

**Meeting of the CCG Governing Body**

The **Annual Public Meeting** of NHS North Tyneside Clinical Commissioning Group Governing Body is to be held on **Tuesday 28 June 2022, 10.00am-11.00am, Longsands, 12 Hedley Court, Orion Business Park, North Shields, NE29 7ST**

<b>Programme</b>		
<b>Time</b>	<b>Item</b>	<b>Lead</b>
10.00	Welcome and Introductions	Dr Richard Scott, Clinical Chair
	Minutes of the Previous Meeting held on 27 July 2021	Dr Richard Scott, Clinical Chair
	Matters Arising from the Previous Meeting Held on 27 July 2021	Dr Richard Scott, Clinical Chair
<b>Key Features of North Tyneside CCG 2021/22 Annual Report</b>		
10.05	Corporate Statutory Performance 2021/22	Mr Mark Adams, Chief Officer
	Key Achievements 2021/22	Mr Mark Adams, Chief Officer
	Key Priorities 2022/23	Mr Mark Adams, Chief Officer
10.15	Presentation of North Tyneside CCG 2021/22 Annual Accounts	Mr Jon Connolly, Chief Finance Officer
	Financial Plan 2022/23	Mr Jon Connolly, Chief Finance Officer
	Questions	Dr Richard Scott, Clinical Chair
<b>North Tyneside CCG Reflections 2013-2022</b>		
10:45	A Celebration of Achievements 2013-2022	Mr Mark Adams, Chief Officer
10.55	Concluding Remarks Annual Public Meeting closes	Dr Richard Scott, Clinical Chair

**Minutes of the North Tyneside CCG Governing Body Annual Public Meeting held on Tuesday 27 July 2021, 10.00am-10.50am, via MS Teams**
**Present:**

Dr Richard Scott	Clinical Chair (Chair)
Mary Coyle	Deputy Lay Chair
Mark Adams	Chief Officer
Jon Connolly	Chief Finance Officer
Dr Ruth Evans	Medical Director
Eleanor Hayward	Lay Member
Dave Willis	Lay Member
Dr Lesley Young-Murphy	Executive Director of Nursing & Chief Operating Officer

**In Attendance:**

Irene Walker	Head of Governance
Maureen Grieveson	Director of Quality and Patient Safety
Wendy Burke	Director of Public Health, North Tyneside Council
Dianne Effard	PA (Minutes)
Courtney Clarke	PA (in attendance)

<b>NTGBAPM/21/01</b>	<b>Welcome &amp; Introductions</b>
	<p>Dr Scott welcomed members to the North Tyneside CCG Governing Body Annual Public meeting. Due to the pandemic, it was not possible to hold the meeting in public. Questions had been invited from the public via a press notice.</p> <p>Apologies were noted from Mrs Paradis, Dr Shabde, Mr Goldthorpe, Mr Dafter (Mazars), Mr Waddell (Mazars).</p>
	<p>Dr Scott thanked all care givers, NHS staff and key workers who continued to work extremely hard to provide care and support in difficult times during the pandemic. Since the first vaccine was administered in 2020 everyone involved in the vaccine programme had worked tirelessly to ensure people in North Tyneside received their vaccinations and excellent feedback had been received. He thanked CCG staff, Primary Care Networks (PCNs), the Local Authority and all partner organisations, as well as the army of pharmacists who had worked hard to make the vaccination programme happen. It had been a fantastic effort which everyone should be proud of.</p>
<b>NTGBAPM/21/02</b>	<b>Minutes of the Previous Meeting held on 28 July 2020</b>
	The minutes were agreed as an accurate record.
<b>NTGBAPM/21/03</b>	<b>Matters Arising from the Previous Meeting held on 28 July 2020</b>

