healthcare Associated Infections

To date there have been 3 incidents of MRSA in Tees Valley CCG against the target of 0. There were 166 cases of Clostridium Difficile (c.diff) against a target of 170. Root cause analysis is completed to determine the cause of these and produce required action plans.

Cancer

Tees Valley CCG did not achieve all of the cancer standards in 2020/21, with performance against the 2 week target for patients to be seen following an urgent referral for suspected cancer and the target for patients treated within 62 days of an urgent GP referral for suspected cancer proving the most challenging.

Cancer services have remained a high priority throughout the pandemic, to ensure a continuity of services and to allow for patients to be seen as quickly as possible. However, the impact of

the pandemic is evident, as cancer performance has deteriorated as a result of both reduced capacity at hospitals due to Covid-19 measures and patients' anxiety and reluctance to attend appointments.

Cancer hubs have been established nationally with representation from the Acute Trusts and the National Cancer Alliance to monitor the capacity in the system to ensure patients with a high priority are seen appropriately. Joint working locally between the CCG, local Trusts and local Independent Sector (IS) providers developed a plan for IS providers to support the Trusts with cancer procedures if and when required. This resulted in each IS provider being allocated specific specialties in relation to cancer (based on what was clinically safe and appropriate at each site), which all three Trusts could utilise if required. A programme of patient and public communications was also shared to recover the 2 week wait referral rates amidst public anxiety around Covid-19 and attending appointments.

Sustainable Development

Introduction

As an NHS organisation, and as a spender of public funds, we have an obligation to work in a way that has a positive effect on the communities we serve. Sustainability means spending public money well, the smart and efficient use of natural resources and building healthy, resilient communities. Climate change brings new challenges to our business both in direct effects to the healthcare estates, but also to patient health. Examples of recent years include the effects of heat waves, extreme temperatures and prolonged periods of cold, floods, droughts etc.

As a part of the NHS, public health and social care system, it is our duty to contribute towards the level of ambition of reducing the carbon footprint of the NHS, public health and social care system. We acknowledge this responsibility to our patients, local communities and the environment by working hard to minimise our footprint.

By making the most of social, environmental and economic assets we can improve health both in the immediate and long term even in the context of the rising cost of natural resources. Demonstrating that we consider the social and environmental impacts ensures that the legal requirements in the Public Services (Social Value) Act (2012) are met. While we are committed to this, we have not yet issued a statement on meeting the requirements of the Public Services (Social Value) Act.

Policies

In order to embed sustainability within our business it is important to explain where in our process and procedures sustainability features.

One of the ways in which an organisation can embed sustainability is through the use of a Sustainable Development Management Plan (SDMP). We did not use the Sustainable Development Assessment Tool (SDAT) tool in 2020/21 or develop a Sustainable Development Management Plan as a result of all staff working from home for the majority of the year;

however, in 2021/22 we will work with our Staff Group to ensure we have a focus and programme of work to ensure we develop more sustainable ways of working as a commissioner, local employer and member of the Tees Valley community.

We have not yet assessed the social and environmental impacts for the organisation. However, as our staff have been advised to work from home this year, we know that we have significantly reduced our travel, use of paper resources and other office utilities. We are conscious nonetheless that this has also meant that we have lost the opportunity to support local business whether through the use of event space or the purchase of goods and we look forward to being able to utilise and support our local suppliers again in the near future.

Modern Slavery Act

Tees Valley 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.

Partnerships

As a commissioning and contracting organisation, we need effective contract mechanisms to deliver our ambitions for sustainable healthcare delivery. The NHS policy framework already sets the scene for commissioners and providers to operate in a sustainable manner. Our procurement processes ask potential suppliers of NHS services to demonstrate consideration of environmental and social impacts of their business and/or service.

Travel

We can improve local air quality and improve the health of our community by promoting active travel to our staff and to the patients and public that use the services we commission.

Every action counts and we are a lean organisation trying to realise efficiencies across the board for cost and carbon (CO_2e) reductions. We support a culture for active travel to improve staff wellbeing and reduce sickness. Air pollution, accidents and noise caused by transport all cause health problems for our local population, patients, staff and visitors.

We have Cycle to Work schemes with cycle racks and shower facilities available at our North Ormesby Office to enable active travel.

The pandemic has resulted in all staff working from home this year, and this has provided us with an opportunity to reflect on our ways of working and how we may work differently in the future, with less time in the office base, making more use of teleconferencing technology to support virtual meetings and reducing non-essential travel. We are working with our Staff Group to develop a set of 'hybrid working' principles which will encourage us to think about when it best for people to work together in an office space, and when it could be more beneficial and conducive to a better work-life balance to reduce travel and work from other sites and sometimes from home. We have made great strides with technology enabling us to keep connected without the need to travel; our challenge will be to get the balance right to make best use of our resources to benefit the people we serve and support our hardworking staff.

Quality Analysis

The CCG has a statutory duty to improve the quality of services provided for local people and a responsibility to ensure that we commission safe, good quality and effective services that result in positive experiences for patients. The CCG does this by working with system partners to secure continuous improvement in the quality of services provided to individuals for, or in connection with, the prevention, diagnosis or treatment of illness. This is achieved through a collaborative approach, monitoring the effectiveness and safety of services and the quality of the experience for by patients. We understand that securing continuous quality improvement in our commissioned services is an ongoing process and to ensure we remain sighted on all aspects of quality and are able to constructively challenge, scrutinise and assess individual providers' performance and service delivery, we have established robust relationships with providers that facilitate and support internal and external quality assurance mechanisms.

In order to effectively address quality issues with our commissioned services and seek assurance, we systematically undertake a range of activities. These inform and shape the CCG Quality and Safeguarding Annual Work Programme. Allowing for the centrally driven Covid-19 related contingencies, priorities identified have continued to be positively progressed through proactive collaboration with partners via ongoing monitoring, evaluation and scrutiny of these areas of work. This has enabled a range of quality assurance activities to be undertaken by the CCG in 2020/21, with innovative amendments to ensure Covid-19 security, and has included listening to concerns, virtual face to face contact with providers, analysis of provider data and information, and the sharing of intelligence with relevant NHS commissioners, local authority organisations, Healthwatch and regulatory bodies.

Further detail of these activities is described below:

Quality Committee (previously the Quality, Performance and Finance Committee (QPF)

The role of this Committee of the Governing Body is described within the Annual Governance Statement later in the report.

Clinical Quality Review Groups (CQRGs)

Throughout 2020/21, work has continued with the five main NHS provider Trusts that we commission services from; North Tees and Hartlepool NHS Foundation Trust (NTHFT), South Tees Hospitals NHS Foundation Trust (STHFT), County Durham and Darlington NHS Foundation Trust (CDDFT), Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV), and North East Ambulance Service NHS Foundation Trust (NEAS), to monitor, evaluate and drive forward quality standards. With all providers this has taken the form of routine and regular virtual CQRG meetings involving CCG, GPs and Trust clinicians. These forums enable commissioners and providers to have a productive dialogue and provide the opportunity to identify innovation, best practice, areas for improvement, lessons learnt and evidence of improving patient outcomes. This enables an insight into the quality of care delivered to local people and also provides an evidence base to any levels of assurance. CQRGs focus on areas of concern through in-depth analysis and discussion reported by exception, and also allows the promotion of best practice and quality outcomes.

Additional concerns, which may be identified and highlighted by the CCG, a provider, or a regulator such as the CQC, are escalated through regional governance processes, to our regional Quality Surveillance Group, and ultimately if required, to either a Single Item Quality Surveillance Group meeting, or further to a Risk Summit, led by NHS England and Improvement colleagues. This enables a wider system approach to investigation, analysis and implementation of mitigating and improvement actions, as well as providing a more comprehensive multi-disciplinary approach to assurance.

Operating under the national NHS Covid-19 pandemic guidance the Commissioner Assurance Visit Programme was suspended throughout the year. This was due to restrictions around access to front-line services as well as giving patient facing colleagues the capacity to focus on direct front facing patient care.

The national Commissioning for Quality and Innovation (CQUIN) schemes were suspended due to the altered working arrangements arising from the Covid-19 pandemic pressures.

Patient Safety Serious Incidents

Healthcare systems and processes can occasionally have weaknesses which may at times lead to errors, therefore it is important the NHS system is able to both promptly recognise and respond appropriately when things may not go according to plan. This flexible and responsive approach aims to ensure services and processes continue to improve. As part of this the CCG is responsible for ensuring an effective clinical governance process to review the management of incidents that occur within providers or within the CCG. Incident investigations are undertaken to identify any, and all root causes, to ensure lessons are learnt and improvements are implemented and embedded into practice.

The clinical governance process is supported by the Serious Incident Reporting and Management System (SIRMS), operated by the North of England Commissioning Support Unit (NECS) and CCG staff. Part of this process is the Serious Incident Review Panel, which is responsible for reviewing the final Root Cause Analysis investigation reports and associated action plans. The purpose of this is to ensure all appropriate root causes and contributory factors are identified and have appropriate actions to address them. While this panel is routinely chaired by the CCG Director of Nursing and Quality it benefits from a multi-agency, multi-disciplinary membership, who will agree to close an incident once robust evidence-based assurance is provided that the appropriate action has been taken to safeguard patients, prevent the incident happening again, and that lessons have been learnt to ensure patients receive quality care.

Key themes and trends have been identified throughout 2020/21 and we have worked with providers to understand the processes that require improvement and agree actions that will be taken to improve quality of care. Serious Incidents are subject to debate and scrutiny both during the panel and CQRGs held regularly with providers.

Quality Surveillance Groups

The CCG is an active member of the Cumbria and North East Quality Surveillance Group (QSG) which is led and co-ordinated by NHS England. These forums bring together regulators, local authority colleagues, Healthwatch and Health Education England, as well as CCGs and

other commissioners, to review quality by sharing intelligence and local knowledge to help identify early signs of service failure or poor quality. In 2020/21, although operating in a virtual teleconference manner there has continued to be a wide range of intelligence shared by the group in relation to services across acute, community, specialist mental health and learning disability, care homes and primary care services (GP practices, Dentists, Pharmacists and Optometrists). The QSG provides an opportunity to discuss concerns or risks with the quality of care delivered by providers at a local level, as well as gain an insight into regional and national quality concerns that are ongoing with providers.

NHS England Safeguarding Forum

CCG safeguarding colleagues continued to attend and share information and intelligence at the Regional Safeguarding Forum, a health commissioner sub-group of the Quality Surveillance Group which has enabled focused attention on specific quality issues in relation to adult and children's services.

Safeguarding

The CCG has a close and effective working relationship with partner agencies which includes NHS and Independent Sector providers, the five Tees Valley local authorities and the police, as well as wider partner agencies such as probation. We have continued to work closely and share expertise to respond to early warning indicators, and address these in a timely and efficient manner. This has been particularly important this year in light of the enhanced concerns about safeguarding risks associated with the various periods of national lockdown.

System working with partners across our localities is undertaken via a variety of groups and topics, a selection of which are as below:

- The Cleveland Anti-Slavery Network with the key aim to increase greater local awareness/intelligence and ensure an improved multi-agency response for those affected by Human Trafficking and Modern Slavery.
    - The CCG has been instrumental in the development of a process to ensure when a victim of modern slavery or trafficking is identified, their health needs are met as part of an overall victim care pathway.
- The CCG is a statutory member of the following statutory partnerships / Safeguarding Boards:
    - Hartlepool and Stockton Safeguarding Children Partnership (HSSCP)
    - South of Tees Children's Safeguarding Partnership (STSCP)
    - Tees wide Safeguarding Adults Board (TSAB)
    - Darlington Integrated Children and Adults Safeguarding Partnership
- Multi-agency Risk Assessment Conference (MARAC) meetings: where information is shared on the highest risk domestic abuse cases between representatives of local police, probation, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs) and other specialists from the statutory and voluntary sectors.
- Local Authorities' Domestic Abuse strategic groups.
- NHS provider safeguarding meetings and subgroups and to ensure the sharing of information as well as support with expertise and challenge to these groups.

The CCG also works closely with the Care Quality Commission (CQC) in relation to quality concerns about providers. The CQC links include both the NHS providers and nursing home providers, so this involves additional close working across the health and social care economy.

Assurance in relation to provision of services, with safeguarding as an integral component is part of a comprehensive, transparent and co-designed process with providers. The routine reporting of performance metrics as part of the enhanced (NHS Standard Contract) Local Quality Requirements (LQRs) helps to promote a common understanding of the position, identify areas for improvement, and also monitor progress. These continue to be reviewed annually to ensure relevance and value without undue reporting burden.

The Learning Disabilities Mortality Review (LeDeR) Programme continues through the Tees multi-agency Service Improvement Group (SIG) and involves the four Tees local authorities and major health providers. This process reviews the life and death of any person with learning disabilities and shares good practice and any lessons learned that will support future improvements in care provision. Darlington LeDeR programme is discharged via the Durham SIG. Additional support has been provided through NHS England and NECS to support completion of outstanding LeDeR reviews in line with the national NHSE programme to address the outstanding cases.

The Designated and Named Safeguarding Children professionals have continued to provide expert safeguarding advice and support across the health economy, as well as seeking assurance that commissioned services are fulfilling their safeguarding responsibilities, leading and influencing the safeguarding children agenda. This includes being a core member of multi-agency groups as well as identification of any gaps in service provision with regards to the safety of vulnerable children, child abuse, child deaths and Looked After Children.

Where necessary, this work has also included support to providers to ensure implementation and embedding of improvement actions to support delivery of statutory safeguarding services and requirements. This work includes NHS primary and secondary care, as well as independent providers.

The 2019 initiative around implementation of the child protection information sharing process (CP-IS), continues to deliver benefits to service cohesion when children subject to child protection plans or looked after children attend unscheduled care settings i.e. Hospital Emergency Departments.

During this last year the safeguarding team were able to provide limited primary care engagement sessions due to Covid-19 pandemic. However, through innovative approaches to delivery, including assertive outreach they have still been able to deliver support and training in the following areas: adolescence issues across Teesside; links with domestic homicides; child sexual exploitation; learning from serious case reviews; modern slavery; and ICON initiative (promotion of normal crying patterns in babies). Further sessions are planned for 2021/22 which will include bespoke sessions for GP safeguarding leads and promote safeguarding awareness across all primary care staff.

Care Homes

Where significant safeguarding or quality of care issues are identified in a nursing care home within the CCG localities, a coordinated and systematic approach to support and assurance is mounted by system colleagues and agencies. Our team support this with assurance visits and/or a clinically focused visit, usually led by the Senior Adult Safeguarding Officer. Following these visits feedback is provided and the care home is expected to design and implement improvement action plans, and progress is monitored against these for assurance. This in turn is shared with all relevant partners including the provider, as well as also being reported to the regional QSGs.

The CCG has also continued to work collaboratively with each Local Authority to ensure the best possible outcomes for individual residents are achieved by:

- Providing expert advice, guidance in respect of individual queries and concerns raised relating to safeguarding, quality standards and nursing care provision. Attending multiagency strategy meetings and undertaking investigations.
- Where care homes have been subject to the Teeswide Adult Safeguarding Boards Responding to and Addressing Serious Concerns protocol, the CCG has provided support and guidance to care home providers and Local Authorities and contributed to LA provider meetings through information sharing and effective liaison with Continuing Health Care (CHC) and Medication Optimisation (MO) teams.
- In addition, there has been the sharing of intelligence with the CQC and Local Authorities on a regular basis, informing CQC inspection preparation to local care homes.

Engaging people and communities

What are our statutory responsibilities?

The NHS belongs to the people and we believe that it is essential to listen to and work with local people to shape our health services.

This section of the Annual Report will share some of the ways local people and partners can and have influenced our work, and how we have considered these views and experiences when commissioning services.

Tees Valley CCG is also bound by several statutory and regulatory obligations with regards to engagement and involvement such as Section 14Z2 of the NHS Act 2006 (as amended 2012) to involve the local public in commissioning activities and the impact that engagement activity has had. Similarly, the Health and Social Care Act 2012 tells us that CCGs must show how the views of local patients, carers, public, communities, Health and Wellbeing Boards, Local Authorities "… are translated into commissioning intelligence and shared decision-making."

Supporting the involvement of patients and the public, the NHS Constitution enshrines public ownership of the NHS as a fundamental value:

The NHS belongs to the people. It is there to improve our health and wellbeing, supporting us to keep mentally and physically well, to get better when we are ill, and when we cannot fully recover, to stay as well as we can to the end of our lives.

Everyone has a stake in the health of their community and an engaged and supportive public can provide a powerful mandate and resource for our CCG.

The principles of participation

The CCG will ensure the principles of participation are applied by:

1. Reaching out to people and asking them how they want to be involved, avoiding assumptions.
2. Promoting equality and diversity and encouraging and respecting different beliefs and opinions.
3. Proactively seeking participation from people who experience health inequalities and poor health outcomes.
4. Providing clear and easy to understand information and seeking to facilitate involvement by all, recognising that everyone has different needs.
5. Planning and budgeting for participation early as possible.
6. Being open, honest, and transparent in the way we work, telling people about the evidence base for decisions, and being clear about resource limitations and other relevant constraints. Where information has to be kept confidential, explaining why.
7. Recognising, recording and celebrating people's contributions and providing feedback on the results of involvement; showing people how they are valued.

Our Communication and Engagement strategy which supports the delivery of patient participation is available on our website.

Engaging with local people

When we talk about engagement and engaging with local people and partners we mean that we are seeking and providing opportunities for the "*active involvement of patients, carers, families, partners, stakeholders and anyone else who is either interested or is passionate about the work we do and the decisions we make on their behalf". (Tees Valley CCG C&E Strategy).*

The aim is to develop meaningful, diverse and continuous forms of engagement with our communities, including patients, carers and members of the public.

Our Communication and Engagement Strategy sets out our two overarching engagement objectives:

Objective one – Embed engagement as a key organisational priority to influence the planning and development of services. To do this we will embed engagement at an early stage of our

plans, allowing sufficient opportunity for people to influence service change and development in line with our statutory and legal duties.

Objective two – Ensure meaningful, accessible and consistent engagement. We will adopt an inclusive approach to engagement; we will actively involve our seldom heard groups and communities to ensure they have the same opportunities for meaningful engagement and we will measure that engagement effectively in order to evaluate and offer feedback on how their contributions have been used to shape services.

CCGs are assessed on the effectiveness of their ways of engaging with local people, and how they use what local people tell them to inform their work. In December 2020, our predecessor CCGs Darlington, Hartlepool and Stockton-on-Tees, and South Tees received an amber rating (red being the lowest score, amber, green and 'green star' being the highest) for their work on patient and public involvement in 2019/20 as part of NHS England's Improvement Assessment Framework.

Although Tees Valley CCG has not yet been assessed as part of this framework, we have reviewed the feedback provided for these three CCGs and will ensure areas for development and good practices are considered and implemented by our CCG.

Locally the CCG works closely with the North of England Commissioning Support Unit, neighbouring CCGs, NHS Trusts and other service providers, the voluntary and community sector, the Local Medical Committee, local councillors and local Members of Parliament (MP) to ensure that the voice of local people is heard and understood. Nationally the CCG engages regularly with the Department of Health, NHS England and the Care Quality Commission.

There are a number of ways through which people in our communities can influence the way local health services operate, which are outlined below:

Patient and Public Networks

The CCG has worked with local patient and public networks that we have commissioned to reach and talk with people across Teesside on a range of health matters. These groups bring lived experience, intelligence from local networks and support the CCG as critical friends.

The Community Health Ambassadors programme, delivered by Catalyst across Hartlepool and Stockton-on-Tees engages with people on a variety of subjects, as well as communicating important health messages on behalf of the CCG. In Darlington, this work is undertaken by the Community Council, delivered by Healthwatch Darlington.

The Community Health Ambassador's workplan for 2020/21 included:

- Ambassadors distributing information on CCG services, Covid-19 guidance, and health and wellbeing information across their networks
- Virtual Coffee Mornings to discuss general health and wellbeing during the Covid-19 pandemic and feedback on how health services have operated
- Recruitment of new Ambassadors through meetings with various services including those with links to people who are refugees or seeking asylum
- Providing feedback on the NHS Flu Campaign consultation and social media visuals

- Attending a Patient Engagement & Covid-19 meeting with key partners to promote health messages
- Virtual meetings held to discuss local projects. These include the Stockton Service Navigation Project and 'Finding Me' project which offers support for people when a loved one has gone into care or passed away, as well as campaigns such as NHS Stoptober, alcohol awareness and Covid-19 guidance
- Providing feedback on a CCG consultation covering the ongoing symptoms and impact of Covid-19 after the initial illness.

The Community Council's workplan for 2020/21 included:

- Meeting with the CCG to discuss the implementation of the CCG's Communications and Engagement Strategy and exploring new ways of engagement
- Promoting CCG consultations such as the Community Equipment Service Review
- Disseminating key Covid-19 information such as details on the Darlington Arena Vaccination Centre
- Providing feedback on a CCG consultation on the ongoing effects of Covid-19
- Raising awareness of the Patient & Citizen Leaders Development Programme run by the North East & Yorkshire Leadership Academy.

In addition to the support the CCG gets from these Patient Groups, an additional group will be operating in Middlesbrough and Redcar and Cleveland into 2021/22.

Local Healthwatch

Healthwatch organisations across Teesside have shared their reports with the CCG after engaging with local people on a variety of subjects related to health and care. These reports provide insight into patient and public perception of local health services and help to inform the CCG of how they can be improved, in addition to what is going well.

CCG Directors reviewed and responded to all the reports sent to the CCG by local Healthwatch, ensuring that their feedback and recommendations were acknowledged and outlining which workstreams the reports would inform.

Healthwatch Darlington

Healthwatch Darlington shared a report which focused on children and young people's mental health (including experiences during the Covid-19 pandemic), which was sent to the CCG's Children and Young People's Director, Director of Operations and Delivery (Mental Health) and with Children’s and Mental Health Commissioners.

The report mentioned that organisations in Darlington were successful in securing funding for mental health support in schools, which the CCG anticipated would mobilise to support school age transitions and offer further support to parents and carers. In addition to this, the CCG highlighted the Children's Wellbeing Practitioner offer available in Darlington schools which includes early help and resilience building, as well as cognitive behavioural therapy sessions.

Also mentioned in the report was the high-level of young people's awareness of Kooth, which is an online offer of emotional wellbeing support. Data showed that 95% of children and young people who Healthwatch Darlington consulted with were aware of Kooth, although parents and carers had less knowledge of it, which identified a gap in awareness for the CCG to address. Overall, the CCG acknowledged that communications and marketing should be a priority, as well as ensuring that services are connected, and that children and young people and their families know how to engage with services.

Healthwatch Hartlepool

Healthwatch Hartlepool liaised with the CCG in order to pass on important patient feedback, such as difficulties for deaf patients accessing telephone triage, Covid-19 safety protocols in pharmacies and increasing reports of poor mental health.

Patient stories were also shared with the CCG via the Governing Body meetings, which detailed experiences with the NHS 111 service, urology services and stroke services, highlighting both positive patient experiences and areas for improvement.

Although they continued to engage with local people throughout the year and regularly fed back the experiences of patients and members of the public, Healthwatch Hartlepool did not issue the CCG with any reports or recommendations for consideration.

Healthwatch South Tees

Healthwatch South Tees (which consists of Healthwatch Middlesbrough and Healthwatch Redcar and Cleveland) shared several reports with the CCG which were produced from engagement with various communities in the region.

The first was a report based on consultation with children and young people about their mental health and wellbeing, which the CCG considered pivotal to developing localised and responsive services. The CCG highlighted programmes such as Headstart, which supports young people in school and college and promotes system change in early help, prevention, and targeted and specialist services. In addition, reference was made to therapeutic interventions taking place within education settings, as well as emotional and mental health awareness training being delivered to teaching and school staff through the Anna Freud Link programme, and awareness raising of disabilities and mental through the Autism Accelerator programme.

The next report Healthwatch South Tees shared with the CCG resulted from engagement with adults with learning disabilities, centred around wellbeing. This report contained in-depth patient accounts and provided the CCG with additional knowledge, which has informed the delivery of needs-led services. To further strengthen collaboration in this area, the CCG invited Healthwatch South Tees to become a member of the multidisciplinary South Tees Improvement Group, which involves a wide range of public engagement activities and has been influential in the development of services both locally and at regional level.

Healthwatch South Tees also engaged with Arabic and Urdu women (also on the topic of wellbeing) which provided the CCG with valuable insight into what wellbeing is and means for this group of women, and what might have an adverse impact on their wellbeing. In response

to the report, the CCG acknowledged that health messages must be appropriate for their intended audience and that including community leaders and service users in conversations adds value, an approach that the CCG has committed to continuing.

In December 2020, Healthwatch South Tees shared a report that explored how health and care services had adapted their offers throughout the Covid-19 pandemic. This report was a valuable insight into how the Covid-19 pandemic has affected service delivery across South Tees, and consequently, the effects it has had on access and quality of care from a patient perspective. A recommendation in the report emphasised diverse and consistent communication methods when engaging with patients and members of the public, to ensure that people can continue to receive support and are not disadvantaged by factors such as digital exclusion. This was acknowledged by the CCG and a discussion took place via the Middlesbrough Health Scrutiny Committee about how the issue of digital exclusion might be addressed by the health system.

In response to patient and public feedback in the report about how some people had opted not to engage with the Speech and Language Therapy service during the pandemic due to the offer becoming more digitally focused, the CCG clarified that the service had returned to providing face-to-face care where this was safe and necessary.

Finally, Healthwatch South Tees sent us their last report of the year, which provided a parent carer perspective on the current Autism pathway and proposed Neurodevelopmental Pathway for children and young people in South Tees. This report was created following a request from Tees Valley CCG for Healthwatch South Tees to explore the barriers and gaps in the existing Autism Pathway, as well as the proposals for the new, yet-to-be implemented Neurodevelopmental Pathway across South Tees.

Having received the final report, the CCG is considering the recommendations and working with other relevant agencies to ensure that the views and experiences of parent carers help to inform the Pathway.

Healthwatch Stockton-on-Tees

Healthwatch Stockton-on-Tees sent a number of reports to the CCG, one which explored local people's experiences of life during the Covid-19 pandemic, and another detailing patient experience of hospital discharge.

