Creating a healthier Hull

NHS
Hull
Clinical Commissioning Group

Annual Report & Accounts 2020 - 21

Welcome

from the Accountable Officer

Emma Latimer

Welcome to the 2020-21 Annual Report and Accounts for NHS Hull Clinical Commissioning Group (CCG), which gives an overview of the CCG's progress and performance over the last year, as we continue to work with people and partners to create a healthier Hull.

2021 has continued be dominated by the response to, and recovery from, the COVID-19 pandemic.

Delivering the vaccine programme has been a monumental task for the NHS, and I am proud to note that, at the time of writing, 53 million vaccines have been delivered in the UK, including over 1.7 million in our region. I have seen the amazing teamworking between our Primary Care Networks (PCNs) at vaccination sessions. It was great to see the excitement in people's faces, many of whom had felt excluded for so long after having to shield during the pandemic. The progress we have made in Hull and the Humber has been brilliant, and I want to thank everyone helping to roll out the vaccine programme for the difference it is making to peoples' lives.

I have been appointed Geographic Partnership Director for the Humber, which is critical role in the delivery of the Humber, Coast and Vale (HCV) Partnership's vision and ambitions under 'Next Steps for Integrated Care Systems' (ICSs). The White Paper was published in February, and we are building on some of the fantastic collaboration we have seen through COVID within our workforce, governing bodies and system partners as we begin to operate in shadow form later this year. It is our hope that the ICS will cement the relationships between local people, their community and their health and care services in a greater way, to really help address the deep-rooted health inequalities that continue to exist in our society.

> "We were delighted to maintain the 'outstanding' CCG rating for a fourth consecutive year"

We were pleased to welcome Chris Whitty, Chief Medical Officer for England, in October 2020 to look at some of the health inequalities initiatives in place in Hull as a port city. This included the Hull Homeless Health project, and the frailty outreach and care home support led from the Integrated Care Centre during the pandemic. Both these initiatives have proved hugely beneficial over the last twelve months because we have been able to adapt quickly to look after people in different ways. The voluntary sector has again stepped forward and we continue to fund the smaller organisations that provided vital health and mental wellbeing support during the pandemic.

Alongside the vaccination programme and accelerating the recovery of services, growing the workforce is one of the national priority areas for 2021-22. We have a duty as an anchor institution to do what we can to attract as many people into our local health and care workforce. This has got to be one of our fundamental drivers over the next year, particularly when you consider that people have lost jobs in so many industries during the pandemic.

We were delighted to maintain the 'outstanding' CCG rating for a fourth consecutive year, recognising that the CCG has responded to many challenges to meet the needs of its local population. Our philosophy has always been much more than just effective health care, and this has helped us to continue to stand out. We hope this is ingrained in our culture as an organisation and how people feel about working in the CCG. This will not be lost in the transition towards the Integrated Care System.

I want to end by thanking, as always, our CCG staff, Board members, Lay members, GPs and their practice teams and our local voluntary sector. Everyone has pulled together this year and this has reinforced what a fabulous institution the NHS is and how lucky we are to have it, and to work in it. Even though we are not all front line, we are still connected, and we all do our utmost to improve the health and lives of people in Hull.

Accessibility Statement

Creating a healthier Hull

If you need this document in an alternative format, such as large print or another language please contact us by:

Emailing: HULLCCG.contactus@nhs.net
Calling us on: 01482 344700 or
Tweeting us: @NHSHullCCG

Foreword

from the CCG Chair

Dr. Dan Roper

As I write this introduction, we are moving into the second year of the pandemic. Maybe some people thought it would be fully over by now, but we view the next few months with more hope and expectation that we are heading back into more of a normal life.

This has been made possible by the desire of the majority of people to abide by the restrictions placed upon them, their willingness to put other people's needs above their own, the rapid development and rollout of an effective, safe vaccine and the enthusiasm with which people have come forward to be vaccinated.

I, for one, did not think we would have an effective vaccine by Christmas 2020 and it is a triumph of science and collaboration on a national and international scale. The decision to have it is an individual one, of course, and one we have taken not only with the intention of protecting ourselves but the desire to 'do our bit'.

The city thanks you, the army of volunteers who have staffed the vaccination centres in Hull and especially the clinicians, managers and administrators who have worked tirelessly in the Primary Care Network (PCN) vaccination sites and at the City Hall site. Colleagues in the local authority, teaching and voluntary services have also done a remarkable job in very difficult circumstances. We have worked closely with them through our joint efforts at the Health and Wellbeing Board expertly chaired by Councillor Hester Bridges.

There is much left to be done though…

We are trying to encourage as many people as possible to be vaccinated as we move down through the age groups, to those who may be more hesitant about the injection or complacent about COVID as the summer beckons. To those from other communities who have been reluctant to come forward for other reasons or have been difficult to contact – no one is safe until everyone is safe!

> **"The city thanks you, the army of volunteers who have staffed the vaccination centres in Hull"**

We have huge backlogs of patients whose treatment has been delayed and together with Hull University Teaching Hospital we are fully committed to tackling those waiting lists. People are anxiously looking forward to their treatment and it has been an important part of our thinking throughout the pandemic. Inequalities existing in Health outcomes that were obvious in our city before the pandemic have only deepened.

We are conscious that clinical staff have put in a massive effort over the past year. They are exhausted, and the demands placed on them have been enormous. The deserve everyone's gratitude, respect and understanding that they themselves are human and in many cases have caught the virus and are still dealing with its long-term effects.

Finally, and it is finally, as this next year will be the last year of the existence of NHS Hull CCG as we move into the new arrangements for the organisation of the NHS that CCGs are not part of, it has been my honour and privilege to lead the organisation for eight years working with wonderful people and dedicated colleagues who always have the best interests of the population of Hull at its heart.

In this final year we commit to making sure those medical, social and psychological population needs that are more acute than ever are front and centre of our planning for the new future...

You can also contact us by post:
NHS Hull CCG, 2nd Floor,
Wilberforce Court,
Alfred Gelder Street,
Hull,
HU1 1UY.

The accounts for the year ended 31 March 2021 have been prepared by the NHS Hull Clinical Commissioning Group under section 232 (schedule 15,3(1)) of the National Health Service Act 2006 in the form which the Secretary of State has, within the approval of the Treasury, directed.

2020-21 Annual Report & Accounts

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Part One: Performance Report

Emma Latimer
Accountable Officer

We are NHS Hull Clinical Commissioning Group (CCG)

NHS Hull CCG is a clinically-led organisation, which brings together 32 local GP practices and other health professionals to plan and design services to meet local patients' needs. Our GP practices serve a registered population of 303,104 across 23 wards. We had an allocated budget of £560.0 million for 2020-21. The retained surplus increased by £6k in this financial year to £15.8 million.

We commission (or buy) a range of services for the Hull population, including urgent care (such as A&E services and the GP out of hours service), routine hospital treatment, mental health and learning disability services, community care including district nursing and continuing health care. We share the same boundary as Hull City Council. Where appropriate, we jointly commission services with partners such as East Riding of Yorkshire CCG or Hull City Council. The main health provider organisations that we have contractual arrangements for services with are:

- Hull University Teaching Hospitals NHS Trust
- City Health Care Partnership Community Interest Company (CHCP CIC)
- Yorkshire Ambulance Service NHS Trust
- Humber Teaching NHS Foundation Trust

We also work with Healthwatch Hull, the independent champion for local people who use health and social care services.

In 2020-21 NHS Hull CCG hosted several national allocations on behalf of Humber Coast and Vale Integrated Care System (HVC). These included Covid funding, top-up funding for provider organisations and other System Development Funds (SDF). The contract with Spire Hull and East Riding Hospital was commissioned by NHS England and Improvement during the year as part of the national response to the pandemic. Payments to NHS organisation outside of HCV were suspended. Because of these changes there are some quite significant differences between the 2019-20 and 2020-21 accounts.

We hold six Board meetings and an Annual General Meeting each year, all of which are open to the public. For dates, times and venues, please contact us via the details below or visit our website:

You can contact us at:

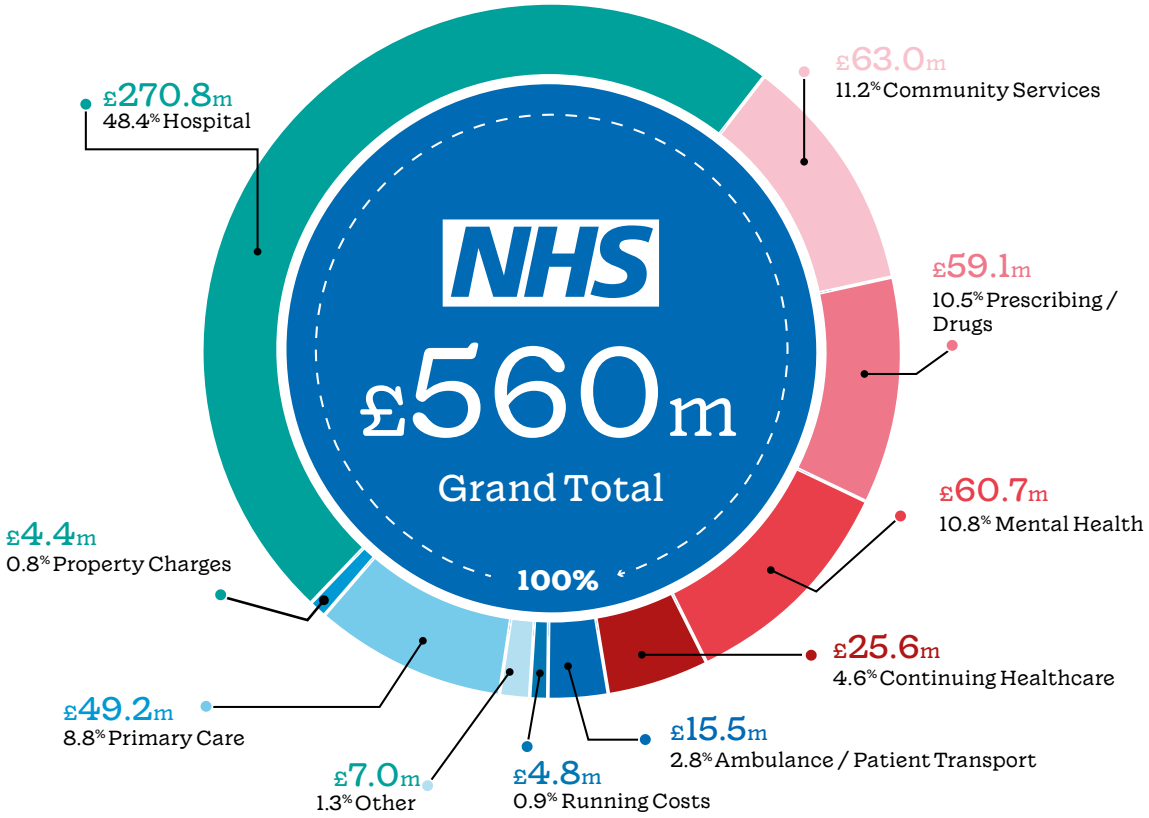
NHS Hull Clinical Commissioning Group,
2nd Floor, Wilberforce Court, Alfred Gelder Street,
Hull, HU1 1UY

Tel: 01482 344700 (switchboard)
Email: HULLCCG.contactus@nhs.net
Website: www.hullccg.nhs.uk
Twitter: @NHSHullCCG

Creating a healthier Hull

A snapshot of 2020-21

How our money was spent:



Performance Overview 2020-21

from Emma Latimer, Accountable Officer

The Accountable Officer's Performance Overview highlights our key programmes of work, service transformation and performance during 2020-21 and explains how we are working – with our partners and the people of Hull – to improve health in our city.

This section includes key updates on:

- Humber, Coast & Vale Health & Care Partnership
- Humber Acute Services
- Our People, Our Place
- Commissioning programme areas (unplanned care, planned care, cancer, maternity, children and young people and mental health)
- Integrated care in Hull
- Primary care
- Engaging with people and communities
- Improving quality
- Taking action on health inequalities
- Contribution to the delivery of the health and wellbeing strategy for Hull

Detailed financial and performance analysis, and the Sustainability Report will follow from page 37 to support this overview.

Humber, Coast and Vale Health and Care Partnership 2020-21

The Humber, Coast and Vale Health and Care Partnership is a collaboration of health and care organisations striving to improve the health and wellbeing of its population (1.7 million) as well as the quality and effectiveness of services.

The Partnership works across an area of more than 1,500 square miles stretching along the east coast of England from Scarborough to Cleethorpes and along both banks of the Humber. Humber, Coast and Vale incorporates the cities of Hull and York and large rural areas across East Yorkshire, North Yorkshire and northern Lincolnshire.

Formal members of the Partnership across health and social care include six clinical commissioning groups (including Hull CCG), six local councils, four acute hospital trusts, three mental health providers, three community services providers and two ambulance trusts.

While 2020-21 has been a difficult year due to the challenges that COVID-19 has presented for our health and care system, it has been a year of achievement for the Partnership.

In May 2020 the Partnership announced it had become an Integrated Care System (ICS) a year earlier than required after its application for ICS status was ratified by NHS England and NHS Improvement (NHSEI). Working as an ICS enables local services to provide better and more joined-up care for patients and improve the health and quality of life of local people.

In November 2020, NHSEI set out principles for the future of ICSs in England and outlined two proposals for how ICSs could be embedded in legislation by April 2022. Much of the approach outlined in the NHSEI document is already being developed or is in place in partnerships across England including in Humber, Coast and Vale; and the Partnership will build on that as it considers the adjustments that need to be made to reflect the policy changes.

As a health and care system the Partnership is determined to emerge from the pandemic better equipped to tackle the health issues which affect our communities. When faced with the rapid increase in Covid-19 cases and restrictions that were put in place to stop the spread of the virus, health and care teams across Humber, Coast and Vale worked quickly to make changes to the way they delivered services to ensure they could continue to provide the best possible care in a manner which was safe to staff and patients. These innovations and changes formed the basis of the Understanding our Response to Covid-19 rapid insights report to enable lessons to be learned and shared across the health and care system.

Following the initial response to COVID-19, the Covid-19 vaccination programme is considered a key turning point in the response and its rollout is a significant step in the right direction as the public look to return to the way of life they had before the pandemic. To date the Humber, Coast and Vale Covid-19 vaccination programme has administered the vaccine to more than one million people – around three-quarters of the eligible population (1.4 million).

Some of the other achievements undertaken in partnership across Humber, Coast and Vale over the year are detailed below. By working collectively, the Partnership:

- Was awarded £16million to upgrade hospital A&E departments, including Hull Royal Infirmary, to help respond to Covid-19 and winter pressures.
- Introduced an integrated digital system to allow people to be allocated a time via the NHS 111 service to visit A&E for non-life threatening conditions.
- Encouraged more than 6,500 people across the region to complete suicide prevention training as part of the Partnership's #TalkSuicide campaign
- Launched the Humber, Coast and Vale staff resilience hub to support health, care and emergency service workers who may be struggling from the impact of Covid-19.
- Secured funding (worth £500,000) as part of a two-year national green social prescribing scheme aimed at helping communities hardest hit by coronavirus by connecting people with nature and their local environments to improve their mental health and wellbeing.
- Provided more than 500 tablet devices to ensure that care home residents could remain connected to GPs during the coronavirus pandemic.

Further information, including the Humber, Coast and Vale Health and Care Partnership Annual Report 2020-21, can be found at www.humbercoastandvale.org.uk

Humber Acute Services Programme

The Humber Acute Services (HAS) Programme is designing hospital services for the future across the Humber region in order to deliver better and more accessible health and care services for the population.

The programme involves the two acute trusts in the Humber – Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) and Hull University Teaching Hospitals NHS Trust (HUTH) – and the four Humber Clinical Commissioning Groups (CCGs).

In October 2020, a review of the Humber Acute Services programme and governance was undertaken. As a result a comprehensive change programme was agreed, which aims to design and deliver better and more accessible health and care services for the population of the Humber over a 10 year period.

A portfolio of three inter-related programmes was mobilised:

- Interim Clinical Plan (Programme One) stabilising services within priority areas over the next couple of years to ensure they remain safe and effective, seeking to improve access and outcomes for patients.
- Core Hospital Services (Programme Two) long-term strategy and design of future core hospital services, as part of broader plans to join up services across all aspects of health and social care.
- Building Better Places (Programme Three) working with a wide range of partners in support of a major capital investment bid to government to develop our hospital estate and deliver significant benefits to the local economy and population.

A programme of patient and public involvement supports this work, please see page 26 and www.humbercoastandvale.org.uk

Our People, Our Place

The Hull Strategic Partnership Board was established in July 2017 with a focus on Hull's public sector organisations working collaboratively to achieve the following aspirations:

- Integration of health and social care
- Effectively managing future demand for services
- Population health and wellbeing
- Solutions that are responsive to the needs of local populations and communities
- Engagement of the community and workforce.

The bi-monthly Board is overseen by Hull City Council and NHS Hull CCG and includes Humberside Fire and Rescue Service, Humberside Police, Hull University Teaching Hospitals NHS Trust, Humber Teaching NHS Foundation Trust, City Health Care Partnership CIC, Yorkshire Ambulance Service, University of Hull and Hull College along with representatives from the voluntary and community sector.

The early part of 2020 brought many challenges as organisations stepped up to manage the pandemic response through the formal structure of the Local Resilience Forum. However, the well-established relationships made through the Strategic Partnership Board certainly strengthened multi-agency coordination.