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	There were no matters arising.
<b>NTGBAPM/21/04</b>	<b>Key Features of North Tyneside CCG 2020/21 Annual Report</b>
	Mr Adams also thanked everyone who had been involved in the Covid-19 response, including partner organisations, local authority colleagues and providers.
	Mr Adams gave a presentation on the key highlights of the year and advised he would ask for questions at the end. Mr Connolly would present on the finances.
	Vision: During a year going through the challenge of Covid-19 on top of everything else, the CCG's vision had never been more poignant: "Working together to maximise the health and wellbeing of North Tyneside communities by making the best use of resources." There had been a huge effort for the CCG working with all partners, the local authority and Mrs Burke, providers and volunteers.
	There had been a clear focus on caring for our people locally to understand the best way to keep people healthy through the challenges of Covid-19, including mental health due to the lockdown.
	Population: There were 223,413 people cared for by 25 GP practices and four PCNs. The CCG had been in a good position to deal with Covid-19, bringing together practices to work across geographic boundaries and in hubs. They had worked through the challenge of the biggest vaccination programme the country had ever seen.
	Health and Wellbeing System: The system had been in a good position to deal with Covid-19 and able to capitalise on people and resources working together across all the organisations in North Tyneside focusing on three key areas: <ul style="list-style-type: none"> <li>• Keeping the people who we serve healthy and helping them with self-care.</li> <li>• Helping them deal with Covid-19 and the challenges of lockdown.</li> <li>• Hospital based services and providers facing massive challenges with urgent and emergency care as well as Covid-19.</li> </ul>
	Quality and Performance: Indicators showed a position which North Tyneside CCG would not normally see with a lot of measures being amber rated. Normally they would predominantly be green rated and that reflected Covid-19 and dealing with its immediate challenges.
	Whilst Covid-19 cases were starting to reduce, it was important to note that it had not gone away and we would have to continue to live with it. The challenge now was a recovery programme to start putting services back into place which would take time to work through. That was a challenge across the ICS and for providers which everyone would work

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	hard to rectify. There were 1,190 patients waiting over 52 weeks for treatment, and the standard was 0, which was reflective of the pandemic.
	Corporate and Strategic Achievements: The CCG was rated as Outstanding for the second year running which was important as it signified the CCG's return to being a strong organisation. It reflected the working practises in place, strength of services and strength of relationships with partner organisations in North Tyneside.
	The CCG received a full score for patient and community engagement which reflected the work with the public and patients and how that helped shape the way the CCG worked. The CCG achieved all national financial requirements, which was a challenging position a few years ago for the CCG, and a lot of work had been done to get to the current position and was a testament to all the CCG staff.
	While reflecting on the achievements of the last year, the future and development of the ICS was important, and a North Tyneside transformation plan had been developed. Through work on future care networking with local authority colleagues the CCG was in a good position to look ahead in terms of structure changes and how the NHS would work in the future. Health and wellbeing alignment had been part of that work and the CCG looked forward to continuing the alignment.
	Key System Achievements: The CCG had been focused on Covid-19 challenges and had set up a Covid Engagement Board to understand how the pandemic had been responded to as a CCG, as a system and in terms of the recovery plan. A huge amount of work had been taken forward in terms of Healthy Start with a number of different programmes and projects. The CCG had worked together with partners to understand better ways to work and plan better for the future in terms of the Recovery College with CVS and strategic alliance with Barnardos.
	The Living Well North Tyneside hub was underpinned by development work through PCNs and some specific programmes. Ageing Well had focused on falls reduction, Admiral Nurses and system strength and balance work. Care Home support work had not just been about Covid-19 but also about ageing well.
	Recurrent investment in GP practices had helped their sustainability in terms of service, outcomes and the general quality of GP services across North Tyneside. There had been benefits in terms of increased local jobs.
	Technology had been an important part of working during the past year, including development and innovation in GP practices, RITA (Reminiscence Interactive Therapy Activities) and Whzan. Digital technology work in the CCG had been a strength which differentiated NTCCG from other CCGs.