The first report assisted the CCG in understanding the experiences of local people during challenging times and helped to inform the CCG's plans for recovery following the initial phase of the pandemic. The CCG also outlined that work with Trusts has been undertaken to understand how routine treatments and interventions could be reinstated, as well as how guidance on maternity services, such as contact with expecting mothers and mental health support, had been developed since the feedback featured in the report had been captured.

In response to the hospital discharge report, which featured feedback from inpatients at North Tees and Hartlepool NHS Foundation Trust regarding their hospital care and discharge, the CCG committed to continuing to collaborate with health and care partners in order to improve the discharge process for patients and their families.

Patient and Public Involvement Lay Member Updates

Michelle Thompson BEM, our Lay Member for Patient and Public Involvement (and also the non-voting PPI Lay Member for the Northern CCG Joint Committee) provides updates to the Governing Body throughout the year by attending local, regional and national external meetings and events and working closely with local Healthwatch organisations who share their intelligence on the experiences of local people when accessing health services – we call this the 'word on the street.'

These real-time updates provide opportunities for the CCG to take action where needed and quickly identify solutions. Some of the updates this year centred around:

- Concerns about care home residents during lockdown, including people living with dementia
- Accessing GP services in cases where a person's behaviour has been significantly challenging resulting in them being asked to leave the practice and attend a specialist designated GP practice
- Poor or incorrect dental treatment
- Health advice for babies and expecting mothers
- Changes to prescriptions without consultation
- Concerns about waiting times for GP Services during lockdown
- Financial barriers to getting digital equipment required for virtual appointments with health professionals
- Concerns about Pharmacy staff not wearing PPE during the pandemic
- A complaint about hospital staff incorrectly administering a catheter, leading to complications and distress
- A positive experience of stroke services at North Tees and Hartlepool NHS Foundation Trust
- Concerns that health services provided a reduced offer during the pandemic but did not update their websites to reflect this
- Availability of Covid-19 test kits locally, with reports of people travelling outside the local area to be tested
- Concerns that telephone triage did not progress to a face-to-face appointment despite the person struggling to hear their GP over the telephone.

Full details of this feedback can be found in the CCG's Governing Body papers, which are available on our website.

Our Lay Member for Patient and Public Involvement also had an important role in developing the new Communications and Engagement Strategy for the CCG, which helps to ensure that key messages reach all places and groups in the Tees Valley, as well as enabling the CCG to listen to, understand and respond to the lived experience of those using local health services. The Strategy is available to read on the CCG's website.

Accessibility

The CCG offered opportunities throughout the year to enable local people to become involved in shaping local services. These included topic-specific focus groups, workshops and online

surveys distributed to people across Teesside. Due to the ongoing Covid-19 pandemic, face-to-face activities and events were not able to take place. We recognise that digital exclusion is a significant challenge for the Tees Valley, and while working digitally does offer more opportunities to engage for some people, equally it presents barriers for others. The need to keep people safe was paramount this year, but as restrictions ease, we will continue to explore the place of digital engagement and utilise where this offers benefits.

Once Covid-19 restrictions allow, it is anticipated that face to face public involvement events will resume, to ensure that people who prefer not to engage digitally or are unable to engage digitally have an opportunity to share their views, ideas and experience. The CCG is committed to ensuring that any public involvement event it holds caters for the needs of all local people and therefore provides:

- Language and British Sign Language (BSL) interpreters on request
- Hearing loops within event venues
- Wheelchair accessible venues
- Halal / vegetarian catering where possible/ required
- Papers/ agendas in accessible formats including large print on request.

The CCG's Governing Body and Primary Care Commissioning Committee meetings are open to the public, as is the CCG's Annual General Meeting. During the pandemic this was achieved by holding meetings virtually.

Engagement activity

Needs-led Neurodevelopmental Pathway

A needs-led neurodevelopmental pathway was launched in Hartlepool and Stockton-on-Tees in September 2020, following consultation with parent carers. This was the end of a long journey which began with parent carers giving feedback on the previous Autism diagnostic pathway. There was understandable criticism over the long waits, lack of support whilst waiting and insufficient coordination between health, social care, and education teams.

Work began with the Parent Carer Forums and the local authorities from Stockton and Hartlepool to look at how we could move to a pathway which supported the needs of children regardless of whether they had a diagnosis. We worked with the forums to develop a service specification for a Family Support Service to support and upskill families.

We also built a Neurodevelopmental webpage which was developed with the Parent Carers.

Changes to the diagnostic process, including the introduction of a referral form, were discussed with Parent Carer Forums, and adjusted accordingly based on their feedback. Work was undertaken with parent carers to review all the letters sent out by TEWV to families following a referral to the pathway and a parent guide to the pathway was developed by parents for parents. Ongoing dialogue is now in place between Tees, Esk & Wear Valleys NHS Foundation Trust (the service provider), the CCG and the Parent Carer Forums to ensure

issues are addressed as soon as they are identified and any communications required are appropriate.

Initial feedback has been positive and building on the learning in Hartlepool and Stockton, the needs led pathway was implemented in Darlington for the over 5's in April 2021 and there are plans to develop similar models in Middlesbrough and Redcar and Cleveland from September 2021. Continuous engagement with parents and carers is taking place to ensure satisfaction with the offer provided.

Working with Vulnerable Children and Young People During Covid-19

Our Children and Young People team has led on lots of work to identify and support the most vulnerable children and young people in our society from the effects of the Covid-19 pandemic.

In April 2020, the Designated Clinical Officers and other members of the team established weekly meetings with Local Authority colleagues in each area of the Tees Valley to ensure that this cohort of children were identified and supported throughout lockdown. The team also worked with local NHS Trusts and services to ensure that children and young people with the highest level of need were still being supported despite the closure of schools and lockdown guidance.

One of the biggest successes here was the establishment of ‘vulnerable children lists’ within each local authority area that has allowed organisations to work collaboratively and ensure that information was shared to support our most vulnerable children and young people.

Improving the Physical Health of People with Mental Illness

Work has continued to improve the physical health of local people with a mental illness or learning disability, following engagement with service users and carers at an event in January 2020.

Engagement at the event led to priorities and actions being identified which have been carried through into the ICS Priority Group 3 – Parity of Esteem. These high-level priorities were defined as:

1. Health Checks for people with mental health issues / primary care interface
2. Addressing post-Covid-19 impact and potential increased mental and physical health comorbidity
3. Embed 'Making Every Contact Count (MECC)'
4. Access to National Screening Programmes
5. Reduce variation (learning from the best CCGs)
6. Reasonable adjustments in Acute Hospitals’ access points
7. Workforce training and education
8. Information Sharing
9. Social movement/Communication

Throughout the year, the CCG has continued monitoring severe mental illness (SMI) and Learning Disability Health checks as well as learning from high achieving areas across the country to share and disseminate examples of good practice. The CCG has also ensured that

it is embedded in the development of the Royal College of Public Health's national MECC for Mental Health programme.

Tees Valley remains one of the highest achieving CCG areas in the North East, which continues to be the highest performing region nationally, for the delivery of SMI Health Checks. The CCG has also invested further in supporting Primary Care Social Prescribing Link workers in increasing access to health checks going in to 2021/22.

This work has helped to remove barriers to accessing health checks and promoted good practice for making reasonable adjustments to facilitate health checks.

Roll-out of Mental Health Support Teams in Schools

A task group was formed with local authority representatives based on engagement with children and young people and parents. The task group was formed to design workshops and engagement materials which will help to inform an upcoming Trailblazer bid, scheduled for Spring 2021. It will also inform the wider child and adolescent mental health services (CAMHS) transformation model development work.

An identified priority from this work is the roll-out of Mental Health Support Teams in schools. Consultation with children and young people and their parents identified that waits for treatment and support can be too long, schools need support to meet their pupils' emotional wellbeing needs, young people like to have a choice in support delivery (such as virtual, face-to-face, in school support and community-based support), group work can be beneficial in reducing stigma and that families are sometimes unsure of where to get support.

The CCG utilised this feedback to develop a Covid-19 recovery offer that was delivered for schools that re-opened in September 2020. Children and Young People IAPT (Improving Access to Psychological Therapies) Providers and CAMHS are now co-ordinating a whole-system approach and developing a single point of contact.

This work has led to increased choice for patients, better experiences and a more efficient mental health system to meet the needs of the population.

CCG Reception Telephone Queries

The CCG has continued to support local people with queries about health through the reception telephone line. Many of the calls received were related to the Covid-19 vaccine, with queries raised about priority groups and where people could go to receive vaccines. The CCG responded to these queries individually and delivered key messages such as requesting that people wait for the NHS to contact them (as opposed to calling their GP Practice) for the vaccine. In response, we also developed and regularly update a frequently asked questions (FAQ) document which was shared with local MPs, voluntary development agencies and Healthwatch to help ensure people had accurate and up to date information. The FAQs are published on our website.

Other calls consisted of queries about switching GP Practice, NHS Track and Trace, healthcare for people in prison, IVF treatment, referrals to specialist care and appeals

processes. In almost all cases, the CCG was able to provide information during the call, or signpost people to the relevant team or service.

The reception telephone is available to provide support when necessary, but lots of helpful information is available on our website and on social media, so it's always worth checking here first.

Listening to Carers

Each of the local authorities have arrangements and strategies in place to ensure carers are recognised, valued and supported. During 2020/21 we have worked closely with Middlesbrough and Redcar local authorities to develop a new, shared strategy for carers across these two areas of the Tees Valley.

The strategy was developed with a wide range of statutory and non-statutory organisations working across Tees Valley, several organisations supporting carers living in Middlesbrough and Redcar, as well as carers themselves. Ten virtual workshops took place using Zoom to explore and understand issues in relation to the themes including: services and systems that work for carers; employment and financial wellbeing; supporting young carers; recognising and supporting carers in the wider community and society; and building research and evidence to improve outcomes for carers.

The workshops were independently facilitated, with initial workshops focusing on priorities and challenges, and follow up workshops focused on identifying actions that would have a positive impact for local carers.

Keeping Local People Informed

The table below provides a flavour of the news headlines we have shared in the last 12 months:

April 2020	**May 2020**
• GP practices across Tees Valley open over Easter • Health officials urge patients NOT to contact their GP Practice directly about social shielding • DO NOT delay treatment if you are unwell! • Advice for parents during Covid-19 • NHS services are still 'Open for Business' across the Tees Valley • Bad toothache? Dental practices across the Tees Valley remain open • Message to parents from GPs: don't delay treatment if your child is unwell • Rise in online GP consultations • Keep a caring eye on children during the lockdown	• Tackling loneliness and distress during lockdown • Teesside steel company helps build stock of PPE supplies for front line care workers • North East GP outlines how to get healthcare during the Coronavirus outbreak • NHS urges people to seek help for cancer symptoms • Message from GPs – Don't ignore symptoms of cancer
June 2020	**July 2020**

• Help children aged 2 to 4 to learn at home during coronavirus • Wear a face covering when attending healthcare settings • Cancer during Covid-19 – Clare's story • Cancer campaign tackles drop in urgent referrals • GP's and patients welcome new digital ways of working • Advice regarding masks and young children • Cancer during Covid-19 – Margaret's story	• Middlesbrough GP to appear in documentary to celebrate NHS front-line heroes • Can I go to the dentist yet?
August 2020 • New Covid-19 cases found in Middlesbrough	**September 2020** • Town urged to act as Covid-19 lockdown looms • Health chiefs make plea to help avoid local lockdown • Tees Valley chosen as pilot site for innovative Covid-19 'virtual ward' • GP practices are still open • NHS bosses urge people to contact their GP if they have symptoms of lung cancer which are similar to Covid-19
October 2020 • NHS Covid-19 contact tracing app • How you can help your local GP practice	**November 2020** • Be Clear on Cancer and Help Us Help You • GP Practices in Tees Valley are asking residents for their continued patience and understanding with current demand for appointments
December 2020 • Covid-19 Vaccination Priority Groups • GP practices across Tees Valley continue to roll out the biggest vaccination programme in NHS history	**January 2021** • Health officials are reassuring patients that they will be able to get their Covid-19 vaccination locally if they prefer not to travel to a mass vaccination site • Care Homes across Tees Valley receive their first dose of the Covid-19 Vaccine
February 2021 • Covid-19 Vaccinations: The Facts • Covid-19 vaccination registration for health and social care workers • Ensuring all eligible people over 70 have the opportunity to be vaccinated • NHS Offers Covid-19 Vaccination to Clinically Vulnerable and People 65 to 69 • Covid-19: Who is being vaccinated next? • Fourth Large Vaccination Centre for the region to open in Darlington	**March 2021** • NHS Invites People Aged 60-Plus to Book Lifesaving Covid-19 Vaccination • Covid-19 Vaccination Frequently Asked Questions • Darlington Mass Vaccination Centre • SMS Vaccination Appointment Invites

Working with the Voluntary and Community Sector

The CCG recognises the huge benefits to be gained by working in partnership with our voluntary and community sector colleagues to benefit our shared population.

This year we have continued to work with our leads in our Voluntary Development Agencies and with organisations across the sector through a range of forums to shape the way services are delivered, response to the pandemic, community wealth building and understand the experience of local people in areas such as digital exclusion, carers and vaccine uptake.

In addition, Patient Groups that are commissioned by the CCG are delivered by voluntary and community sector organisations, further ensuring that their knowledge and established networks can reach more people and ensure their experience influences the care delivered to local people.

Working with Member Practices and Clinicians

The CCG continues to operate with the strong clinical leadership of local GPs to commission and improve services. GPs are central to organising and coordinating patient care and their clinical leadership adds value to the commissioning process.

As professionals working on the frontline with patients every day, our local clinicians understand the health economy and are well placed to work with colleagues across health and social care to improve quality and outcomes for local people. Our GP members and clinical leaders are also attuned to their patients' views and the choices they make in practice consultations.

We know that creating an empowered primary care system through engaging with our member practices is key to the success of the CCG. Our Primary Care Commissioning Officers [PCCOs] work collaboratively with all our General Practice teams to not only provide operational support and assistance, but to enable a continuous dialogue of engagement, creating a shared learning culture across Tees Valley to deliver high quality primary care through continuous improvement.

Reaching diverse, potentially excluded, and disadvantaged groups

Our Commitment

Equality, fair treatment, and social inclusion lie at the heart of the NHS England's plans to modernise the health service, as required under the Equality Act 2010.

NHS Tees Valley CCG is committed to the following principles:

- To recruit, develop and retain a workforce that can deliver high quality services that are accessible, responsive, and appropriate to meet the diverse needs of different groups and individuals
- To be a fair employer achieving equality of opportunity of outcomes in the workplace
- To use its influence and resources as an employer to make a difference to the life opportunities and health of its local community.

We have demonstrated our commitment to taking Equality, Diversity and Human Rights (EDHR) into account in everything we do, whether that is commissioning services, employing people, developing policies, communicating, consulting or involving people in our work as evidenced below: Public Sector Equality Duty EDS2 helps us meet the requirements of the Public Sector Equality Duty which is set out in the Equality Act 2010.

The CCG uses Equality Impact Assessments (EIAs) to inform commissioning using evidence such as health profiles, practice data and JSNA information. Seldom heard groups are identified as part of the stakeholder mapping. Each project has a stakeholder map and communication and engagement report completed to determine implications and our Communications & Engagement Strategy outlines an understanding of the population and actions required to address the needs of our local population and tackle health inequalities in a more sustainable way.

More detail can be found in the Reducing Health Inequality section of this report.

Reducing Health Inequality

Our commitment to equality and diversity is driven by the principles of the NHS Constitution, the Equality Act 2010 and the Human Rights Act 1998, and also by the duties of the Health and Social Care Act 2012 (section 14T) to reduce health inequalities, promote patient involvement and involve and consult with the public.

We have demonstrated our commitment to taking Equality, Diversity and Human Rights (EDHR) in everything we do, whether that is commissioning services, employing people, developing policies, communicating, consulting, or involving people in our work as evidenced below.

Public Sector Equality Duty (PSED)

As a CCG we are required under the Public Sector Equality Duty (PSED) which is set out in s149 of the Equality Act 2010, to have due regard to:

- Eliminate unlawful discrimination, harassment, victimisation, and other conduct prohibited by the (Equality) Act
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not.

We are also required as part of the Specific Duties Regulations 2011 to publish:

- Equality objectives, at least every four years
- Information to demonstrate our compliance with the public sector equality duty.

Governance

Equality, Diversity, and Inclusion (EDI) is governed by and reports into the Governing Body. The Governing Body ensures we are compliant with legislative, mandatory, and regulatory requirements regarding equality and diversity and inclusion. It develops and delivers national

and regional diversity related initiatives within the CCG, provides a forum for sharing issues and opportunities and monitors the achievement of key EDI objectives.

Equality Strategy

Our Equality Strategy for 2020-2023 has been developed. The revised strategy outlines our strategic direction in how we foster a culture of inclusion and belonging, take action to develop a diverse workforce that is representative of the communities it serves, train our people, and work together differently to deliver patient care.

The Equality Delivery System 2 - Our Equality Objectives

We have continued to utilise the Equality Delivery System (EDS2) framework and have been using the tool to support the mainstreaming of equalities into all our core business functions to support us in meeting the Public Sector Equality Duty (PSED) and to improve our performance for the community, patients, carers and staff with protected characteristics that are outlined within the Equality Act 2010.

We are awaiting the launch of the new EDS3 and will then set and share new equality objectives for NHS Tees Valley CCG. Until then we have continued to progress actions developed previously by our predecessor CCGs.

These are:

Objective	Darlington	Hartlepool and Stockton on Tees	South Tees (spanning Middlesbrough and Redcar and Cleveland)
1	Work with partners to improve the safety and quality of commissioned services across Darlington.	Continuously improve engagement and ensure that services are commissioned and designed to meet the needs of patients in all 9 protected characteristics.	The CCG will engage and involve local people, communities, and stakeholders (representing the Equality Act 2010 Protected Characteristics) when commissioning, designing, and evaluating services throughout the year.
2	Ensure all patients and carers can be involved and that patient experience is captured and acted upon to inform service change and delivery where possible.	Improve and simplify the Complaints Process for patients and increase awareness of current services available.	The CCG will continue to provide accessible information and throughout the year will work with patients and carers to develop and test the accessibility of information.
3	That the CCG has sufficient organisational data to demonstrate that staff from all protected groups are paid equally and in line with pay levels for the organisation as a whole and that appropriate training has been given on equality and diversity matters.	Continuously monitor and review staff satisfaction to ensure they are engaged, supported, and have the tools to carry out their roles effectively.	The CCG will demonstrate; and report in the annual report each year; it is a fair and inclusive employer that recognises the value of diversity.
4	That the Governing Body receives adequate assurance around equality and diversity including the equality	Ensure that the CCG Governing Body actively leads and promotes Equality and Diversity	The CCG will continue to embed equality and diversity principles by developing and supporting all staff and

	objectives, strategy, and progress towards achievement.	throughout the organisation.	Governing Body members to promote and champion inclusion in all aspects of the CCGs work.

Our Staff - Encouraging Diversity

We encourage a diverse range of people to apply to and work for us as we recognise the benefits such diversity brings to the quality of our work and the nature of our organisation.

We continue to offer guaranteed interviews to applicants with a disability who are identified as meeting the essential criteria for any advertised roles; and reasonable adjustments under the Equality Act 2010 are considered and implemented during the recruitment process and during employment.

By working closely with the Department of Work and Pensions (DWP), we have maintained our 'Level 2 Disability Employer' status for 2020 - 2021 by demonstrating our commitment to employing the right people for our business and continually developing our people.

Workforce Race Equality Standard

In accordance with the Public Sector Equality Duty and the NHS Equality and Diversity Council's agreed measures to ensure employees from black and ethnic minority (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace, the CCG has shown due regard to the Workforce Race Equality Standard (WRES).

We have due regard to the standard by seeking assurance of compliance from Trusts and aim to improve workplace experiences and representation at all levels for black and minority ethnic staff. Details and our WRES Action Plan can be found on our website.

Equality Impact Assessments

Our Equality Impact Assessment (EIA) Toolkit has been reviewed in 2020 to continue the process to be embedded into core business processes and to provide a comprehensive insight into our local population, patients, and staff's diverse health needs.

The tool covers all equality groups offered protection under the Equality Act 2010 (Race, Disability, Gender, Age, Sexual Orientation, Religion/Belief, Marriage and Civil Partnership and Gender Re-assignment) in addition to Human Rights and Carers, as well as including prompts for engagement with protected groups the tool also aids compliance with the Accessible Information Standard.

The EIA is embedded into our governance process and sign off from the Governing Body or its Committees is required for monitoring and completion.

Accessible Information Standard

The Accessible Information Standard aims to make sure that people with a disability or sensory impairment have access to information that they can understand, and access to any communication support they might need.

We ensure we are compliant with the standard by taking the following actions:

- Ensuring that their commissioning and procurement processes, including contracts, tariffs, frameworks, and performance-management arrangements (including incentivisation and penalisation), with providers of health and / or adult social care reflect, enable, and support implementation and compliance with this standard.
- Seeking assurance from provider organisations of their compliance with this standard, including evidence of identifying, recording, flagging, sharing, and meeting of needs.

Further information can be found at:

https://www.england.nhs.uk/ourwork/accessibleinfo/

Health Inequalities

We are committed to reducing the inequalities between patients in accessing health services for our local population.

We understand our local population and local health needs working closely with local authorities and Directors of Public Health, through the use of joint strategic needs assessments (JSNAs) and we collate additional supporting data including local health profiles as well as qualitative data through our local engagement initiatives which aim to engage hard to reach groups.

We also work in partnership with local NHS Trusts as well as local voluntary sector organisations and community groups to identify the needs of the diverse local community we serve to improve health and healthcare for the local population.

We seek the views of patients, carers and the public through individual feedback/input, consultations, working with other organisations and community groups, attendance at community events and engagement activity including patient surveys, focus groups and through local Healthwatch organisations.

As the local commissioners of health services, we seek to ensure that the services that are purchased on behalf of our local population reflect their needs. We appreciate that to deliver this requires meaningful consultation and involvement of all our stakeholders. We aim to ensure that comments and feedback from our local communities are captured and, where possible, giving local people the opportunity to influence local health services and enable people to have their say using a variety of communication methods enabling them to influence the way NHS services are commissioned.

Through our Commissioning Support Unit, we have continued to work closely with other local NHS organisations to support the regional working that has been a legacy of the Equality, Diversity and Human Rights Regional Leads Meetings. Also, nationally we have continued to work closely with NHS employers E&D partners' alumni programme.

We continue to monitor the health profiles and data available that detail the health challenges of our population including the Joint Strategic Needs Analysis (JSNA) and Local Authority Health Profiles.

Further information can be found at:

Health Profiles: Local Authority Health Profiles

Public Health England – Local Health: http://www.localhealth.org.uk

Tees JSNAs – http://www.teesjsna.org.uk/index.html

Darlington JSNA - https://www.darlington.gov.uk/your-council/council-information/documents/darlington-joint-strategic-needs-assessment-2018/

Health and wellbeing strategy

Contributing to the Delivery of Joint Health and Wellbeing Strategies

The CCG is an active member of each of the Health and Wellbeing Boards across the Tees Valley and we contribute alongside a range of partners to the delivery of joint health and wellbeing strategies. In Middlesbrough and Redcar and Cleveland, the two local authorities and partners come together as a single 'Live Well South Tees' Board. We have a Director aligned to each of the five local authorities and four Boards spanning the CCG's geography and we often have CCG clinicians in attendance too. We have enjoyed and benefited from the continued development of these relationships during 2020/21 as Board members.

As Boards we have collectively explored the short, medium, and longer-term impact of Covid-19. We have explored health and wellbeing in its widest sense, identifying the impact of the pandemic on matters such as loneliness, domestic abuse and employment as well as considered the complexities and inequalities associated with deprivation. As a partnership, we have also collectively agreed the action needed to support local people and services, with an incredible response and support from voluntary and community sector partners.

As a CCG we have shared with Boards the outcomes and our reflections on the action taken and learning from Phases 1 and 2 of the pandemic so that we can continue to address the ongoing challenges to our local health and care system.

In addition, we have participated in discussions with Board and system partners regarding the developing national health and care landscape and new ways of working through new accountable bodies which will replace CCGs in 2022 and strengthen partnership working across the Integrated Care System.

We have updated Boards, working with partners, on Better Care Fund plans. These joint health and social care planning and commissioning projects bring together health and social care budgets to create a pooled budget focused on integration of care and services. The funds across the local authority areas support a wide range of projects in areas such as care homes, palliative care, effective use of medicines, infection prevention and control, reducing unnecessary re-admissions to hospital and reducing delayed transfers of care. All projects aim to ensure more effective use of shared resources and enable a better experience and improved outcomes for local people.

This year, we have also supported each of the five Community Safety Partnerships with a small amount of investment to deliver projects aimed at community safety; these have included measures to support communities in Redcar and Cleveland and Darlington experiencing anti-social behaviour, as well as projects in the other three localities supporting people experiencing abuse. These projects include protection and support for Stockton women who are subject to domestic abuse and sexual violence in the home, 'grab bags' for people in Hartlepool who need to leave home quickly providing access to essential items, and we have also contributed along with other partners in Middlesbrough to the IRIS specialist domestic violence and abuse training, support and referral programme for General Practices.

In the year ahead, there we will also be a critical role for the Boards to play in shaping local recovery plans. The social and economic impact of Covid-19 will be significant and far reaching. We look forward to continuing our partnership working and collective approach to improving health and wellbeing and reducing inequalities through the Boards in the year ahead.

This overview has been reviewed and endorsed by the four Health and Wellbeing Boards in the Tees Valley or their nominated representatives.

ACCOUNTABILITY REPORT

David Gallagher
Accountable Officer
11 June 2021

Corporate Governance Report

The purpose of the corporate governance report is to explain the composition and organisation of the CCG's governance structures and how they support the achievement of our objectives.

Members Report

This report explains the composition and organisation of our governance structure and how they support the achievement of our objectives.

Council of Members

The Council of Members is the mechanism through which the individual member practice representatives come together for collective discussion and decision-making as a member organisation. This ensures active participation by each member practice in the functions of the CCG in accordance with its constitution, standing orders and scheme of reservation and delegation. Each practice nominates a senior clinical representative of the practice to participate in meetings.