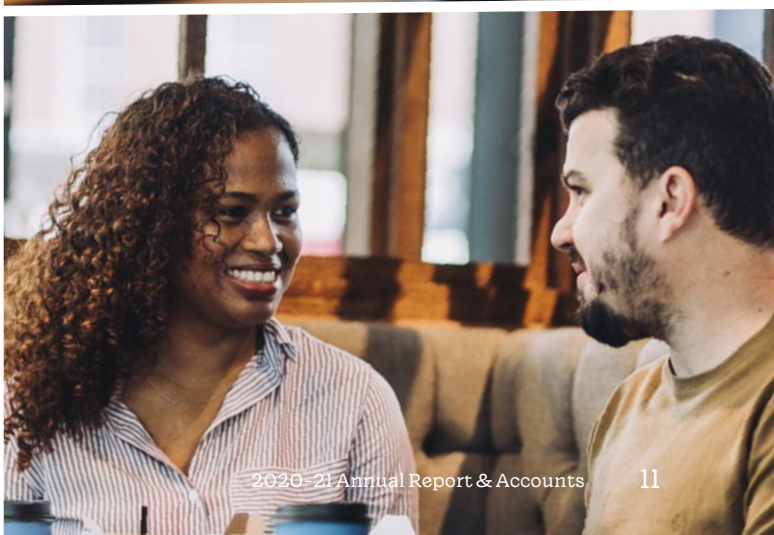
After standing down formal meetings in the initial stages of the pandemic, the Hull Strategic Partnership Board resumed in August 2020 and agreed to focus on a systemwide approach for recovery in the city. The invaluable role the voluntary and community sector had played in supporting vulnerable people was acknowledged and, in recognition of this, the Strategic Partnership Board agreed to initiate a programme of work to look at how the voluntary sector could become better integrated with public sector partners and to identify appropriate support needed to make this happen.

The Building Forward Together programme was established with the focus of activity on four workstreams:

- Future commissioning, investment and sustainability
- Volunteering
- Wider workforce development
- VCSE support and development

All workstreams, made up of both public and VCSE partners, were asked to reference health inequalities, social inclusion and the specific needs of Black and Ethnic Minority Communities within their work, with an Oversight Group coordinating the work programmes and recommendations. Over 70 voluntary and community sector groups and organisations engaged with the programme and contributed ideas to date.

The work of these task and finish groups concluded in March 2021 and the Oversight Group is making its final recommendations for action to the Hull Strategic Partnership Board in April 2021. The successful way that this programme has been developed and delivered through cross sector working and ongoing wider engagement, provides a tested model of co-design and co-production framework for future working.



Commissioning programmes 2020-21

The NHS England and NHS Improvement Operational Planning Guidance for 2021-22, details six priority areas for the year ahead:

- Supporting staff and growing the workforce.
- Delivering the vaccination programme and treating patients with COVID-19 .
- Accelerating the recovery of elective, cancer, mental health and maternity care.
- Expanding primary care capacity.
- Transforming community and urgent and emergency care.
- Working collaboratively across systems.

Integrated Care Systems will now develop their own plans, to be completed by early June. This section updates on key areas of clinical commissioning during 2020-21 and planning for 2021-22.

Unplanned (emergency) care

One of our primary aims for 2020-21 was to ensure that people with an urgent care need were supported to access the right part of the system for their clinical need- right care, right place, right time.

Our focus was getting a clinical assessment for patients, as close in time to the first contact with health services as possible, at a location that was clincially appropriate and close to home to support them getting the right care for their needs.

From July 2020, people were encouraged to call NHS 111 First and once they made this call, they would get a timed arrival slot into the most appropriate service including Emergency Department (ED), Urgent Treatment Centres and other alternative services. This was to be achieved alongside social distancing and heightened infection control across all services. The NHS 111 First initiative had to be in place by 1 December 2020 and including the implementation of a new booking system between NHS 111 and ED, enabling patients to be booked into an arrival slot.

In Hull, this work was led through our NHS111 First programme, as well as working collaboratively across the wider Yorkshire and Humber system with Yorkshire Ambulance Service (YAS), as our NHS 111 provider, to ensure there was sufficient capacity in the system to manage the additional calls. Overall, the urgent and emergency care network delivered a number of key changes including:

- NHS 111 First in place and fully operational by 1 December 2020.
- A Humber, Coast and Vale (HCV)-wide clinical assessment service (CAS) in place at weekends linked to NHS 111 over winter.
- Increased access to the Urgent Treatment Centres (UTCs), as an alternative to ED.
- An increase in the number of GP surgeries able to offer direct booking.
- Reduced ambulance conveyance to ED by increasing the use of hear and treat and see and treat.
- Expanded use of RAIDR system which provides daily intelligence of service capacity within UTCs, GP Out of Hours, YAS, primary care and care homes.
- EDs able to fully implemented electronic bookings and commence taking bookings.
- Same Day Emergency Care (SDEC) pathways established for acute medicine, acute surgery and frailty.
- Implementation of Acute Navigations HUB within the Hospital Trust for GPs to contact for Hull patients to access diagnostics.
- Same day specialty clinics developed to support 'on the day' appointments for patients.
- Development of discharge policy to support implemention of a Discharge to Assess process to for timely discharges and preventing admissions.

Implementation of a Two Hour Community Crisis Rapid Response for patients.

Impact of actions in 2020-21

From April to December 2020-21 ED attendances reduced by 79,000 across Humber, Coast and Vale (HCV).

Whilst a lot of this may be attributed to COVID19, we are starting to see the impact of our actions implemented above. For Hull this includes:

- GP direct booking available through NHS111 saw available appointments for patients increase from 25% to 100% (to April 2021).
- UTC attendance directed through NHS111 has seen referral activity increase by 7% from November 2020 to April 2021.
- Use of other alternative pathways saw an increase from 2.4% in November 2020 to 11.62% in April 2021.
- NHS 111 referrals to ED referrals decreased from 90% in October/November 2020 to 80% in January 2021 and has decreased further through NHS 111 to 24.78% in April 2021. This indicates that alternative pathways are being used to better support patients to receive the right care, right place and right time.

We have continued to see individuals within our Bransholme Urgent Treatment Centre (UTC) with many more people choosing to attend there for treatment and advice on minor injuries and minor ailments. Please note that the indicators 'Percentage of service users defined as 'urgent', who receive treatment within two hours of referral to the service' and 'Number of face-to-face contacts' do not relate solely to the Urgent Treatment Centre at Bransholme Health Centre, but also include numbers from the Rapid Response and Out of Hours teams.

Urgent Treatment Centre Performance	April 2018 to March 2019 (Q1 – Q4)	April 2019 to March 2020 (Q1 – Q4)	April 2020 to December 2020(Q1 – Q3)	January to February 2021*
Percentage of service users defined as 'urgent', who receive treatment within two hours of referral to the service	**99.42%**	**99.1%**	**97.8%**	**96.1%**
Percentage of service users who receive treatment within four hours of referral to the service	**99.5%**	**99%**	**99.7%**	**99.2%**
Number of face-to-face contacts	**58,464**	**59,350**	**43,606**	**5,056**
Number of telephone consultations only (defined as cases closed with only a telephone consultation)	**No Data held**		**22,481**	**2,662**
Number of x rays	**5,140**	**4,896**	**3,022**	**602**

*(Q4 March data not yet available)

Performance against the four hour A&E standard (Four hours from booking into A&E to being admitted, discharged or transferred to another facility) continued to prove challenging during 2020-21.

We continue to liaise regularly and support Hull University Teaching Hospital NHS Trust, City Health Care Partnership CIC, Humber Teaching Foundation Trust, and Hull City Council to specifically oversee and manage system challenges across Hull.

Planned Care

How we have worked on developing and commissioning pathways for planned care has continued to evolve over the last year. We have continued to proactively work with partners at a local, Humber and Humber, Coast and Vale Integrated Care System (ICS) level to promote optimal outcomes for local patients.

The COVID Pandemic initially put a stop on planned care work, but then stimulated rapid change processes to develop and commission changes to pathways that enabled services to start to deliver safe, effective pathways that recognised both the infection control needs of the pandemic and the needs of those individuals including the development and adoption of clinical prioritisation processes to focus services on those at highest clinical risk.

Pathway redesign

There has been increased focus across the ICS on pathways around respiratory diseases, mainly in adults but also for children and young people, to ensure that individuals have access to services that proactively care plan and provide proactive support for individuals as well as early support when an individual's clinical condition starts to deteriorate.

In addition, joint work was progressed to support the introduction of telemedicine to minimise face to face contacts unless clinically indicated, the development of patient initiated follow up – where individuals are empowered to seek follow-up care when they want it rather than the previous model of routine follow-up appointments regardless of whether the individual felt they needed it or not.

On a local Hull and East Riding of Yorkshire level a dynamic, virtual pathway redesign group was initiated to respond quickly to national guidance being distributed to support the clinical prioritisation of individuals and the recommencement of clinically safe services for both patients and staff. This group worked rapidly to ensure that pathways were reviewed, adapted, approved and introduced over a much shorter timescale to ensure that services could start and continue to operate within the changed parameters we have been working in over the last year.

Alignment of our commissioning policies with those of our partner commissioners

Work has continued through the year along with our partner CCGs; North Lincolnshire, North East Lincolnshire and East Riding of Yorkshire CCGs; and clinicians to continue to develop our consistent approach to how we review and apply NICE Guidance, National Evidence Based Interventions Guidance and other national documents that set out clinical best practice. Processes were set in place to review the latest set of national Evidence Based Interventions to enable the adaption and adoption of these across the system.

Waiting Lists

Regrettably the impact of the COVID-19 pandemic has led to an increase in waiting lists as services had to be suspended whilst work focused upon the pandemic.

All individuals on waiting lists have been contacted by their service provider, briefed regarding the waiting lists and assessed regarding their current condition. Plans are in place to increase the number of surgeries being undertaken and to effectively use the independent sector to support the NHS facilities. The main focus at present is ensuring that the impact is minimised for individuals waiting with clinical review and prioritisation occurring to ensure that available capacity is focussed on those with the greatest clinical need.

NEW Long COVID Triage and Assessment Service supports Hull patients

Patients in Hull experiencing long term symptoms of coronavirus can now access specialist help from the Humber Long COVID Triage and Assessment Service.

This Humberwide approach involves clinicians from GP, hospital and community settings across the four Humber CCG areas.

Most patients with ongoing symptoms following COVID-19 will come under the care of their GPs, who will encourage self-management and support them while other causes of the symptoms are explored, and ruled out first, for up to 12 weeks. The new service will support those whose condition has not improved or symptoms resolved after 12 or more weeks. Patients will need to be referred into the new service by their own GP through practice systems.

The service, which launched in March 2021, brings a range of specialist clinical input together, including respiratory, geriatric, rehabilitation, mental health, therapies and others. The clinical team will review each patient's needs and will follow up with recommendations on the most appropriate support to manage ongoing care and recovery. This may include an appropriate treatment plan and/or onward referral to other specialist services and they will let patients and their GPs know of the recommendation.

The NHS also has an excellent new online resource available to everyone without referral at www.yourCOVIDrecovery.nhs.uk

Cancer

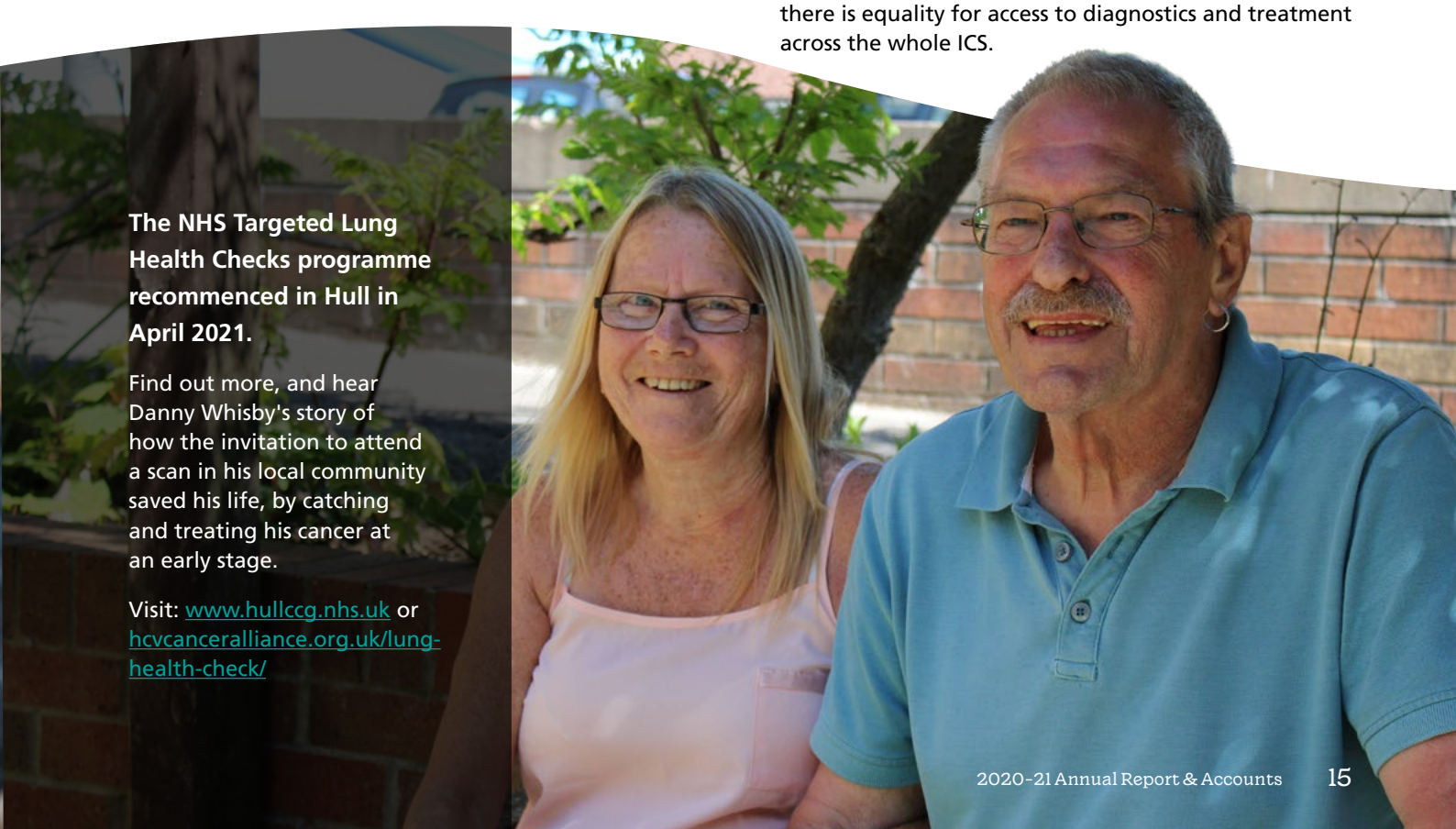
The CCG continues to be an active member of the Humber, Coast and Vale Cancer Alliance which continues to support work to deliver the NHS Constitutional targets around cancer and developing improved pathways and services for early diagnosis of common cancers and increase survivorship.

This work has been refocused during the year to support the continuation of cancer diagnosis and treatment for individuals whilst maintaining the level of infection control interventions to ensure that risks are minimised to patients and staff.

The need for infection control measures negatively impacted upon some services more than other, with the reductions in availability of colonoscopy impacting upon colorectal pathways. This has led to the redesign of this pathway with increased use of FIT (Faecal Immunochemical Test) at the point where the GP refers the individual into services with suspected colorectal cancer as a low FIT means that the risk of colorectal cancer is low, especially when combined with normal blood tests. This is supporting the use of endoscopies for individuals with the highest risk if having cancer.

The restrictions in available capacity due to the pandemic has meant that there was some slippage in the delivery of the cancer waiting times targets but in line with national guidance cancer diagnosis and surgery has been prioritised over recent months to ensure that we continue to diagnose and treat cancers as early as possible.

The Cancer Alliance continues to focus on improving access to diagnostics across the whole of the ICS and the delivery of systemised patwhays to ensure that there is equality for access to diagnostics and treatment across the whole ICS.



The NHS Targeted Lung Health Checks programme recommenced in Hull in April 2021.

Find out more, and hear Danny Whisby's story of how the invitation to attend a scan in his local community saved his life, by catching and treating his cancer at an early stage.

Visit: www.hullccg.nhs.uk or hcvcanceralliance.org.uk/lung-health-check/

Maternity, children and young people

Maternity

The Hull Maternity Voices Partnership (MVP) continues to promote engagement with women and their families through the various social media platforms and in the absence of the usual face-to-face events during COVID.

The Hull MVP facebook page now has 649 followers and is the lead communication channel with the average weekly engagement of 1191 people. There have been a series of surveys throughout the year that have captured the views and experiences of women and their families of maternity care during COVID. The MVP is chaired by two local Mums and meets four times each year to monitor and review maternity care provided by a range of partners, making reccomendations for service improvements.

Further rollout of 'Continuity of Carer' programme has provided personalised care throughout pregnancy, birth and in the postnatal period for more than 1,700 (35%) women booked for maternity care with Hull University Teaching Hospitals NHS Trust. The first year of the Continuity of Carer East Hull Primrose Team has supported an increased number of women and their families to stop smoking before and during pregnancy and an increase in women having a natural birth including those who gave birth in the Fatima Allen midwifery-led unit.

The Trust has adapted the Birth Preparation and Parent Education in response to COVID through online individual and group sessions with additional face-to-face support for vulnerable women and their families.

The Trust launched the 'Ask the Midwife' online messaging service in response to COVID and feedback from local women on 30 March. Between April and December 2020 there was over 4,000 shares, 5,000 comments and the Trust responded to more than 8,000 messages. This successful concept has been taken up by other maternity services across Humber Coast and Vale Integrated Care System.

In response to the Ockenden Review of Maternity Services, the Trust has confimed it met the required standards in respect of the quality and safety of maternity services.