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	<p>Improvements the Public Would Like to See:</p> <p>The CCG worked closely with the public and patients in various ways and forums. They continued to be involved in co-production and innovation. It was a real strength of the CCG that it had improved the profile for carers. There had been improved access to GPs with face-to-face clinical appointments.</p> <p>Key issues were about interfaces between various part of the NHS and the system, improved communication between secondary care and primary care, especially for people with mental health issues and learning difficulties, and patient transport.</p> <p>It was important to have excellent communication with the public and patients and they needed to be offered a voice so what was important to them was understood to drive development.</p>
	<p>Partnership Working and Engagement:</p> <p>The CCG had a vibrant Patient Forum and worked with the Community Healthcare Forum.</p> <p>The Living Well North Tyneside programme had been developed. The CCG talked to different part of its public and patient groups in different ways, and different age groups and backgrounds.</p> <p>A meeting with the Youth Forum in 2021 had captured their experiences and work had been done with the Young People's Recovery College. That engagement helped define areas to be worked on.</p> <p>The Patient Innovation Group had helped drive forward innovations such as Livi to help with access.</p> <p>Older persons engagement was important in terms of work on ageing and living well as people got older.</p>
	<p>A lot of different engagement had taken place during the year. A model and pathway had been developed to support children and young people.</p> <p>Work had continued with Newcastle and Northumbria Universities. There was important research work going on in relation to digital poverty. The expectation for the future was that whilst public and patients would be able to see clinicians on a face-to-face basis, digital technology would continue to play its part, but no-one should be disadvantaged due to new ways of working.</p> <p>The CCG had worked with Healthwatch North Tyneside in different ways over the year to develop and undertake surveys to gather views.</p>
	<p>North Tyneside Areas of Work 2021/22:</p> <p>The North Tyneside Inequalities Strategy would be developed particularly in terms of the continuing Covid-19 response and the effects on people going forward.</p> <p>It was important to understand how to take forward delivery of the place-based plan and monitor its impact.</p> <p>Improvement in urgent and emergency care provision was planned. The system was currently very busy, not just from Covid-19, but in general.</p> <p>A lot of work the CCG had planned to do in the future was important in terms of operational challenges.</p> <p>Healthy Start areas would gain momentum going forward.</p>

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	<p>There would be continued development of the Living Well Locally plans with implementation of place-based plans to support the community. It was important to reflect going into a new structure of work that 'Place' should be as close as possible to North Tyneside patients.</p> <p>The Ageing Well strategy would continue to be delivered.</p> <p>Advanced Care Practitioners in North Tyneside would be the first in the country.</p> <p>There would be continuous improvement to enhance wellbeing in care homes.</p> <p>A programme on frailty work had been undertaken for a number of years and it was important that would continue, particularly in relation to Covid-19.</p> <p>Workforce needed to be maintained going forward and had been affected by Covid-19.</p>
	<p>Dr Scott invited questions from the Governing Body.</p>
	<p>Mrs Burke thanked Mr Adams for a very helpful overview of the work done by the CCG and in partnership, and asked if she could have a copy of the presentation for sharing with Cabinet and senior colleagues in the council. Mrs. Burke then left the meeting.</p>
	<p>Mr Willis said it was a good presentation, and he would like a copy. It was a good synopsis of what had been done over the last year. He referred to the quality and performance slide and asked whether it would be expected the amber rated items would move to red, or to green during the year.</p>
	<p>Mr Adams stated that it was difficult to say at the current time. There were new dynamics in terms of the way patients and the public came back to use the system. Following the removal of the majority of Covid-19 restrictions on 19 July 2021 there had been a significant number of patients coming back to the system causing a real pressure in terms of urgent and emergency care, which needed to be worked through. There was also a pressure in relation to staff being pinged by the Covid-19 app. It was hoped that going through the year some of the amber items would move to green, but he suspected a number would remain amber, or may move to red.</p>
	<p>Dr Young-Murphy agreed with Mr Adams view given the pressures in the system and the high levels of Covid-19. North East Ambulance Service (NEAS) had advised they were at OPEL 4 (Operational Pressures Escalation Level). It was likely some of the performance measures would move to red depending on whether the pressures continued in the system. There was a commitment from all partners across the system to continue with the recovery trajectories in terms of postponing work which was paused in some areas. Referrals and backlog will mean there would be a difficulty.</p>
	<p>An example was quoted in relation to cataract surgery which had been given additional investment due to the length of the waiting list and significant demand. Colleagues across the system would prioritise</p>