Member practices

At the end of 2020/21 the CCG was made up of the following 80 member practices.

Locality	Primary Care Network (PCN)	Network [Practice names]	Practice Address
Darlington	Darlington PCN	Blacketts Medical Practice	63-65 Bondgate, Darlington, DL3 7JR
		Carmel Medical Practice	794 Nunnery Lane, Darlington, DL3 8SQ
		Clifton Court Medical Practice	Victoria Road, Darlington, DL1 5JN
		Denmark Street Surgery	Denmark Street, Darlington, DL3 0PD
		Moorlands Surgery	Willow Road, Darlington, DL3 9JP
		Neasham Road Surgery	186 Neasham Road, Darlington, DL1 4YL
		Orchard Court	Orchard Road, Darlington, DL3 6HZ
		Parkgate	Park Place, Darlington, DL1 5LW
		Rockliffe Court Surgery	Hurworth Place, Darlington, DL2 2DS
		St Georges Medical Practice	Yarm Road, Middleton St George, Darlington, DL2 1BY
		Whinfield Surgery	Whinbush Way, Darlington, DL1 3RT
Hartlepool	Hartlepool Health	Headland Medical Centre	2 Grove Street, The Headland, Hartlepool, TS24 0NZ
		McKenzie Group Practice	17 Kendal Road, Hartlepool, TS25 1QU
		Wynyard Road Practice	Wynyard Road, Hartlepool, TS25 3DQ
	Hartlepool Network	Drs Koh & Trory	Vicotira Medical Centre, Victoria Road, Hartlepool, TS26 8DF
		Gladstone Surgery	Victoria Health Centre, Victoria Road, Hartlepool, TS26 8DF
		Hart Medical Surgery	1 Surgery Lane, Hartlepool, TS24 9DN
		Seaton Surgery	Station Lane, Seaton Carew, Hartlepool, TS25 1AX
		West View Millennium Surgery	West View Road, Hartlepool, TS24 9LJ
	One Life Hartlepool	Bankhouse Surgery	One Life Centre, Park Road, Hartlepool, TS24 7PW

Locality	Primary Care Network (PCN)	Network [Practice names]	Practice Address
		Chadwick Surgery	One Life Centre, Park Road, Hartlepool, TS24 7PW
		Havelock Grange Practice	One Life Centre, Park Road, Hartlepool, TS24 7PW
Middlesbrough	Central Middlesbrough	Discovery Practice	Cleveland Health Centre, 20 Cleveland Square, Middlesbrough, TS1 2NX
		Endeavour Practice	Cleveland Health Centre, 20 Cleveland Square, Middlesbrough, TS1 2NX
		Erimus Practice	Cleveland Health Centre, 20 Cleveland Square, Middlesbrough, TS1 2NX
		Martonside Medical Centre	1a Martsonside Way, Middlesbrough, TS4 3BU
		Park Surgery	One Life, Linthorpe Road, Middlesbrough, TS1 3QY
		Prospect Surgery	Cleveland Health Centre, 20 Cleveland Square, Middlesbrough, TS1 2NX
		Thorntree Surgery	11 Beresford Buildings, Thorntree, Middlesbrough, TS3 9NB
	Greater Middlesbrough	Acklam Medical Centre [Previously known as Bluebell Medical Centre until 26 March 2021]	Trimdon Avenue, Middlesbrough, TS5 8SB
		Coulby Medical Practice	Cropton Way, Coulby Newham, Middlesbrough, RS8 0TL
		Crossfell Health Centre	Berwick Hills, Middlesbrough, TS3 7RL
		Hirsel Medical Practice	5 Trinity Mews, North Ormesby Health Village, Middlesbrough, TS3 6AL
		Kings Medical Practice	3 Trinity Mews, North Ormesby Health Village, Middlesbrough, TS3 6AL
		Newlands Medical Centre	Borough Road, Middlesbrough, TS1 3RX
		Parkway Medical Practice	Cropton Way, Coulby Newham, Middlesbrough, RS8 0TL
		Westbourne Medical Centre	7 Trinity Mews, North Ormesby Health Village, Middlesbrough, TS3 6AL
	Holgate	Borough Road & Nunthorpe Medical Practice	167a Borough Road, Middlesbrough, TS1 3RY
		Foundations 1	Acklam Road, Middlesbrough, TS5 5HA
		Foundations 2	7 Harris Street, Middlesbrough, TS1 5EF
		Linthorpe Surgery	378 Linthorpe Road, Middlesbrough, TS5 6HA
		The Village Medical Centre	400-404 Linthorpe Road, Middlesbrough, TS5 6HF
Redcar and Cleveland	East Cleveland	Brotton Surgery	Alford Road, Brotton, Saltburn, TS12 2FF
		Garth Surgery	Rectory Lane, Guisborough, TS14 7DJ
		Hillside Practice	Windermere Drive Skelton TS12 2TG
		Springwood Surgery	Rectory Lane Guisborough TS14 7DJ
		Woodside Surgery	High Street Loftus TS13 4HW
	Eston	Cambridge Medical Centre	10a Cambridge Road, Middlesbrough, TS5 5NN
		Eston Surgery	Low Grange Health Village Normanby Road Middlesbrough TS3 6TD
		Manor House Surgery	Braidwood Road Normanby Middlesbrough TS6 0HA

Locality	Primary Care Network (PCN)	Network [Practice names]	Practice Address
		Normanby Medical Centre	Low Grange Health Village Normanby Road Middlesbrough TS3 6TD
		South Grange Medical Centre	Trunk Road Eston Middlesbrough TS6 9QG
	Redcar Coastal	Bentley Medical Practice	Redcar PC Hospital West Dyke Road Redcar TS10 4NW
		Coatham Surgery	Coatham Health Village Coatham Road Redcar TS10 1SR
		Huntcliff Surgery	Bath Street Saltburn TS12 1BJ
		Ravenscar Surgery	Redcar PC Hospital West Dyke Road Redcar TS10 4NW
		Saltscar Surgery	22 Kirkleatham Street Redcar TS10 1UA
		The Greenhouse Surgery	Redcar PC Hospital West Dyke Road Redcar TS10 4NW
		Zetland Medical Practice	Windy Hill Lane Marske TS11 7BL
Stockton-on-Tees	Billingham and Norton	Dr Rasool	Abbey Health Centre Finchale Avenue Billingham TS23 2DG
		Kingsway Medical Centre	Kingsway Billingham TS23 2LS
		Marsh House Medical Centre	Abbey Health Centre Finchale Avenue Billingham TS23 2DG
		Melrose Medical Centre	38 Melrose Avenue Billingham Stockton TS23 2JW
		Norton Medical Centre	Billingham Road Norton TS20 2UZ
		Queenstree Practice	Farrer Street Stockton-on-Tees TS18 2AW
		Roseberry Practice	Abbey Health Centre, Finchale Avenue Billingham TS23 2DG
	Bytes PCN	Eaglescliffe Medical Practice	Sunningdale Drive Eaglescliffe Stockton-on-Tees TS16 9EA
		Park Lane Surgery	Redmarshall Street Stillington Stockton-on-Tees TS21 1JS
		Thornaby & Barwick Medical Group	Thornaby Health Centre Trenchard Avenue Stockton-on-Tees TS17 0EE
		Yarm Medical Practice	1 Worsall Road Yarm Stockton TS15 9DD
	North Stockton	Alma Street Medical Practice	Nolan Place Stockton-on-Tees TS18 2BP
		Queens Park Medical Centre	Farrer Street Stockton-on-Tees TS18 2AW
		Tennant Street Medical Practice	Tennant Street, High Newham Road, Stockton-on-Tees, TS18 2AT
	Stockton	Arrival Medical Practice	Endurance House Clarence Street Stockton-on-Tees TS18 2EP
		Densham Surgery	The Health Centre Lawson Street Stockton-on-Tees TS18 1HU
		Dovecot Surgery	The Health Centre, Lawson Street Stockton-on-Tees TS18 1HU
		Elmtree Surgery	22B Wesbury Street Thornaby TS17 6PG
		Riverside Practice	Alma Street Stockton-on-Tees TS18 2AP
		Woodbridge Medical Practice	Thornaby Health Centre Trenchard Avenue Stockton-on-Tees TS17 0EE
		Woodlands Family Medical Centre	106 Yarm Lane Stockton TS18 1YE

Composition of the Governing Body and Director Profiles

Background

From 1 April 2020, the three predecessor Clinical Commissioning Groups (CCGs) across Tees Valley merged into one CCG. A single NHS Tees Valley CCG was created, replacing NHS Darlington CCG, NHS Hartlepool and Stockton on Tees CCG and NHS South Tees CCG and is led by a new Accountable Officer.

Governing Body Profiles

Mr David Gallagher, Accountable Officer

With previous experience of working with CCGs in Newcastle, Gateshead, County Durham and Darlington, David has been involved with the NHS in both clinical and strategic roles as a commissioner and provider. He has lived in the North East all his life and has extensive management experience including in hospitals and commissioning, including 12 years in senior manager roles at South Tees Hospitals and a period as Primary Care Trust locality director in Darlington. Having started his career in 1982 at Sunderland Royal Infirmary as a student radiographer, he joined Sunderland CCG as Chief Officer in 2012, where he also chaired the Sunderland A&E Delivery Board and Sunderland's Children's Strategic Partnership, was vice chair of the Sunderland Safeguarding Children's Board and a member of the Health and Wellbeing Board and Sunderland Partnership. On a wider footprint he chairs the CNE Armed Forces Network and the Estates strategy group and is a member of the Workforce Strategy Group.

Dr Boleslaw Posmyk, Governing Body Chair

Dr Posmyk qualified as a doctor in Leeds in 1981 and became a GP in Hartlepool from 1986 where he still practices while living in Wolviston. He gradually became interested in medical management via the Diabetes Local Implementation Team, and then joined the Hartlepool PCT Professional Executive Committee. He then became a representative on the Hartlepool PBC Group prior to becoming Chair. Dr Posmyk was elected to be the Locality GP Representative and Chair of the then Hartlepool Shadow Pathfinder Committee and is now Chair of the Governing Body for the CCG.

He gained an understanding of more general issues affecting healthcare while working for several years on the SEQIHS (Securing Quality in Health Services) and follow-on Better Health programmes looking at planning of healthcare in the wider Darlington, Dales, Durham and Tees areas.

Mr Mark Pickering, Chief Finance Officer

Mark is a qualified accountant, a member of the Chartered Institute of Management Accountants (CIMA), a member of the Chartered Institute of Public Finance and Accountancy (CIPFA) and has a master's degree in Applied Financial Management. He has worked in finance and performance for a variety of NHS and Local Government organisations over a 30-year career, covering various sectors including healthcare commissioning, acute secondary care, mental health services and community care.

Ms Jean Golightly, Director of Nursing and Quality

As a Registered Nurse, Ms Golightly has previous experience of working in areas from across the healthcare landscape, including time spent overseas. Following this, she returned to the NHS to work in a number of large hospital Trusts, holding posts in Clinical Governance and management of a variety of clinical services, prior to joining the CCG. As the CCG's Director of Nursing and Quality, in addition to Child and Adult Safeguarding, her portfolio includes monitoring the quality and safety of patient care, as well the experiences that patients have when receiving care from our commissioned services.

Dr Janet Walker, Medical Director

Dr Walker has been a GP working in Teesside for more than 20 years, working in Eston, Middlesbrough since 1998. She played an active role in Practice Based Commissioning (PBC) as group chair, before becoming the lead for the Greater Eston Pathfinder. She was involved with the establishment of Clinical Commissioning Group, was previously South Tees CCG Chair and has worked with colleagues evolving into a single CCG across the Tees Valley.

Dr Walker has specialist interests in medicines optimisation, palliative care, patient and public involvement, and promoting patient empowerment to self-care where appropriate. She is passionate about organisations working together differently as a health and social care system to collaboratively address the challenges across the Tees Valley.

Mrs Michelle Thompson, Lay Member Patient and Public Involvement

Michelle lost her teenage sister to cancer in 1995 and in 2003 at the age of 36, she survived thyroid cancer. Since then she has run, hiked and cycled all over the world raising money and awareness for Macmillan Cancer Support. By using her voice locally, regionally and nationally she has made a difference not only in her local community but also in the health and social care and voluntary and community sectors. She was incredibly proud to receive the British Empire Medal in 2013 for Voluntary Community and Charity Work in Darlington and County Durham. Michelle is driven by a passion to ensure that the patient, carer, and public voice is not only listened to but understood and acted upon appropriately.

Mrs Caroline Gitsham, Lay Member

Caroline has over 30 years' experience working in the Public Sector, including 15 years working at an Executive Level. Caroline is passionate about customer service and making a difference and has worked with a variety of partners across her career including working in an advisory capacity to the government and other bodies. Caroline has managed a range of complex services and a number of new and innovative service offers have been developed under her leadership, many of which are award winning with tangible outcomes.

Caroline brings a different dynamic, she challenges the norm and encourages a greater focus on cultural and values alignment, outcomes monitoring and social impact. Her strengths are many; she has an extraordinary belief in people and their ability to achieve their potential. Caroline is a supportive leader, well networked, who enjoys challenges and variety.

Ms Karen Dales, Lay Member

Karen is both the Audit Committee Chair for Tees Valley CCG and the Conflicts of Interest Guardian. Karen has over 30 years' experience of working in the public sector including Health, Social Care, Local Government and Education. She is currently Assistant Principal: Corporate Services at Hartlepool College of Further Education.

Karen is a qualified accountant; her roles have included Finance Director, planning, policy development, performance, governance, procurement, and contract management as well as managerial responsibility for HR, data services, facilities, and IT.

Dr David Emerton, Secondary Care Specialist

David qualified as a doctor in Leeds in 1979. After experience as a junior doctor he worked at Murgwanza Hospital in Tanzania from 1984-1991 where he was part of a team that managed all health emergencies and supported the developing Community Based Healthcare work. David was an Accident & Emergency Consultant at North Tees Hospital from 1993- 2019. During that time, he taught regularly on Life Support Courses for Health Professionals. He was Clinical Director of Accident & Emergency and subsequently Associate Medical Director for Patient Safety and Clinical Governance. He was Executive Medical Director of North Tees & Hartlepool Foundation Trust from 2010 to 2016 which gave him considerable experience as a Trust Board Member and Clinical Leader.

David's key strengths include understanding the needs of patients who come to secondary care from the perspective of an experienced clinician and recognising the importance of patient safety and good clinical governance. David has experience working with many healthcare professionals and is committed to manage and lead services so that they improve patient care.

Mr Andie Mackay, Independent Member

Andie served as a firefighter for over 28 years, gaining strategic management experience with the County Durham and Darlington Fire and Rescue Service. Andie graduated from Teesside University in 2010 with a Master's in Business and Administration (MBA) with a particular focus on Transformational Leadership. Andie joined Stockton Borough Council as a senior manager leading Construction and Facility Services as part of the Community Services directorate of the council.

Dr Jessica Hollingsworth, Elected Healthcare Professional

Dr Hollingsworth trained at University College London before moving to the North East. She has worked across the region in secondary care before moving into general practice. She is a GP Partner at Linthorpe Surgery, Middlesbrough. She has an interest in personalised care, social prescribing, and preventative medicine. She continues to work with MIND, Ageing Better & Sport England developing local projects & relationships in the area. She is committed to improving the development of equitable services for patients and improving the morale of staff delivering services.

Dr James Nevison, Elected Healthcare Professional

Dr Nevison qualified from the University of Aberdeen in 2000 before completing further medical training in Inverness and Middlesbrough. He has been a GP in Darlington since 2006 working as a Partner in Denmark Street Surgery. He is a GP trainer in the Durham, Tees Valley GP training scheme and does regular sessions in Darlington Urgent Care Centre. He has also worked on projects such as the RIACT service for frail elderly patients.

Dr Hassan Tahir, Elected Healthcare Professional

Teesside born and bred, Hassan returned home after completing his medical degree in Manchester in 2009. Hassan currently works as a GP within Middlesbrough and Darlington, also working in Urgent Care and in Extended Access in Hartlepool and Stockton.

Hassan has an interest in Cancer and Palliative Care and also has a role as Personalised Care Lead within the Northern Cancer Alliance. Hassan also does work with the CQC as a GP special advisor.

Ms Joanna Bushnell, Elected Healthcare Professional

Born and raised in Newcastle, Joanna studied for her degree in Pharmacy in Cardiff, qualifying in 1987 and working in various roles at the RVI in Newcastle for many years before moving into Primary Care where she has worked for the last 16 years, initially as part of the Practice based Pharmacy team with Stockton PCT, (supporting local practices manage the prescribing budget and deliver safe and effective prescribing) and then Tees PCTs, North of England Commissioning Support (where she gained some experience of the NHS commissioning landscape and challenges), and for the last 3 years she has returned to a patient facing role working as a Clinical Pharmacist in 2 practices, one in Stockton and one in Darlington. She has a Masters in Therapeutics, is an Independent Prescriber and has a diploma in Leadership and Management in Health and Social Care. She is also a Clinical Mentor with the CPPE (College of Pharmacy Post graduate education), supporting Pharmacists training to become Primary Care Clinical Pharmacists and Independent Prescribers to expand Primary Care capacity.

Joanna has special interests in diabetes, cardiology and care of the elderly, with a passion for supporting and empowering patients to get the best from their medicines and for collaborative working across professions and sectors to improve the quality of healthcare and wellbeing across Tees Valley.

Dr Alistair Johnston, Elected Healthcare Professional

Alistair qualified as a GP in 2017, and currently is working as a partner in Woodbridge Practice, Stockton-on-Tees having lived and trained in the region for several years. Working with a diverse demographic footprint has helped Alistair begin to understand some of the challenges faced by patients in achieving wellbeing and some of the barriers they face in accessing healthcare. Alistair is passionate about continuing to develop the provision of health and social care across our region and has interests in medical education.

Alistair's commitment to improving service provision and promoting health outcomes is highlighted by his role as Lead GP for Armed Forces Veteran Friendly Accreditation status within his practice.

Director Profiles:

Mrs Karen Hawkins, Director of Commissioning, Strategy and Delivery (Primary Care)

Karen is a Director of Commissioning, Strategy and Delivery with a lead responsibility for out of hospital care, including primary care. Her role spans across Tees Valley after over 25 years' experience working in the public sector with most of her career progressing in Teesside where she resides. Karen has a strong commissioning, service transformation and contracting background and has held a variety of senior positions in the NHS across primary, community and acute commissioning, including leading health service developments and transformation schemes across the area. Karen is inspired by working in partnership with others who have a similar desire to improve local health and care services for the local population.

***Mr Michael Houghton, Director of Commissioning Strategy and Delivery (Darlington, Hartlepool, and Stockton-on-Tees*)** left the CCG in January 2021.

Michael brought significant experience to the CCG from a variety of senior leadership roles in local government, the NHS, and the private and non-profit sectors within County Durham and Darlington.

Mr Mike Brierley, Director of Commissioning, Strategy and Delivery (Mental Health and Learning Disabilities)

Mike has worked at a strategic level with both the public and private sector and assignments have ranged from leading a large informatics service to implementing strategic planning frameworks and the development of organisation-wide strategic plans. He is an experienced senior programme manager and has strong leadership skills and stakeholder and relationship management experience with an ability to achieve results in complex environments. Mike's role covers the two CCGs across Tees Valley and County Durham.

Mrs Alex Sinclair, Director of Commissioning, Strategy and Delivery (Children and Young People)

Alex, a pharmacist by profession, joined the NHS in 2001 after an early career in the private healthcare sector and academia. Alex has extensive strategic, operational, clinical, and business experience, joining the CCG in 2014 after holding a variety of Assistant Director positions in NHS community and acute services across County Durham, Darlington, and Teesside.

Mr Craig Blair, Lead Director of Commissioning, Strategy and Delivery South Tees

Craig has spent his entire career working within the NHS commencing as a trainee at the Tees Health Authority in 1998. Craig has gained extensive commissioning, performance management and planning experience through working in a variety of settings in the Durham and Tees Valley area including the former Tees Primary Care Trusts, the Strategic Health Authority, acute providers and in a Joint Commissioning Team with one of the Tees Local

Authorities. Craig has held a variety of senior positions within the local NHS across primary, community, mental health and acute care.

Mrs Diane Murphy, Director of Strategy and Delivery (Continuing Healthcare)

Diane joined the NHS 39 years ago and qualified as a registered nurse in 1984 and health visitor in 1991. She has held a range of senior clinical and managerial posts in both acute and community settings and has many years' experience in clinical governance, quality, patient safety, and large-scale change and transformation. Diane also works across NHS County Durham CCG.

Committees, including Audit Committee

Audit & Assurance Committee

The Audit and Assurance Committee has operated throughout the year in order to fulfil its obligations. Members of the Committee were:

- Ms Karen Dales, Lay Member (Audit Committee Chair)

- Mrs Michelle Thompson, Lay Member

- Mrs Caroline Gitsham, Lay Member

- Mr Andie Mackay, Independent Member.

Other Committee structures are referenced fully in the Governance Statement and the Remuneration and Staff Report details members of the Remuneration Committee

Register of Interests

All members of the Governing Body and its Committees are required to declare any interests they have in accordance with the CCG's Standards of Business Conduct and Declarations of Interest Policy. They are required to review and update their declarations of interest on an annual basis and also highlight any new interests within 28 days of them becoming apparent. The Registers of Declarations of Interest and Gifts & Hospitality are maintained throughout the year and will be kept for 6 years. The registers are made available to the public on request or via the CCG's website here. The CCG's Conflicts of Interest Guardian is Karen Dales, Chair of Audit and Assurance Committee.

Where interests are identified within meetings, these are declared by the individual and appropriate action is agreed, including whether the individual needs to withdraw from discussions.

To further support CCGs to raise awareness of, and manage conflicts of interest, all staff are required to complete Level 1 of the national mandatory conflicts of interest training. 98.86% compliance was achieved ahead of the deadline of 31st January 2021; only one member of staff did not complete the training within the specified period but did complete it very shortly thereafter. 100% of staff that were required to complete Levels 2 and 3 did so within the timeframe.

Audit One carried out an audit on the CCG's arrangements for the declaration and management of conflicts of interest and gifts and hospitality. A rating of substantial assurance was assigned and no weaknesses in control were identified. Two areas of best practice were cited.

Personal data related incidents

There have been no personal data related incidents or data security breaches during 2020/21 that required disclosure to the Information Commissioner.

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.

Modern Slavery Act

NHS Tees Valley 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 here.

Statement of 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 Chief Officer to be the Accountable Officer of NHS Tees Valley CCG.

The responsibilities of the 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,
- 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.

As the 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 Ernst & Young auditors are aware of that information. So far as I am aware, there is no relevant audit information of which the auditors are unaware.

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.

David Gallagher
Accountable Officer
11 June 2021

Governance Statement

Introduction and context

NHS Tees Valley is a body corporate established by NHS England on 1 April 2020 under the National Health Service Act 2006 (as amended). This establishment was the result of the merger of NHS Darlington CCG, NHS Hartlepool and Stockton-on-Tees CCG and NHS South Tees CCG; all of which were established by NHS England on 1 April 2013 and dissolved on 31 March 2020.

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.

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.

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.

The CCG has a Constitution based on the NHS England's revised Model Template. The Constitution was reviewed against the revised Model Template as part of the 2019/20 merger approval process to establish Tees Valley CCG. This was done in collaboration with NHS England to ensure the Constitution was legally compliant and took into account relevant legislation and guidance.

The review of the Constitution confirmed that it complies with the elements of the self-certification checklist, including:

- specifying the arrangements made by the CCG for the discharge of its functions
- specifying the arrangements made by the CCG for the discharge of the functions of the Governing Body
- the procedures to be followed by the CCG in making decisions
- the arrangements it has made to secure that individuals to whom health services are being, or may be, provided pursuant to its commissioning arrangements are involved
- arrangements made by the CCG for discharging its duties in respect of registers of interest and management of conflicts of interest
- arrangements made by the CCG for ensuring that there is transparency about the decisions of the group and the manner in which they are made.

Throughout 2020/21 the CCG has continued to operate with a governance structure that reflects guidance and best practice, including Governing Body, Audit & Assurance Committee, Remuneration Committee and Primary Care Commissioning Committee. In addition, the CCG has an Executive Committee and a Quality Committee (formerly Quality, Performance & Finance Committee until November 2020). Terms of Reference have been agreed and reviewed for each of these Committees to support the organisation in the delivery of effective governance.

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.

Council of Members

The Council of Members comprises a senior clinical representative of each member practice and ensures that the Group's activities retain a clear clinical focus with member engagement. Meetings have taken place virtually this year due to the pandemic.

The main areas covered by the Council of Members during this year include:

- Receipt of the 2019/20 Annual Report and Accounts
- Reviewed and approved the Council of Members Terms of Reference
- Received updates on CCG Governing Body elected Healthcare Professional Non-Executive vacancies
- Discussed the Integrating Care: Next Steps in Building Integrated Care Systems Across England.

The Council of Members delegate approval of a range of functions to the Governing Body. Membership of the Council of Members consists of the senior healthcare professional nominated by each member practice to act on its behalf in dealings with the CCG and to represent that member practice at meetings of the Council of Members. During the year, the Council of members has considered its Terms of Reference and meeting frequency to ensure that it is able to fulfil its duties.

Governing Body

A description of the Governing Body and its Committees is provided below, together with a record of attendance.