Rates of women who smoke during pregnancy increased during COVID both nationally and locally. Our local partnership response has included the launch of a new campaign 'Bump the Habit' aimed at supporting women to make a quit attempt in pregnancy. Smokefree Hull, the specialist stop smoking service provides a comprehensive training programme for midwifes, health visitors, children centre staff and services such as doula and peer supporters. Carbon Monoxide (CO) monitoring in pregnancy resumed across maternity services after a national pause due to COVID-19; this is deemed to be a good conversation starter and a motivational tool.

Children and Young People

COVID has brought about changes in the way health and care services have been provided for children, young people and their families.

All health services have continued to provide face-to-face appointments and support for children and young people, parents and carers. Where appropriate, telephone and virtual consulations have ensured young people and parents receive the information, advice, care and support they require. Many parents have reported a preference for virtual contact that offers a safe and flexible way to access health professionals.

Work has commenced across the Humber Health and Care Partnership in the development of services for children, young people and their families. This includes the development of an integrated service model that supports the prevention (of ill health), early help and self-management; and strengthens co-ordinated 'wrap-around' community based services in providing practical and emotional support to ill children and their parents/carers enabling them to be cared for at home wherever possible and/or leave hospital quicker.

In response to an increasing prevalence of children and young people with palliative care and end of life care needs, the Humber Children's Partnership has commenced focused work on the co-production of an overarching joint vision and integrated service delivery model that will interface with adult health and care services to ensure supportive transition. The work aims to improve outcomes and experience for children and young people with palliative care and end of life needs and their families.

The development of Children's Neurodiversity Service continues with the integration of key services and staff from across Hull and East Riding. The new Sensory Processing Service has supported and improved outcomes for more than 150 children and young people with sensory needs between September 2020 and February 2021. The service website 'Humber Sensory Processing Hub' includes various resources with more than 900 parents and proffesionals accessing over 1,500 web sessions.

Special Educational Needs and Disabilities (SEND)

The CCG continues to work with the Local Authority and the Hull Parent Carer Forum in the completion of the Hull SEND Joint Commissioning Strategy and Coproduction Charter which are key features of SEND Accelerated Progress Plan. There has been positive feedback from Department for Education, NHS England and the Hull Children's Commissioner in respect of progress made towards improvement as well as support for children, young people and their families during the pandemic.

Mental Health

Learning Disabilities

Hull has invested in, and recruited to, a Profound and Multiple Learning Disabilities Specialist Doctor who will specialise in treating patients under a two year trial. This new role aims to reduce the health inequalities between people with learning disabilities and those without. Throughout the pandemic Hull CCG has been focussed on promoting and supporting the delivery of annual health checks for patients with Learning Disabilities. The national target has continued to be achieved.

City Health Care Partnership CIC has put measures in place to ensure improved access for patients with LD and their carers for the vaccination programme. This includes makaton signs, easy read documents, support people on site specifically to assist people with different abilities, Annual Health Check booklets and communication boards.

Adult Mental Health

In response to the pandemic, Humber Teaching NHS Foundation Trust in partnership with national charity Mind developed a 24-hour/ seven-day Rapid Response Service meeting the increasing mental health needs. Humber Coast and Vale developed Resilience Hub providing mental health support to front line NHS and social care workers. These developments helped to support service users, carers, health professional and social care workers to manage their mental wellbeing. Hull and East Riding CCG in partnership with Humber Teaching NHS Foundation Trust invested in an online self-help Silver Cloud platform, offering access to number of self-help programs:

- A space for Sleep
- A space from Stress
- A space for Resilience
- A space from Covid 19

Hull and East Riding Yorkshire CCG and Humber Teaching NHS Foundation are national leader in the transformation of community mental health services, by moving community mental health services closer to primary care and introducing new roles (peer support workers, wellbeing coaches) and training new nurse associates to work with primary care networks.

The Lets Talk Service delivered by City Health Care Partnership moved to a virtual service, continuing to support services users, carers throughout the pandemic and now offers a face to face, virtual and on-line self-help services. This service is working closely with primary care and partner organisations to support service users across the city including Veterans, members of the LGBT community older adults and services users with long term conditions

Hull CCG in partnership with Hull City Council invested in the Migration Yorkshire programme (delivered by Solace) to provide specialist mental health and therapeutic support to refugee children and their families traumatised by their experience fleeing war and refugee camps. In addition, the programme works with schools to understand and meet the needs of these children.

Dementia

Throughout the pandemic, Humber Teaching NHS Foundation Trust Memory Assessment Service worked in partnership with Alzheimer's Society, Carers Information Support Service (City Health Care Partnership) and Butterflies Memory Loss Group to supported services users living with dementia and their care.

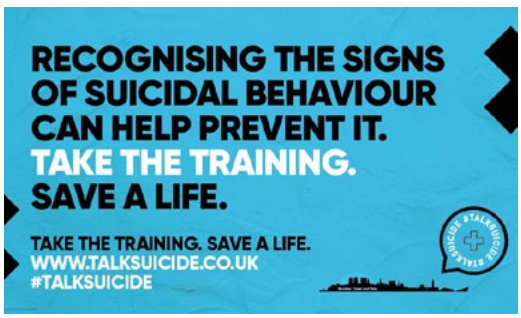
During early stages of the pandemic the Memory Assessment Service (Humber Teaching NHS Foundation) diverted its services to support older service users living with dementia in care homes, the community and their carers. Latterly this service has return to it primary memory assessment role offering virtual and face to face appointments at three sites across the city, Coltman Street Clinic, Springhead GP practice and Jean Bishop Integrated Care Centre.

The dementia diagnosis rate meets the national target at 68.6%, reduced due to a reduced service at the start of the year and impact of the pandemic. Primary care continues to review dementia care plans and provide ongoing support. Number of services users living with dementia continues to increase.

Hull Dementia Collaborative, Older People Partnership, Butterflies Memory Loss Group and our voluntary and community sector have worked throughout pandemic to support services users and carer by raising awareness, providing food deliveries, befriending and support services. Dove House has used new learning platform (Echo) to deliver specialist training to care homes

Suicide prevention #TalkSuicide

Suicidal thoughts and feelings affect thousands of people every day. Humber, Coast and Vale Health and Care Partnership, Hull City Council's Public Health team, the CCG and mental health services are working together on suicide prevention.



#TALKSUICIDE

This has included the promotion of the #TalkSuicide campaign and raising awareness of the range of local services available to support people with their mental health and emotional wellbeing.

The work on suicide prevention aims to reduce stigma abound talking about suicide and encourage everyone to complete free suicide prevention training from Zero Suicide Alliance. Local businesses are asked to get involved and support employees in completing the training. Additionally, in response to local events, in 2021 the partnership will concentrate on creating a structured plan of activity that involves local organisations and partners promoting different support services.

Children and young people's mental health

NHS Hull CCG has worked closely with health and social care providers in the city to ensure that young people with a mental illness have equal access to the most effective care and treatment and we have equally high aspirations for all our population regardless of their primary health care need.

The CCG continues to work closely with Hull City Council on the HeadStart Project which provides invaluable support to statutory services in delivering support to young people. Many services have adapted to deliver services via telephone and online during the pandemic to continue to meet their needs.

Following a successful bid to NHS England and the Department for Education, NHS Hull CCG and Hull City Council have commenced working together to deliver Mental Health Support Teams (MHST) who will provide early intervention mental health support for children and young people aged 5 – 18 within schools and colleges. A project team has commenced to ensure delivery of the two test MHST sites by the end of 2021-22. For more information please see page 28.

The Mental Health Support Teams will integrate into our already well established city wide Hull Thrive model and compliment the many excellent teams and services to further enhance the early help and intervention offer.

Integrated Delivery 2020-21

The Jean Bishop Integrated Care Centre (ICC) has been pivotal in the reactive and responsive care service provided to support frail people in the community during the COVID-19 pandemic.

The ICC became operational as the system Hub for frailty in May 2018 delivering risk stratified Integrated Comprehensive Geriatric Assessment (ICGA) and individualised care planning. The pandemic required a rapid service redesign at the ICC to also deliver a reactive and responsive approach to urgent demand for community-based support for frail patients. The redesigned model was based on the principles of right care, right place, home first, hear and treat, see and treat and patient choice.

The ICC team developed local clinical guidelines for the management of frail patients diagnosed with confirmed or suspected COVID-19 infection. An aligned operational model was swiftly developed with system partners. Elements of the service included:

Urgent specialist advice and guidance telephone line:

- Rapid frailty response model, seven days a week 8am to 8pm for (Hull and East Riding)
- Covid-19 and non COVID-19 clinical queries
- Virtual clinical triage, advice, support and care planning for frail patients including advanced care planning where required
- Triage undertaken by community geriatricians and GPs with an Extended Role in Older People's Care (GPwER)
- Aligned operational arrangements between frailty services, Yorkshire Ambulance Service (YAS), primary care, local authority and community services
- Access electronically to primary care records and mobilising plans to ensure timely flow of information across organisational boundaries

The Advice and Guidance line is available to all health and social care professionals and is predominantly used by paramedics on the scene and care home staff. Between 23 March 2020 and 30 May 2020 the service received 175 calls from paramedics, of which only seven resulted in a transfer to hospital.

COVID-19 Care Homes Outbreak Support:

- Close, collaborative working with Adult Social Care, other community services and primary care to prioritise and target specialist frailty intervention and support to care home residents
- Individualised specialist support for residents, many of whom wish to be cared for in their own home (care home)
- In reach service for care homes with COVID-19 outbreaks
- Advisory support to care homes for non-COVID queries
- Palliative care services are actively aligned and involved
- Support for patients discharged from hospital and returning to care homes
- Education, reassurance and appropriate signposting to other aligned services

Recovery Plan July 2020 – March 2021

The proactive ICC model recommenced in July 2020 at reduced activity levels providing assessments within the ICC, care homes, peoples' own homes (housebound) and follow-up of respiratory patients who are frail who required a hospital admission with COVID-19 (12 week post discharge from hospital for those at most risk).

A Frailty Clinical Assessment Service (CAS) pilot has also commenced where NHS 111 direct frail patients calling with specific presentations to the Advice and Guidance line for specialist input. Evaluation of this innovative service is ongoing.

The ICC Frailty Support Team has supported implementation of the Enhanced Health in Care Homes service delivered by Primary Care Networks (PCNs) to all care homes in the city and has developed a frailty training programme for PCN staff involved in delivering services to care home residents.

Overall, the system is being mobilised in a better and more integrated way. Patients are being cared for in their preferred place of care as a direct result of the interventions of the frailty team and collaborative working, with successes evidenced of better patient outcomes from closer working with paramedics.

The pandemic saw digital solutions transform the way services are delivered and efficiencies have been realised through the use of video consultation (see and treat), telephone triage (hear and treat) and better flow of patient information across organisations.

There are opportunities in the future to build on the established collaborative working relationships to enhance the quality of care provided to patients living with frailty. As services restore, plans are underway to optimise pathways for falls and mental health and to bolster the responsive arm of the service. Work is progressing to further align and integrate with primary care and community services to deliver an enhanced health in care homes model.

The Frailty Transformation programme continues to be clinically led by the Community Geriatricians with dedicated support from the CCG and all key stakeholders.

Primary care in Hull 2020-21

2020-21 has been the second year of the five year framework for the GP contract which implements the commitments set out in the The NHS Long Term Plan.

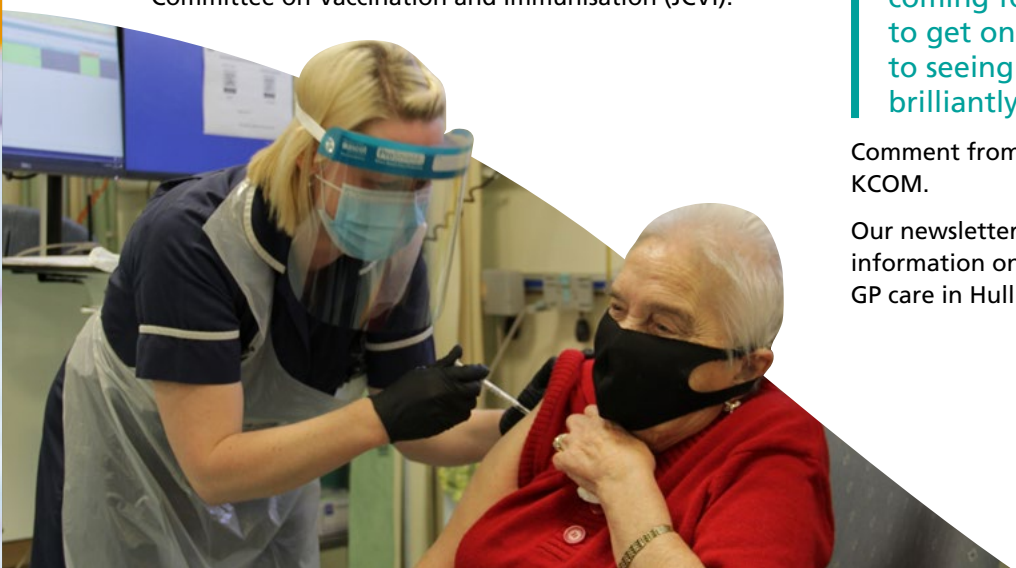
The 32 general practices continue to work as part of the five Primary Care Networks (PCNs) in Hull. Each PCN has a Clinical Director who provides strategic and clinical leadership to help support change across primary and community health services. The Clinical Directors will be key roles within the developing Integrated Care System arrangements at Place in Hull.

PCN	Number of practices	Total patients (nearest 1,000)	Clinical Director
Bevan Ltd	8	45,000	Dr Scot Richardson
Medicas	2	45,000	Dr Majid Abdulla
Modality	5	83,000	Dr Elizabeth Dobson
Nexus	9	76,000	Dr Laura Balouch/ Dr Mark Findley
Symophonie	8	54,000	Dr Kanan Pande

The new contract provides resource to support PCNs to appoint additional workforce throughout the period to 2023-24. In 2020-21 PCNs in Hull have employed a range of additonal roles including Clinical Pharmacists, Pharmacy Technicians, Social Prescribing Link Workers, Nurse Training Associates, First Contact Physiotherapists, Physician Associates, Health and Wellbeing Coaches and Care Co-ordinators to support them to deliver services to their patients.

General practice in Hull has had to adapt service delivery in response to the COVID-19 pandemic and in line with national guidance. Patients requiring care are being triaged, and then receive care remotely, where possible, via online message, telephone consultation or video consultation. Face to face appointments with appropriate Personal Protective Equipment (PPE) are undertaken where necessary. Patients who are shielding as a result of being clinically extremely vulnerable have been supported throughout the pandemic.

General practices through their Primary Care Networks have played a key role in the roll out of the COVID-19 vaccination programme. All five Primary Care Networks have been offering the vaccine from 5 sites across the city to the priority cohorts 1-9 identified by the Joint Committee on Vaccination and Immunisation (JCVI).



Hull primary care supporting COVID-19 vaccination programme

Humber, Coast and Vale launched a coronavirus vaccination programme at Castle Hill Hospital on 9 December 2020 when Sheila Page, 84, received her first dose of the COVID-19 vaccine.

Soon after that, GP-led primary care networks in Hull begun offering the vaccine to people over 80 and those in care homes.

Primary care support was crucial in achieving rapid progress and vaccinating those most at risk from coronavirus. Hull led the way, with clinics held by local doctors and nurses. This included the largest vaccination session in North East and Yorkshire at KCOM Stadium, where 4000 people have been vaccinated in one day.

Thanks to the tireless work of healthcare staff, in just three months, Humber, Coast and Vale vaccinated 50 per cent of eligible people with the first dose.

> "I've been really looking forward to coming for my vaccine, and it's marvellous to get one so quickly. I'm looking forward to seeing my family. This has been brilliantly organised."

Comment from a patient who attended a session at KCOM.

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Digital enabled care

This last year has seen significant changes to the way that digital solutions have been employed across health and social care services.

The very early days of the COVID-19 pandemic saw us rapidly deploying enhanced digital technology to allow our workforce to work in an agile manner from any appropiate location. This included enabling primary care services to deliver care at distance where appropiate, and increasing accessability for patients to clinical services via Online and Video consultations.