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	based on clinical need and consider where individuals were from in terms of deprivation.
	Mrs Hayward was pleased to hear that so much emphasis was being placed on patient and public engagement but she could not see how it would work and knit together when North Tyneside was joined with other areas in the ICS unless the other areas became more organised.
	Mr Adams advised that guidance was still awaited but the hope and expectation was that patient and public engagement would be a real focus of place-based working. It was hoped the place-based way of working with the local authority and partners would continue and the work done to build a future care way of working would be used as a platform to continue the work. As the ICS was a big organisation, the expectation was that it would probably do a small number of things really well but the vast majority of things CCGs did would continue into the new world in subsidiarity.
	Dr Young-Murphy stated that the CCG would ensure the Patient Forum in its current form became a formal sub-group of the Future Care Programme Board. It was already part of advisory planning on all workstreams and it was important not to lose its knowledge and dedication. Mrs Hayward said her concern was that the voice might not be heard in a bigger system and suggested what was done in North Tyneside could be replicated in other areas.
	Mr Adams advised that other areas worked in different ways. One of the opportunities of working with a statutory formalised ICS would be to identify areas of good practice to be shared.
	<b>Action 1:</b> The Powerpoint presentation to be set out to members. <b>Completed</b>
<b>NTGBAPM/21/</b>	<b>Finance Update</b>
	Mr Connolly continued the rest of the presentation around the finances.
	Financial Arrangements 2020/21: Mr Connolly reminded members that the CCG operated under temporary financial arrangements throughout the year based on receiving adjusted allocations and had been required to make nationally calculated block payments to NHS providers. There had been differences between the first and second half of the year.
	From April to September 2020 the CCG received retrospective adjustments for reasonable variances between actual and expected spending. As long as the CCG spent what was reasonable it received that retrospectively. There were similar arrangements for providers.

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	<p>From October 2020 the situation changed slightly. The CCG allocation for Covid-19 was fixed for CCGs and local systems, and the requirement was to manage within the fixed amount.</p>
	<p>Financial Performance 2020/21: The CCG made an in-year surplus of £1.4m. The breakdown by area of spend showed that just over half of the £374.6m spend was on acute hospital care. The CCG met all financial targets and received a completely clean bill of health from External Auditors. The CCG had been able to support a whole range of services during the pandemic.</p>
	<p>2021/22: The CCG continued to operate under interim arrangements. For the first half of the year the arrangements were similar to those in the second half of last year with adjusted allocations, block payments to providers, and additional system funding for Covid-19.</p>
	<p>It was not yet known what the guidance would be for the second half of this year or what the allocation would be, but they were likely to be similar to the current arrangements, with a greater efficiency requirement. It may be September 2021 before this was known and plans would then be submitted in November for the second half of the year.</p>
	<p>2022/23: Work would continue with partners in the local system to implement national guidance in relation to shaping the ICS and ICB. The message was CCGs needed to be agile to respond quickly to guidance as it emerged. Performance during 2020/21 and so far in 2021/22 put NTCCG in a good position.</p>
	<p>Dr Scott invited questions from members.</p>
	<p>Ms Coyle queried the CCG surplus of £1.4m and whether that would be ring-fenced for North Tyneside patients. Mr Connolly advised it was not known what the arrangements would be but there may be pooling of resource across the ICS. Ms Coyle stated that while the statutory body for North Tyneside continued at present it should do everything in its power to ensure that the surplus was used for the benefit of North Tyneside patients. There were a lot of health challenges in North Tyneside and a lot of ideas for how that money could be used.</p>
	<p>Dr Scott thanked Mr Adams and Mr Connolly for their presentation which captured where NTCCG was very well.</p>
<b>NTGBAPM/21/</b>	<b>Questions</b>
	<p>Dr Scott advised that members of the public had been invited to submit questions to be raised on their behalf by Mrs Walker in the meeting, but none had been received.</p>
<b>NTGBAPM/21/</b>	<b>Concluding Remarks</b>

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Dr Scott thanked Mrs Burke and Governing Body members for attending the Annual Public meeting.

He thanked all staff in the CCG who had stepped up during the pandemic and shown great leadership. While Covid-19 had taken much of the CCGs focus, the meeting had shown there were many achievements which should be celebrated, and he thanked everyone involved for their hard work and dedication to make that happen.

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