Figure 1: Governing Body and Committee Meetings Attendance Record

Name and Title	Governing Body (8)	Audit & Assurance Committee (5)	Primary Care Commiss-ioning Committee (7)	Remuneration Committee (2)	Quality, Performance and Finance Committee - until October 2020 (6)	Quality Committee- from November 2020 (3)	Executive Committee (18)
Mr David Gallagher, Chief Officer	7/8		6/7		6/6	3/3	14/18
Dr Boleslaw Posmyk, Clinical Chair	8/8			2/2			
Mr Mark Pickering, Chief Finance Officer	8/8		4/7		6/6	3/3	17/18
Ms Jean Golightly, Director of Nursing and Quality	8/8		4/7		6/6	3/3	14/18
Dr Janet Walker, Medical Director	7/8				5/6	3/3	15/18
Mrs Caroline Gitsham, Lay Member	8/8	5/5	6/7	2/2			
Ms Karen Dales, Lay Member	8/8	5/5					
Mrs Michelle Thompson, Lay Member	7/8	4/5	7/7	2/2	4/6		
Mr David Emerton, Secondary Care Specialist	8/8		7/7	2/2	6/6	3/3	

Mr Andie Mackay, Independent Member	8/8	5/5		2/2	6/6	3/3	
Dr Hassan Tahir, Elected Healthcare Professional	7/8						
Dr James Nevison, Elected Healthcare Professional	8/8						
Dr Jessica Hollingsworth Elected Healthcare Professional	8/8						
Dr Alistair Johnston, Elected Healthcare Professional *(from January 2021)*	2/2						
Ms Joanna Bushnell, Elected Healthcare Professional *(from January 2021)*	2/2						
Dr Richard Harker, Executive GP					5/6	3/3	14/18
Dr Mike Milner, Executive GP					1/6	2/3	11/18
Dr Vaishali Nanda, Executive GP					1/6	0/3	13/18
Dr Ali Tahmassebi, Executive GP					0/6	0/3	12/18
Dr Nick Timlin, Executive GP					4/6	3/3	15/18

Governing Body

During 2020/21, the CCG's Governing Body met on 7 occasions 'in public'. Due to the restrictions associated with Coronavirus and the transition time to develop effective management of virtual meetings, 6 meetings were held with the ability for the public to attend via the virtual format. All papers continued to be made available on the CCG's website prior to the meeting and questions from the public were still invited. From September 2020, recordings of the meetings have been posted on the CCG's website.

'In Committee meetings' were also held on 8 occasions to discuss work in progress and items of a confidential nature prior to public disclosure.

An annual cycle of business was in place, which enables the Governing Body to discharge the duties conferred upon it. Where appropriate, matters were delegated to a Committee or individual and this is outlined within the CCG's Scheme of Reservation and Delegation. The arrangements meet the requirements of best practice guidance in respect of risk management and ensure that a strong accountability framework has been established. They reflect the public service values of accountability, probity and openness and specify as Accountable Officer my responsibility for ensuring that these values are met within the CCG.

Key areas of discussion throughout the year have included:

- Adoption of the key documentation and the agreement of policies and strategies following the CCG merger
- Review the Merger Benefits Realisation Year End Report
- Approval of Tees Valley CCG Vision, Values and Objectives
- Review of progress against plans, financial targets, performance, measures and clinical quality standards
- Sharing of Patient and Public involvement development including patient stories and 'the word on the street'
- Quality and Safeguarding Update (including Complaints)
- Approval of the Communications and Engagement Strategy 2020 - 2023
- Assurance on CCG's Covid-19 Response and Learning from Waves 1 and 2, including updated on the Covid-19 Vaccination Programme
- Review of progress against the Integrating Care: Next Steps in Building Integrated Care Systems Across England publication
- Approval of the 2020-21 Tees Valley ICP Winter Plan
- Approval of CCG financial and operational plans
- Review of Corporate Risk Registers and Assurance Framework
- Review of Workforce Race Equality Standard (WRES) Report and Action Plan
- Review of the CCG commitment to the NHS People Plan
- Director of Public Health Reports
- Approval of recommendations made by the Remuneration Committee.

The Governing Body also receives confirmed minutes from each of its Committees to enable it to consider the work and effectiveness of the respective Committee and to receive assurance relating to delivery of their terms of reference. To ensure transparency at the earliest stage, the Governing Body also receives an outline report from Committees held prior to their formal approved Minutes being available.

The Governing Body is committed to ensuring that sufficient time is devoted to allowing members to discuss key strategic issues as well as being able to reflect on its own performance and ensure that arrangements are in place to allow for further development and improvement. As part of this, we have held 7 Governing Body Development Sessions, which covered topics such as: the CCG's approach to risk management and development of risk appetite, review of the CCG objectives, clinical services strategy, the development of effective integrated care systems (ICS), operational plan, ensuring transparency, review of effectiveness of the Governing Body and its Committees and organisational development as well as training on making data count, conflicts of interest and equality, diversity and inclusion.

Established Committees

The Governing Body Committees have authority under the Scheme of Delegation to establish sub-committees or sub-groups to enable them to fulfil their role. Each of the Governing Body Committees has detailed terms of reference. Each Committee is authorised by the Governing Body to pursue any activity within their terms of reference and within the scheme of reservation and delegation.

Remuneration Committee

The Remuneration Committee is a statutory Committee established to advise/ recommend to the Governing Body the appropriate remuneration and terms of service for the Chief Officer and other staff paid through the Very Senior Manager Pay Framework. The Committee also recommends to the Governing Body the remuneration for the role of Chair, remuneration and terms of service of Governing Body Elected Healthcare Professionals and others not on Agenda for Change terms and conditions. It also reviews any business cases for early retirement and redundancy. Full details of the membership and attendance of the Committee is included at *Figure 1: Governing Body and Committee Meetings Attendance Record*. The Committee's terms of reference are referenced within the CCG's Constitution and are available on the CCG's website.

Key areas that the Committee have focussed on during the year include:

- Pay Awards for those on Non-Agenda for Change (AfC) and Very Senior Manager (VSM) contracts.
- Review of the Remuneration Committee Terms of Reference
- Remuneration for Director on-call arrangements.

Audit & Assurance Committee

Full details of the membership and attendance of the Committee is included at *Figure 1: Governing Body and Committee Meetings Attendance Record*.

The Audit & Assurance Committee supports the Governing Body in its duty of ensuring the CCG has made appropriate arrangements to ensure functions are exercised effectively, efficiently and economically and that all relevant principles of good governance are adhered to.

In line with the requirements of the NHS Audit Committee Handbook and NHS Codes of Conduct and Accountability, the Committee provides the CCG with an independent and objective review of systems of internal control, risk and governance processes and arrangements and compliance with laws, guidance and regulations governing the NHS.

The Committee Chair is a lay member of the Governing Body and has no executive powers, other than those specifically delegated in its terms of reference. The Committee's terms of reference are referenced within the CCG's Constitution and are available on the CCG's website.

The Committee's terms of reference are reviewed annually and the cycle of business includes a review of the process relating to the CCG Governing Body Assurance Framework and corporate risk register as well as considering the work of both internal audit (including counter fraud) and external audit. The Committee also considers assurances provided by the Commissioning Support Unit in relation to the CCG's governance responsibilities (including equality and diversity, health and safety, business continuity, corporate governance, information governance and mandatory training).

Membership is outlined in the members' report section of the annual report.

Significantly during the year through its cycle of business, the Audit Committee has received the following assurances:

- Internal Audit progress reports
- External Audit progress reports
- Strategic and Operational Internal Audit plan 2021-23
- Chief Finance Officer reports
- Head of Internal Audit Opinion
- External Audit Annual Letter
- Approval of Audit and Counter Fraud plans
- Counter Fraud Progress reports
- Cyber Security Assurance
- Review of the Risk Register and Assurance Framework
- CCG Annual Report and Accounts
- Governance Assurance Reports
- Declarations of Interest position statements
- Information Governance Annual Report

- Summary of decisions and actions in response to Covid-19
- Continuing Healthcare position statement due to Covid-19.

Executive Committee

The Executive Committee is a Committee of the Governing Body that operates as a strategic forum for discussion, decision-making and assurance of the operational management of the CCG in support of the Governing Body and its Committees. The CCG Governing Body has delegated authority to the Executive Committee to provide an oversight role for managing and developing the CCG. The Committee has approved Terms of Reference and the duties of the Executive Committee will be driven by the priorities of the CCG and will be flexible in response to new and emerging priorities.

Full details of the membership and attendance of the Committee is included at *Figure 1: Governing Body and Committee Meetings Attendance Record* and the Members Report. The Committee's terms of reference are available on the CCG's website as part of the Governance Handbook.

The Committee has met on 18 occasions formally in the period 2020/21. Due to the Covid-19 pandemic, these have been held virtually. The work programme of the Committee is guided by a forward plan programme. The programme enables the Committee to carry out its key objectives necessary to support its assurances and in a timely manner.

The Committee takes a robust approach to the management of declarations of interest and processes are in place to ensure that conflicted members do not inappropriately receive papers or take part in discussions or decisions where it would be contrary to the CCG's Standards of Business Conduct Policy. A summary of all declarations and consequent actions made in the Committee was presented to the Audit Committee in March 2021.

Significantly during the year through its cycle of business, the Committee has considered the following issues:

For Decision

- Review of Patient Group Direction (PGD) Documentation
- Payment on Account (POA) Proposals (2020/21)
- Review of Respiratory Proposal
- Review of the North of England Commissioning Support Unit (NECS) service level agreement (SLA)
- Approval of several corporate and Human Resources policies
- Approval of procurement valuation strategies and recommended bidder reports for:
    - Non-complex post-op cataract service and virtual glaucoma monitoring service
    - Tees Sexual Health Service
    - Direct Access to Adult Related Hearing Loss Service
    - Online Mental Health and Wellbeing support for School Teaching Staff Service

    - Home Oxygen Service Procurement
    - Family Support Service for Children and Young People with a Neurodevelopmental Need
- CCG Annual Complaints Report
- Research Capability Funding
- Payments to Community Pharmacy for Commissioned Services in Darlington
- Faecal Immunochemical Testing (FIT) Phase 2
- Emergency Solution for Maternity Antenatal Clinics
- 2019/20 Local Improvement Scheme (LIS) Reconciliation
- Darlington Primary Medical Services Transformation Funding
- Executive Committee Terms of Reference
- Workforce Race Equality Standard (WRES) Report and Action Plan
- Looked After Children (LAC) Review Health Assessments
- Host Commissioner Guidance – Quality Oversight of CCG Commissioned Inpatient Care for People with a Learning Disability, Autism or Both
- Covid-19 Virtual Ward (Pulse Oximetry)
- County Durham and Tees Valley Area Prescribing Committee (CDTV APC) – Items Above Delegated Limit
- South Tees Hospital Foundation Trust (STHFT) Community Midwifery Estates Extension Request
- Children in our Care – Review Health Assessments
- North Tees & Hartlepool Foundation Trust (NTHFT) Paediatric Speech & Language Therapy (SALT) Service Review
- Options Appraisal of the Future Commissioning of the 'Expert by Experience' Component of Community Treatment Reviews (CTRs)
- Friarage Hospital Theatres Development
- STHFT Community Nursing Model
- European Union (EU) Exit Update
- Revised Business Continuity Plan (BCP) Update
- Personal Health Budget Uplift
- Key Worker Support for Children & Young People with a Learning Disability and/or Autism
- Intermediate Care Beds for Older People in Darlington
- Flash Glucose Monitoring for People with Learning Disability and Type 2 Diabetes
- Better Care Fund (BCF) Update.

For Discussion

- Repurposing of South Tees Community Hospitals
- Review of Commissioning Lead Arrangements
- CCG Merger – Benefits Realisation
- Regular reports on Financial position, Continuing Healthcare (CHC), Quality & Safeguarding and Performance

- Regular review of the CCG Risk Register
- Ophthalmology Report Summary Position May 2020
- NHS People Plan
- CHC Covid-19 Recovery Plan
- Proposal to Pilot Teledermatology Services in Tees Valley
- Infection Prevention and Control guidance and support to care homes during Covid-19 pandemic
- Digital Update 2020/21.

Quality Committee

This Committee was established in November 2020 to provide a greater level of collaborative scrutiny and assurances to the Governing Body of effective management in relation to quality issues. Before then it was a combined **Quality, Performance and Finance Committee**. A key feature of this Committee is the inclusion in the membership of main provider director-level representatives from across the ICP footprint. This has facilitated a more collaborative approach to addressing shared challenges and ensuring coherent and consistent messages and understanding.

The Committee's cycle of business includes overseeing that commissioned services are being delivered in a high quality and safe manner within the context of finance and performance indicators. In addition, the Committee also focusses on clinical effectiveness and patient experience.

Full details of the membership and attendance of the Committee is included at *Figure 1: Governing Body and Committee Meetings Attendance Record* and the Members Report. The Committee's terms of reference are available on the CCG's website.

Significantly during the year through its cycle of business, the Committee has considered the following issues:

- Detailed Quality and Safeguarding Reports on provider commissioned services
- Ockenden Review of Maternity Services
- Clinical Audit Publication Schedule including the Sentinel Stroke National Audit Programme and the Oesophago-Gastro Cancer Clinical Audit
- Quality and Safeguarding Risk Profiles
- Care Quality Commission Report – The Priory, Independent Sector Mental Health Hospital, Middleton St George
- Antibiotic Prescribing
- The Exploitation of Children in Cleveland: Problem Profile (Safeguarding)
- The State of Health Care and Adult Social Care in England 2019/20 Report
- Performance and Finance Reports on provider commissioned services
- Tees General Medical Council (GMC) Survey results
- Child Death Overview Panel Current Cases
- Healthcare Associated Infection (HCAI) Performance Data

- NHS Provider Patient Serious Incident Data
- NHS Acute Quality Dashboards
- Hartlepool and Stockton-on-Tees Safeguarding Children Partnership (HSSCP) Annual Report 2019-20.

Quality, Performance and Finance Committee (1 April 2020 – 31 October 2020)

This Committee provided assurance to the Governing Body of effective management in relation to finance, contracts, performance and quality, including the delivery of Quality, Innovation, Productivity and Performance (QIPP). The Committee's cycle of business included overseeing that commissioned services were being delivered in a high quality and safe manner and performance is managed according to the agreed terms of the service level agreements and formal contracts and that appropriate corrective action is being taken to address areas of underperformance, including changes to future contracts where necessary. The detailed discussions relating to the 'performance and finance' element of the Committee's remit was transferred to the Executive Committee from 1 November 2020, however, relevant contextual information is provided to the new Quality Committee to ensure a rounded approach is taken.

Full details of the membership and attendance of the Committee up to end October 2020 is included at *Figure 1: Governing Body and Committee Meetings Attendance Record* and the Members Report.

One of the Committee's key responsibilities was to seek assurance that the CCG is commissioning safe care for patients and this is undertaken by monitoring provider performance and adherence to quality standards.

Significantly during the year through its cycle of business, the Committee has considered the following issues:

- Quality monitoring reports on provider commissioned services, including the reporting of serious untoward incidents
- Overall financial position of the CCG
- Performance monitoring of provider contracts
- Monitoring delivery of the 2020/21 financial plan
- Continuing Healthcare Finance, Assurance and Quality reports
- Quality improvement project to improve engagement and participation of GP practices in initial child protection conferences (ICPC)
- Review of committee effectiveness
- GP Performance Triage Group Annual Report (2019/20).

Primary Care Commissioning Committee

The Committee has a primary purpose of commissioning primary medical services for the people of Tees Valley under a Delegation Agreement from NHS England. There were 5

meetings held virtually in public. Healthwatch, the Local Authority and the Local Medical Committee were invited to attend all meetings.

The role of the Committee is to carry out the functions relating to the commissioning of primary medical services under Section 13Z of the NHS Act, except those relating to individual GP performance management, which have been reserved to NHS England. During 2020/21 this included the following activities:

- Ratification of Primary Care Delegated Decisions during the Pandemic
- Covid-19 Planning – Primary Care: Preparing for Phase Two and Beyond
- 20/21 General Medical Services (GMS) contract Update – national changes
- Directed Enhanced Services (DES)
- Primary Care Budgets 2020/21
- Compliance Review of Primary Medical Care Commissioning
- Primary Care Risk Overview
- Approving practice mergers, boundary changes, clinic closures and list closures
- International GP Recruitment
- CQC Inspection outcomes and standard operating procedures
- Primary Care Local Improvement Scheme (LIS) 2020/21: Covid-19 Wave 2 Response
- Special Allocation Scheme (SAS) Service – Commissioning an Emergency Alternative Arrangement
- Pharmacy Applications
- Applications to join the GP retention scheme
- Tees Valley – Quality and Outcomes Framework (QOF) Differences 2019/20
- Receive Primary Care Finance updates
- Applications for rent reimbursement
- Primary Care Networks – One Year On.

In performing its role, the Committee exercised its management of the delegated functions in accordance with the Agreement entered between NHS England and the CCG, which sits alongside the delegation and terms of reference. The terms of reference have been reviewed during the year and are available on the CCG's website.

The Southern Individual Funding Request Panel

The Funding Panel, which is a collaboration between CCGs and is accountable to the CCG's Governing Body, considers all Individual Funding Requests and decides whether or not to support individual requests on the basis of the information provided with the request to the Committee. Requests are assessed for access to treatment within the commissioning authority of the CCG, and minutes of the Panel are provided to the Governing Body.

Joint Committees

Joint Committee of the County Durham CCG, Tees Valley CCG and North Yorkshire CCG.

As a result of CCG mergers and changed emphasis relating to ICP working, this Joint Committee was established to replace the previous Joint Committee of the Southern Collaborative. The review of the previous Committee and the formation of the new Committee aims to provide an effective mechanism for the purpose of making decisions normally delegated to the Governing Bodies, where those decisions must be made together to ensure a consistent and efficient approach to the commissioning and reconfiguration of services that meet the needs of the populations served by the member CCGs.

There was no requirement for either the Southern Collaborative Joint Committee or the Joint Committee of County Durham CCG, Tees Valley CCG and North Yorkshire CCG to meet during 2020/21.

Northern CCG Joint Committee

In common with all CCGs in the region, the CCG played an active role in the Northern CCG Joint Committee. The CCG is a member of the Joint Committee; membership includes:

- NHS County Durham CCG
- NHS Newcastle Gateshead CCG
- NHS North Cumbria CCG
- NHS Northumberland CCG
- NHS North Tyneside CCG
- NHS South Tyneside CCG
- NHS Sunderland CCG
- NHS Tees Valley CCG
- NHS North Yorkshire CCG.

The Committee met on 4 occasions during 2020/21 and considered the following:

- Developing an Integrated Care System (ICS) in the North East and North Cumbria
- Governance items
- Research and Evidence
- The use of Avastin for the treatment of wet AMD
- Academic Health Science Network
- Northern Joint Committee Annual Report 2019/20
- Northern Treatment Advisory Group (NTAG) Annual Report
- How-Fit Programme
- Learning Disability inpatient provision across the region
- Commissioning of Maternal Medicine Network
- North of England Commissioning Support (NECS) Annual Review, Business Plan 2021/22-2022/23 and customer board reports.

A work plan for the Joint Committee for 2020/21 was agreed and includes:

- Proposals for jointly commissioning breast diagnostic services across the ICS area
- To jointly commission cardiology and specialised neuro-rehabilitation services within NHS England/NHS Improvement's Specialised Commissioning team for the North East and North Cumbria
- Development of a consistent policy to be applied across the ICS area for Value-Based Clinical Commissioning (VBCC) and Individual Funding Requests (IFRs)
- North Cumbria North East Prescribing Forum
- Plans for rheumatology services in the County Durham, South Tyneside and Sunderland ICP as they develop and for any other services being developed on an ICP footprint which may have an impact on areas of the region.

Due to Covid-19, it was not possible to hold meetings, which were held virtually in public. However, papers were published on the CCG website together with recordings of more recent meetings.

UK Corporate Governance Code

Although NHS Bodies are not required to comply with the UK Code of Corporate Governance, the CCG takes a robust approach to its application of good governance principles and continuous improvement. Throughout 2020/21, this has included holding dedicated development sessions with the Governing Body as well as regular staff meetings that have also incorporated elements of governance to ensure an embedded approach.

The guidance contained within the Code enables assessment of Governing Body effectiveness against the criteria of leadership, effectiveness, accountability, remuneration and relations with stakeholders. Governing Body discussions were held in early 2020/21 to ensure that the Governing Body was continuing to operate as transparently as possible, particularly taking into account the consequences of Covid-19 in relation to attendance at in-public meetings. A further review of Governing Body and committee effectiveness took place during March 2021 and has been used to inform and develop the workings of the CCG in 2021/22.

Discharge of Statutory Functions

During establishment of the CCG, the arrangements put in place to govern the organisation were developed with extensive expert input from NHSE to ensure compliance with all relevant legislation. That legal advice also informed the matters reserved for the Council of Members and Governing Body decisions and scheme of delegation. The Constitution has been confirmed as appropriate by NHS England*.*

In light of 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.

Risk management arrangements and effectiveness

As the CCG responds to new challenges and the continually changing demands of the local health economy, so does the system of risk management and internal control. The CCG works closely with peer CCGs and subject experts to ensure that a holistic approach is taken to risk processes.

The risk management framework provides a number of ways in which we identify and mitigate risks. The CCG has an established corporate policy set which informs our knowledge and guides our actions and behaviours. These policies ensure we conduct our business appropriately, comply with legal requirements and protect our patients and staff from avoidable harm.

The CCG's Risk Management Policy was updated during 2020/21 and continues to be compliant with good practice and legislation and sets out our organisation-wide approach to managing risk at all levels within the CCG. Our aims are:

- to ensure that risks to the achievement of CCG's objectives are understood and effectively managed
- to maintain a risk management framework to assure the Governing Body that strategic and operational risks are being effectively managed
- to ensure that risk management is a cohesive element of the internal control systems within the CCG's corporate governance framework
- to ensure that risk management is an integral part of the CCG culture and its operating systems
- to ensure that the CCG meets its statutory obligations including those relating to health and safety and data protection, and
- to assure all stakeholders, staff and partner organisations that the CCG is committed to managing risk appropriately.

Capacity to Handle Risk

Strong leadership and an effective governance structure are vital elements of the CCG's capacity to handle risk. The governance arrangements meet the requirements of best practice guidance in respect of risk management and ensure that a strong accountability framework has been established and is maintained.

The CCG has clear lines of accountability with defined responsibilities and objectives relating to all aspects of risk reporting and management.

The Accountable Officer has overall responsibility for ensuring the implementation of an effective Risk Management Policy, systems and controls; this is delegated to the Director of

Strategic Development as the nominated lead for co-ordination of corporate services and risk management throughout the CCG and has responsibility for ensuring the implementation of the risk management policy and framework.

The CCG's Directors are responsible for the management of strategic and operational risk in their specific areas, including ensuring that all risks are assessed appropriately, in a timely manner and actions are taken to mitigate against the risk.

The CCG's risk appetite in terms of escalation to the Governing Body Assurance Framework has been agreed by the Governing Body. As with all organisations, there is a level of risk inherent within healthcare commissioning. Risks that are regarded as normal business are managed at an operational level and are not escalated onto the Strategic Risk Register unless it is considered that the risk could adversely impact upon the CCG's ability to deliver its strategic aims and statutory duties. If the CCG's assessment of a risk indicates that it is becoming more likely to have a significant impact, then it is also included on the CCG's Assurance Framework that is considered by the Governing Body. There was further consideration of the Governing Body's Risk Appetite in February and March 2021 in order to inform the management and approach to risk in 2021/22.

The formation of the CCG's Quality Committee at an ICP level including provider executive membership also allows the CCG to consider and manage quality and safety related risks in a more rigorous way.

In addition, the CCG contracts with the Commissioning Support Unit for provision of expert risk management advice and training as well as facilitating the sharing of good practice. There have been a number of development sessions held with the Governing Body during 2020/21 to facilitate broader understanding and consistency of approach.

The audit of the CCG's approach to governance and risk management resulted in a rating of 'substantial assurance'.

Risk Assessment

Risk is identified in accordance with the CCG's Risk Management Policy and risk management is embedded in the organisation via a number of mechanisms.

In day-to-day operations, all new projects and policies are required to incorporate an Equality Impact Assessment and Data Protection Impact Assessment to determine whether there are any areas of potential risk relating to equality or data protection. These assessments are reviewed by subject matter experts and areas requiring further consideration are followed-up.

There are comprehensive processes in place to prevent, deter, identify and respond to risks of fraud and corruption, including effective management of conflicts of interest. These are actively overseen by the Audit & Assurance Committee.

There is an established process in place within the CCG that includes the review of the risk register and the assessment of the effectiveness of the identified controls.

Corporate risks are reviewed at four levels within the CCG. The first level is during the day-to-day operations of the CCG, where staff work within the policies of the CCG. Risks are identified within departments and the CCG management team. The CCG Head of Governance liaises with all risk owners to discuss and assess risks at this level.

The second level is a full review of the risk register with the CCG's Executive Committee. This review allows Executive GPs, directors and senior CCG officers the opportunity to consider the range and severity of the risks the CCG is assessing. This is an important step in the consideration of risks as it gives the opportunity for a broader discussion on the risks, controls and actions as well as a form of peer review to highlight related risks or potential impact on other areas. Risks with a residual score of 12 or above are automatically included in the Assurance Framework.

The third level is the oversight of the process undertaken by the Audit and Assurance Committee. The fourth level of review is at the Governing Body where the Governing Body Assurance Framework and/or changes to the Risk Register are considered.

Furthermore, all staff are encouraged to report incidents and near-misses via the incident reporting system which identifies the risks that have already (or nearly) occurred from incidents or near misses. Notifications of entries on this system are escalated to subject experts, governance leads and relevant Directors.

As at the end of the year, the CCG was actively managing 23 principal corporate risks, 12 of which feature on the Governing Body Assurance Framework. All these risks have key controls identified against them and also the delivery of both external and internal assurance regarding these risks. They also include mitigating actions where appropriate.

None of the risks have been assessed as impacting upon the CCG's licence or governance, risk management and internal control processes.

Principal risks

The table below gives an overview of the risks with a residual score over 12 or above that the Governing Body consider to be the most significant (as at 31/3/2021) and gives some examples of the actions that have been taken to mitigate against them.