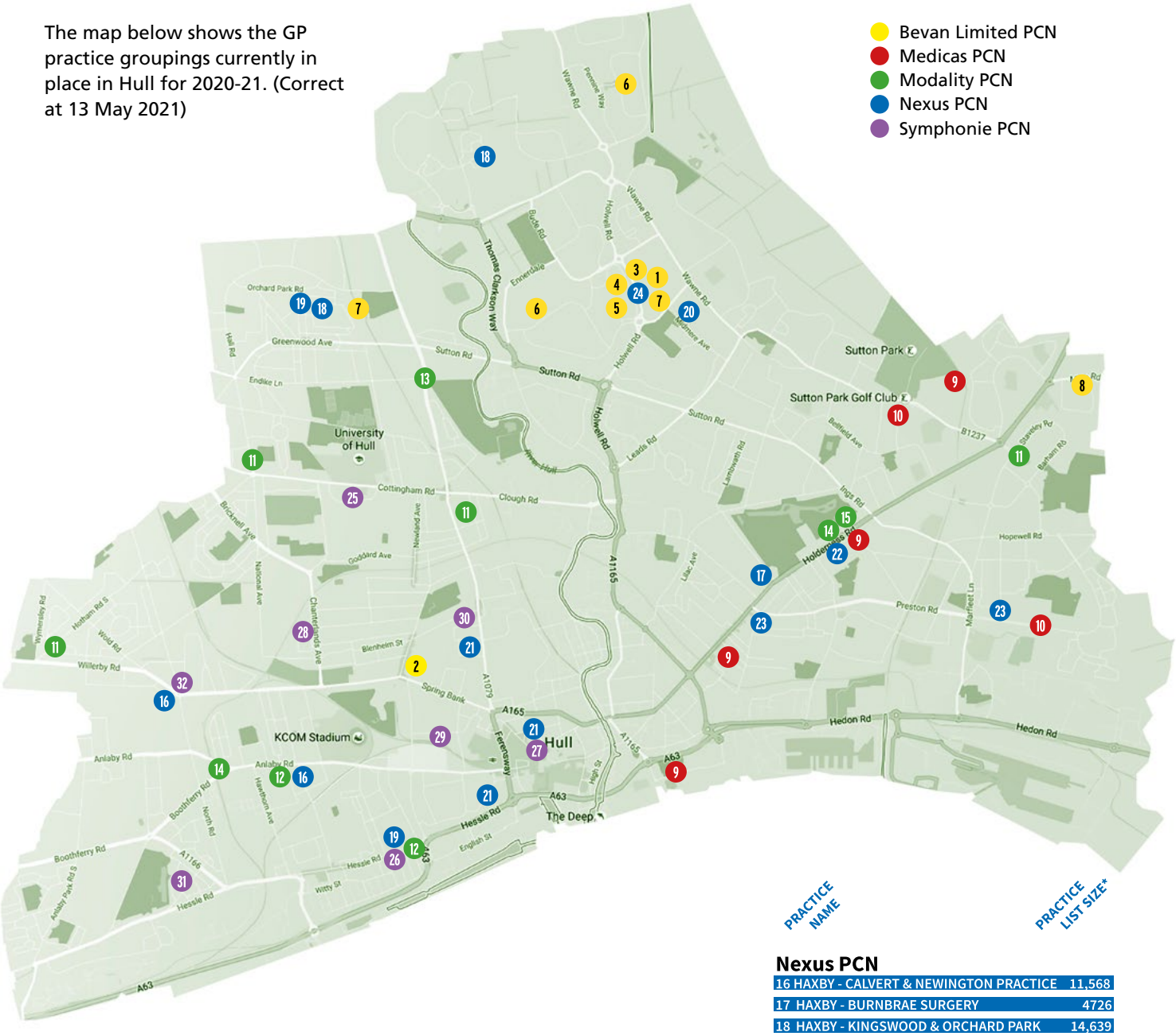
- We continue to work closely with our local care home providers to ensure that they are able to communicate effectively with healthcare services, and have deployed video consultation facilities to every care home, allowing rapid access to GP care.
- Over recent years we have been working to embed consumer focused technology to patients to allow them to better support their own health and wellbeing and now more than ever, smart phone apps have become a normal part of everyday life with more services now available to access via handheld technology.
- We continue to encourage the public to access the NHS App to allow easy access to symptom checking, donor preferences and online GP services. We also encourage patients to manage their own conditions and health issues via Humberhealthapps.co.uk site which provides a portal from which patients can search for apps to support their own wellbeing, with the confidence that every app has been reviewed and rated via set criteria around clinical usability and data security.
- We strive to ensure that clinicians are supported by having access to the best possible information available at their fingertips, empowering them to make key decisions, via the continued access to 'The Yorkshire and Humber Care Record' which provides the basis for a single accurate patient record, and will provide a holistic view of the care received by a patient across health and social care.
- To ensure that clinicans are fully empowered to make key decisions, we are deploying a shared End of Life record across care partners, ensuring that all those involved in the care of a patient are aware of important patient choices ensuring that they have a voice about their care.
- To ensure that our Primary Care GP services are able to utilise the latest digital systems and technology, we have upgraded all our practices to secure NHS broadband (The HSCN Network), ensuring that GP's are fully equiped to adopt our new powerful solutions.
- To support improved access to unplanned care facilities we have supported the national 111 first programme, allowing patients to receive a booked arrival time in Emergency Departments, and even a direct booking into their GP.
- In the later part of 2020, GP Vaccination Hubs and mass vaccination centres were established at pace due to a strong and coordinated collaborative response between the CCGs and Primary Care and with support from multiple local IT support providers.
- The rapid development of digital enablers has resulted in a programme of work to reduce the digital exclusion gap to ensure that those without access to IT equipment or skills are not excluded from accessing health and social care services.
- We have engaged with industry leaders in digital inclusion to ensure that we develop a fully inclusive roadmap of development and we are supporting some exciting workstreams across the system around developing Digital Access Hubs alongside practice portals.

GP Practices

The map below shows the GP practice groupings currently in place in Hull for 2020-21. (Correct at 13 May 2021)

Hull Primary Care Networks (PCNs)

- Bevan Limited PCN
- Medicas PCN
- Modality PCN
- Nexus PCN
- Symphonie PCN



PRACTICE NAME	PRACTICE LIST SIZE*

Bevan Limited PCN

1	NORTHPOINT	3504
2	PRINCES MEDICAL CENTRE	6898
3	DR GT HENDOW'S PRACTICE	2696
4	GOODHEART SURGERY	6704
5	JAMES ALEXANDER FAMILY PRACTICE	8238
6	THE RAUT PARTNERSHIP	4650
7	ORCHARD 2000	9139
8	LAURBEL SURGERY	3508
		45,337

Medicas PCN

9	EAST HULL FAMILY PRACTICE	30,054
10	MARFLEET GROUP PRACTICE	14,535
		44,589

Modality PCN

11	MODALITY HULL	58,021
12	ST ANDREW'S GROUP PRACTICE	8465
13	FIELD VIEW SURGERY	3923
14	KINGSTON HEALTH (HULL)	9750
15	DELTA HEALTHCARE	2848
		83,007

Nexus PCN

16	HAXBY - CALVERT & NEWINGTON PRACTICE	11,568
17	HAXBY - BURNBRAE SURGERY	4726
18	HAXBY - KINGSWOOD & ORCHARD PARK	14,639
19	THE BRIDGE GROUP	8377
20	SUTTON MANOR SURGERY	7348
21	CHCP - CITY CENTRE	16,004
22	CHCP - EAST PARK	4020
23	CHP LTD - SOUTHCOATES & MARFLEET	6515
24	CHP LTD - BRANSHOLME	3179
		76,376

Symphonie PCN

25	NEWLAND HEALTH CENTRE	6863
26	SYDENHAM HOUSE GROUP PRACTICE	8478
27	WILBERFORCE SURGERY	4233
28	THE AVENUES MEDICAL CENTRE	6988
29	WOLSELEY MEDICAL CENTRE	7389
30	CLIFTON HOUSE MEDICAL CENTRE	8608
31	THE OAKS MEDICAL CENTRE	7500
32	HASTINGS MEDICAL CENTRE	3736
		53,795

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Engaging people and communities 2020-21

Jason Stamp, Governing Body Lay Member for patient and public involvement

"A key factor in the success of the CCG has been its commitment to proactively engaging with local communities in all aspects of its work. This includes ensuring that patient experience and the views of local people are at the heart of the review and commissioning of services. This has meant investing time in developing relationships with local communities, working alongside voluntary and community sector groups and organisations to ensure greater opportunities for involvement.

"This has never been more evident in the Citywide response to the COVID 19 pandemic and the strength of the partnership response to supporting our most vulnerable communities. Working with key partners in the Local Authority, the wider public sector and the strong voluntary and community sector, the CCG has ensured that the needs of local people remain a priority through both the crisis response and the plans for recovery. Engagement around access to key services and pro-actively addressing high levels of health inequalities in partnership with local communities has been at the heart of everything that has been achieved."

Engaging and understanding the needs of our communities has never been more important than during the last year.

Clearly the pandemic has brought many challenges to involving patient and the public, but the team has worked hard to find new ways of working and our well-established engagement programmes have provided vital communications channels.

Our network of 121 active Hull Champions, local groups and projects which support health and wellbeing, has been instrumental in providing that community response and grass roots support. Early in the pandemic response period, these champions, along with other local voluntary sector groups were invited to become Hull Community support volunteers, and working alongside Hull City Council, the CCG coordinated the volunteer network to collect prescriptions, undertake shopping and other errands for Hull residents who were vulnerable, shielding or self-isolating.

We used the Hull Champion's own community networks to promote key public health messages. Video content and social media became ever more important in 2020 and with the champions support we created and shared a series of videos to show the impact of the pandemic on local people and their lives and to encourage people to follow the government guidance to reduce the spread of coronavirus.

A closed Facebook group was created, where champions could share ideas and receive information quickly, and the bi-monthly network meetings continued virtually ensuring champions still had the opportunity to engage, share ideas and resources. We have also managed to continue with the bi-monthly training programme, which has included:

Supporting Asylum Seeker and Refugee Training – Migration Yorkshire

- An Introduction to Volunteering – Hull CVS
- Safeguarding Adults and Children Level 2
- Mental Health First Aid Training
- Ongoing Cancer Champion Training - 101 Champions completed training
- How to become a Victim Support Volunteer

Supporting citywide engagement on COVID-19:

Working with the local authority, a city-wide engagement model has been developed to capture general insight and feedback and share through the most appropriate channels.

For local engagement an "affiliation model" has been established. This engagement approach is for organisations to affiliate to a network who can share their insights and data from their engagement to contribute towards the big picture for health and wellbeing of the city. The data being collected is anecdotal themes and trends and soft intelligence, and it is a model that is enabling the public voice to be put at the heart of local decision making. Additionally the network is also looking at how engagement can be enhanced across the city through peer coaching, support and guidance and forming working partnerships where the opportunity presents.

Working Voices

Working Voices provides the opportunity to engage with local employees via this network of 37 businesses with a reach of around 22,297 (Feb 2020) local employees enabling their views to be heard on local services.

As local employers were keen to ensure their workforces were kept up to date with government guidance and public health advice the regular bulletins shared by the CCG were invaluable:

> "As a Working Voices partner for over a year now, we have gained huge benefits from the partnership. The office in which I work employs around 300 staff, in the time our partnership has been in place we have secured healthcare checks, talks on financial wellbeing, alcohol support talks and menopause to say the least. We established Talking Tables as a result of information from working voices and we were looking at some sessions around stroke awareness. As a whole the workforce is better informed and has information on accessing to services they would not previously have had."
>
> - Helen Dalton Team Leader | Department for Work and Pensions, Hull

People's Panel*

We undertake quarterly online surveys with 2500 local residents, with mini subject-specific surveys in between.

Surveys undertaken in 202-21 have included questions about experiences of the pandemic - its impact on families, wellbeing, fitness and finances; with more specific questions about vaccination interest and restrictions at Christmas.

The People's Panel, as a statistically significant sample of the population of Hull, has also been used to track the prevalence of the virus in the City.

*The Hull People's Panel is jointly facilitated by the Hull City Council and the CCG.

Photo: Tigers Trust

Independent Advisory Group

We actively participate in this partnership of twenty organisations supporting the city's diverse communities.

This network has continued to meet virtually during the pandemic period and has been invaluable in sharing key public health messages. A series of videos, produced within the Humber CCGs, explaining the importance of taking COVID vaccine have been produced in 17 languages and have been shared widely, including with this group.

Maternity Voices Partnership (MVP)

The CCG developed the Hull MVP to enable local women and families to share their experiences and advise the CCG on all aspects of maternity services.

In Hull, our MVP is independently chaired by two local mothers and is made up of over 40 members, including local mothers, CCG commissioners, GPs, midwives and obstetricians, local authority leads, mental health specialists, doulas, peer supporters and representatives from the community and voluntary sector.

Since lockdown the MVP has still been fully functional, both in collecting feedback and views from parents and feeding them back to the MVP team.

The MVP has been unable to see any women in person to gather feedback but has continued to be very active online with 664 followers on its facebook page. Engagement remains high at around 3600 people per week engaged, with additional activity in local mum's groups. These channels have been pivotal in gathering feedback and sharing the latest information for women about the services during the pandemic. Online surveys have engaged around services during the pandemic and whooping cough vaccinations.

Rachael Smith, co-chair of Hull Maternity Voices partnership: 'The quarterly MVP meetings to share our feedback with the team have continued, switching to an online format, and attendance has remained high at around 20 members. I feel that we have worked very well as a group and it has been a very useful forum over the last 12 months to ensure women's views are still heard and we are still feeding back to the services to make improvements.'

The CCG of Sanctuary

We want to support local communities and other healthcare professionals to better understand the health needs of people who flee violence and persecution and choose to come and live in our area.

We have been working with the City of Sanctuary to achieve sanctuary status, which confirms that an organisation has a fundamental commitment to safeguard migrants and asylum seekers' rights. In our case, as health commissioner, we aim to make the health and care services welcoming and accessible to these vulnerable people.

The CCG has the ambition to become the first CCG of Sanctuary in the country. As part of this work, we have offered a training session on supporting refugees and asylum seekers, facilitated by Migration Yorkshire, to all CCG staff and partners from third sector organisations. The board also heard from Abdul, who fled Eritrea and settled in Hull. He spoke about his experience of accessing healthcare and what a difference it made to him when professionals understood his needs.

Our work on the CCG of Sanctuary will continue throughout 2021.

Public involvement in health service design and planning

The CCG has discharged its duty under Section 14Z2 of the NHS Act 2006 (as amended 2012) to involve the public in our commissioning activities and once again the CCG was Green Star rated (Outstanding) for its Patient and Community Engagement in 2020.

During 2020-21, despite the challenges of not being able to conduct face-to-face events, the CCG has still managed to gather the views of thousands of local residents, patients, clinicians and professionals. Service level engagement during 2020-21 has included:

Primary care design and planning

In response to the COVID-19 pandemic a number of changes were made to primary care services to ensure they were safe for patients and staff in line with Government and NHS England guidance. Some of the changes that were made were planned as future service improvements. A joint engagement exercise was undertaken by the four Humber CCGs to support decision-making on the service changes that should be retained, amended, or restored to their pre-pandemic arrangements. It looked at people's experience of Triage, Virtual Consultations and preferences for future primary care services.

Digital questionnaires collected staff and patient experiences. Participants also had the opportunity to compete a questionnaire over the telephone from 14 August to 4 September 2020.

7751 people completed the patient and public questionnaire, and 256 members of primary care staff completed the staff questionnaire.

Key findings include:

- The majority of people were able to get the help they needed either through services or self care
- Public opinion of NHS 111 and NHS App is mixed
- The majority of people had a positive experience of the triage process
- Digital first will only work for half of patients
- Patients want health information from NHS sources

There were a number of aspects of service where we found opinion was polarised with an equal amount of positive feeling and negative feeling, indicating that the changes to primary care do not support everyone, and a mixed service model may be required in the future.

The engagement has led to additional training for clinicians to help support the delivery of virtual consultations. Due to the ongoing pandemic, the engagement will be re-run across the Humber to record where attitudes and perceptions may have changed due to the length of time people have been living with changes and restrictions.

Other areas supported by engagement during 2020-21 include:

- Musculoskeletal services service review
- Child and Adolescent Mental Health Service (CAMHS) re-fresh
- Homeless discharge service review
- Sensory processing difficulties support inc. website
- Neurodiversity stakeholder group development
- COVID-19 Vaccination Programme

We said... We did...
co-production work in 2020-21

Mental Health Support Teams (MHSTs)

The CCG and Hull City Council have been successful in receiving funding from NHS England and Department for Education for two MHSTs as a test and learn pilot.

The teams will provide support for children, young people, and their teachers to bring positive mental health and to provide education-based interventions or onward referral where appropriate. It will be implemented in schools and colleges for early 2022.

A full engagement programme will support the development of two MHSTs that will run as a 'test and learn' from March 2021 in East and West Hull. It will be implemented in schools and colleges for early 2022. The engagement will follow three phases including:

1. Service pre-launch engagement and co-production period
2. The launch: implementation, marketing, and communication of key messages (complemented by the communications plan)
3. Ongoing monitoring and development of the service.

During February and March 2021 widescale engagement in education settings has used online workbooks and virtual focus groups. This involvement with staff, students and parents/carers explores:

- Experiences of current mental health support in educational settings, including what works well and the gaps and challenges;
- The specific needs of children and young people (including overlooked and vulnerable groups identified previously), parents/ carers and educational setting staff to help to inform MHST's primary focus;
- How the groups feel about the implementation of MHSTs.

In total around 3000 people have engaged with the project, around 2300 secondary age plus students and over 700 staff plus over 700 parents from a mix of all age schools and colleges. Results and key themes are being analysed during April 2021 and will be used to determine development of service and form the basis of co-production events to be held in May 2021.

Co-produced SEND charter is Loud and Proud

As part of the accelerated improvement plan for Special Educational Needs and Disability (SEND) to address areas that were highlighted for improvement following the 2018 Government and CQC inspection; a partnership of NHS Hull CCG, Hull City Council, Hull Parents Forum and the Loudmouths young persons group has been working with specialist national agencies to develop a co-production model and charter for SEND.

More than 100 parents, carers, young people and professionals from education, health and social care have been involved in a number of focus groups and virtual events facilitated by the Council for Disabled, KIDS and Genuine Partnerships. This has achieved a co-produced charter that outlines the values and behaviours the partnership identifies as essential to good co-production. Sessions have also explored how this will be used in day-to-day practice, and how its implementation will be measured. This programme has made huge progress this year because of the hard work and dedication of parents, carers, young people and professionals despite a challenging year with the ongoing pandemic.

Humber Acute Services programme

The Humber Acute Services programme is currently developing a range of potential clinical models (options) for the future delivery of core hospital services including:

- Urgent and Emergency Care
- Maternity, Neonatal Care and Paediatrics
- Planned Care and Diagnostics

In order to evaluate and appraise these options later in the year, a set of weighted decision-making criteria is required. Hull CCG is supporting What matters to You?, a programme of engagement to gather the views of staff, patients, the wider public and other stakeholders to ensure the weighting of the decision-making criteria is informed by a range of views and options. The engagement will include a series of focus groups/ targeted workshops for the Citizen's Panel, elected members and children and young people.

A full survey aimed at getting feedback from healthcare staff, GPs and primary care, patients and carers and the public will run until April 2021. For feedback will be published at www.humbercoastandvale.org.uk

Digital storytelling

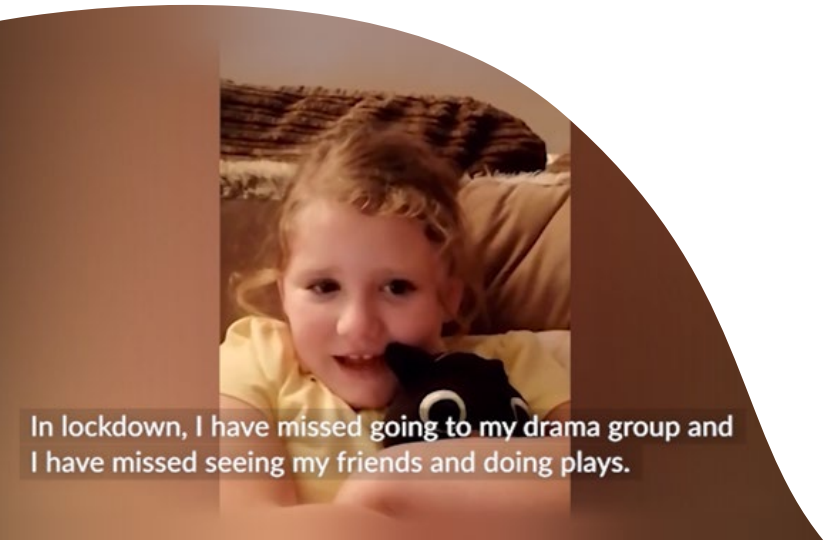
Digital online communication has a key role in enhancing our communications and engagement work. Our website and social media channels are a well-established source of information for patients, public, staff, stakeholders and potential employees. Our website meets accessibility standards and is enhanced with language translation options and Browsealoud software to support the visually impaired.

During the pandemic, digital storytelling has become ever more important as we have been restricted in some of the more traditional storytelling methods.

Our social media accounts on Twitter and Facebook have significantly increased their followings throughout 2020-21, enabling us to communicate more widely with local residents. We have additionally established a successful private Facebook group for members of our Champions network to support the voluntary and community sector and help keep an open dialogue with community leaders. Examples of our video storytelling include:

- The Humber Health Covid-19 Briefing series of films featured 'selfie' videos filmed by clinicians and senior team members, all promoting and informing the public about a range of issues relating to the pandemic – including recovery, GP services, screening and mental health. The ten clinically-led videos were co-ordinated and produced for a Humberwide audience and have collectively reached over 700,000 people on social media.
- Our Covid Community Heroes video celebrated community spirit and gave a platform for local VCS organisations and businesses to highlight the work they had done to support the local community during the first lockdown.
- Homeless health: working together in Hull showed the story of how public and private sector organisations worked together to house and support the local homeless community during the pandemic. This video captured the unique work of the local NHS to support this vulnerable group, and featured comments from the residents. Excerpts from the video were including in an NHS England webinar.

Search 'NHS Hull CCG' on youtube or visit www.hullccg.nhs.uk to see our films.



Newsletters

We produce a number of newsletters to update on CCG work programmes: My city, my health, my care - highlights developments in primary care https://www.hullccg.nhs.uk/primary-care-blueprint/, Humber TCP People https://www.hullccg.nhs.uk/humbertcp/ highlights work to improve lives for people with a learning disability and/or autism and our bi-monthly Chief Executive Update features work of the CCG https://www.hullccg.nhs.uk/publications/a-z-of-publications/current/#section9

Get involved

We have a number of social media accounts:
Twitter: @NHSHullCCG
@HullChampions
@ThePeoplesPanel

Facebook: NHSHullCCG, Hull2020 Champions, The Peoples Panel and Healthier Hull.
Search 'NHS Hull CCG' on youtube.
Our media policy can be found at www.hullccg.nhs.uk

Enhancing patient experience

We are committed to making sure that the views and experiences of patients and the public inform every stage of the commissioning process.

Seeking patient experience has been integral to our surveys and procurement of new health services during 2020-21.

Our 'in-house' Patient Relations service provides valuable insight into the day to day experience of patients accessing the services we commission. This intelligence is used throughout the CCG in planning future services, quality monitoring and service improvement. Softer intelligence is discussed on a weekly basis at Senior Leadership Team meetings and reported to the Quality and Performance Committee which helps identify issues early and minimise any adverse impact for patients and the public. Please see page 51 in the Accountability Report for information on complaints in 2020-21.

We welcome feedback on experiences of local health services. The Patient Relations service can be contacted with concerns, complaints and compliments via Freepost plus RTGL-RGEB-JABG, NHS Hull CCG, Patient Relations, 2nd Floor, Wilberforce Court, Alfred Gelder Street, Hull HU1 1UY Telephone 01482 335409 Email: HullCCG.Pals@nhs.net

Highlights of year in health 2020-21

CCG and Children's University partner to support 500 vulnerable children

In response to the first lockdown, Hull and East Yorkshire Children's University supported 7000+ vulnerable children in the region with their education and wellbeing.

The charity sought to help ease anxieties and bring some normality to lockdown-life by providing wellbeing packs designed to help with school work as well as mental health and wellbeing and with support from the CCG were able to deliver a further 500 packs.

Celebrating International Women's Day and Hull Women's Week virtually

The Hull CCG Team supported International Women's Day 2021 on 8 March by joining the 'going purple Hull' movement and encouraging staff to wear purple.

Although staff couldn't be together to celebrate as they have in previous years, many still joined in and a collection of images were posted to social media and shared internally to mark the occasion.

Video plea from Hull GP helps increase uptake of breast screening appointments

Between October and December 2020, Hull's breast screening unit saw a reduction in the number of people coming forward for their breast screening appointments.

Hull CCG Board Member, Dr Amy Oehring, recorded a video to ask women to reconsider their decision to avoid their breast screening. The video was picked up by the local media and resulted in a significant number of calls to the breast screening unit.

Community voices of the pandemic video project

Hull CCG co-ordinated a video and social media project to encourage residents to follow government COVID-19 guidelines.

The project included a series of videos from local people talking about their experiences of COVID-19 , how they had been impacted and why they wanted everyone to follow the rules. This included videos from singers and members of the community who had lost loved ones.

As part of the project, Seb, a team captain from Hull Kingston Rovers learning disability rugby team, talked about how the pandemic affected his team's training and how important it is for him and his team mates to be able to meet up and enjoy sporting activities.

Covid community heroes

Partners across the East Yorkshire, including NHS Hull Clinical Commissioning Group (CCG), East Riding of Yorkshire CCG and Hull and East Yorkshire Smile Foundation came together to share stories of community spirit during lockdown.

This included videos and images of groups and individuals delivering food parcels, offering telephone befriending support and any other acts of kindness within the community.

Homeless community gets vaccinated

Over 100 members of Hull's homeless population received their COVID-19 vaccination at a dedicated vaccination site to meet their specific needs.

Staff from Modality Partnership Hull worked alongside Hull CCG Clinical Lead for Vulnerable People, Dr Lucy Chiddick to protect this vulnerable group within our city.

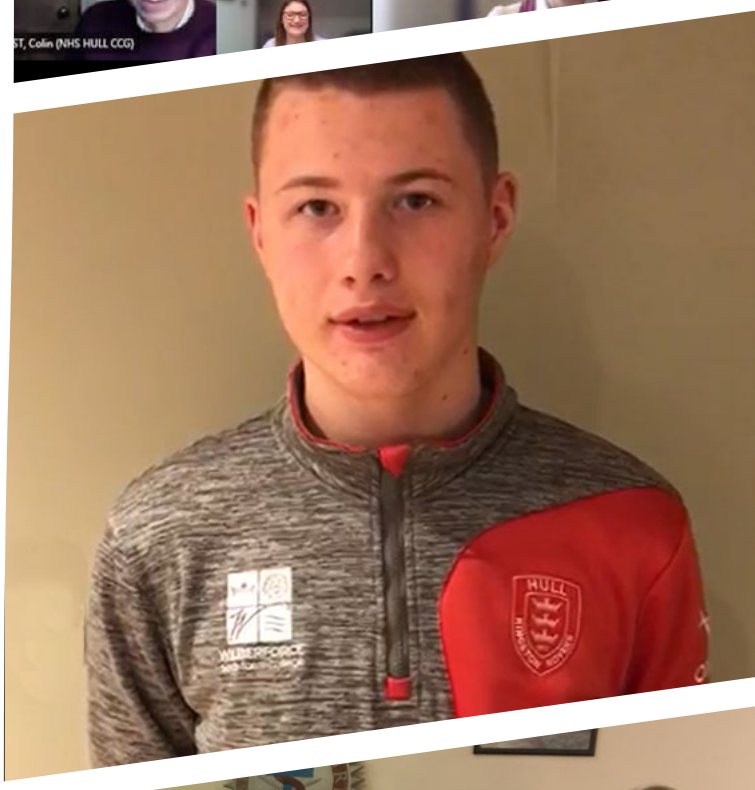
Jean Bishop Integrated Care Centre wins international award

The pioneering Integrated Care Centre (ICC) built to transform care for the elderly in Hull won an international award in 2020.

The ICC was celebrated on the international stage after it won Best Social Infrastructure Project (including healthcare) in the prestigious Partnership Awards 2020, which recognise elite projects, companies, individuals, partnerships and providers across the globe.


THE UNWORRY BOOK
The UNHURRY Book
A relaxing activity book for busy brains
HAPPY
themoodcards


Creating a healthier Hull
Suzan (NHS HULL CCG)
SHAKESHAFT, Emma (NHS HULL CCG)
OFT, Christine (NHS HULL CCG)
ZYCHOWICZ, Agnieszka (NHS HULL CCG)
ST, Colin (NHS HULL CCG)




Entrance


I'm Amy Oehring, I'm a local GP in Hull and I'm here to talk to you

Improving Quality

The CCG places quality at the core of commissioning services.

We continually review our commissioning intentions, setting measurable quality standards and placing the needs of our patients and population at the heart of our commissioning decisions and plans. In many cases we set quality standards for our providers that are above the essential requirements and with the emphasis on ensuring continuous improvement. This work is underpinned by the following key elements of quality:

- Ensuring patient safety.
- Being well-led.
- Capturing the patient experience.
- Being clinically effective and responsive to the service and to our patients.

These areas of quality provide the CCG with the framework, process, and mechanisms to assure quality of commissioned care. We achieve this through strong partnership and collaborative working across the whole system which has strengthen significantly throughout the last year, as together we have responded to the COVID-19 pandemic.

Quality assurance during the COVID-19 pandemic

Ensuring quality of local offer has been exceptionally important throughout 2020-2021 as all provider organisations had to rapidly change the way they delivered services in response to the COVID-19 pandemic.

In response to the pandemic we adapted existing mechanisms to support provider organisations, whilst ensuring robust oversight.

Our response to the pandemic was done in close collaboration with Hull City Council, the Jean Bishop Integrated Care Centre, our Primary Care Networks and providers, in ensuring an integrated, whole system response.

Patient safety - serious incidents

The CCG has a robust serious incident (SI) management process.

This includes a SI panel review meeting which reviews completed investigation reports against a set of assurance expectations, escalating any identified areas of concern. The Designated Professionals for both Safeguarding Adults and Children are active members of the SI panel meetings and routinely refer cases to their respective safeguarding boards and Child Death Overview Panel (CDOP).

A number of end-to-end reviews continue to identify and share learning throughout the wider health economy, helping to embed change and improvements within systems and processes, patient experience and safety across a number of organisations.

The CCG works with providers on focused pieces of quality improvement work identified via 'commonalities' from serious incidents.

Learning Disabilities Mortality Review (LeDeR)

The CCG has a robust process for the management of Learning Disability Mortality Reviews (LeDeR), which includes aligning LeDeR reviews with the Serious Incidents management process.

Senior staff have been identified as Local Area Contacts and have an established and well represented blend of reviewers who support families and carers in achieving the best possible outcome in respect of learning from patient deaths, and in informing future practice and priorities.

The CCG continues to build upon local learning, ensuring this is shared within the Humber LeDeR Steering Group and contributes to national learning and priorities. A key area of focus for 2020-21 was the Learning Disability Annual Health Checks in primary care. See page 19 for more details.

Safeguarding adults

The CCG continued to fulfil legal requirements and responsibilities for safeguarding adults.

As part of wider assurance work in relation to safeguarding at Hull CCG, the Safeguarding Assurance Group (SAG) has been established to ensure strategic oversight of safeguarding activity. NHS Hull CCG also provided executive and operational support to the Hull Safeguarding Adults Partnership Board.

Safeguarding referral rates for both children and adults are now reported to be back within expected parameters, despite seeing a sustained 40% increase in referrals for domestic abuse incidents/support in the city earlier in the pandemic.

NHS Hull CCG worked closely with the Hull Domestic Abuse Partnership (DAP) to support raising awareness across the city. Posters and signposting information were placed at COVID testing stations, supermarkets, GP practices and all pharmacies in Hull to promote the national Boots campaign offering support to victims and perpetrators. We also supported and raised awareness of the national white ribbon and 'Ask ANI' campaigns to further protect victims of domestic abuse.

COVID-19 brought about specific challenges in relation to safeguarding across health system. This included children not being visible in universal settings such as schools, challenges posed by conducting consultations over the phone or virtually, difficulty accessing dental care, and reported increase in mental health issues associated with safeguarding vulnerable people.

The Designated Professional for Safeguarding Adults and Named GP continued to provide information and support to multi-agencies safeguarding reviews conducted during 2020-21 and have supported colleagues in primary care via the remote delivery of three Level 3 adult safeguarding training events for GPs. The CCG is also a key player and partner in the following organisations:

- Community Safety Partnership
- Humber Modern Slavery Partnership
- Multi Agency Public Protection Arrangements (MAPPA)
- Counter Terrorism Prevent

Safeguarding Children

The Safeguarding team at Hull CCG has remained actively engaged in work across the wider Humber Coast and Vale Health and Care Partnership

One example of this work includes the implementation of the ICON programme 'Babies Cry, You Can Cope' across maternity, 0-19 Public Health Nursing and Neonatal services in our area which has been led by the Local Maternity Services and Designated Nurses across the ICS. The ICON programme is designed to work to support parents with crying babies, and therefore reducing the incidence of abusive head trauma. This has been very well received by staff and supported by the Maternity Voices Partnerships and Perinatal Mental Health teams across the area.

Looked After Children

The multi-agency Integrated LAC and Care Leavers health forum (ILAC) monitors and addresses health issues in relation to Looked After Children.

The Designated Nurse for Children Looked After has worked closely with the Designated Doctor Children Looked After, also a member of the Inspecting Local Authority Children's Services in making further advances and improvement in relation to dental access, system connectivity and the training for professionals and carers specific to individual children and young people.

Special Educational Needs and Disabilities (SEND)

NHS Hull CCG works in partnership with children, young people, their families, the SEND and Children's Services Teams of Hull City Council and our health providers locally and regionally to ensure a timely health response all the way through the processes of education, health and care needs assessment, planning and review.

We continue to support vital work streams such as the Hull SEND Improvement Accelerated Progress Plan, The Hull and East Riding of Yorkshire Neurodiversity Pathway and Hull's development of a co-production charter and culture. The CCG is also ensuring that the impact of COVID on children and young people with SEND is given prominence in the recovery planning.

The Designated Clinical Officer (DCO) for SEND and newly recruited Designated Medical Officer (DMO) roles continue to support the CCG, supportinjg local health services more directly through the re-establishment of the Health SEND Links provider reference group. The key priority for 2021-22 is to refresh the DMO/DCO work plan as it continues to support vital work streams such as the Hull SEND Accelerated Progress Plan.

Continuing Healthcare

Continuing Healthcare and Children and Young People's Continuing Care continues to exceed the national service delivery requirements, with good practice noted in providing people with decisions about their eligibility for health funding within 28 days.

Our aim is to ensure every eligible patient from across the Yorkshire and Humber region can benefit from measurably improved outcomes through access to; personalised tailored support and consistent and good quality information, putting the patient in control of how their needs are met.

The programme of transformation has continued this year, with particular focus on new digital solutions for personal health budget and account management as well as planning for the impact of the new and improved national data collection system.

Commissioning for Quality and Innovation (CQUINs)

CQUIN schemes are designed to deliver clinical quality improvements and drive transformational change.

The CCG has had arrangements in place with its main contractors with regards to CQUIN since 2009. Due to the need to plan and prepare for the COVID-19 pandemic no CQUIN schemes have been progressed for 2020-21. The CCG awaits further information from NHS England on the future of CQUINs.

Primary Care Workforce / Protected Time for Learning

2020 was planned to be the International Year of the Nurse.

Unfortunately, the COVID-19 pandemic saw these plans cancelled, except for the Humber, Coast and Vale General Practice Nursing Conference which was held on Tuesday 10 March 2020. The CCG continued to work with Health Education England (HEE), GP Practices and PCNs to improve the supply of clinical staff. This included:

- supporting PCNs in recruitment and training apprentice health care assistants and newly registered nurses via the GPN Development Scheme plus nursing associates, assistant practitioners and help for registered nurses to become nurse practitioners.
- funding lead nurses from each PCN to work with the CCG on issues such as clinical pathway development and developing training.

Personalisation

Hull CCG has continued to work with NHSE in identifying opportunities to support the roll out of Personal Health Budgets and providing them for children and young people with health needs where there was currently no commissioned service through which these needs could be met.

The Personal Health Budgets provided individuals and their families with choice and control around how those needs could be met, in addition to informing future provision and service delivery.

Embedding Personal Wheelchair Budgets within the city has further reinforced the benefits of integrated budgets and joint working. The wheelchair service now has an established process through which they can work in collaboration with education. Successes have been made in the provision of powered wheelchairs in schools to support children and young people to achieve greater independence.