Principal Risks	Key actions and controls
Excess demand on available capacity could result in the CCG being unable to meet Constitutional standards, thereby meaning the CCG is at risk of being subject to regulatory action or loss of autonomy.	- Single Tees-wide A&E Delivery Board in place to share learning, provide oversight, support and operational direction in response to Urgent Care pressures across the ICP. - Development of system level action plans underpinned by organisational operational escalation plans which include targeted communications campaign and allocation of additional resources to support increased staffing and capacity across the system. - Standardised contract management and performance management arrangements are in place across the CCG's commissioned provider base

Principal Risks	Key actions and controls
	- Real time reporting of pressures via the use of the UEC web app available to all CCG and system partners 24/7 - Dedicated team within NECS managing system-wide surge-pressures. Daily conference calls throughout periods of significant pressure including weekends when system is under sustained pressure (i.e. Operational Performance Escalation Level 3 or higher). - Established a range of service offerings and pathways to support mitigating pressures on acute bed base including: - Discharge to assess and delayed transfers of care - Specific Covid-19 services (Primary and Secondary care) - Enhancement of out of hours service offerings - Provision of community bed capacity including designated settings or appropriate alternatives - Routine oversight and engagement meetings with key operational networks across the ICS including: Northern Cancer Alliance Critical Care Network Ophthalmology Alliance
Non-compliance with antibiotic prescribing controls and routine infection prevention and control principles, may lead to antimicrobial resistance and increased incidence of health care associated infection (HCAI) which will have a negative impact upon outcomes and system resilience.	- Antibiotic stewardship focus from Trusts and primary care across the ICP with quarterly reporting into Quality Committee. - Provider action plans monitored and challenged as required. - Programme of announced and unannounced commissioner assurance visits has been strengthened to ensure more frequent and targeted visits based on intelligence-led approach; helping to triangulate discussions and assurances that have been provided by the Trust with demonstrated practices on wards. As this was impacted by Covid-19 the Director of Nursing & Quality attends Trust Quality Groups in the interim. - Representation and involvement with Trust's Infection Control Committees or equivalent - Regular meetings with Trusts' leads for infection control - Established Teeswide HCAI Collaborative - Continued focus by the medicines optimisation team and the practice attached pharmacist on antibiotic prescribing and choice of antibiotic within practice. - Promotion of NICE guidance around use of antimicrobials - choice of antibiotics and course length with a link to the guidance on the medicines website. - Education provision for non-medical prescribers around use of antimicrobials - ICP Trust membership of Quality Committee.
There is potential for the coronavirus outbreak to interrupt the business of the CCG, either due to increased staff sickness or potential disruption to supply chain. This could risk the CCG's ability to deliver its statutory duties.	- The CCG have a tested business continuity plan in operation, which will be invoked should the situation arise - National guidance implemented to ensure safe office environment - Covid-secure environment confirmed. - Staff involvement, communication and understanding of requirements if working in the office. - Task & Finish groups established to focus on key areas (agile working, safe office, communications)

Principal Risks	Key actions and controls
	- Support for management of resource via the internal Programme Management Office and involvement in the ICS redeployment hub. - Regular (at least twice weekly) director meetings and buddying established. - Regular (at least fortnightly) staff briefings to ensure continued communication enhanced by WhatsApp. - Individual staff risk assessments carried out and actions implemented to mitigate individual concerns. - Team meetings and 1-1 to enable alternative staff coverage.
There is a risk that high quality, safe services are not being delivered for the CCG population by providers, resulting in diverted staff resource from the CCG to provide appropriate support as well as reputational risk to the CCG.	- NHS standard contract / quality standards monitoring / Local Quality Requirement compliance monitoring with NHS Providers. Joint contracts in place with local authority for nursing homes. - NHSE/I Safer Staffing standards including staffing levels/skill mix and mandatory training compliance. - Compliance with NHSE/I Serious Incident Framework, National Reporting and Learning System (NRLS) and associated reporting including serious incidents, never events and safeguarding alerts. - Assurance meetings with provider, quality and safeguarding. - Care Quality Commission standards with NHS and private health providers - Monitoring and reporting of statutory regulators Registration, inspection and rating regime by external bodies such as CQC, Ofsted and Local Authority. - Programme of commissioner assurance visits (CAV) informed by performance and quality evidence and monitored by action plan compliance and impact on outcomes. During the current Covid-imposed pause in these visits, the Director of Nursing & Quality is attending Trust Quality Assurance meetings. - Formal information sharing meetings with CQC, LA/CCG safeguarding, infection control, meds optimisation, CHC. - Embedded processes for whistleblowing and reporting mechanisms for concerns
Impact on quality of, and access to, services and any potential impact on wider health economy as local NHS organisations tackle financial challenges.	- ICP Provider Trust membership of CCG's Quality Committee - Overview of finance and performance issues reported into Quality Committee to provide wider context. - Contract management process. - Close liaison between CCG Director of Nursing & Quality and the Trust Director of Nursing. - Involvement with meetings with Foundation Trust and NHSE/I - Ongoing quality assurance process - undertaken in 2020 for TEWV and STHFT. - Chief Finance Officer attendance at ICS Finance Director meetings for consideration of system-wide financial position. - Quality impact assessment of schemes as part of CCG's QIPP programme. - Established mechanisms for liaison between CCG Director of Nursing & Quality and Provider Directors of Nursing. - Commissioner Assurance Visits throughout 2020.

Principal Risks	Key actions and controls
	- South Tees Foundation Trust Performance Clinic. - Refreshed membership for the Clinical Quality Review Group chaired by Medical Director
The Tees metrics for rates of Looked After Children indicate that all 4 Local Authorities are significantly in excess of the national England rate. This places an additional demand upon the current combined roles of Designated Nurse for Safeguarding Children and Looked After Children. In addition, the statutory regulator, CQC, is increasingly expecting these roles to be separate. These factors present a risk to the CCG of reputational damage as well as risks to the ability to fulfil its statutory responsibilities.	- Working collaboratively with system partners including Local Authorities and health providers across the geography to mitigate against risk. - Active member of Children Safeguarding Boards. - Director of Nursing & Quality ensuring senior oversight, leadership and collaborative working across the localities to ensure cohesive care and support for this vulnerable cohort. - Safeguarding policies in place - Safeguarding mandatory training and PREVENT training in place - Additional funding identified to augment and facilitate review of current safeguarding staffing structure. Interim appointments made to statutory appointments.
Insufficient Designated Doctor for Looked After Children capacity for the current numbers and rates of LAC across the Tees Local Authorities resulting in an inability to fully meet the CCG's statutory duties and a lack of strategic clinical leadership for this area.	- CCG continuing to discharge all related responsibilities relating to safeguarding and looked after children (LAC). - Awareness of safeguarding issues provided to Executive GPs. - Quality Committee meetings receive detailed narrative reports on safeguarding and LAC issues. - Dedicated Designated Nurse role for safeguarding and LAC ensures oversight of processes and identification and management of risks. - Attendance at Foundation Trust Child and Adult Safeguarding Steering Group for early identification and appropriate challenge should performance concerns arise - NHS Standard Contract in place. - Continued representation on the Safeguarding Partnership meetings - attendance by the CCG's Director of Nursing & Quality, supported by the Designated Nurse to ensure good communications, oversight and peer review. - Designated Doctor for Children's Safeguarding in post - Child Death Overview doctor identified and in place.
Should a GP Practice receive a CQC rating of 'requires improvement' or 'inadequate' that resulted in a subsequent list dispersal/Practice closure potentially impacting upon accessibility and continuity of care for patients, there would be a reputational risk to the CCG.	- A detailed Standard Operating Procedure is in place regarding quality assurance of primary medical care services. The SOP outlines the CCG's proactive approach to not only identify and share best practice, but to recognise any ongoing areas for improvement, assess and mitigate any potential risks to service provision and/or patient safety at an early stage, to recognise where additional management may be required in order to assure itself that adequate and effective support is being provided to reduce the risk, and to be able to demonstrate and measure the improvement. The SOP also details the CCG's reactive approach to poor CQC ratings, including: - CCG role in the implementation of NHSE guidance re CQC inspections e.g. liaison with NHSE contract

Principal Risks	Key actions and controls
	manager for breach notices - Outline of roles in relation to a 'CCG CQC taskforce team' to discuss next steps and potential support requirements at individual practice level - Production of an action plan that cross-references the CQC inspection report and evidence table and NHSE breach notice. - Reactive media statement produced should this be required. - Intensive support throughout by CCG primary care team to support practice in ownership of action plan and improvements until special measures removed - Process for informing Primary Care Commissioning Committee The CQC proactive checklist (part of the SOP) has been shared with all PCN Clinical Directors and practices who are approaching a CQC review to help them prepare in advance for a CQC inspection.
Sustainability of primary Care - Risk that primary care is unable to provide long term, sustainable and reliable quality care services to patients. Caused by workforce pressures, increased patient demand, failure of - or challenges to - PCNs' ability to meet transformation agenda, infrastructure and technology limitations.	- A detailed Standard Operating Procedure is in place regarding quality assurance of primary medical care services. - The SOP outlines the CCG's proactive approach to not only identify and share best practice, but to recognise any ongoing areas for improvement, assess and mitigate any potential risks to service provision and/or patient safety at an early stage, to recognise where additional management may be required in order to assure itself that adequate and effective support is being provided to reduce the risk, and to be able to demonstrate and measure the improvement. - Workforce pressures are monitored via the National Workforce Reporting System and during the covid-19 pandemic, a workforce absence tracker (exception reporting). - PCN transformation agenda linked to long term plan and supporting PCNs in delivering the transformation agenda. - Establishment of TV Primary Care Training Hub - All practices now report Operational Pressure Escalation Level (OPEL) via the UEC-RAIDR App and the primary care team provide reactive support to practices should this be required, encouraging enactment of practice Business Continuity Plans and liaison with PCN and GP Federations when required for capacity support.
If the CCG is unable to deliver its efficiency target, agenda, there is a risk of non-delivery of in year required financial position including the 1% cumulative business rules.	- Detailed financial and operational plan in place for 2020/21 and held to account by the Executive Committee - Refreshed Financial Plan approved - Reporting and monitoring of the financial position to Executive Committee, Governing Body and contextual reporting to Quality Committee - NECS provision of financial services to the CCG and business intelligence services - Efficiency PMO in place to provide On-going monitoring of Efficiency Programme and overall financial position on a monthly basis in line with national requirements. Monitored at monthly PMO meetings - Increased collaborative working with other CCGs to increase

Principal Risks	Key actions and controls
	capacity, challenge, and scrutiny - Contingency Reserve in place. Other mitigations developed including efficiency pipeline schemes in development - Governing Body Development session held to reiterate GB responsibilities and facilitate challenge by GB and Lay Members. Bespoke training offered for newer GB members and refresher training available for all. - Bi-monthly monitoring of the financial position at the Governing Body Meetings - GP Variation process. Clinical and managerial work stream leads in place. Work stream and project plans are defined. Monthly work stream meetings
As a result of requirements of Responsible Commissioner Guidance, there is a risk of an increase in cost of individual packages of care causing a significant cost pressure to the CCG.	- Due to local issues, all Darlington GP practices have been asked to stop registering new out of area patients placed in IS facilities - CCG met IS providers to discuss an alternative model for provision of primary care services to patients which does not require registration with local GP practices - CFO given mandate to negotiate with CCGs to achieve resolution of cases which have been challenged
As a result of the difficulties in identifying suitable placements for patients with complex learning disabilities, the CCG continues to be unable to achieve the target for the mandated reduction in learning disability in-patient bed capacity.	- Inpatient numbers within the scope of Transforming Care are over the 20-21 Planning Guidance Inpatient Trajectory. Each inpatient is subject to close review of their discharge pathway. - Additional resources and functions are targeted from Case Management and Commissioning. - Project plan in place. - Care & Treatment Review arrangements include independent clinicians and expertise by experience on panels. - Committee reporting - Mental Health & Learning Disability Partnership Board.

Other sources of assurance

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 system of internal control has been in place in the CCG for the year ended 31 March 2021 and up to the date of the approval of the Annual Report and Accounts.

Internal control is driven by our policies and procedures and embedded in our programme of mandatory staff training.

A significant feature of our organisational structure continues to be the large proportion of the administrative function of the CCG that is provided via a contract with a commissioning support unit (North of England Commissioning Support Unit). Our policies and procedures are designed to reflect this organisational arrangement, as well as the service monitoring with the North of England Commissioning Support Unit. The commissioning support unit works with NHS Shared Business Services who provide the transaction processing services and financial ledger facilities for NHS England and all CCGs.

The CCG works closely with the commissioning support unit to ensure tight budgetary control, where the CCG gains a good understanding of debtors and creditors to facilitate accurate cash-flow forecasting and to ensure the NHS Shared Business Services financial ledger is accurate to enable NHS England to carry out their reporting requirements. The CCG achieves this through regular dialogue between the CSU and the CCG's Chief Finance Officer, monthly reconciliation sign off controls by the CCG and the production of clear, concise, and accurate reporting.

In addition, the CCG works with NHS England primary care financial team in relation to primary care financial transactions. The CCG receives primary care financial transaction reports on a monthly basis.

The CCG contracts with other support service providers and their sub-contractors. The CCG's payroll services are provided by Northumbria Healthcare NHS Foundation Trust using the electronic staff record service provided by McKesson UK.

These support services commission service auditor reports that are available to their clients' auditors to assess internal control risk for the purposes of planning and executing their financial audit. The CCG itself continually reviews its financial performance and is subject to monthly reviews of its ledgers by NHS England.

Annual audit of conflicts of interest management

The revised statutory guidance on managing conflicts of interest for CCGs (published June 2016) 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 audit of conflicts of interest management has been undertaken during the year by the CCG's internal auditors (AuditOne) in line with the published audit framework. The scope of the Internal Audit on Conflicts of Interest was to test against governance arrangements, including that:

- policies/procedures comply with legal requirements and statutory guidance; appropriate number of lay members and a conflict of interest guardian is/are appointed; and required training has been provided

- Declarations of interests and gifts and hospitality, including that: declarations are being made and recorded in accordance with legal requirements and statutory guidance
- Registers of interests, gifts and hospitality and procurement decisions, including that: each of these registers are maintained and published in accordance with legal requirements and statutory guidance
- Decision making processes and contract monitoring, including that: there are mechanisms for the management of conflicts within meetings, when making procurement decisions and in relation to contract management; and
- Reporting concerns and identifying and managing breaches/ non-compliance, including that: processes are in place for managing breaches and for the publications of anonymised details of breaches on the CCGs' websites.

The outcome of the audit was substantial assurance; no lapses in control were identified and there were no recommendations. Two areas of best practice were identified.

Data Quality

The CSU Data Management service has processes and systems in place to assess the quality and completeness of commissioning data managed on behalf of the CCG. Data is checked at all stages of processing through CSU systems and finally on publication of reports/analysis. Data is compared against historic and planned levels to provide assurance on completeness as well as with peer organisations in the form of benchmarking analysis.

Processes are in place to raise any data quality issues with providers on a monthly basis, feedback from these challenges is utilised to alter any processing routines as required. The CCG utilises contract levers where necessary to ensure high quality data is captured at source and to minimise any updating of data once received by commissioners. Reconciliation accounts for each contract highlight any discrepancies between provider and commissioner data that are then investigated and resolved.

Significant validation steps are in place in all routine data processing tasks to ensure poor quality data is not made available for analysis and then subsequently used as the basis for commissioning decisions.

The CCG relies on the commissioning support unit to process other types of personal data, for example Human Resources or some patient data in order to fulfil its functions. NECS complies with the data quality requirements of the Data Security and Protection Toolkit and has procedures in place to ensure the quality of the data.

There have been no concerns raised by the Governing Body in relation to data quality.

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 a Data Security

Protection 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 Data Security and Protection Toolkit has been provided by NHS Digital to support performance monitoring of progress on Information Governance in the NHS. The CCG published a baseline assessment against the Data Security and Protection Toolkit Version for 2020/21 and is making good progress towards populating the full Toolkit. NHS Digital has extended the deadline for publication of the DSPT assessment from 31 March 2021 to 30 June 2021 due to the Covid-19 pandemic.

An interim Audit was carried by Audit One against NHS Digital standards; the CCG is awaiting the final report and are anticipating that all assertions will be achieved and are continuing to work closely with NECS to ensure evidence is robust, using feedback received to-date from the Audit to support us with this.

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 has established an information governance management framework comprising an approved strategy, a suite of approved policies and procedures, a programme of mandatory training, an Information Governance Handbook for staff, information risk management, incident management and has also adopted and implemented NHS Digital's (HSCIC) Guide to the Notification of Data Security and Protection Incidents.

The organisation has in place an Incident Reporting and Management Framework for the reporting of data security and protection incidents to the Information Commissioner. This Framework outlines the scope of responsibilities and details the reporting procedures to be used in the event of a data security breach. There have been no Information Governance 'reportable' breaches during 2020/21.

The Information Governance agenda is discussed at the Audit & Assurance Committee and any specific day to day issues and IG risk oversight would be raised at the Executive Committee. The CCG has appointed a Caldicott Guardian (Dr Janet Walker, Medical Director) and Senior Information Risk Owner (Craig Blair, Director of Commissioning, Strategy and Delivery).

The CCG complies with its statutory duty to respond to requests for information. During the year, the CCG received 182 requests under the Freedom of Information Act 2000 and 48 subject access requests under the Data Protection Act 2018. All the requests were responded to within the statutory timescales.

Business Critical Models

The CCG is aware of the quality assurance requirements in respect of business-critical models contained within the recommendations in the Macpherson report and I consider that appropriate arrangements are in place to provide sufficient quality assurance.

Third party assurances

The majority of commissioning support services are procured from the CSU, including risk and governance expertise, together with the management of the majority of internal control systems and processes, for example in relation to finance systems and controls.

A service auditor reporting process has continued to provide assurance over the effectiveness of controls and processes within the CSU. A report has been received to cover the year to 31 March 2021. The detailed findings of the report and in particular those control objectives which were not achieved for the full period have been reviewed and are not considered to significantly impact on the CCG. Additional controls are in place within the CCG in terms of the review of transactions processed by the CSU which mitigate any risk arising from deficiencies in these control objectives.

The CCG also has additional systems of control and review mechanisms internally over the work performed by the CSU which provide additional assurance that there have been no significant internal control issues which have impacted on the CCG.

In addition to using the CSU, the CCG has also outsourced certain other systems and services to third party providers. The national Integrated Single Financial Environment (ISFE) and procurement systems are provided by NHS Shared Business Services and the national Electronic Staff Records (ESR) system is provided by McKesson. There are also various other outsourced services and systems relating to primary care services, including the Exeter System provided by NHS Digital and systems operated by Capita who provide the services of all primary care support teams.

Assurance over the relevant control environments in place for these systems has been gained from independent auditor reports for the year ended 31 March 2021, in accordance with ISAE3402. No significant control deficiencies have been identified from these auditor reports which cause a concern for the CCG.

Payroll services are also received from a third-party provider in Northumbria Healthcare NHS Foundation Trust. The CCG's own system of internal controls provides assurance over the operation of payroll, this includes the Scheme of Reservation and Delegation and prime financial policies which govern and set levels of authorisation, together with subsequent monthly payroll reviews. Again, no significant issues have been identified from the review of payroll information during the year, with substantial assurance being provided from internal audit review of the payroll services.

Control Issues

No significant control issues have been identified during the year requiring disclosure within this governance statement.

Review of economy, efficiency & effectiveness of the use of resources

The CCG has well developed systems and processes in place for managing its

resources. The Executive Committee and former Quality, Performance and Finance Committee has continuously monitored the financial position of the CCG throughout the year and highlighted risks to the Governing Body regarding the effective and efficient use of resources.

- Although planning cycles were disrupted by the Covid-19 pandemic, the Governing Body approved the CCG's financial plans for 2020/21 and has received an updated financial position at each of the Governing Body meetings. This includes the opportunity to ask questions of the Executive relating to assurance of the delivery of the CCG's financial objectives. They have also actively sought assurance from the Executive Committee and former Quality, Performance and Finance Committee as well as from the Audit & Assurance Committee via internal and external audit reports that the CCG is ensuring value for money in the use of its resources.
- As part of the planning process, a range of benchmarking tools are used including the commissioning for value packs and CCG outcomes benchmarking support packs published by NHS England. These tools provide comparative information on the CCG's spend and resulting outcomes, allowing the effectiveness of CCG spending to be assessed and incorporated into strategic plans and budgets. This benchmarking is a key element for all commissioning processes to help determine value for money for new services and pathways.
- Central management costs, known as the CCG's running cost allowance was £12,247k for 2020/21. The CCG operated within the running cost allowance during the year.
- Internal Audit reports have been provided in relation to 'Implementing Phase 3 of the NHS Response to Covid-19 financial management arrangements and performance reporting' and 'Key Financial Controls'. The reports cover financial and strategic planning; financial management and reporting; and contract and performance monitoring. A level of substantial assurance has been received for both reports.
- As part of their annual audit, the CCG's external auditors (Ernst & Young LLP) are required to satisfy themselves that the CCG has made proper arrangements for securing economy, efficiency, and effectiveness in the use of its resources. They do this by examining documentary evidence and through discussions with senior managers. Their audit work is made available to and reviewed by the Audit & Assurance Committee.
- As part of the CCG Improvement and Assessment Framework (IAF) developed by NHS England, the quality of the CCG's leadership is assessed. The Quality of Leadership indicator is one of the indicators in the CCG IAF, assessing the quality of a CCG's leadership, how CGGs work with partners and the governance arrangements that CCGs have in place to ensure they act with integrity.
- The CCG IAF has now been incorporated into the NHS Oversight Framework 2019/20. As the CCG is a new entity for this year, the latest available assessment of the three former pre-merger CCGs is for 2019/20 when all three CCGs were rated as 'good'. Further

information about the assessment and the latest available information can be found at https://www.england.nhs.uk/commissioning/regulation/ccg-assess/iaf/

- Due to the impact of Covid-19 it is expected that the assessment of CCG performance for 2020/21 will be delayed until later in 2021/22.

Delegation of functions

This is covered under third party assurances section.

Counter fraud arrangements

Counter fraud activity plays a key part in determining risks to the organisation's financial viability and probity.

The CCG adheres to NHS Protect Standards for Commissioners: Fraud, Bribery and Corruption. A comprehensive counter fraud service, including an accredited Counter Fraud Specialist, is commissioned through our internal auditors (AuditOne) to undertake counter fraud work proportionate to identified risks. A full assessment against the counter fraud standards self-review tool (SRT) was undertaken and presented to the Audit & Assurance Committee in June 2020 and reflected an increasingly in-depth approach to counter fraud work. The Audit & Assurance Committee also received details of the Counter Fraud workplan for 2020/21, which demonstrated a more collaborative approach with pooled resources and a more robust risk-based workplan. The revised approach allowed for easier scrutiny and transparency of the counter fraud service.

Counter-fraud requirements and regulations have been specifically discussed during the year to cement their knowledge and understanding of counter-fraud arrangements, with all employees also required to complete e-learning training or attend virtual training arranged at a staff event. In addition, notifications and briefings regarding actual and potential fraud are circulated to key staff to ensure counter-fraud vigilance is maintained and enable payment systems to be reviewed for emerging risks.

The CCG's Chief Finance Officer continues to be the Executive lead for counter-fraud matters. The Deputy Chief Finance Officer is also the Counter-Fraud champion for the CCG. Any issue relating to tackling fraud, bribery and corruption is supported by the Chief Finance Officer who in accordance with the Counter-Fraud Policy would report such incidents to the Audit & Assurance Committee.

Whistleblowing arrangements

The CCG has in place an effective system for the raising of concerns. The CCG has a dedicated Freedom to Speak Up Policy, which is promoted to staff and is also available on the CCG's public-facing website. This Policy identifies how concerns can be raised with the Freedom to Speak Up Guardian.

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 CCG's system of risk management, governance and internal control.

The Head of Internal Audit Opinion

The purpose of my annual Head of Internal Audit Opinion is to contribute to the assurances available to the Accountable Officer and the Governing Body which underpins the organisation's own assessment of the effectiveness of the system of internal control. This Opinion will in turn assist in the completion of the Annual Governance Statement.

My opinion is set out as follows:

- Overall opinion
- Basis for the opinion.

In providing this opinion, it is important to recognise the additional limitations on our work caused by the COVID-19 pandemic. These limitations include access to CCG personnel and the timely supply of information that would be available to us under normal circumstances. However, as your Head of Internal Audit I am satisfied that we have sufficient evidence, to provide the CCG with a robust Head of Internal Audit Opinion. I would like to take this opportunity to thank the staff at Tees Valley CCG for the co-operation and assistance provided to my team during the year.

Overall Opinion

From my review of your systems of internal control, I am providing substantial assurance that there is a sound system of internal control, governance and risk management designed to meet the organisation's objectives and that controls are being consistently applied.

Basis of the Opinion

The basis for forming my opinion is as follows:

1. An assessment of the design and operation of the underpinning Assurance Framework and supporting processes for governance and the management of risk
2. An assessment of the range of individual opinions arising from audit assignments, contained within 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
3. Brought forward Internal Audit assurances

4. An assessment of the organisation's response to Internal Audit recommendations, and
5. Consideration of significant factors outside the work of Internal Audit.

Carl Best
Director of Audit, AuditOne
Date: 2nd June 2021

During the year, Internal Audit issued the following audit reports:

Area of Audit	Level of Assurance Given
CORE ASSURANCE	
Governance Structures and Risk Management Arrangements	Substantial Assurance
Conflicts of Interest	Substantial Assurance
Data Security & Protection Toolkit – Interim Assessment	Final report awaited
Primary Medical Care Commissioning	Substantial Assurance
Implementing Phase 3 of the NHS Response to Covid-19	Substantial Assurance
Key Financial Controls (Draft)	Substantial Assurance
Continuing Healthcare - Hospital Discharge Scheme	Substantial Assurance
COVID-19 Commissioning and Costing	Substantial Assurance

Recommendation and assurance definitions

Assurance Levels	
Substantial	Governance, risk management and control arrangements provide substantial assurance that the risks identified are managed effectively. Compliance with the control framework was found to be taking place.
Good	Governance, risk management and control arrangements provide a good level of assurance that the risks identified are managed effectively. A high level of compliance with the

	control framework was found to be taking place. Minor remedial action is required
Reasonable	Governance, risk management and control arrangements provide reasonable assurance that the risks identified are managed effectively. Compliance with the control framework was not found to be taking place in a consistent manner. Some moderate remedial action is required.
Limited	Governance, risk management and control arrangements provide limited assurance that the risks identified are managed effectively. Compliance with the control framework was not found to be taking place. Immediate and fundamental remedial action is required.

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, 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.

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 and Assurance Committee
- The Executive Committee
- The Quality Committee
- Internal Audit
- External Audit.

The Audit and Assurance Committee plays a key role in providing assurance to the Governing Body on the effectiveness of the systems of internal control and governance arrangements operated by the CCG. As part of this the work of both internal and external audit and other sources of assurance are considered. No significant internal control issues have been identified from the work of the Audit and Assurance Committee.