Community Care Equipment Service

NHS Hull CCG has worked with Speech and Language Services to improve local access to voice output devices for the children and young people.

Since April 2020 the therapists working within the local team can now directly request low-tech voice output communication aids from Community Care Equipment Service from a catalogue of devices.

Moving with Dignity

NHS Hull CCG remains actively involved in the city-wide project on moving with dignity, in conjunction with Hull City Council.

This project aims to change practice by developing skills and competence in moving and handling with new standard operating procedures and risk assessments developed and embedded throughout all prescribers across the city.

Initial findings have demonstrated an increase in the number of comprehensive moving and handling assessments being undertaken, in addition to alternative moving and handling techniques being adopted which have shown to reduce the cost of domiciliary care services and increase the capacity within providers.

Flu vaccination

Our plan for flu jabs in 2020-21 paid special attention to people in disadvantaged groups like our homeless population and people from ethnic minority communities.

As a result, the uptake exceeded previous years, with more people being immunised than ever before.

Enhanced Health in Care Homes

The NHS Long Term Plan commits to rolling out the Enhanced Health in Care Homes model across England by 2024, starting in 2020.

This model moves towards proactive care that is centred on the needs of individual residents, their families and care home staff. Such care can only be achieved through a whole-system, collaborative approach.

The demands of the COVID-19 pandemic meant this requirement was brought forward and expediated and by July 2020:

- every care home in Hull was aligned to a named PCN and has a named clinical lead
- a weekly 'home round' or 'check in' was taking place with residents prioritised for review based on MDT clinical judgement and care home advice (this is not intended to be a weekly review for all residents)
- within 7 days of re/admission to a care home, a resident has a person-centred holistic health assessment of needs (including physical, psychological, functional, social and environmental needs and it can draw on existing assessments that have taken place outside of the home, as long as it reflects their goals)
- within 7 days of re/admission to a care home, a resident has in place personalised care and support plan(s), based upon their holistic assessment
- the Network Contract DES has a contractual requirement to prioritise care home residents who would benefit from a Structured Medication Review (SMR).

NHS Hull CCG has ensured that every care home has contact with clinicians. This is coordinated via the Jean Bishop Integrated Care Centre (ICC) which provides expert clinical advice and guidance including direct telephone contact and `through the door` support. The ICC have provided consistent support for COVID19 management and advice on end-of-life care throughout the pandemic. See page 20 for more.

Each care home has now been supplied with an electronic tablet and sim card to undertake online consultations with their GP. Care homes are also able to access ICC support for patients with complex health needs.

The CCG supported the distribution of pulse oximeters to every care home in Hull. The oximeters allowed staff to monitor their residents with COVID-19 infection and escalate to the ICC or 999 if any deterioration was noted. We worked closely with Primary Care Networks across the city to ensure that the staff were trained in the safe use of the pulse oximeters.

Pulse Oximetry@Home

The CCG has supported the implementation of this scheme to make sure any member of the public over 65 or with an underlying chronic health condition testing positive for COVID-19 is offered a pulse oximeter.

The oximeter allows the patient to check their oxygen saturation levels at home and plans for them to seek help if they fall below a certain level.

Infection, Prevention and Control

The CCG worked closely with partners to ensure that care homes have the training and support they needed during the pandemic.

This has included innovative and safe ways of delivering training via online platforms as well as playing active role in supporting care homes during outbreaks.

The CCG IPC team provides both telephone advice/ support and an `in reach` service to care homes. The CCG continues to support with both proactive and reactive support measures to reduce infections and in the management of an outbreak. The CCG is now actively working directly with care homes in the training of individual IPC Champions and both face to face and online training resources continues to be offered to all care homes in Hull.

RESTORE2 Mini training

RESTORE2 Mini is a nationally recognised training package for care home staff.

The training helps staff use their knowledge of their residents to recognise "soft signs" of deterioration requiring escalation. The CCG has supported the piloting of this training via an online platform to care homes across the city and the plan is to provide the training to all homes in Hull and the East Riding. In support of the training the CCG also purchased blood pressure monitors and thermometers for all care homes in Hull.

Action to reduce health inequalities

Health Inequalities remained a focus of NHS Hull CCG, and the local system with the aim of continuing to try to reduce the gap between our most and least deprived populations.

In the last year the CCG has continued to work with and across the local system to lead and contribute to this aim. The COVID-19 pandemic has shined a light on inequalities, and the increase in these that some communities and population groups experience.

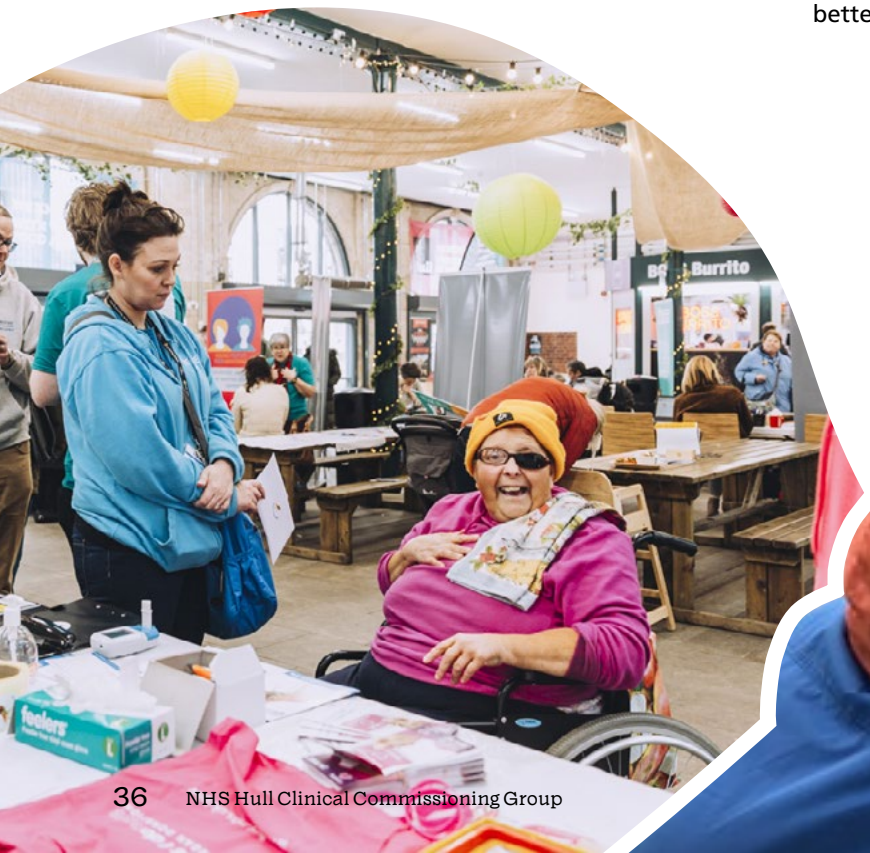
The CCG continues to be a key member of the Hull Health and Wellbeing Board (HWB); which is a partnership Board and statutory committee of Hull City Council, established as part of the Health and Social Care Act 2012. Some of the members of the Hull Health and Wellbeing Board contribute content to the Annual Report, and, as part of its annual work plan, the Board formally considers the CCG's Annual Report and Accounts each year.

Prevention

The focus of prevention has not changed, and NHS Hull CCG continues to be a key system leader in the development of a whole-system approach to tackling inequalities and focusing on prevention.

The CCG is a key member of Hull Alliance against Tobacco (HALT), with the CCG Associate Medical Director acting as Chair of the Alliance. In line with the Long Term Plan, there has been a focus on achieving smoke-free NHS settings, and the CCG has been central to these approaches; these include ensuring that there is stop smoking support as part of the Targeted Lung Health Check offer in Hull, including ensuring that this approach is e-cigarette friendly, facilitating the conversations with Hull University Teaching Hospitals NHS Trust to tackle the smoke-free agenda, and developing an evidence-base to support those who have already managed to switch to e-cigarettes to reduce their risk further by stopping vaping too.

In addition, to HALT, the CCG continues to work collaboratively through a number of other partnership groups, including but not exclusively the Community Safety Partnership, the Health and Wellbeing Board and the Hull Strategic Partnership Board. The CCG and Hull City Council continue to operate with an integrated financial plan and continue to support a number of cross-sector pieces of work, including tackling harmful alcohol consumption within Emergency Department attendees, tackling smoking at time of delivery, and supporting medical and surgical in-patients to consider quitting tobacco, and working with the homeless and rough-sleeping population to better support them.



COVID-19

The COVID-19 pandemic has had a significant impact on the health of the most vulnerable in Hull, and the CCG as recognised this.

The direct impacts of the pandemic were on acute ill health, hospitalisation, and unfortunately in some cases resulting in premature death. The whole population has been affected by these deaths in some way, either directly or indirectly, but the older adult population, especially those in care settings, have experienced the greatest impact. Through the pandemic the CCG has worked with the Local Authority through Adult Social Care and Public Health to mitigate the impact of COVID-19 on those in care settings. This has included taking a coordinating role in some situations and a supporting role in others in relation to reactive work due to outbreaks, and proactive work in relation up-skilling care setting staff around infection prevention and control practices, and the use of personal protective equipment to reduce the risk of transmission.

In addition to supporting those most vulnerable in relation to reducing the transmission of coronavirus, the CCG has taken a coordinating role in the rollout of the COVID-19 vaccination programme. Whilst this has followed the Joint Committee on Vaccination and Immunisation guidance, work has been actively undertaken to ensure that those who are homeless were assessed and where appropriate included in either the Clinically Extremely Vulnerable cohort, or the cohort aged 16-64 who were thought to be at clinical risk were they to contract the disease. Once the announcement was made that all homeless or asylum seeking individuals, and those who were identified as refugees could be viewed as being at clinical risk were they to contract the disease, additional work was undertaken to ensure that they were offered vaccination; this included an outreach approach to more actively identify and vaccinate them.

You can find out more about COVID-19 response and health inequalities in the Promoting Equality update from page 80.

Health behaviours and lifestyles

Hull's approach to supporting people to make healthier choices is having an impact. We are seeing good signs that our ambition for a smoke free generation by 2025 is taking hold.

92 per cent of our children and young people choose not to smoke, however the number of women smoking in pregnancy is not reducing as fast we would like. Our drug and alcohol service is seeing more people through to sustainable recovery. Our Towards An Active Hull strategy was launched during 2019, setting out how we will support 10,000 people who are currently inactive to become active, and our systemwide approach to tackling childhood obesity is moving into the next phase. COVID-19, while impacting on our ambitions to progress some of these work areas, has led to service delivery innovation and creativity to support Hull residents despite the pandemic.

Contributing to the delivery of the health and wellbeing strategy for Hull

Over the last year the CCG has continued to work as a key partner on the Hull Health and Wellbeing Board (HWB) to deliver the improved health outcomes for the city.

Dr Dan Roper (Hull CCG Chair) is Vice-chair of the HWB has continued to work in direct collaboration with the current HWB Chair, Councillor Hester Bridges, to ensure the HWB meets its strategic aims, whilst remaining responsive to the needs of the health and care system and the citizens of Hull through-out what has been a challenging year.

This year the HWB's partnership approach to leadership has progressed conversations with Primary Care Networks (PCNs) in Hull on how they can be more involved in the work of the Board, with further collaboration around emerging pieces of work, such as Homelessness and Deep Exclusion, which has been led by largely by the CCG. Furthermore, in light of the planned changes towards the Integrated Care System structure, links have been made across the Humber patch with Chairs and Vices Chairs from local authorities and CCGs committed to more collaborative working and maintaining a sense of 'place' across the wider footprint.

The HWB has CCG representation from the Chief Operating Officer and two Commissioning GP members to ensure ongoing input to the work of the Board and the achievement of the aims and objectives of the Joint Health and Wellbeing Strategy. To further support this the HWB has a strong commitment to partnership working and the Health and Wellbeing Partnerships Manager takes a lead role in co-ordinating an integrated approach to HWB activity. This has led to further strengthening of the role of the CCG at the Board, coupled with ongoing strong and established links around public engagement.

A review of the current Joint Health and Wellbeing Strategy (JHWS) took place in September 2019 and ongoing work commenced in the development of a new strategy. However, progress around the development of a new Strategy has been faltered by the system wide impacts of the COVID-19 pandemic, which has led to a delay in the roll out of a refreshed strategy. As a result, the Health and Wellbeing Board has endorsed an interim piece of work that sets out a vision for the final strategy and invites stakeholders, partners and the citizens to come on a journey through widespread engagement across the city throughout 2021. This will feed into the final strategy, which will be rolled out at the end of the year.

The HWB's "Engage" Model is aimed at listening to the public and capturing some of the softer qualitative anecdotal data that will help us paint a picture of what life is like for many who live in our city.

Building from this is the ambition to develop the new joint strategy with a stronger focus on wider social determinants of health, prevention of ill health and health inequalities, which we, at the CCG, are in full support of. We are delighted to work more closely on the development of this piece of work and excited by what this will mean for the citizens of Hull, and the CCG, by playing an integral role in the development of the strategy.

In the absence of a new JHWS the CCG ensures its strategic priorities align to those of the Health and Wellbeing Strategy 2014-2020

Outcome 1. **The best start in life**

Outcome 2. **Healthier, longer, happy lives**

Outcome 3. **Safe and independent lives**

As a result of the pandemic the work of the HWB has changed significantly this year with priority given to the citywide management of the crisis. The HWB has sought valuable input from the CCG in terms of primary and acute services and the roll out of the vaccine. These insights have promoted a wider partnership approach and galvanised the CCG's role at the HWB.

Despite the shift in focus the HWB has endeavoured to keep sight of existing priority areas:

- Children and Young People's Mental Health and Wellbeing
- Childhood Obesity Whole System Approach
- Learning Disability Strategic Review
- Health Inequalities
- Establishment of a Truth and Poverty Commission

These priorities will remain until the new strategy is created, largely due to an agreement that more work can be done across these work areas.

As Vice-chair of the Hull HWB, the CCG Chair ensures cohesion between the CCG and contribution to the broader HWB objectives. Several members of the Health and Wellbeing Board contribute to the content of this Annual Report and the full Annual Report and Accounts is formally presented to the Board at its July meeting.

Performance on NHS Constitution and Quality Indicators 2020-21

The NHS Constitution sets access standards for emergency care, elective (non-emergency) care and cancer services, and the CCG has an obligation to ensure all our health care providers meet these to ensure patients in Hull receive the right standards and quality of care.

Key performance tables and commentary for NHS Hull CCG for 2020-21 are below. Please note: The 'Actual' position quoted is at 31 March 2021 unless year to date (YTD) position is stated otherwise in brackets.

NHS HULL CCG PERFORMANCE NHS NATIONAL REQUIREMENTS		Actual (YTD)	Target
Number of GP written referrals in the period in all specialties	2020-21	30,066 (Apr 20-Jan 21)	*
All first outpatient attendances (consultant-led) in all specialties	2020-21	70,440 (Apr 20-Jan 21)	*
Number of other (non-GP) referrals for a first consultant outpatient episode in the period in all specialties	2020-21	12,864 (Apr 20-Jan 21)	*
A&E Attendances – All Types	2020-21	92,790 (Apr 20-Jan 21)	*
A&E Attendances - Type 1	2020-21	60,412 (Apr 20-Jan 21)	*
A&E waiting time performance - All Types -% of patients who spent 4 hours or less in A&E from arrival to transfer, admission or discharge (SitRep data)	2020-21	78.52% (Apr 20-Feb 21)	95%

Commentary:

Performance against the A&E operational standard whereby patients should spend no more than four hours in A&E from arrival to admission, transfer or discharge has been variable during 2020-21 to date. Throughout 2020-21 and the pandemic, there has been significant and continued pressures on the urgent and emergency care pathways with flow throughout the Emergency Department impacted by increasing numbers of suspected and confirmed Covid admissions.
Work continues across the system to address identified challenges including flow through the hospital including the introduction of an appointments booking system through NHS111 providing ED with details of arrivals in order to prepare and understand demand. HUTHT also continue to successfully progress the pilot of their Acute Care Navigation Hub. A virtual hub with a single point of access for all GPs in gaining fast and timely access for their patients into acute specialities; reducing the need for patients to attend the Emergency Department, signposting to ensure the 'right treatment, in the right place, at the right time'.

Ambulance Response		Actual (YTD)	Target
Ambulance clinical quality – Category 1 - 7 minute response time - trust (time)	2020-21	00:07:39 (Apr 20-Feb 21)	00:07:00 (Minutes)

Commentary:

The indicator above relates to Yorkshire Ambulance Service regional information. This remains a priority work stream for the Hull & East Riding A&E Delivery Board chaired by Hull University Teaching NHS Hospital Trust and plans continue to be monitored to increase utilisation of alternative pathways for the ambulance service. The data above is shown at a Yorkshire and Humber level.

Ambulance Handover		Actual (YTD)	Target
Ambulance Handover Time - Delays of +30 minutes - YAS trust level	2020-21	28,278* (Apr 20-Feb 21)	0

Commentary:

Long delays in ambulance handover and turnaround are detrimental to clinical quality and patient experience and are costly to the NHS. Ideally, ambulance turnaround should be complete within 30 minutes, allowing 15 minutes for patient handover to the emergency department (ED) and 15 minutes to clean and prepare the ambulance vehicle to be ready for the next call. Ambulance handover and Crew Clear delays are against zero-tolerance targets.

***The numbers of breaches reported are at provider level, i.e. totals for Yorkshire Ambulance Service rather than for Hull patients.**

Waiting Times – Referral to Treatment (RTT)		Actual (Month)	Target
The percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period.	2020-21	50.56% (Jan 2021)	92%

Commentary:

The NHS constitution states patients should wait no more than 18 weeks from GP Referral to Treatment (RTT). Delivery of the target has been challenging as a result of increased demand and capacity issues across the local system with the redeployment of staff to meet the ongoing needs of wards and intensive care bedded areas in support of the pandemic response.
The Trust continues to work to national guidance during COVID-19 and has implemented plans to ensure patients in need are supported.