Similarly, no significant governance or internal control issues have been identified through Governing Body, Quality Committee, Executive Committee or any other assurance process which impact upon my review of the effectiveness of the system of internal control.

As described within the third-party assurances section above, external assurances have been obtained over all significant outsourced services, including commissioning support services from NECS. No significant issues have been identified which impact upon the CCG or this review.

The Head of Internal Audit opinion is set out above. This contributes 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 CCG's system of internal control. The Head of Internal Audit opinion provides substantial assurance that there is a generally sound system of internal control.

Conclusion

No significant internal control issues have been identified.

David Gallagher
Accountable Officer
11 June 2021

Remuneration and Staff Report

The remuneration and staff report sets out the organisation's remuneration policy for directors and senior managers and describes some of the arrangements and policies we have in place to support our staff.

Remuneration report

Remuneration Committee

The Remuneration Committee was established to advise the Governing Body about pay, other benefits and terms of employment for senior employees of the CCG and people who provide services to the CCG. This includes any potential severance payments for relevant senior staff.

The Committee is established in accordance with the CCG's constitution, standing orders and scheme of delegation. The Committee was made up as follows for the year ended 31 March 2021:

M Thompson	Lay Member and Chair of Remuneration Committee
C Gitsham	Lay Member
Dr B Posmyk	Chair of Governing Body
A Mackay	Independent Member
D Emerton	Secondary Care Specialist

The terms of reference of the Remuneration and Terms of Service Committees of the three predecessor CCGs were reviewed and amended as a result of the establishment of the new Tees Valley CCG on 1 April 2020. The membership of the Remuneration Committee has remained unchanged since then.

The Remuneration Committee provides recommendations to the Governing Body on pay and remuneration for senior employees of the CCG and people who provide services to the CCG.

The Accountable Officer, Chief Finance Officer and HR advisor have provided advice and guidance to the Committee in relation to pay rates and terms and conditions for relevant staff, although they were specifically excluded from any discussions in relation to their own pay rates and terms and conditions.

Policy on the Remuneration of Senior Managers

The remuneration for senior managers for current and future financial years is determined in accordance with relevant guidance, best practice and national policy.

Continuation of employment for all senior managers is subject to satisfactory performance. Performance in post and progress in achieving set objectives is reviewed annually. Although there is a system of performance review, the CCG does not make individual performance review payments and there are no plans to make such payments in future years. This is in

accordance with standard NHS terms and conditions of service and guidance issued by the Department of Health and Social Care.

Contracts of employment in relation to the majority of senior managers employed by the CCG are permanent in nature and subject to between three and six months' notice of termination by either party. The Elected Health Care Professionals are usually employed on a fixed term of 36 months, the most recently appointed have been given a fixed term of 12 months given the ICS direction of travel. From 1 April 2020, Lay Members and the Secondary Care Specialist have been appointed for a period of two and three years for Tees Valley CCG.

Termination payments are limited to those laid down in statute and those provided for within NHS terms and conditions of service and under the *NHS Pension Scheme Regulations* for those who are members of the scheme. No awards have been made during the year to past senior managers.

Remuneration of Senior Managers

For the purpose of this remuneration report, the CCG has considered the definition of 'senior managers' within the 2020/21 CCG Annual Reporting Guidance and the Government Financial Reporting Manual and considers that the Governing Body members represent the senior managers of the CCG.

Details of the relevant salaries and allowances for all of the senior managers of the CCG for 2020/21 can be found in the table below. As this was the first year of the CCG, there are no comparative figures for 2019/20. Relevant figures for the three predecessor CCGs can be found in the 2019/20 Annual Report and Accounts for the respective CCGs.

The following disclosures within the Remuneration and Staff Report are subject to audit by the CCG's external auditors:

- the table of salaries and allowances of senior officers on page 112 and related narrative notes on pages 113
- the table of pension benefits of senior managers on pages 115 to 116
- the analysis of staff numbers and costs on page 118, and
- the table of pay multiples and related narrative notes on page 114.

Important Note regarding 'All Pension Related Benefits' stated in the tables below:

Please note the amount included here is the annual increase in pension entitlement expected **over twenty years**. This value has been determined in accordance with the HMRC method of calculation, in accordance with guidance from NHS England. Employee pension contributions made in 2020/21 have been deducted from the total. Pension related benefits shown in the table above relate to the NHS pension scheme members only**. The figure shown is not intended to reflect annual remuneration received by the individual during the financial year.**

NHS Tees Valley CCG senior officers' salaries and allowances - 2020/21:

Name	Title	2020/21					
		Salary (Bands of £5,000)	Expense payments (taxable) (Rounded to the nearest £100)	Performance pay and bonuses (Bands of £5,000)	Long-term performance pay and bonuses (Bands of £5,000)	All Pension related benefits (Bands of £2,500)	Total (Bands of £5,000)
		£000	£	£000	£000	£000	£000
D Gallagher	Accountable Officer	140 - 145	12,900	-	-	152.5 – 155	310 - 315
M Pickering	Chief Finance Officer	105 - 110	2,200	-	-	67.5 - 70	175 - 180
J Golightly	Director of Nursing and Quality	105 – 110	-	-	-	25 – 27.5	130 - 135
D Murphy	Director of Commissioning, Strategy and Delivery	30 – 35	-	-	-	-	30 – 35
K Hawkins	Director of Commissioning, Strategy and Delivery	105 – 110	-	-	-	35 – 37.5	140 – 145
C Blair	Director of Commissioning, Strategy and Delivery	95 – 100	-	-	-	30 – 32.5	125 – 130
A Sinclair	Director of Commissioning, Strategy and Delivery	95 – 100	-	-	-	15 – 17.5	110 - 115
M Houghton	Director of Commissioning, Strategy and Delivery (until 31 January 2021)	90 – 95	1,000	-	-	-	90 - 95
M Brierley	Director of Commissioning, Strategy and Delivery	50 – 55	-	-	-	-	50 - 55
Dr J Walker	Medical Director	120 – 125	-	-	-	22.5 - 25	145 - 150
D Emerton	Secondary Care Specialist	15 – 20	-	-	-	-	15 – 20
Dr B Posmyk	Chair of Governing Body	45 – 50	-	-	-	-	45 – 50
K Dales	Lay Member (Audit and Governance)	15 – 20	-	-	-	-	15 – 20
C Gitsham	Lay Member	15 – 20	-	-	-	-	15 – 20
M Thompson	Lay Member	15 – 20	-	-	-	-	15 – 20
A Mackay	Independent Member	15 – 20	-	-	-	-	15 – 20
Dr H Tahir	Elected Healthcare Professional	5 – 10	-	-	-	-	5 – 10
Dr J Nevison	Elected Healthcare Professional	5 – 10	-	-	-	72.5 - 75	80 - 85
Dr J Hollingsworth	Elected Healthcare Professional	5 – 10	-	-	-	-	5 – 10
Dr A Johnston	Elected Healthcare Professional (from 27 January 2021)	0 – 5	-	-	-	-	0 – 5
J Bushnell	Elected Healthcare Professional (from 27 January 2021)	0 - 5	-	-	-	-	0 - 5

The Accountable Officer remuneration has previously been benchmarked against equivalent roles during appointment of the posts with the Accountable Officer salary initially agreed within the £140-145k salary band. The total remuneration figure for the Accountable Officer post includes £12,900 benefit-in-kind calculation associated with a lease car that is entirely funded via a salary sacrifice/reduction scheme. Although the lease car is funded via a reduction in salary, in order to comply with reporting guidance this reduction cannot be shown within the Salary column in the remuneration table.

Notes:

The taxable benefits included in the tables above all relate to car allowance and lease car benefits.

No performance related benefits have been agreed for any senior officers.

All pension related benefits disclosed in this report relate to 'officer employment' only, i.e. for any general practitioners, the figures exclude any benefits derived from practitioner employment.

All senior officer remuneration is processed through the CCG's payroll.

Shared Management Arrangements

Throughout 2020/21, the following senior officers operated in a shared management role across both Tees Valley CCG and County Durham CCG, with costs split equally across the two CCGs:

M Brierley	Director of Commissioning, Strategy and Delivery
D Murphy	Director of Commissioning, Strategy and Delivery

The remuneration shown above for these posts represents only the share that relates to the Tees Valley CCG role. The total remuneration earned by these individuals for all work across the relevant CCGs in 2020/21 is shown below:

Name	Title	2020/21		
		Salary (Bands of £5,000) £000	Expense payments (taxable) (Rounded to the nearest £100) £	Total (Bands of £5,000) £000
M Brierley	Director of Commissioning, Strategy and Delivery	105 – 110	-	105 – 110
D Murphy	Director of Commissioning, Strategy and Delivery	60 – 65	-	60 - 65

Pay Multiples

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest paid director in the CCG in the financial year 2020/21 was £145-150k. This was 2.38 times the median remuneration of the workforce, which was £62,001.

In 2020/21, no employees received remuneration in excess of that of the highest paid director. Full time equivalent remuneration for employees ranged from £15,000 to £167,452.

For the purposes of identifying the highest paid director for this disclosure, it is the cost to the CCG of an individual that is considered, rather than the total of that individual's remuneration.

The remuneration of £15,000 relates to the CCG's lay members and secondary care clinician who receive an annual remuneration for a time-commitment below the CCG's normal contractual hours. As this represents the annual remuneration for the full required time-commitment, this is considered to represent the full time equivalent remuneration for that role although it relates to a time-commitment significantly below the CCG's normal contractual hours.

Total remuneration includes salary, non-consolidated performance-related pay and benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions. Accordingly, the total remuneration figures reflected here exclude the pension related benefits shown in the salaries and allowances table on page 112.

	2020/21
Band of Highest Paid Director's Total Remuneration (£'000)	145 – 150
Median Total Remuneration (£)	62,001
Ratio	2.38

Note, as 2020/21 is the first year of Tees Valley CCG there are no comparative figures for 2019/20 available.

NHS Tees Valley CCG senior officers' pension benefits 2020/21:

Name and Title	Real increase / (reduction) in pension at age 60 (bands of £2,500)	Real increase / (reduction) in Pension Lump Sum at aged 60 (bands of £2,500)	Total accrued pension at age 60 at 31 March 2021 (bands of £5,000)	Lump Sum at aged 60 related to accrued pension at 31 March 2021 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2020	Real increase in cash equivalent transfer value	Cash Equivalent Transfer Value at 31 March 2021	Employer's contribution to stakeholder pension
	£000	£000	£000	£000	£000	£000	£000	£000
D Gallagher Accountable Officer	7.5 - 10	15 – 17.5	60 - 65	165 - 170	1,192	170	1,402	-
Dr J Walker Medical Director	0 – 2.5	-	20 - 25	25 - 30	302	13	338	-
M Pickering Chief Finance Officer	2.5 - 5	5 - 7.5	35 - 40	85 - 90	614	62	699	-
J Golightly Director of Nursing and Quality	0 – 2.5	0 – 2.5	25 - 30	75 - 80	561	34	619	-
K Hawkins Director of Commissioning, Strategy and Delivery	0 – 2.5	0 – 2.5	25 - 30	45 - 50	372	26	418	-
C Blair Director of Commissioning, Strategy and Delivery	0 – 2.5	0 – 2.5	25 - 30	50 - 55	354	20	392	-
A Sinclair Director of Commissioning, Strategy and Delivery	0 – 2.5	-	20 - 25	45 - 50	399	13	431	-
M Houghton Director of Commissioning, Strategy and Delivery	-	-	45 - 50	100 - 105	884	-	899	-
M Brierley Director of Commissioning, Strategy and Delivery	0 – 2.5	-	25 - 30	50 - 55	503	-	524	-
Dr B Posmyk Chair of Governing Body	-	-	-	-	-	-	-	1

Dr J Nevison Elected Healthcare Professional	2.5 - 5	2.5 - 5	15 - 20	30 - 35	174	17	194	-

The table above includes only those senior managers who are members of the NHS pension scheme where the CCG made contributions to the scheme as an employer during the year.

The figures included above reflect total pension benefits accrued within the NHS Pension Scheme, not just those accrued from employment within the CCG. No lump sum is shown for employees who only have membership in the 2008 section of the NHS Pension Scheme.

The real increase figures shown above relate only to the period each individual was in post as a senior officer.

Cash Equivalent Transfer Values

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 membership of the pension scheme, not just their service in a senior capacity to which the 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.

Real Increase in Cash Equivalent Transfer Values

This reflects the increase in CETV effectively 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 scheme or arrangement).

Staff report

Staff Numbers

Details of staffing costs for the year and the average number of employees can be found in notes 2.1 and 2.2 of the financial statements respectively.

The CCG's senior officers are listed in the remuneration report. Two of the senior officers are on very senior manager bandings, two senior officers are on agenda for change band 9 and the remaining senior officers are either paid on a sessional basis or are non-executive members and hence have no agenda for change banding.

Staff Composition

The CCG staff gender profile is given in the table below. This reflects our gender representation on the Governing Body and other CCG staff.

	Female	Male
Governing Body	7	8
Employees	64	30

These figures are as at 31 March 2021 and reflect the number of employees rather than full time equivalent figures.

The CCG can demonstrate fair and equitable recruitment, workforce engagement and employment terms and conditions to ensure levels of pay and related terms and conditions are fairly determined for all posts, with staff doing equal work, and work rated as of equal value, and being entitled to equal pay.

Staff Sickness Absence

The table below provides staff sickness absence data for the 12 months ended 31 December 2020, showing the total number of full time equivalent (FTE) staff days lost to sickness absence and the total number of FTE years available, based on the total number of FTE staff members within the CCG. This equates to an average number of days' sickness per FTE member of staff of 5:

	2020 **Number of days**
Total number of days lost to sickness absence	307
Total staff years	64
Average number of working days lost to sickness absence	**5**

Staff Policies

Our commitment to our responsibilities relating to the Public Sector Equality Duty (PSED) which is set out in s149 of the Equality Act 2010 is described in the reducing Health Inequality Section of this report.

The CCG is committed to giving full and fair consideration to all applications for employment received including those received from disabled persons, having regard to their particular aptitudes and abilities.

To support the human resource function the CCG has a suite of HR policies, implementation of which is supported by Human Resource Team within North of England Commissioning Support. They cover the full range of HR issues including recruitment, training and career development.

All appropriate support would be provided to any employee who might become a disabled person during the period when they were employed by the CCG.

The CCG participates in the Workforce Race Equality Standard (WRES) which aims to support the closing of any gaps in workplace experience between white and Black and Ethnic Minority (BME) staff and improve BME representation at the Board level of the organisation. Tees Valley CCG is committed to being an inclusive employer and commissioner and we recognise that there is currently underrepresentation of the communities that we serve within our workforce. The action we will take to increase representation within our workforce is part of our WRES action plan which can be found on our website.

Other employee matters

Employee consultation

With a small team we are still able to meet with the entire CCG office staff on a regular basis to ensure awareness of issues and facilitate staff involvement in decisions directly impacting upon them. During 20/21 we have had weekly virtual 'Scrum' meetings each Monday to keep staff connected to the week ahead across the entire organisation; fortnightly virtual Strategic Briefing from the Chief Officer to ensure staff are updated on key matters and have opportunity to raise issues.

In addition, our 'Back to the Future' programme established at the start of the pandemic continued with a series of working groups enabling staff to shape new ways of working as the pandemic unfolded. This work was time limited, however it led to the creation of a Staff Group which enables matters to be considered by a group of colleagues from across the organisation and seek views from their teams on matters such as agile working arrangements, our response to the national Staff Survey results, staff events and virtual social activities along with aspects of the People Plan implementation.

We also participate in the regional HR Partnership Forum coordinated by our commissioning support unit. Trade Union representatives jointly chair the group where HR policies are agreed, and general HR issues discussed.

Trade Union Facility Time

The Trade Union (Facility Time Publication Requirements) Regulations 2017 require relevant public sector organisations to report on trade union facility time in their organisations. Facility time is paid time off for union representatives to carry out trade union activities. Tees Valley CCG does not have any union representatives.

Disabled employees

The CCG is a local employer, with a responsibility to the people who work extremely hard for us. The CCG has successfully been re-accredited as a Disability Confident Employer. The symbol, awarded by Jobcentre Plus, demonstrates our commitment to employ, retain and develop the abilities of disabled staff.

Our Equality Report sets out details of our policy in relation to disabled employees, and the Remuneration and Staff Report details arrangements for managing staff policies and highlight the CCG's commitment to giving full and fair consideration to all applications for employment received including those received from disabled persons, having regard to their particular aptitudes and abilities.

Sickness absence data

Staff sickness absence is managed in line with our policy on absence management. We continue to benefit from low levels of sickness absence and are committed to promoting health and wellbeing for our staff. Days lost to sickness are shown earlier in the Staff Report.

Health and safety

The CCG has legal obligations under the Health and Safety at Work Act 1974 and subsequent regulations to ensure the health, safety and welfare of our employees and those visiting our premises.

To ensure compliance with health and safety, fire and security we have a Health, Safety and Wellbeing Strategy, which sets out our framework for health and safety within the organisation including annual health and safety audits to ensure compliance with all relevant legislation and policies and procedures that are in place and detail organisational and individual responsibilities.

The CCG is compliant with legal and statutory obligations under the Health and Safety at Work Act 1974 and subsequent regulations. Our Strategy also reflects our commitment to the overall wellbeing of our staff and how we intend to continue to be a caring and responsible employer.

Expenditure on Consultancy

Details of expenditure on consultancy services can be found in note 3 of the financial statements, with expenditure on agency staff shown in note 2.1 of the financial statements.

Off-Payroll Engagements

There have been no off-payroll engagements during the year of greater than £245 per day and lasting longer than 6 months.

Exit Packages

No exit packages have been agreed in the financial year.

David Gallagher
Accountable Officer
11 June 2021

Parliamentary Accountability and Audit Report

Tees Valley CCG is not required to produce a Parliamentary Accountability and Audit Report. Where relevant, 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 at pages 123 to 144.

An audit certificate and report is also included in this Annual Report at page 145.

David Gallagher
Accountable Officer
11 June 2021

Financial statements

NHS Tees Valley CCG Financial Statements for the year ended 31 March 2021

CONTENTS **Page Number**

The Primary Statements:

Statement of Comprehensive Net Expenditure for the year ended 31 March 2021

	Note	2020/21 £000
Administration costs and programme expenditure		
Gross employee benefits	2.1	4,190
Purchase of goods and services	3	1,288,764
Other operating costs	3	327
Total operating expenditure		**1,293,281**
Net operating costs for the financial year		**1,293,281**
Net loss on transfer by absorption	5	69,802
Total net expenditure for the year		**1,363,083**
Total comprehensive net expenditure for the year		**1,363,083**

Statement of Financial Position as at 31 March 2021

	Note	31 March 2021 £000	31 March 2020 £000
Current assets			
Trade and other receivables	7	3,277	4,235
Cash and cash equivalents	8	185	-
Total current assets		**3,462**	**4,235**
Total assets		**3,462**	**4,235**
Current liabilities			
Trade and other payables	9	(75,557)	(73,466)
Borrowings	10	-	(571)
Total current liabilities		**(75,557)**	**(74,037)**
Total assets less total current liabilities		**(72,095)**	**(69,802)**
Financed by taxpayers' equity			
General fund		(72,095)	(69,802)
Total taxpayers' equity		**(72,095)**	**(69,802)**

The notes on pages 128 to 144 of the Annual Report form part of this statement.

The financial statements on pages 124 to 144 of the Annual Report were approved and authorised for issue by the Governing Body on 9 June 2021 and signed on its behalf by:

David Gallagher
Accountable Officer
11 June 2021

Statement of Changes In Taxpayers' Equity for the year ended 31 March 2021

	General fund £000	Total reserves £000
Changes in taxpayers' equity for 2020/21:		
Balance at 1 April 2020	-	-
Changes in CCG taxpayers' equity for 2020/21		
Net operating costs for the financial year	(1,293,281)	(1,293,281)
Transfers by absorption from other bodies	(69,802)	(69,802)
Net recognised CCG expenditure for the financial year	**(1,363,083)**	**(1,363,083)**
Net Parliamentary funding	1,290,988	1,290,988
Balance at 31 March 2021	**(72,095)**	**(72,095)**

Statement of Cash Flows for the year ended 31 March 2021

	Note	2020/21 £000
Cash flows from operating activities		
Net operating costs for the financial year		(1,293,281)
Decrease in trade and other receivables	7	958
Increase / (decrease) in trade and other payables	9	2,091
Net cash outflow from operating activities		**(1,290,232)**
Net cash outflow before financing		**(1,290,232)**
Cash flows from financing activities		
Net funding received		1,290,988
Net cash inflow from financing activities		**1,290,988**
Net increase in cash and cash equivalents	8	**756**
Cash and cash equivalents at the beginning of the financial year		(571)
Cash and cash equivalents (including bank overdrafts) at the end of the financial year		**185**

Notes to the financial statements

1 Accounting Policies

NHS England has directed that the financial statements of CCGs 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 CCGs, 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 CCG for the purpose of giving a true and fair view has been selected. The particular policies adopted by the CCG are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Going Concern

These accounts have been prepared on the 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 CCG 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.

In March 2021, NHS England and NHS Improvement (NHSE/I) published the planning guidance and related system financial envelopes for the first 6 months of 2021/22, including CCG allocations and system top-up, growth and covid funding. The contracting arrangements for the rest of 2021/22 and beyond are still to be determined. It remains the case that the Government has issued a mandate to NHS England and NHS Improvement for the continued provision of services in England in 2021/22 and CCG published allocations can be found on the NHS England website for 2021/22 to 2023/24. While these allocations may be subject to minor revision as a result of current temporary financial arrangements, the CCG expects to receive sufficient funding for the continued commissioning of relevant health services.

NHSE/I has indicated that legislation may be passed during the 2021 calendar year to put Integrated Care Services (ICS's) on a statutory footing by 1 April 2022. CCGs will still be the statutory commissioners of NHS services until that point. The commissioning of health services (continuation of service) will continue after April 2022 but may be located in a different structure within the Department of Health and Social Care umbrella. Mergers or a change to the NHS Structure, such as an ICS way of working, is not considered to impact on going concern.

Our considerations cover the period through to 30 June 2022, being 12 months beyond the date of authorisation of these financial statements. Taking into account the information summarised above, the Governing Body have a reasonable expectation that the CCG (and any successor commissioning organisation) will have adequate resources to continue in operational existence for the foreseeable future. For this reason, we continue to adopt the going concern basis in preparing these financial statements.

1.2 Accounting Convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Notes to the financial statements (continued)

1. Accounting Policies (continued)

1.3 Movement of Assets within the Department of Health and Social Care Group

NHS Tees Valley CCG was established with effect from 1 April 2020 following approval at the NHS England Assurance and Development Committee meeting of 9 March 2020. NHS Darlington CCG, NHS Hartlepool and Stockton-on-Tees CCG and NHS South Tees CCG were dissolved on 31 March 2020.

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 Group Accounting Manual 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.

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

Where the CCG has entered into a pooled budget arrangement under Section 75 of the National Health Service Act 2006, the CCG 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.

1.5 Critical Accounting Judgements & Key Sources of Estimation Uncertainty

In the application of the CCG'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 CCG's accounting policies that have the most significant effect on the amounts recognised in the financial statements:

- determining whether a substantial transfer of risks and rewards has occurred in relation to leased assets; and
- determining whether a provision or contingent liability should be recognised in respect of certain potential future obligations, particularly in respect of continuing healthcare.

1.5.2 Key Sources of Estimation Uncertainty

The following are the key estimations that management has made in the process of applying the CCG's accounting policies that have the most significant effect on the amounts recognised in the financial statements:

- the estimate of potential future liabilities in respect of continuing healthcare services; and
- the estimate of prescribing expenditure for the final two months of the year based on the ten months of actual charges received from the Prescription Pricing Division.

Notes to the financial statements (continued)

1. Accounting Policies (continued)

1.6 Revenue

In the application of IFRS 15 a number of practical expedients offered in the standard have been employed. These are as follows:
• as per paragraph 121 of the standard the CCG will not disclose information regarding the performance obligations part of a contract that has an original expected duration of one year or less;
• the CCG is to similarly not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the standard where the right to consideration corresponds directly with the value of the performance completed to date.

The main source of funding for the CCG 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.

Revenue in respect of services provided is recognised when, and to the extent that, performance occurs, and is measured at the fair value of the consideration receivable.

Where income is received for a specific activity that is to be delivered in the following year, that income is deferred.

1.7 Employee Benefits

1.7.1 *Short-term Employee Benefits*

Salaries, wages and employment-related payments 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 Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the CCG of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the CCG commits itself to the retirement, regardless of the method of payment.

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.

Expenses and liabilities in respect of grants are recognised when the CCG has a present legal or constructive obligation, which occurs when all of the conditions attached to the payment have been met.

Notes to the financial statements (continued)

1. Accounting Policies (continued)

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.

1.9.1 The CCG as Lessee

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

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.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the CCG's cash management.

1.11 Clinical Negligence Costs

NHS Resolution operates a risk pooling scheme under which the CCG 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 the CCG.

1.12 Non-clinical Risk Pooling

The CCG participates in the Liabilities to Third Parties Scheme. This is a risk pooling scheme under which the CCG pays an annual contribution to 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 and contingent assets

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 CCG, 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.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the CCG. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingencies are disclosed at their present value.

Notes to the financial statements (continued)

1. Accounting Policies (continued)

1.14 Financial Assets

Financial assets are recognised when the CCG 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;
- Financial assets at fair value through other comprehensive income;
- Financial assets at fair value through profit and loss;

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.

All CCG assets have been classified as financial assets at amortised cost.

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 CCG recognises a loss allowance representing the expected credit losses on the financial asset.

The CCG 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 CCG therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally the 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 CCG 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.

Notes to the financial statements (continued)

1. Accounting policies (continued)

1.15 Financial Liabilities

Financial liabilities are recognised on the Statement of Financial Position when the CCG 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 the 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 CCG 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

1.17 Accounting Standards That Have Been Issued But Have Not Yet Been Adopted

The Department of Health and Social Care Group Accounting Manual does not require the following Standards and Interpretations to be applied in 2020/21. These standards are still subject to HM Treasury FREM adoption, with IFRS 16 being delayed for implementation to 2022/23, and the government implementation date for IFRS 17 still subject to HM Treasury consideration.

- IFRS 16: Leases (application from 1 April 2022), as adapted and interpreted by the FREM;
- IFRS 17: Insurance Contracts (application from 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.

Notes to the financial statements (continued)

2. Employee benefits and staff numbers

2.1 Employee benefits

	2020/21 Total £000	Total Permanent Employees £000	Other £000
Employee benefits			
Salaries and wages	3,246	3,151	95
Social security costs	351	351	-
Employer contributions to NHS Pension scheme	580	580	-
Apprenticeship Levy	3	3	-
Termination benefits	10	10	-
Gross employee benefits expenditure	**4,190**	**4,095**	**95**

No amounts were recovered in respect of employee benefits and no employee benefits were capitalised during the year.

A contribution to 3 shared posts was made for exit packages agreed in 2019/20, the costs shown within termination benefits relate to an additional charge for class 1As payable from 1st April 2020 on those exit packages.

2.2 Average number of people employed

	Total Number	2020/21 Permanently employed Number	Other Number
Total	**63**	**60**	**3**

None of the above people were engaged on capital projects.

Notes to the financial statements (continued)

2. Employee benefits and staff numbers (continued)

2.3 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.

Both Schemes are unfunded, defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care, 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 assets and liabilities.

Therefore, each Scheme is accounted for as if it were a defined contribution scheme: the cost to the CCG of participating in the Scheme is taken as equal to the contributions payable to that Scheme for the accounting period.

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:

The employer contribution rate for NHS Pension Schemes increased from 14.3% to 20.6% from 1st April 2019. For 2020/21, the CCG continued to pay over contributions at the former rate with the additional amount being paid by NHS England on behalf of the CCG. The full cost and related funding has been recognised in these accounts.

2.3.1 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 at 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.

2.3.2 Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the Scheme (taking into account its recent demographic experience), and to recommend the contribution rates to be paid by employers and scheme members.

The latest actuarial valuation undertaken for the 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 pensionable pay. The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap that was 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.

Notes to the financial statements (continued)

3. Operating expenses

	2020/21 Total £000
Purchase of goods and services	
Services from other CCGs and NHS England	12,703
Services from foundation trusts	806,962
Services from other NHS trusts	118
Purchase of healthcare from non-NHS bodies	222,644
Prescribing costs	124,704
Pharmaceutical services	22
General ophthalmic services	6
GPMS/APMS and PCTMS	111,484
Supplies and services – clinical	2,393
Supplies and services – general	770
Consultancy services	11
Establishment	116
Premises	5,730
Audit fees	91
Other professional fees	456
Legal fees	554
Total purchase of goods and services	**1,288,764**
Other operating expenditure	
Chair and Non Executive Members	127
Clinical negligence	8
Expected credit loss on receivables	192
Total other operating expenditure	**327**
Total operating expenses	**1,289,091**

Included within Other professional fees is £32,771 paid for Internal Audit Services.

Limitation of auditor's liability:

The CCG's contract for external audit services provides for a limitation of the auditor's liability of £2,000,000.

Notes to the financial statements (continued)

4.1 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	30,982	337,310
Total Non-NHS Trade Invoices paid within target	30,806	332,739
Percentage of Non-NHS Trade invoices paid within target	**99.43%**	**98.65%**
NHS Payables		
Total NHS Trade invoices paid in the year	1,744	822,841
Total NHS Trade invoices paid within target	1,726	822,734
Percentage of NHS Trade invoices paid within target	**98.97%**	**99.99%**

The Better Payment Practice Code requires the CCG to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later.

5. 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.

	2020/21 £000
Transfer of receivables	4,224
Transfer of payables	(73,455)
Transfer of borrowings	(571)
Net loss on transfer by absorption	**(69,802)**

Notes to the financial statements (continued)

6. Operating Leases

6.1 As lessee

The CCG has entered into a small number of formal operating lease arrangements, relating to the lease of photocopying equipment, none of which are individually significant. Specific lease terms vary by individual arrangement but are based upon standard practice for the type of arrangement involved.

The CCG occupies property owned and managed by NHS Property Services Limited and Community Health Partnerships Limited. The charges shown in note 10.1.1 from NHS Property Services Limited are intended to reflect the cost of occupancy, calculated based on market rents by NHS Property Services Limited. This note no longer includes the cost of void space, attributable to the CCG.

The CCG has a lease with NHS Property Services Limited for the occupation of North Ormesby Health Village. This note includes future minimum lease payments for North Ormesby Health Village only.

6.1.1 Payments recognised as an Expense

	2020/21 Buildings £000	2020/21 Other £000	2020/21 Total £000
Payments recognised as an expense			
Minimum lease payments	206	7	**213**
Total	**206**	**7**	**213**

6.1.2 Future minimum lease payments

	2020/21 Buildings £000	2020/21 Other £000	2020/21 Total £000
Payable:			
No later than one year	206	-	**206**
Between one and five years	720	-	**720**
Total	**926**	**-**	**926**

Notes to the financial statements (continued)

7. Trade and other receivables

	Current 31 March 2021 £000	Non-current 31 March 2021 £000	Current 31 March 2020 £000	Non-current 31 March 2020 £000
NHS receivables: Revenue	1,354	-	2,197	-
NHS accrued income	15	-	211	-
Non-NHS and Other WGA receivables: Revenue	915	-	449	-
Non-NHS and Other WGA prepayments	811	-	858	-
Non-NHS and Other WGA accrued income	2	-	382	-
Expected credit loss allowance-receivables	(192)	-	-	-
VAT	372	-	135	-
Total trade and other receivables	**3,277**	**-**	**4,235**	**-**
Total current and non current	**3,277**		**4,235**	

The great majority of trade is with other NHS bodies, including other CCGs as commissioners for NHS patient care services. As CCGs are funded by Government to commission NHS patient care services, no credit scoring of them is considered necessary.

7.1 Receivables past their due date but not impaired

	31 March 2021 £000	31 March 2020 £000
By up to three months	112	52
By three to six months	6	31
By more than six months	27	64
Total	**145**	**147**

£67k of the amount above has subsequently been recovered post the Statement of Financial Position date.

The CCG did not hold any collateral against receivables outstanding at 31 March 2021 (31 March 2020: none).

7.2 Expected credit losses on financial assets

The CCG has expected credit losses on trade and other receivables of £192k in 2020/21 (2019/20 £nil).

The CCG has reviewed all receivables to determine whether an impairment value is required. In determining the recoverability of a receivable, the CCG considers any change in credit quality of the receivable from the date credit was initially granted up to the reporting date. The overall level of credit risk is considered to be relatively low due to the proportion of the customer base which is comprised of NHS bodies.

Notes to the financial statements (continued)

8. Cash and cash equivalents

	2020/21 £000	2019/20 £000
Balance at 1 April	(571)	677
Net change in year	756	(1,248)
Balance at 31 March	**185**	**(571)**
Made up of:		
Cash with the Government Banking Service	185	-
Cash and cash equivalents as in Statement of Financial Position	**185**	**-**
Balance at 31 March	**185**	**(571)**

The CCG held £nil cash and cash equivalents at 31 March 2021 on behalf of patients (31 March 2020: £nil).

9. Trade and other payables

	Current 31 March 2021 £000	Non-current 31 March 2021 £000	Current 31 March 2020 £000	Non-current 31 March 2020 £000
NHS payables: revenue	1,810	-	4,061	-
NHS accruals	1,563	-	4,347	-
Non-NHS and Other WGA payables: Revenue	6,057	-	1,456	-
Non-NHS and Other WGA accruals	65,193	-	62,760	-
Social security costs	48	-	51	-
Tax	50	-	55	-
Other payables	836	-	736	-
Total trade and other payables	**75,557**	**-**	**73,466**	**-**
Total current and non-current	**75,557**		**73,466**	

At 31 March 2021, the CCG had no liabilities due in future years under arrangements to buy out the liability for early retirement over 5 years.

Other payables include £707k in respect of outstanding pension contributions at 31 March 2021 (31 March 2020: £723k).

10. Borrowings

	Current 31 March 2021 £000	Non-current 31 March 2021 £000	Current 31 March 2020 £000	Non-current 31 March 2020 £000
Bank Overdrafts				
Government Banking Service		-	571	-
Total Overdrafts	**-**	**-**	**571**	**-**
Total current and non-current	**-**		**571**	

10.1 Repayment of Principal falling due

	DHSC £000	Other £000	DHSC £000	Other £000
Within one year	-	-	-	571
Total	**-**	**-**	**-**	**571**

Notes to the financial statements (continued)

11. Commitments

There were no contracted or non-cancellable contracts entered into by the CCG at 31 March 2021 which are not otherwise included in these financial statements.

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.

As the CCG 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 CCG 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 CCG in undertaking its activities.

Treasury management operations are carried out by the finance department, within parameters defined formally within the CCG's standing financial instructions and policies agreed by the Governing Body. Treasury activity is subject to review by the CCG's internal auditors.

12.1.1 Currency risk

The CCG is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The CCG has no overseas operations. The CCG therefore has low exposure to currency rate fluctuations.

12.1.2 Interest rate risk

The CCG has no borrowings and has only limited powers to borrow funds from government for capital expenditure, subject to affordability as confirmed by NHS England. The CCG therefore has low exposure to interest rate fluctuations.

12.1.3 Credit risk

Because the majority of the CCG's revenue comes from Parliamentary funding, the CCG 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

The CCG is required to operate within revenue and capital resource limits, which are financed from resources voted annually by Parliament. The CCG draws down cash to cover expenditure, as the need arises. The CCG is not, therefore, exposed to significant liquidity risks.

Notes to the financial statements (continued)

12. Financial instruments (continued)

12.2 Financial assets

	Financial Assets measured at amortised cost 31 March 2021 £000	Total 31 March 2021 £000
Trade and other receivables:		
· NHSE bodies	1,356	1,356
· Other DHSC group bodies	171	171
· External bodies	759	759
Cash and cash equivalents	185	185
Total at 31 March	**2,471**	**2,471**

12.3 Financial liabilities

	Other 31 March 2021 £000	Total 31 March 2021 £000
Trade and other payables:		
· NHSE bodies	2,167	2,167
· Other DHSC group bodies	31,647	31,647
· External bodies	41,645	41,642
Total at 31 March	**75,459**	**75,459**

13. Operating segments

The CCG has considered the definition of an operating segment contained within IFRS 8 in determining its operating segments, in particular considering the internal reporting to the CCG's Governing Body, considered to be the 'chief operating decision maker' of the CCG, which was used for the purpose of resource allocation and assessment of performance.

All activity performed by the CCG relates to its role as a commissioner of healthcare for its relevant population. As a result, the CCG considers that it has only one operating segment, being the commissioning of healthcare services.

An analysis of both the income and expenditure and net assets relating to the segment can be found in the Statement of Comprehensive Net Expenditure and Statement of Financial Position respectively.

14. Pooled budgets

The CCG entered into a pooled budget in relation to the loan of community equipment with:

- Middlesbrough Council
- Stockton-on-Tees Borough Council
- Hartlepool Borough Council
- Redcar and Cleveland Borough Council

The pool for Tees Community Equipment Services is hosted by Middlesbrough Council. Under the arrangement, funds are pooled under Section 75 of the NHS Act 2006 for the loan of community equipment. The memorandum account for the pooled budget is:

	2020/21 £000
Income	1,806
Expenditure	(1,778)
Net Underspend	**28**

The CCG entered into a pooled budget arrangement with Darlington Borough Council, Hartelpool Borough Council, Stockton-on-Tees Borough Council, Redcar and Cleveland Borough Council and Middlesbrough Council in respect of the Better Care Fund, with effect from 1 April 2015, through a section 75 agreement.

The CCG contribution to the pooled budget with the five local authorities analysed further below, was used to commission a range of health and social care services in line with the agreed objectives of the Better Care Fund. The Better Care Fund provides a vehicle for furthering integration between health and social care to support the transformation that is required to address the sustainability in the system. This contribution to the Better Care Fund is recognised within the financial statements as CCG expenditure.

CCG Contribution to pooled budget	2020/21 £000
Darlington Borough Council	8,694
Hartlepool Borough Council	8,030
Stockton-on-Tees Borough Council	15,770
Middlesbrough Council	12,774
Redcar and Cleveland Borough Council	12,329

Notes to the financial statements (continued)

15. Related party transactions

During the year the CCG has undertaken transactions with the following CCG Governing Body members or members of the key management staff, or parties related to any of them:

CCG Governing Body	Role	Dates	Related Party	Payments to Related Party £000	Receipts from Related Party £000	Amounts owed to Related Party £000	Amounts due from Related Party £000
D Gallagher	Accountable Officer	01/04/2020 - 31/03/2021	Academic Health Science Network for the North East & North Cumbria Ltd	44	-	-	-
M Pickering	Chief Finance Officer	01/04/2020 - 31/03/2021	Tees Esk & Wear Valleys NHS Foundation Trust	108,815	-	396	-
M Pickering	Chief Finance Officer	01/04/2020 - 31/03/2021	County Durham & Darlington NHS Foundation Trust	77,512	(15)	207	-
D Murphy	Director of Commissioning, Strategy and Delivery	01/04/2020 - 31/03/2021	NHS County Durham CCG	640	(384)	184	(25)
M Brierley	Director of Commissioning, Strategy and Delivery	01/04/2020 - 31/03/2021	NHS County Durham CCG	640	(384)	184	(25)
Dr J Walker	Medical Director	01/04/2020 - 31/03/2021	Manor House Surgery	1,339	-	52	(33)
Dr J Walker	Medical Director	01/04/2020 - 31/03/2021	ELM Alliance	3,699	-	5	-
Dr B Posmyk	Chair of Governing Body	01/04/2020 - 31/03/2021	Havelock Grange Practice	2,345	-	118	-
Dr B Posmyk	Chair of Governing Body	01/04/2020 - 31/03/2021	Rockcliffe Court Surgery	1,201	-	49	-
M Thompson	Lay Member	01/04/2020 - 31/03/2021	Healthwatch Darlington Ltd	5	-	-	-
A Mackay	Independent Member	01/04/2020 - 31/03/2021	Stockton-on-Tees Borough Council	25,357	(1)	7,153	(15)
Dr H Tahir	Elected Healthcare Professional	01/04/2020 - 31/03/2021	Marsh House Medical Centre	1,133	-	54	-
Dr H Tahir	Elected Healthcare Professional	01/04/2020 - 31/03/2021	Primary Healthcare Darlington Ltd	1,940	(23)	-	-
Dr H Tahir	Elected Healthcare Professional	01/04/2020 - 31/03/2021	ELM Alliance	3,699	-	5	-
Dr J Nevison	Elected Healthcare Professional	01/04/2020 - 31/03/2021	Denmark Street Surgery	1,703	-	82	-
Dr J Nevison	Elected Healthcare Professional	01/04/2020 - 31/03/2021	Denmark Street Pharmacy	1	-	-	-
Dr J Nevison	Elected Healthcare Professional	01/04/2020 - 31/03/2021	Primary Healthcare Darlington Ltd	1,940	(23)	-	-
Dr J Hollingsworth	Elected Healthcare Professional	01/04/2020 - 31/03/2021	Linthorpe Surgery	3,085	-	176	-
Dr J Hollingsworth	Elected Healthcare Professional	01/04/2020 - 31/03/2021	ELM Alliance	3,699	-	5	-
Dr J Hollingsworth	Elected Healthcare Professional	01/04/2020 - 31/03/2021	South Tees Hospital NHS Foundation Trust	336,926	-	77	-
Dr A Johnston	Elected Healthcare Professional	27/01/2021 - 31/03/2021	Woodbridge Practice	2,247	-	99	(62)
J Bushnell	Elected Healthcare Professional	27/01/2021 - 31/03/2021	Tenant Street Medical Practice	2,039	-	96	-

All of these transactions were undertaken under standard terms and conditions in the normal course of business.

The Department of Health is regarded as a related party. During the year the clinical commissioning group has had a significant number of material transactions with entities for which the Department is regarded as the parent Department. For example:

- NHS England (including North of England Commissioning Support Unit);
- NHS Foundation Trusts;
- NHS Trusts;
- NHS Resolution;
- NHS Business Services Authority; and,
- NHS Property Services.

In addition, the CCG has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with Darlington Borough Council, Stockton Borough Council, Hartlepool Borough Council, Middlesbrough Council and Redcar and Cleveland Council.

Notes to the financial statements (continued)

16. Events after the end of the reporting period

There are no post balance sheet events which will have a material effect on the financial statements of the CCG.

17. Financial performance targets

CCGs have a number of financial duties under the NHS Act 2006 (as amended).

The CCG's performance against those duties was as follows:

	2020/21 Target £000	2020/21 Performance £000
Expenditure not to exceed income	1,297,792	1,293,281
Revenue resource use does not exceed the amount specified in Directions	1,297,792	1,293,281
Revenue administration resource use does not exceed the amount specified in Directions	13,107	12,632

CCG financial performance is reported on an in-year basis. The figures within this note reflect only the in-year position, being the difference between the in-year allocation (plus any pre-approved surplus drawdown) and total expenditure.

The CCG received no capital resource during 2020/21 and incurred no capital expenditure.

Performance against the revenue expenditure duties is further analysed below:

	2020/21 Programme Resource £000	2020/21 Administration Resource £000	2020/21 Total £000
Revenue resource	1,284,685	13,107	**1,297,792**
Net operating cost for the financial year	1,280,649	12,632	**1,293,281**
Underspend / (overspend) against revenue resource	**4,036**	**475**	**4,511**

The CCG has delivered an in-year surplus position of £4.5m in 2020/21, this equates to 0.3% of total CCG allocations.

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF THE GOVERNING BODY OF NHS TEES VALLEY CLINICAL COMMISSIONING GROUP

Opinion

We have audited the financial statements of NHS Tees Valley Clinical Commissioning Group for the year ended 31 March 2021 under the Local Audit and Accountability Act 2014. The financial statements 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 the related notes 1 to 17. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the 2020/21 HM Treasury's Financial Reporting Manual (the 2020/21 FReM) 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 the National Health Service in England (the Accounts Direction).

In our opinion the financial statements:

- give a true and fair view of the financial position of NHS Tees Valley Clinical Commissioning Group as at 31 March 2021 and of its net operating costs for the year then ended; and
- have been prepared properly in accordance with the Health and Social Care Act 2012 and the Accounts Directions issued thereunder.

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 for the audit of the financial statements section of our report below. We are independent of NHS Tees Valley Clinical Commissioning Group (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 the Comptroller and Auditor General's (C&AG) AGN01 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 Clinical Commissioning Group's ability to continue as a going concern for a period up to the end of June 2022 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. However, because not all future events or conditions can be predicted, this statement is not a guarantee as to the CCG's ability to continue as a going concern.

Other information

The other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. The Accountable Officer is responsible for the other information contained within the Annual Report.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in this report, we do not express any form of assurance conclusion thereon.

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 course of 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 themselves. If, based on the work we have performed, we conclude that there is a material misstatement of the other information, we are required to report that fact.

We have nothing to report in this regard.

Opinion on other matters prescribed by the Health and Social Care Act 2012

In our opinion the part of the Remuneration and Staff Report to be audited has been properly prepared in accordance with the Health and Social Care Act 2012 and the Accounts Directions issued thereunder.

Matters on which we are required to report by exception

We are required to report to you if:

- in our opinion the governance statement does not comply with the guidance issued by the NHS Commissioning Board; or
- we refer a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the CCG, or an officer of the CCG, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- we issue a report in the public interest under section 24 of the Local Audit and Accountability Act 2014; or
- we make a written recommendation to the CCG under section 24 of the Local Audit and Accountability Act 2014; or
- 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 nothing to report in these respects.

Responsibilities of the Accountable Officer

As explained more fully in the Statement of Accountable Officer's Responsibilities in respect of the Accounts, set out on page 75, 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. In preparing the financial statements, the Accountable Officer is responsible for assessing the CCG's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the

going concern basis of accounting unless the Accountable Officer either intends to cease operations, or has no realistic alternative but to do so.

As explained in the Annual Governance Statement the Accountable Officer is responsible for the arrangements to secure economy, efficiency and effectiveness in the use of the CCG's resources.

Auditor's responsibility 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 the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect irregularities, including fraud. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below. However, the primary responsibility for the prevention and detection of fraud rests with both those charged with governance of the entity and management.

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the CCG and determined that the most significant are the Health and Social Care Act 2012 and other legislation governing NHS CCGs, as well as relevant employment laws of the United Kingdom. In addition, the CCG has to comply with laws and regulations in the areas of anti-bribery and corruption and data protection.

- We understood how the CCG is complying with those frameworks by understanding the incentive, opportunities and motives for non-compliance, including inquiring of the Chief Financial Officer, Internal Audit Manager and Those Charged with Governance and obtaining and reviewing documentation relating to the procedures in place to identify, evaluate and comply with laws and regulations, and whether they are aware of instances of non-compliance.

- We assessed the susceptibility of the CCG's financial statements to material misstatement, including how fraud might occur by planning and executing a journal testing strategy, testing the appropriateness of relevant entries and adjustments. We have considered whether judgements made in the calculation of manual accruals, outside of the standard accounts payable process, are indicative of potential bias, and considered whether the CCG is engaging in any transactions outside the usual course of business.

- Based on this understanding we designed our audit procedures to identify noncompliance with such laws and regulations. Our procedures involved enquiry of the Chief Financial Officer, Internal Audit Manager and Those Charged with Governance, reading and reviewing relevant meeting minutes of those charged with governance and the Governing Body and understanding the internal controls in place to mitigate risks related to fraud and non-compliance with laws and regulations.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at https://www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Scope of the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified reporting criteria issued by the Comptroller and Auditor General in April 2021, as to whether the CCG had proper arrangements for financial sustainability, governance and improving economy, efficiency and effectiveness. The Comptroller and Auditor General determined these criteria as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the CCG put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2021.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to form a view on whether, in all significant respects, the CCG had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

We are required under Section 21(1)(c) of the Local Audit and Accountability Act 2014 to be satisfied that the CCG has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. Section 21(5)(b) of the Local Audit and Accountability Act 2014 requires that our report must not contain our opinion if we are satisfied that proper arrangements are in place.

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.

Report on Other Legal and Regulatory Requirements

Regularity opinion

We are responsible for giving an opinion on the regularity of expenditure and income in accordance with the Code of Audit Practice prepared by the Comptroller and Auditor General as required by the Local Audit and Accountability Act 2014 (the "Code of Audit Practice").

We are required to obtain evidence sufficient to give reasonable assurance that the expenditure and income recorded in the financial statements have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them.

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.

Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate until we have completed our procedures on the CCG's value for money arrangements for the year ended 31 March 2021. We are satisfied that this work does not have a material effect on the financial statements. 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.

Until we have completed these procedures, we are unable to certify that we have completed the audit of the accounts in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice issued by the National Audit Office.

Use of our report

This report is made solely to the members of the Governing Body of NHS Tees Valley Clinical Commissioning Group in accordance with Part 5 of the Local Audit and Accountability Act 2014 and for no other purpose. 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 members as a body, for our audit work, for this report, or for the opinions we have formed.

Maria Grindley (Key Audit Partner)
Ernst & Young LLP (Local Auditor)
Reading
18 June 2021

HEALTH AND WELLBEING BOARD

15 October 2021

Report of: Director of Children's and Joint Commissioning Services

Subject: DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

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1. PURPOSE OF REPORT

1.1 To present the Director of Public Health's Annual Report for 2020.

2. BACKGROUND

2.1 The requirement for the Director of Public Health to write an Annual Report on the health status of the town, and the Local Authority duty to publish it, is specified in the Health and Social Care Act 2012.

2.2 Director of Public Health Annual Reports have over the last five years covered a range of themes from how public health priorities have changed over the past 40 years, the importance of how work and employment influence health and wellbeing, aging well and starting well and obesity and physical activity.

2.3 The theme of the 2020 Annual Report is 'Hartlepool's COVID-19 Journey'. Following the success of utilising an electronic format last year, we are again presenting the report which can be accessed via the following link www.hartlepool.gov.uk/DPH-annual-report-2020

3. PROPOSALS

3.1 There are no financial issues associated with the development and publication of the report

4. RECOMMENDATIONS

4.1 There are no equality and diversity issues arising from this report.

5. BACKGROUND PAPERS

5.1 Health and Wellbeing Board is asked to note the report and its conclusions.

6. REASONS FOR RECOMMENDATIONS

6.1 Ensures compliance with the statutory duties under the Health and Social Care Act 2012 for the Director of Public Health to produce a report and the Local Authority to publish it.

7. BACKGROUND PAPERS

7.1 Director of Public Health's Annual Report for 2020 **(Appendix A to follow)**.

8. CONTACT OFFICER

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Director of Public Health
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Director of Public Health Annual Report 2021

HARTLEPOOL BOROUGH COUNCIL

Here's Craig Blundred, Hartlepool's Director of Public Health, to introduce his report.

Schools

During 2020, schools were required overnight to become experts in Covid-19 response - cleaning, contact tracing and managing pupil, parent and staff anxieties at a time when national guidance and recommendations changed frequently as more knowledge was acquired about Covid infection and its variants.

As a response to the pandemic, a new service was developed by Hartlepool's Public Health team to support schools during the academic year starting September 2020.

There was a designated email address to which to send enquiries and a staffed support service 8am – 8pm 7 days a week.

The support and advice provided included management of Covid cases, outbreak control meetings, guidance on national updates and help with implementing guidance and bespoke communication and school community support to reinforce understanding of Covid restrictions.

There were challenges to overcome when trying to localise national guidance for schools, for example in the use of buildings and social distancing requirements.

Being able to utilise local communications support enabled rapid targeting of specific age groups/communities with key Covid messages in a variety of ways.

Working together, schools and Public Health were able to identify and address areas of concern and rising case numbers were quickly identified and outbreak control meetings initiated rapidly.

The experience strengthened the links between schools and Public Health in Hartlepool and those strong links continue to this day.

Sue Leather of Hartlepool Borough Council's Public Health Team explains more about the support given to schools during the pandemic.

Sue Sharpe, Executive Head of Lynnfield Primary School, talks about how her school faced the pandemic.

Lynnfield Primary School pupils Jessica, Joyce, Willow, Lacey and Oli talk to their teacher Luke Woodhouse about their experiences.

Community Support Hub

The Community Support Hub was set up in March 2020 to help people who were vulnerable, shielding or isolating and latterly identified as Clinically Extremely Vulnerable (CEV).