Diagnostics		Actual (YTD)	Target
Diagnostics Test Waiting Times	2020-21	42.01% (Jan 2021)	<1%

Commentary:

Diagnostic test 6-week waiting times performance exceeds the national target impacted by the COVID-19 pandemic and the cessation of some diagnostic tests, adhering to Government advice.
Capacity challenges exist, associated with social distancing and infection control measures. However, all available options continue to be explored to ensure patient and staff safety, including the use of independent sector services, community sites and extended opening hours.
Endoscopy continues to remain a challenge due to the pause in the service during COVID-19, a trend seen nationally.

Cancer		Actual (YTD)	Target
Cancer- All Cancer two week wait	2020-21	83.6% (Apr 20-Jan 21)	93%
Cancer - Two week wait for breast symptoms (where cancer not initially suspected)	2020-21	21.4% (Apr 20-Jan 21)	93%
Cancer - Percentage of patients receiving first definitive treatment within 31 days of a cancer diagnosis.	2020-21	93.0% (Apr 20-Jan 21)	96%
Cancer - 31 Day standard for subsequent cancer treatments -surgery	2020-21	87.6% (Apr 20-Jan 21)	94%
Cancer - 31 Day standard for subsequent cancer treatments -anti cancer drug regimens	2020-21	99.6% (Apr 20-Jan 21)	98%
Cancer - 31 Day standard for subsequent cancer treatments - radiotherapy	2020-21	97.5% (Apr 20-Jan 21)	94%
Cancer - All cancer 62 day urgent referral to first treatment wait	2020-21	65.0% (Apr 20-Jan 21)	85%
Cancer - 62 day wait for first treatment following referral from an NHS cancer screening service	2020-21	68.9% (Apr 20-Jan 21)	90%
Cancer - 62 day wait for first treatment for cancer following a consultant's decision to upgrade the patients priority	2020-21	66.7% (Apr 20-Jan 21	No target

Commentary:

The NHS Constitution includes a number of targets relating to treatment for cancer patients. These include the right to be seen within two weeks when referred for a suspected cancer; the right to be treated within 62 days from the date of GP referral to treatment; and the right to be treated within 31 days from the day of decision to treat to the day of treatment.

As a result of COVID-19 cancer patients have been triaged in line with national guidance and streamed accordingly. Diagnostic capacity has proved a significant delay in the pathways, particularly impacting on 2 week waits. The conversion of elective capacity into COVID positive capacity and the expansion of critical care capacity has affected the available staff. Wherever possible cancer patients have been prioritised, but there have been some cancellations of cancer related surgery due to capacity/staffing constraints.

Mental Health		Actual (YTD)	Target
The proportion of people that wait six weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period.	2020-21	91.64% (Apr-Dec 2020)	75%
The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period.	2020-21	98.27% (Apr-Dec 2020)	95%
% of people who have depression and/or anxiety disorders who receive psychological therapies	2020-21	16.21% (Apr-Dec 2020)	16.88% (Apr-Dec 2020)
People who are moving to recovery	2020-21	57.76% (Apr-Dec 2020)	50%
Dementia - Estimated diagnosis rate	2020-21	69.7% (Feb 2021)	66.7%

Commentary:

Improving Access to Psychological Therapies (IAPT) is a key element of the national strategy to improve support for those with mental health issues. There are a number of measures used to assess how well CCGs are doing in supporting access.

% of people who have depression and /or anxiety disorder who receive psychological therapies – indicator below target with a reduction in the number of referrals seen at the start of the pandemic (April – June 2020) and a seasonal reduction for November and December 2020.

The CCG and lead provider continues to work jointly to review the performance of the IAPT metric.

Cancelled Operations		Actual (YTD)	Target
Urgent Operations Cancelled - Hull University Teaching Hospitals Trust	2020-21	Not reported after Feb 2020 due to Covid	0
Number of urgent operations cancelled for a second time - Hull University Teaching Hospitals Trust	2020-21		0

Commentary:

Due to the COVID-19 pandemic and the need to release capacity across the NHS to support the response, NHS England paused the collection and publication of some of the official statistics, including Cancelled Operations.

Stroke		Actual (YTD)	Target
People who have had a stroke who are admitted to an acute stroke unit within four hours of arrival to hospital – Hull CCG	2018-19	66.8% (2018-19)	68.6%
People who have had an acute stroke who receive thrombolysis following an acute stroke – Hull CCG	2018-19	7.8% (2018-19)	11.7%
People with stroke who are discharged from hospital with a joint health and social care plan – Hull CCG	2018-19	98.8% (2018-19)	98.3%

Commentary:

The 2018-19 performance for Stroke is the latest published position. The CCG monitors emergency hospital admissions monthly to ensure pathways commissioned are delivering key outcomes

Maternity		Actual (YTD)	Target
Number of maternities	2020-21	2,431 (Apr - Dec 2020)	No target
Maternal smoking at delivery	2020-21	21.15% (Apr - Dec 2020)	<21% (local Target)
Breast feeding prevalence at 6-8 weeks	2019-20	33.7% (2019-20)	No Target

Commentary:

The percentage of women who were smokers at the time of delivery continues to be above the national rate of 9.8% (April – Dec 2020).

There is ongoing work undertaken by the Humber, Coast & Vale Local Maternity System (LMS) and Hull's Smoking in Pregnancy (SIP) multi-agency task group to reduce SIP rates with further joint work planned.

Primary Care information		Actual (YTD)	Target
GP registered population counts by single year of age and sex (under 19s)	2020-21	67,750 (Mar 2021)	No Target
GP registered population counts by single year of age and sex from the NHAIS (Exeter) Systems	2020-21	303,104 (Mar 2021)	No Target

NHS Oversight Framework 2020-21

NHS England's annual performance assessment of CCGs 2019-20

NHS England has a statutory duty to undertake an assessment of CCGs on an annual basis. This has been done under the auspices of the Improvement and Assessment Framework (IAF), including an assessment of CCG leadership and financial management.

Under the IAF, annual assessment results were published in July 2020 by NHS England, NHS Hull CCG has achieved an outstanding rating. Hull CCG has achieved an outstanding rating for the last four consecutive years.

Financial analysis 2020-21

Financial position 2020-21

Normal financial and contractual arrangements were suspended and divided into two separate financial regimes.

For the first six months of the year the NHS operated a full cost recovery system. For the second six months the systemwide financial control total was allocated to the Humber, Coast and Vale ICS that NHS organisations were required to work within. Other funding streams were also available for System Development, the Hospital Discharge Scheme and Acute Independent Sector Reimbursements. The statutory duty for each organisation to achieve financial balance remained. Partners across the system worked together to divide up the control total in order for this to be possible.

As a result of this NHS Hull CCG received a total in year funding allocation of £560.0m. The cumulative historic surplus of £15,402m has increased to £15,408m due to £6k surplus reported this financial year.

NHS Provider contracts were nationally determined with payments to local NHS organisations increasing and NHS Payments outside of the ICS being suspended.

The allocation is significantly larger than that of the previous financial year of £480.5m due to acting as the lead CCG for the Humber system and therefore being responsible for making payments to providers for COVID Funding and other system related top up funding that enabled them to report a break even position.

The CCG spent £4,764k on the administration of the organisation in 2020-21 which is in line with the allocation available (a reduction of £1,028k from 2019-20).

Financial development and performance 2020-21

The CCG's accounts have been prepared under a direction issued by the NHS Commissioning Board (NHS England) under the National Health Service Act 2006 (as amended).

There are significant financial challenges to the NHS as a whole, driven largely by the COVID-19 pandemic and the associated pressure on all areas of healthcare. The different financial regime that we have been working within has enabled systems to survive, however the financial pressure that will be faced in order to achieve recovery targets is likely to be substantial.

In order to focus on delivering treatment as quickly as possible the previous system of efficiency in NHS Commissioning, namely the Quality, Innovation, Productivity and Prevention or QIPP programme, was suspended for the year. Despite this, the CCG has focused on delivering value for money and ensuring robust financial control despite the changing and unpredictable circumstances.

NHS Hull CCG's Annual Report and Accounts have been prepared on a Going Concern basis.

Managing our resources 2021-22 and beyond

The annual NHS finance and operational planning round has been delayed, and in order to support this the current financial framework will continue into Q1 2021-22.

Funding envelopes for Q1 of 2021-22 are based on the expenditure incurred in months 7-12 of 2020-21. This includes system top-up and COVID allocations. The funding for Independent Sector acute contracts will also be returned to CCGs. Adjustments will also be made for a limited number of items outside of the envelopes, including System Development Funding and the Hospital Discharge Scheme.

Guidance on the funding and associated arrangements for the remainder of 2021-22 has yet to be published.

Following the consultation document published on the 24 November 2020 on Integrating Care: Next Steps for Integrated Care Systems (ICSs) and the proposed legislative changes aimed at removing barriers to integration across health bodies and with social care, Finance leaders across the Humber Coast and Vale ICS have been working together to understand the implications and the transitional arrangements required in order to ensure the smooth implementation of the legislative changes. This will involve initiating shadow arrangements during 2021-22.

The challenges and ambitions set out in the NHS Long Term Plan remain a key focus for the CCG and the changes being made build on the NHS Long Term Plan's vision of health and care being joined up locally around peoples needs. This work is guided by the following principles

- decisions taken closer to the communities they affect are likely to lead to better outcomes;
- collaboration between partners in a place across health, care services, public health, and voluntary sector can overcome competing objectives and separate funding flows to help address health inequalities, improve outcomes, and deliver joined-up, efficient services for people; and
- collaboration between providers (ambulance, hospital and mental health) across larger geographic footprints is likely to be more effective than competition in sustaining high quality care, tackling unequal access to services, and enhancing productivity.

Sustainability Report 2020-21

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 for which we commission and procure healthcare services.

SSustainability means spending public money well, the smart and efficient use of natural resources and building healthy, resilient communities. 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 rising cost of natural resources. Spending money well and considering the social and environmental impacts is enshrined in the Public Services (Social Value) Act (2012).

We acknowledge this responsibility to our patients, local communities and the environment by working hard to minimise our footprint.

Policies

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

Area	Is sustainability considered?
Procurement (environmental & social aspects)	Yes
Suppliers' impact	Yes
Business Cases	Yes
Travel	Yes

As an organisation that acknowledges its responsibility towards creating a sustainable future, we help achieve that goal by running awareness campaigns that promote the benefits of sustainability to our staff.

Our organisation evaluates the environmental and socio-economic opportunities during our procurement process through the inclusion of appropriate social clauses within our tender documentation and contracts.

The CCG works with NHS Property Services and Community Health Partnerships (the organisations that own/ lease local healthcare facilities) to ensure we will comply with our obligations under the Climate Change Act 2008, including the Adaptation Reporting power, and the Public Services (Social Value) Act 2012.

Part Two:
Accountability Report

Emma Latimer
Accountable Officer

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.

Hull CCG Members' Report 2020-21

The Members' Report contains details of our CCG membership practices, our Board membership (sometimes referred to as a Governing Body), membership of the Audit and Integrated Governance Committee and where people can find Board member profiles and the register of interests.

CCG Member Practices 2020-21

PRACTICE NAME	Primary Care Network Name	Sites from which services are delivered
CHP Bransholme	Nexus	Bransholme Health Centre, Goodhart Road, Hull, HU7 4DW
East Hull Family Practice	Medicas	Morrill Street Health Centre, Morrill Street, Hull, HU9 2LJ Longhill Health Care Centre, 162-164 Shannon Road, Hull HU8 9RW 81 Southbridge Road, Victoria Dock, Hull, HU9 1TR Park Health Centre, 700 Holderness Road, Hull, HU9 3JR
Kingston Health	Modality	Kingston Health, Wheeler Street, Hull, HU3 5QE Park Health Centre, 700 Holderness Road, Hull, HU9 3JR
Kingston Medical Centre	Nexus	Kingston Medical Centre, 151 Beverley Road, Hull, HU3 1TY Wilberforce Health Centre, 6-10 Story Street, Hull, HU1 3SA Riverside Medical Centre, The Octagon, Walker Street, Hull, HU3 2RA
Orchard 2000 Group	Bevan Ltd	Orchard 2000 Medical Centre, 480 Hall Road, Hull, HU6 9BS Bransholme Health Centre, Goodhart Road, Hull, HU7 4DW
Sutton Manor Surgery	Nexus	St Ives Close, Wawne Road, Hull, HU7 4PT
St Andrews Group Practice	Modality	The Elliott Chappell Health Centre, 215 Hessle Road, Hull, HU3 4BB Newington Health Centre, 2 Plane Street, Hull, HU3 6BX
Wilberforce Surgery	Symphonie	Wilberforce Health Centre, 6-10 Story Street, Hull, HU1 3SA
The Avenues Medical Centre	Symphonie	The Avenues Medical Centre, 149 - 153 Chanterlands Avenue, Hull, HU5 3TJ
The Oaks Medical Centre	Symphonie	The Oaks Medical Centre, Council Avenue, Hull, HU4 6RF
Marfleet Group Practice	Medicas	Marfleet Group Practice, Preston Road, Hull, HU9 5HH Hauxwell Grove, Middlesex Road, Hull, HU8 0RB
Bridge Group Practice	Nexus	The Orchard Centre, 210 Orchard Park Road, Hull, HU6 9BX The Elliott Chappell Health Centre, 215 Hessle Road, Hull, HU3 4BB
Wolseley Medical Centre	Symphonie	Wolseley Medical Centre, Londesborough Street, Hull, HU3 1DS
Modality Hull	Modality	Alexandra Health Centre, 61 Alexandra Road, Hull, HU5 2NT. New Hall Surgery, Oakfield Court, Cottingham Road, Hull, HU6 8QF. Springhead Medical Centre, 376 Willerby Road, Hull, HU5 5JT. Bilton Grange Health Centre, 2 Diadem Grove, Hull, HU9 4AL

PRACTICE NAME	Primary Care Network Name	Sites from which services are delivered
Princes Medical Centre	Bevan Ltd	Princes Court, 2 Princes Avenue, Hull, HU5 3QA
Clifton House Medical Practice	Symphonie	Clifton House Medical Centre, 263 - 265 Beverley Road, Hull, HU5 2ST
Sydenham Group Practice	Symphonie	The Elliott Chappell Health Centre, 215 Hessle Road, Hull, HU3 4BB
CHP Southcoates	Nexus	Southcoates Medical Centre, 225 Newbridge Road, Hull, HU9 2LR 358 Marfleet Lane, Hull, HU9 5AD
Hastings Medical Centre	Symphonie	919 Spring Bank West, Hull, HU5 5BE
Haxby Group Burnbrae Surgery	Nexus	Burnbrae Medical Practice, 445 Holderness Road, HU8 8JS
Dr Cook BF (Field View)	Modality	840 Beverley Road,Hull, HU6 7HP
Delta Healthcare	Modality	Park Health Centre, 700 Holderness Road, Hull, HU9 3JR
Newland Health Centre	Symphonie	Newland Health Centre, 187 Cottingham Road, Hull, HU5 2EG
James Alexander Family Practice	Bevan Ltd	Bransholme Health Centre, Goodhart Road, Hull, HU7 4DW
Goodheart Surgery	Bevan Ltd	Bransholme Health Centre, Goodhart Road, Hull, HU7 4DW
Hendow GT	Bevan Ltd	Bransholme Health Centre, Goodhart Road, Hull, HU7 4DW
Raut Partnership	Bevan Ltd	Highlands Health Centre, Lothian Way, Hull, HU7 5DD Littondale, Sutton Park Hull, HU7 4BJ
Laurbel Surgery	Bevan Ltd	Laurbel Surgery, 14 Main Road, Bilton, Hull, HU11 4AR
East Park Practice	Nexus	Park Health Centre, 700 Holderness Road, Hull, HU9 3JA
Haxby Newington/Calvert	Nexus	Newington Health Centre, 2 Plane Street, Hull, HU3 6BX The Calvert Health Centre, 110A Calvert Lane, Hull, HU4 6BH
Goodheart Surgery – Dr Gopal*	Bevan Ltd	Bransholme Health Centre, Goodhart Road, Hull, HU7 4DW
Northpoint	Bevan Ltd	Bransholme Health Centre, Goodhart Road, Hull, HU7 4DW
Haxby Group Hull	Nexus	Kingswood Healthcare Centre, 10 School Lane, HU7 3JQ The Orchard Centre, 210 Orchard Park Road, Hull, HU6 9BX

*merged with Goodheart Surgery July 2020. See www.hullccg.nhs.uk for Practice websites

CCG Board Membership 2020-21

The NHS Hull CCG Board meets in public on a bi-monthly basis. It has responsibility for leading the development of the CCG's vision and strategy, as well as providing assurance to the Council of Members with regards to the achievement of the CCG's objectives.