The staff supported people over the telephone, providing a listening ear and practical support such as food parcels, prescription deliveries and much more.

The team quickly expanded its digital offer to provide activities aimed at helping people stay connected, helping people play Zoom Bingo, take part in crafting sessions, quizzes and virtual reading groups and just keep in touch with their friends and family.

By the end of the first lockdown it had received 11,131 calls and made 26,160 calls to the people of Hartlepool to ensure they were supported throughout the pandemic, many of whom it still remains in contact with. It works closely with the voluntary and community sector to ensure the best possible outcomes for people.

It supported 4,735 people on the Government's Shielded People's List, over 900 of whom did not have access to essential supplies, and support was provided to 2,325 shielded and non-shielded people who were identified as isolated and potentially vulnerable.

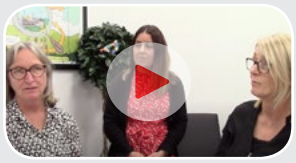
In October 2020, 4,883 people were identified as CEV with this number increasing to 7,488 by March 2021. All of these people were contacted by the Support Hub and support provided where needed.

65% of people requiring support were aged over 60, 50% were lonely, isolated and living alone and 35% had a long-term condition.

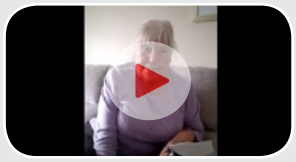
Among the extensive range of support provided, 2,269 food parcels were delivered, 2,325 prescriptions were collected and delivered, 2,948 hot meals were delivered – provided by Mecca Bingo and Just Heat– and people were also signposted to other services such as the Social Prescribers, MIND (now Let's Connect), Poolie Time Exchange, Hartlepool Carers and the befriending service.

Among many other items delivered were local history and VE Day anniversary packs to care homes, hearing aid batteries, books and audio books and even Easter eggs and birthday cards.

Here are Leigh Keeble, the Council's Head of Community Hubs and Wellbeing, Priscilla Deane, Assistant Community Hub Coordinator, and Community Hub Wellbeing Manager Lorraine Harrison to tell you more.



The Support Hub made a massive difference to people's lives during the pandemic – here local residents Joan, Barry and June explain just how much they appreciated the Hub's Zoom activity sessions.

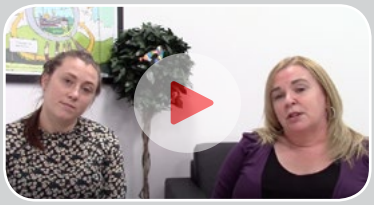


Covid Community Champions

The Covid Champion Network is made up of volunteers - a mix of individuals and organisations who help residents stay up-to-date on the latest guidance so they can protect themselves and others against the virus.

The Covid Champion Coordinators monitor trends and intelligence to be able to respond to the need of engagement and build this into planning and delivery, signposting people to services and relevant organisations.

Covid Champions share accurate messages from Hartlepool's Public Health Team on social media and through other channels, gathering feedback from the local community and acting as positive role models in the battle against Covid.



Community Champion Coordinators Hannah Goodman and Julie French explain.

Test and Trace

The Council's Public Protection Team has been carrying out work to assist the Director of Public Health in identifying outbreaks of Covid-19 and preventing its spread in workplaces and the community.

Using the information the team has obtained has enabled it to target its interventions and resources enabling it to provide timely advice and support to help keep residents and others safe.

This has involved using an intelligence-based approach to follow up cases and identify where additional support may be required to stop outbreaks and onward transmission of Covid. This has also allowed the team to develop a comprehensive picture of how Covid has spread through the community during the pandemic.

Here are Sylvia Pinkney, Rachael Readman and Jane Kett from the Public Protection Team to tell you more.

Testing

In December 2020 Hartlepool Borough Council began to plan for mass testing to find the one in three people with Covid who were asymptomatic - i.e. had no obvious symptoms. This was important, as these people could unknowingly pass on the Covid virus.

Known originally as the 'moonshot' programme, this was felt by some to be the innovation that could contribute towards life returning to something like normal.

The huge city-wide community testing pilot in Liverpool provided some insight into success. Here, the favoured test, a Lateral Flow Device (LFD) test, was rolled out and in January 2021 we opened our first LFD testing centre at Mill House Leisure Centre.

With the increase in vaccinations and a return to some sense of normality, we moved our testing centre to Middleton Grange Shopping Centre where we offered both assisted testing and a new initiative called Community Collect where residents could come and collect up to two boxes of kits at any given time with seven tests in each box.

In addition we established 11 new 'outreach' sites throughout the town to ensure that as many people as possible had access to LFD testing.

Tony O'Ceallaigh, the Council's Project Manager and Clinical Lead (Covid-19 Community Testing), talks more about testing.

Joanne Andrews, Covid Response Officer, shares her experiences of working at the testing centre in Middleton Grange Shopping Centre.

Local residents visiting the testing centre tell us how the pandemic has affected their lives and why testing is important to them.

Vaccination

Following extensive trials, the first safe and effective Covid-19 vaccine was approved in the UK in December 2020. The vaccination programme was rolled out to priority groups 1-9 which were identified by the Joint Committee of Vaccination and Immunisation (JCVI).

Covid vaccinations have been delivered in a variety of settings to help increase access and encourage those eligible to take up that vaccine. Settings have included GP practices, vaccination centres, pharmacies and walk-in clinics at accessible community locations such as Middleton Grange Shopping Centre and Mill House Leisure Centre.

There has been an ongoing programme of engagement and promotion to encourage Hartlepool's residents to take up the vaccine which has included targeting priority areas where uptake is lower and promotion through a range of social media platforms and short films.

Phases 1 and 2 of the vaccination programme focused on delivering the vaccine to the priority groups which included all those eligible aged 18 and above in addition to those in other more vulnerable groups.

Phase 3 of the Covid vaccination programme, which is primarily focused on the delivery of a booster vaccine, began in September 2021, with the aim of maximising protection to those who are most vulnerable to serious Covid-19 ahead of the winter months. Flu vaccines are also delivered in the autumn months.

The booster vaccination is targeted at those in priority groups 1 to 9, alongside those most vulnerable to serious Covid which includes all adults over 50 and frontline health and social care staff.

Phase 3 of the programme also includes the offer of a first dose of the Covid vaccine to 12-15 year olds, and the continuation of an evergreen offer to those who are eligible but are yet to take up a first or second dose of the vaccine.

Here's local GP Dr Carl David Parker, who has been strongly associated with the Covid vaccination programme in Hartlepool Health Network, to tell you more.

We spoke to local people attending one of the many walk-in vaccination clinics to find out what vaccination means to them.

Health Protection Board

In responding to the Covid pandemic, local government has a key role to play in the identification and management of infection and in doing so is required to have in place measures to identify and contain outbreaks and protect the public's health.

As part of an extensive package of arrangements to fulfil this responsibility, the Heath Protection Board was established in June 2020.

The Board has brought together partners from the NHS Tees Valley Clinical Commissioning Group, Tees, Esk and Wear Valleys Foundation Trust and North Tees and Hartlepool NHS Foundation Trust and has been successful in:

- Leading the planning of the local outbreak response
- Coordinating the development of the Local Outbreak Management Plan to respond to the key themes identified by the national team
- Receiving information from outbreak control teams
- Developing a single point of contact and monitoring and reviewing operation
- Providing advice and support on media and other queries
- Overseeing the development of the settings-based outbreak plans as required and ensuring the development and review of the overarching Outbreak Management Plan
- Ensuring the development of monitoring systems to provide effective monitoring of implementation and to receive regular reports on outbreak management from outbreak control teams
- Monitoring data and overseeing the use of resources and demand, and
- Overseeing support to vulnerable groups impacted by the consequences of outbreaks through the existing council services e.g. through the Community Support Hub.

The Board will continue to meet going forward and, as part of its activities, will coordinate the ongoing development of the Local Outbreak Management Plan and provision of settings-based outbreak plans as required to respond to the changing requirements of the pandemic.

Here's Shaun Mayo from Tees, Esk and Wear Valleys NHS Foundation Trust to tell you more.

Hartlepool Covid Data

For key figures on Covid in Hartlepool **click here**.

In conclusion

To conclude, here's Craig Blundred, Hartlepool's Director of Public Health, again.

HEALTH AND WELLBEING BOARD

15 October 2021

Report of: Director of Adult and Community Based Services

Subject: Mental Health – Covid Recovery

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1. PURPOSE OF REPORT

1.1 To provide Health & Wellbeing Board members with an update on the effects of Covid-19 on mental health.

2. BACKGROUND

2.1 A report to full council in February 2021 by the then mental health champion Cllr Stephen Thomas provided an overview on the early findings following the national lockdown in relation to mental health and wellbeing across the life course.

2.2 The report was compiled with the support of the Hartlepool Mental Health Forum whose representatives include Healthwatch Hartlepool, Tees Esk & Wear Valley NHS FT, Hartlepool and Stockton Health, Hartlepool and East Durham MIND and several other local Mental Health and VCS groups.

2.3 Report to Council on 25 February 2021
Mental Health a Developing Picture

3. MENTAL HEALTH

3.1 The Hartlepool Mental Health Forum is sighted on the work of the North East & North Cumbria Integrated Care System (ICS) mental health work stream.

3.2 In addition the Teeswide Mental health Alliance are invested in a number of work streams focused on the implementation of the Crisis and Prevention Concordat and the Community Mental Health Transformation work.

3.3 The ICS mental health programme of work is overseen by a multiagency steering group which includes representatives from statutory and voluntary services, and also benefits from input from experts by experience. Feedback

from people who use services will shape future investment and support the mental health programme delivery plan.

4. RISK AND MITIGATION

4.1 **Tackling Social Isolation and Loneliness** - The Hartlepool support Hub identified 4,883 people within Hartlepool identified as Clinically Extremely Vulnerable (CEV). Of these, 200 had chosen to register with the new national system and 70 had been assessed by the Support Hub as having a high level of support needs. All 4,883 people had been contacted and support provided to those that responded.

4.2 **Bereavement and Loss -** Alice House Hospice continues to offer bereavement counselling to adults who reside in the communities of Hartlepool and East Durham. The Counselling Peer Support Team also enables parents to meet other bereaved parents, to talk about their feelings and share experiences openly in a safe and confidential environment. The service has seen an increase in referrals associated to the pandemic.

4.3 **Long Covid -**

4.4 **Mental Ill Health** – first presentation, during the early stages of the National Lockdown the HBC Preventative Mental Health Team initially seen a decline in referrals assumed to be as a result of people feeling secure and less anxious of daily interactions. As restrictions have eased referrals have risen to above pre covid levels, with estimates of a 40% increase predicted. At present the Preventative Mental Health Team support some approx. 650 adults.

4.5 **Improving Access to Psychological Therapies -** NHS talking therapies which offer confidential treatment of conditions such as anxiety, depression and PTSD will expand

4.6 **Enhanced Community Mental Health Services** - expansion and transformation of community mental health services, enabling people with severe mental illnesses to access psychological therapies, improved physical health care, employment support, personalised and trauma-informed care, medicines management and support for self-harm.

5. FINANCIAL IMPLICATIONS

5.1 The independent Mental Health Taskforce published its Five Year Forward View in February 2016 which set out the current state of mental health service provision in England and made recommendations in all service areas.

5.2 NHS England accepted all the recommendations in the report for which it held responsibility and it was agreed with the Government that to support this transformation, mental health services will benefit from additional investment of £1bn per year by 2020/21.

5.3 On 27 March 2021 the government announced people with mental health difficulties, ranging from severe mental illnesses such as bipolar and schizophrenia, to those with more common mental health issues, including anxiety and depression, will benefit from expanded mental health services backed by £500 million as part of the government's Mental Health Recovery Action Plan.

5.4 The Mental Health and Wellbeing Recovery Action Plan for 2021 to 2022 was announced in May 2021 with the aim to mitigate and respond to the impact of the COVID-19 pandemic on mental health. Hartlepool will submit a proposal for its allocation £248,641to further support the local infrastructure.

6. LEGAL CONSIDERATIONS

6.1 There are no legal considerations associated with this report.

7. EQUALITY AND DIVERSITY CONSIDERATIONS

7.1 The Equality Act protects carer's and relatives of people with a mental illness from direct discrimination. Mental health inequalities are often linked with wider cultural and societal systems of disadvantage which impact a person's wellbeing; including (but not limited to) stigma, discrimination and environment.

7.2 This Report and intended investments support a move towards 'parity of esteem. A 'parity approach' enables NHS and local authority health and social care services to provide a holistic, 'whole-person' response to each individual in need of care and support, with their physical and mental health needs treated equally.

8. STAFF CONSIDERATIONS

8.1 Investment across the life course of mental health is anticipated to create additional resources across the mental health system.

9. RECOMMENDATIONS

9.1 That Health & Wellbeing board note the update and response to the recovery plan for mental health.

10. REASONS FOR RECOMMENDATIONS

10.1 There are significant proposed changes across the mental health system that will aid the mental health recovery plan.

11. BACKGROUND PAPERS

11.1 Minute number 29 of the HWB meeting on the 1st March.

11.2 'The Board highlighted the need to consider the long term effects of Covid-19, with particular reference to the long term mental health implications for individuals and communities. It was proposed that the Mental Health Forum would be appropriate to consider the issues highlighted and for the Forum to provide regular updates to meetings of this Board.'

12. CONTACT OFFICER

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Expenditure Against PHE Grant		
Feeling Good Moving On Evidence based Resilience Programme to support Year 7 children as part of transition addressing COVID impact of increased mental health risk factors.		**19,800**
Suicide & Self-Harm Prevention in Schools Training for teachers on self-harm to identify what self-harm is, indicators and warning signs.		**4,860**
Better Health for Vulnerable Parents Implement systematic change on the support offered from pregnancy in perinatal mental health with midwifery service, children's centres and youth and community services.		**133,400**
Mindful Mondays, Feelgood Fridays Free Holistic & Complementary Therapy sessions promoting relaxation, reducing stress and tension in the mind and body and create an uplifting mood.		**900**
Supporting young men to better health Coordinated through the Support Hub, a Wellbeing Officer will recruit a group of young male volunteers who will work with young men 18-35 who may be vulnerable to poor mental health.		**22,627**
Well Being Mental Health Community Navigator Embed Community Led and Person Centred approaches across mental health focused voluntary sector organisations, bringing organisations together to develop the mental health system.		**11,590**
Bereavement Counselling and Support Increased resources into existing service as there is a greater need for bereavement support which has been highlighted by COVID.		**19,800**
Making Every Contact Count (MECC) Delivery of MECC with specific emphasis on emotional health and well-being support to targeted groups in the Hartlepool community.		**5,400**
Better Mental Health at Work Award Delivery of training and signposting to services, complementing existing service delivery of support around mental health needs.		**5,400**
Programme Support and Administration Support to monitor, review and evaluate the effectiveness of the programmes with regular updates to Public Health England.		**24,864**
Total Expenditure		**248,641**

Expenditure Against TV Resilience Funding		
Play Out – Support to Children and Families Spending time outdoors. Funding for appropriate training in trauma informed care to help build relationships between parents, children and peers.		**5,940**
Younger People Social Prescribing Funding for social prescribing link workers for young people to provide help/ experiences for young people; support them to engage with organisations.		**26,400**
Turning the Tide – MH resilience Provide a targeted mental health, community involvement and employment wraparound project for the most vulnerable / people furthest from the job market.		**26,900**
Long COVID Support Group Employ a psychosocial practitioner to deliver direct support to people and families with COVID, long COVID and struggling with impact of lockdown/pandemic.		**29,000**
Young Men's Peer Support Group Promoting the social and educational benefits of gaming - by reducing social isolation, facilitating the development of new relationships and providing an ongoing 'new hobby' for over 100 people.		**29,185**
Sports and Mental Health Co-ordinator The project will address sport club gaps in knowledge and experience of mental health challenges which have been exacerbated in the pandemic.		**5,000**
MH Support Group for Fathers Funding to support a 'Like a Dad Support Worker' to find dads/males with parental responsibilities and work intensively with those dads to encourage them to get involved in activities that will support their mental health and those around them.		**28,500**
Mental Health First Aid Aim to strengthen the link between social prescribers based at Lilyannes Coffee Shop by creating a role for a community connector.		**30,000**
Incontrollable Create two choirs to support mental wellbeing for people - 'Hear My voice' to reduce the risk of male suicide and 'Girls Are Loud'.		**15,000**
Mental Health in BAME Communities Bring together people from different cultural backgrounds through tailored services, activities, therapies, and trips to create an opportunity and space for them to socialise and talk to other people.		**8,400**
Total Expenditure		**204,335**

HEALTH AND WELLBEING BOARD

15 October 2021

Report of: Director of Public Health

Subject: HEALTH AND WELLBEING BOARD – DRAFT COMMUNICATIONS AND ENGAGEMENT PLAN 2021/22

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1. PURPOSE OF REPORT

1.1 To seek consideration of the Health and Wellbeing Board's (HWB) draft Communications and Engagement Strategy.

2. BACKGROUND

2.1 Section 7 of the Terms of Reference for Hartlepool's HWB outlines the Board's:

- Statutory duty to involve local people in the preparation of the JSNA and the development of the Health and Wellbeing Strategy.
- Commitment to actively maximising the opportunities and mechanisms for involving local people in those processes and subsequent service provision.

2.2 The Board strives to meet the codes of practice and terms of engagement as set out in the Community Engagement and Cohesion Strategy. Key to achieving this is the development and delivery of a Communication and Engagement Strategy to set out how the work of the Board will be promoted and members of the public, key partners and the VCS will be able to engage with and contribute to the work of the Board.

2.3 A draft Communication and Engagement Plan is attached at **Appendix A** with the implementation of the Delivery Plan to be monitored, reviewed and developed on an annual basis.

3. RECOMMENDATIONS

3.1 That the Board consider approval of the Draft Communication and Engagement Plan, subject to any additions or changes the Board wishes to make.

4. REASONS FOR RECOMMENDATIONS

4.1 To put in place a Communications and Engagement Plan that outlines how the work of the Board will be promoted and how members of the public, key partners and the VCS will be able to engage with and contribute to the work of the Board.

5. BACKGROUND PAPERS

5.1 Terms of Reference for Hartlepool's Health and Wellbeing Board

6. CONTACT OFFICER

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DRAFT

Hartlepool Health and Wellbeing Board Communication and Engagement Plan 2021 / 22

Version 1: October 2021

1. Introduction

Hartlepool Health and Wellbeing Board become a statutory Partnership Board of the Local Authority, taking on its full statutory role in April 2013.

Partners on Hartlepool's Health and Wellbeing Board comprise:

- Members and senior Officers from Hartlepool Borough Council,
- Tees Valley Clinical Commissioning Group,
- Director of Public Health,
- Healthwatch Hartlepool,
- NHS England,
- Hartlepool Voluntary and Community Sector,
- Tees, Esk and Wear Valley NHS Trust,
- North Tees and Hartlepool NHS Trust,
- Cleveland Police,
- GP Federation (HASH), and
- Schools' Representative.

There are statutory duties for the Board to develop Joint Strategic Needs Assessments of the whole population and a Joint Health and Wellbeing Strategy, which will provide an overarching framework for more detailed organisational plans. There is also a duty to involve patients and the public when developing these documents.

The Health and Wellbeing Board wants to establish comprehensive stakeholder engagement arrangements, which are streamlined and joined up with mainstream Local Authority and Clinical Commissioning Group engagement activity. They need to be tied into organisational business planning and financial processes and make more use of electronic media. These arrangements are an ongoing requirement but the work will be progressed on a phased basis.

The Plan has been jointly produced to ensure wide coverage across different sectors and the various organisational networks. It also takes into account good practice set out in national policy guidance.

***Cllr Shane Moore*, Chair of Hartlepool Health and Wellbeing Board**

DRAFT

2. WHY does the Board need to communicate and engage more widely?

The Health and Social Care Act 2012 lays down a statutory duty to involve patients and the public in the development of a Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategy. In fulfilling this duty, the Communication and Engagement Plan sets out:

- How the work of the Board will be promoted and how members of the public, key partners and the VCS will be engaged with, and contribute to, the work of the Board.

- Health and Wellbeing Board's views on the need for a joined-up approach with mainstream engagement activity on strategic priorities to ensure a more streamlined process which avoids duplication and makes the best use of existing resources.

- Driving forward the Health and Wellbeing Board's strategic vision as set out in the Joint Health and Wellbeing Strategy through communication and engagement activity.

- Objectives for the Health and Wellbeing Board's being to:
  - establish a stakeholder reference group / virtual network to operate alongside the Board.
  - engage key partners as part of the annual work programme and business cycle.
  - hold an annual Face the Public Event with stakeholders to consider the Joint Strategic Needs Assessments and future priorities for the Joint Health and Wellbeing Strategy.
  - effectively communication with the public and employers to gain support for actions required in relation to the implementation of Hartlepool's Coid-19 Outbreak Control Plan.
  - promote wider involvement of voluntary and independent sector organisations, users of services, carers, general public and hard-to-reach groups in the decision-making process via effective health and wellbeing networks and other partnership events.

DRAFT

3. WHAT will the Board do to communicate and engage with people?

The following principles have been agreed as the basis for wider communication and engagement.

The Health and Wellbeing Board will:

- communicate and engage with people in a timely, honest, open and transparent way.
- seek views from a wide range of individuals and organisations that cover different communities of interest and localities.
- use a variety of ways to communicate and engage with people which are appropriate to their needs, including use of virtual networks and electronic media.
- link into existing local arrangements for communication and engagement wherever possible.
- provide feedback to show what changes have resulted from specific areas of engagement.
- ensure that the arrangements represent value for money by harnessing use of existing available resources.
- establish effective 2-way communication channels so that people can easily feed-in queries and comments to the Board.
- promote innovative approaches that are sustainable for the future while continuing to build the current strong foundations.

DRAFT

4. WHO will the Board communicate and engage with?

Key stakeholders to be engaged and communicated with are:

- Elected Members, Board / Committee Members and Senior Officers
- Users of services
- Carers
- Children and young people
- General practitioners, clinicians, other service professionals and front-line staff
- Voluntary and community sector organisations and small community groups / associations
- Statutory, independent and voluntary sector providers
- Schools and colleges
- Police and Fire authorities
- Businesses and employers
- Faith groups
- General public

DRAFT

5. HOW will the Board communicate and engage with people?

The Health and Wellbeing Board will:

- work through a hub and spoke model for communication and engagement which will provide wide coverage across various sectors and organisational networks in Hartlepool **(Appendix A)**.

- establish a Core Team to be responsible for the development and implementation of the Board's communication and engagement activities with representation from each of the partner organisations on the Board.

- develop an annual programme of engagement activity on strategic priorities linked to the local authority and NHS business and budget planning processes (**Appendix B**).

Good two-way communication is essential for engaging staff, stakeholders, users of services, carers and the general public so there is a shared understanding of the main issues that will help to shape priorities of the Health and Wellbeing Board.

Communications must be timely and done on a regular basis to keep people informed of developments and any major changes that affect the Board's decisions. Communications need to be in plain English so that the content is accessible for everyone, although different communication methods will be used for wider dissemination.

A structured approach to engagement will build relationships over a period of time providing opportunities for greater understanding, local debate and on-going dialogue on Health and Wellbeing Board issues and priorities.

The Health and Wellbeing Board needs to be clear about what is to be achieved and what people are being asked to do for any given area of engagement activity. It also needs to be a manageable process.

The existing mainstream arrangements are flexible and can be tailored to meet specific requirements of the Health and Wellbeing Board. The general approach will be to link into engagement events / activities that are already taking place and only arrange anything over and above this if it is essential for the development of Joint Strategic Needs Assessments or the Joint Health and Wellbeing Strategy.

DRAFT

Hartlepool Health and Wellbeing Board Communication and Engagement Plan
Communication and Engagement Model

North Tees and Hartlepool NHS Foundation Trust

- Patient Groups
- Establish links as appropriate

Tees Esk and Wear Valley NHS Foundation Trust

- Patient Groups
- Establish links as appropriate

Hartlepool BC

- Users of services, carers, communities of interest / reference groups
- Children, young people and families networks
- Community groups and faith groups
- Social care provider networks

Hartlepool Health and Wellbeing Board Communication and Engagement

- Communication and Engagement leads from HBC, TVCCG, NTHFT and Healthwatch

(Overseeing role to drive work forward)

Tees Valley Clinical Commissioning Group

- Through existing networks e.g. patient participation groups, patient networks, etc.
- Establish links as appropriate

Voluntary Community Sector Organisations (VCS)

- Through membership of the Sector Connector Group / meetings
- Establish links as appropriate

Healthwatch Hartlepool

- Through membership of Healthwatch Hartlepool
- Establish links as appropriate

Appendix B

Communications and Engagement Delivery Plan 2020/21

Type of Approach	Action to be Taken	Timescale
Communication		
Online information – basic details about the Board and topical information on major priorities e.g. Membership, key aims / terms of reference, meeting dates (with links to agenda papers), Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy priorities.	*Key messages, documents (including Board Committee papers) will be posted on HWB Web page on Hartlepool BC website* ***https://www.hartlepool.gov.uk/meetings/committee/132/***	*Completed. Further updates as required after each HWB*
Press releases - on specific priorities and issues of interest to the general public	*As required*	
Engagement		
Consultation and engagement events – on specific Health and Wellbeing board issues and priorities, particularly Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategy**.**	• *Link into mainstream engagement activity stakeholder events wherever it is feasible to do so* • *Deliver an annual HWB face the public event*	*October 2021*
Informal meetings, / seminars – providing an opportunity for more 'in depth' discussion on specific issues and priorities with key stakeholders e.g. service providers	*As directed by the Health and Wellbeing Board*	*None planned*
Healthwatch – the consumer watchdog for health and social care will inform the Health and Wellbeing Board of key issues	• *Establish planned reporting arrangements to HWB* • *Work closely with Healthwatch to ensure joined up arrangements for engagement on Health and Wellbeing Board priorities, and to understand where Healthwatch fits, their role and how to work together effectively*	
Review Communications and Engagement arrangements - to ensure they are effective	• *Measure impact* • *Update Communication and Engagement Plan* • *Report to Health and Wellbeing Board*	*Annual*

DRAFT