Please see www.hullccg.nhs.uk for individual **Board member profiles** and Register of interests (Historical declarations of interest can be obtained via HULLCCG.contactus@nhs.net)

Hull Clinical Commissioning Group Board Membership (including Associate Members) 2020-21

(All memberships run from 1 April 2020 - 31 March 2021 inclusive unless stated otherwise)

Chair and Chief Officer

Dr Daniel Roper
Chair

Emma Latimer
Chief Officer
(Accountable Officer)

GP Members

Dr Vincent Rawcliffe
GP Member

Dr Amy Oehring
GP Member

Dr James Moult
GP Member

Dr Masood Balouch
GP Member

Dr Bushra Ali
GP Member

Lay Representatives

Jason Stamp
Lay Representative and
CCG Board Vice Chair

Karen Marshall
Lay Representative

Ian Goode
Lay Representative

Other Board Members

Emma Sayner
Chief Finance Officer

Erica Daley
Interim Chief
Operating Officer
(01 June 2020
until 31 March 2021)

Mark Whitaker
Practice Manager Member

Dr David Heseltine
Secondary Care Doctor

Joy Dodson
Interim Director of Integrated
Commissioning
(01 April 2020 until 31 May 2020)

Clare Linley
Interim Director of Nursing
and Quality (Registered Nurse)
(May 2020 to 31 March 2021)

Associate Member

Julia Weldon
Director of Public Health
and Adult Services
(Registered Nurse)

Standing Attendees

Sue Lee
Associate Director
Communications and
Engagement

Mike Napier
Associate Director
of Corporate Affairs

CCG Committees

Six committees assist in the delivery of the statutory functions and key strategic objectives of the CCG.

- Integrated Audit and Governance Committee
- Planning and Commissioning Committee
- Quality and Performance Committee
- Primary Care Commissioning Committee
- Remuneration Committee
- Integrated Commissioning Committees in Common

For full details of committee functions, membership and attendance for 2020-2021 please see pages 57 to 64 of the Governance Statement.

Personal data related incidents

The CCG recognises the importance of maintaining data in a safe and secure environment.

It uses the Serious Incidents Requiring Investigation (SIRI) tool to assess any matters involving potential data loss to the organisation. The tool requires the reporting of any data incident rated at level 2 or above via the information governance toolkit. The CCG has had no such incidents during 2020-21.

Modern Slavery Act

NHS Hull CCG fully supports the Government's objectives to eradicate modern slavery and human trafficking.

NHS Hull 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 at www.hullccg.nhs.uk

Access to Information

During the period from 1 April 2020 to 31 March 2021, the CCG processed the following requests for information under the Freedom of Information Act 2000 (FOIA):

FOI	2020-21
Number of FOI requests processed	203
Percentage of requests responded to within 20 working days	100%
Average time taken to respond to an FOI request	14 days

The CCG provided the full information requested in 96 cases. The CCG did not provide the information requested in 36 cases because one or more exemption was applied to either part of, or to the whole request. • The exemptions applied were:

- The information was accessible by other means,
- Repeat request
- The cost of providing the information exceeded the limits set under FOIA,
- Information requested related to personal data or would constitute a breach of confidentiality

In 71 cases, the CCG was unable to provide all the information requested, as it was either not held in full, or only partially held. Where the CCG did not hold the information, the applicant was redirected, where possible, to other organisation(s); that may hold the information. The CCG did not receive any requests for an internal review on the FOI responses provided during the year.

The Section 45 Code of Practice under FOIA recommends that public authorities with over 100 Full Time Equivalent employees publish FOIA compliance statistics as part of their publication schemes. As a matter of best practice the CCG publishes FOIA reports on a quarterly basis at the link below: https://www.hullccg.nhs.uk/freedom-of-information-and-sharing-information/freedom-of-information/ Our publication scheme contains documents that are routinely published; this is available on our website: https://www.hullccg.nhs.uk/freedom-of-information-and-sharing-information/publication-scheme/

Handling complaints

There may be occasions when experiences of local health services falls short of patient and service user expectations.

All local providers of NHS services have well established complaints procedures which enable such concerns to be investigated and responded to and further information is available directly from the relevant organisation.

The CCG's complaints process aims to provide a full explanation and resolve all concerns promptly and with the minimum of bureaucracy. It is keen to learn from complaints, wherever possible, in order to improve services, patient care and staff awareness. The CCG complaints policy is regularly reviewed and is consistent with latest guidance and recommendations.

During 2020-21 we have received one joint complaint with our local authority relating to a Continuing Health Care (CHC) checklist outcome and community nursing which our community provider is investigating. An investigation is progressing with the Parliamentary and Health Services Ombudsman (PHSO) around a retrospective CHC case. The draft decision did not make any recommendations for the CCG, but did so for other organisations.

The CCG's Complaints Policy was reviewed and updated in October 2020. For further information regarding the CCG complaints process please visit the CCG website at www.hullccg.nhs.uk

Raising concerns – whistleblowing arrangements

The CCG has a Whistleblowing policy and procedure in place at www.hullccg.nhs.uk for staff and external parties to raise concerns without fear or reprisal or victimisation which demonstrates the CCG's commitment and support to those who come forward. Concerns may relate to unlawful conduct, financial malpractice, malpractice related to patients, employees, the public or the environment. Where concerns have been raised the CCG has carried out an investigation following due process outlined in the

Policy and reported the outcomes as appropriate.

Emergency preparedness, resilience and response

The CCG has a responsibility to:

(1) Ensure it is able to respond appropriately if there is an emergency that affects the City of Hull (or wider); such as floods, cyber-attacks, terror threats, pandemic Flu etc. In order to do this the CCG has a number of policies and processes which help everyone within the CCG and in partner organisations; such as Fire and Rescue Service, Police, other health service providers; to understand what the CCG's role is.

(2) Ensure that it can continue working as an organisation (business continuity) as well as responding appropriately to any emergency situations.

This process is called Emergency Preparedness, Resilience and Response (EPRR).

Every year the CCG has to review its systems and processes as part of a national exercise to review the whole NHS' readiness to respond to emergencies. This year this review was streamlined to ensure that compliance with key standrads had been maintained and any action plans put in place in 2019/20 had been dlivered. The CCG's Chief Operating Officer had to provide written confirmation that the CCG remained substantially compliant.

The nature of the pandemic means that the CCG has been able to demonstrate compliance with the required exercises including:

- A communications exercise (every 6 months)
- A table top (paper) exercise to test aspects of the CCG's response plan (every year)
- A 'live' exercise to test the CCG's response (every 3 years)

In addition to the pandemic the CCG also worked with partner organisations in response to threatened and actual flooding across the Humber and we have continued to work with partners around EU departure following the formal exit of the UK from the EU.

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.

Statement of Accountable Officer's Responsibilities

The National Health Service Act 2006 (as amended) states that each Clinical Commissioning Group (CCG) shall have an Accountable Officer and that Officer shall be appointed by the NHS Commissioning Board (NHS England). NHS England has appointed Emma Latimer to be the Accountable Officer of NHS Hull CCG.

The responsibilities of an Accountable Officer are set out under the National Health Service Act 2006 (as amended), Managing Public Money and in the Clinical Commissioning Group Accountable Officer Appointment Letter. They include responsibilities for:

- The propriety and regularity of the public finances for which the Accountable Officer is answerable,
- For keeping proper accounting records (which disclose with reasonable accuracy at any time the financial position of the Clinical Commissioning Group and enable them to ensure that the accounts comply with the requirements of the Accounts Direction),
- For safeguarding the Clinical Commissioning Group's assets (and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities).
- The relevant responsibilities of accounting officers under Managing Public Money,
- 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 NHS Hull CCG's auditors are aware of that information. So far as I am aware, there is no relevant audit information of which the auditors are unaware.

Governance Statement

Introduction and context

NHS Hull Clinical Commissioning Group (CCG) is a body corporate established by NHS England on 1 April 2013 under the National Health Service Act 2006 (as amended).

The CCG'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 CCG 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 CCG'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 CCG Accountable Officer Appointment Letter.

I am responsible for ensuring that the CCG 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 CCG as set out in this governance statement.

Governance arrangements and effectiveness

The main function of the Governing Body (known as the CCG Board) 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 maintains a constitution and associated standing orders, prime financial policies and scheme of delegation, all of which have been approved by the CCG's membership and certified as compliant with the requirements of NHS England.

Taken together these documents enable the maintenance of a robust system of internal control. The CCG remains accountable for all of its functions, including any which it has delegated.

The scheme of delegation defines those decisions that are reserved to the Council of Members and those that are the responsibility of its Governing Body (and its committees), CCG Committees, individual officers and other employees.

The Council of Members comprises representatives of the 33 member practices and has overall authority on the CCG's business. It receives performance updates at each of its meetings as to the progress of the CCG against its strategic objectives.

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

The Integrated Audit and Governance Committee provides the Governing Body with an evaluation of the sources of assurance available to the CCG. Significant matters are escalated through the risk and control framework and reviewed by the committee. The Governing Body is represented on all the committees so as to ensure that it remains sighted on all key risks and activities across the CCG.

An Operational Delivery Group has been maintained by the CCG throughout the year to agree priorities and monitor progress against a programme of work to deliver the CCG's commissioning strategy and operational plan.

The CCG adopted virtual meeting arrangements for all of its formal meetings as part of its business continuity response to COVID-19 major incident.These alternative operational arrangements maintained the resilience of these essential functions, with the significant majority of meetings remaining quorate.

The CCG governance framework for 2020-21 is summarised in the diagram on the following page:

CCG governance framework and financhal Regulations

KEY

Summary remit

Policy approval areas

Integrated Commissioning Committee - Committees in Common (Bi-Monthly)

- Joint commissioning between the CCG and Hull City Council
- Integrated financial plan
- Oversight of the Better Care Plan;
- Agreement of complimentary decisions relating to a list of decisions required set out within the plan and agreed by Cabinet/the CCG annually;
- Approval and implementation of a single prioritisation framework

Council of Members (Bi-Monthly)

- Final (highest) level of authority for all CCG business
- CCG Constitution
- Vision, values and overall strategic direction
- Commissioning Strategy / Annual Commissioning Plan
- Election of GP members of CCG Board
- Ratification of lay members, registered nurse and secondary care doctor appointments to the CCG Board.

Clinical Commissioning Group Board (Bi-monthly)

- Assurance with regards to delivery of strategic priorities of the CCG.
- Strategic quality, planning and performance management
- Commissioning Strategy / Annual Commissioning Plan (draft)

- HR policies (approval)
- Equality & Diversity Objectives / Plans (approval)
- Assurance and Risk Management (approval)

Senior Leadership Team (weekly)

- General consideration of strategy and policy / operational plans
- Risk Register
- Governance
- Organisational Development & HR
- Communication
- Operational Health and Safety
- Senior Managers Interface (Monthly)

- HR policies (draft)
- Equality & Diversity Objectives / Plans (draft)

Planning & Commissioning Committee (Monthly)

- Service redesign
- Procurement
- Joint Commissioning
- Engagement
- CCG Commissioning programmes
- Financial Strategy
- Individual Funding Requests

- Commissioning policies
- Engagement strategies
- Planning

Quality & Performance Committee (Monthly)

- Financial management
- Contract management
- Performance management
- Value for money
- Quality improvement including safeguarding
- Patient experience
- Equality & Diversity
- Continuing Healthcare

- Quality
- Safeguarding
- Performance
- Clinical governance

Primary Care Commissioning Committee (Bi-monthly)

- GMS, PMS and APMS contracts
- Newly designed enhanced services
- Local incentive schemes
- Decision making on establishment of new GP practices
- Practice mergers
- Discretionary payments
- Extended primary care medical services
- Newly designed services to be commissioned from primary care.
- Temporary closure of practice lists

Integrated Audit & Governance Committee (Bi-monthly)

- Independent assurance
- Governance, systems and control
- Internal control and audit
- Declarations / conflicts of interest
- Standards or business conduct
- Legal compliance
- Health and safety
- Information governance

- Governance
- Risk management (draft)
- Assurance (draft)

Remuneration Committee (Bi-annually)

- Recomendations for remuneration and Terms of Service of VSM and Board Members
- Performance review of VSMs

- VSM remuneration / Terms of Service Policies

Operational Delivery Group (Monthly)

- Scrutinise progress against critical milestones for each work stream within the Hull Place Operational Plan. Confirm and challenge timeliness of of plans, resource and remedial steps in underperforming areas, effecting further action where necessary
- Rolling programme of detailed review of the Operational Plan work streams and other core programmes of CCG work
- Identify and oversee programme risks to the delivery of work programmes and ensure these are reflected in the Corporate Risk Register or Board Assurance Framework, where appropriate

Membership and Activity Summary for Council of Members, Governing Body and their Committees

Council of Members

The Council of Members has final authority for all CCG business and established the vision, values and overall strategic direction for the organisation. It has reserved powers with respect to authorisation of the CCG constitution, commissioning strategy and election / ratification of key appointments to the CCG Governing Body.

During 2020-21, the Council met on six occasions and was quorate on five occasions. It ratified appointments to Governing Body vacancies and approved an annual work plan. It considered a wide range of agenda items pertaining to its responsibilities including papers relating to strategic service level commissioning intentions as well as quality, performance and finance. In addition, it maintained oversight of the rapid local primary care transformation and response to the COVID pandemic.

Attendance at the Council of Members during the year was as follows:

	Date of Meeting					
Practice	**14/05/20**	**09/07/20**	**10/0/20**	**12/11/20**	**14/01/20**	**04/03/21**
Bridge Group Practice	✔	✔	✖	✔	✔	✔
CHCP East Park Practice	✔	✖	✖	✔	✔	✔
City Health Practice- Bransholme HC	✖	✖	✖	✖	✖	✖
CHP LTD Southcoates	✔	✖	✖	✖	✖	✖
Clifton House Medical Centre	✖	✖	✖	✔	✔	✖
Dr Jaiveloo	✔	✔	✖	✖	✖	✖
Delta Heathcare	✔	✔	✖	✖	✔	✔
East Hull Family Practice	✖	✖	✔	✖	✔	✖
Field View Surgery	✔	✖	✔	✔	✖	✖
Goodheart Surgery	✖	✖	✔	✖	✔	✖
Haxby Group	✔	✖	✔	✔	✔	✔
Hendow GT	✖	✖	✔	✔	✖	✖
Hastings Medical Practice	✔	✔	✖	✖	✔	✔
Haxby Group, Burnbrae Surgery	✔	✖	✔	✔	✔	✔
Haxby Calvert and Newington Surgeries	✔	✖	✔	✔	✔	✔
James Alexander Family Practice	✖	✖	✖	✖	✖	✔
Kingston Health Hull	✔	✔	✔	✔	✔	✔

	Date of Meeting					
Practice	**14/05/20**	**09/07/20**	**10/0/20**	**12/11/20**	**14/01/20**	**04/03/21**
Kingston Medical Centre, Riverside Medical Centre, Story Street Practice & Walk -in Centre, Quays Medical Centre	✖	✔	✖	✔	✔	✔
KV Gopal Surgery	✖	✖	✖	✖	✖	✖
Modality Hull - Faith House Surgery / Newhall Group Practice / Rawcliffe & Partners, Springhead Medical Centre, Diadem Medical Practise	✔	✔	✔	✔	✔	✔
Newland Health Centre / JK Nayar	✖	✖	✖	✖	✖	✖
Northpoint (Humber)	✔	✔	✖	✖	✔	✖
Orchard 2000 Group	✔	✖	✔	✔	✖	✖
Princes Medical Centre	✔	✔	✖	✖	✔	✖
Raut Partnership	✖	✖	✖	✖	✖	✖
St Andrews Surgery	✖	✖	✔	✖	✔	✖
Sutton Manor Surgery	✔	✔	✔	✔	✔	✔
Sydenham Group Practice	✖	✖	✖	✖	✖	✖
The Avenues Medical Centre	✔	✖	✖	✖	✔	✖
The Oaks Medical Centre	✖	✖	✔	✔	✖	✔
Weir and Partners	✔	✔	✔	✔	✔	✔
Wilberforce Surgery	✖	✖	✖	✖	✖	✖
Wolseley Medical Practice	✔	✔	✖	✔	✔	✖

Please note, the blocked sections on the chart indicate 'not Quorate'.

Governing Body

The Governing Body has its functions conferred on it by sections 14L(2) and (3) of the 2006 Health and Social Care Act, inserted by section 25 of the 2012 Health and Social Care Act. In particular, it has responsibility for:

- Ensuring that the CCG has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with the principles of good governance (its main function);
- Determining the remuneration, fees and other allowances payable to employees or other persons providing services to the CCG and the allowances payable under any pension scheme it may establish under paragraph 11(4) of Schedule 1A of the 2006 Act, inserted by Schedule 2 of the 2012 Act; and
- Those matters delegated to it within the CCG's constitution.

The CCG Governing Body has met ten times during the year and was quorate on each occasion. Its agendas have incorporated a comprehensive range of reports to support delivery of its key functions; including the 2020-21 Operational Plan, Performance and Quality Reports (incorporating contracts, finance and quality), the Humber, Coast and Vale Integrated Care System Programme and the CCG's actions in the light of the NHS Long Term Plan. It also maintained strategic oversight of the organisation's major incident response to the COVID-19 pandemic.

The Governing Body has continued to evaluate its effectiveness, including full day development sessions, throughout the year and initiate changes which build and strengthen its functionality.

The Governing Body has committed to the previously approved organisational development strategy, which includes a comprehensive programme of development as a team and consideration of the CCG strategic objectives, the risks to their achievement and mitigations.

Attendance at the Governing Body during the year was as follows:

	Date of Meeting					
Membership	**22/05/20**	**24/07/20**	**25/09/20**	**27/11/20**	**22/01/21**	**26/03/21**
Chair / GP Member (Dr Dan Roper)	✔	✔	✔	✔	✔	✔
Accountable Officer	✔	✔	✔	✔	✔	✔
Interim Chief Operating Officer		✔	✔	✔	✔	✔
Chief Finance Officer	✔	✔	✔	✔	✔	✔
GP Member (Dr Amy Oehring)	✔	✔	✔	✔	✔	✔
GP Board Member (Dr Bushra Ali)	✔	✖	✔	✔	✔	✔
GP Member (Dr James Moult)	✔	✔	✔	✔	✔	✔
GP Member (Dr Masood Balouch)	✔	✔	✔	✔	✖	✔
GP Member (Dr Vince Rawcliffe)	✔	✔	✔	✔	✔	✔
Director of Integrated Commissioning	✔					
Director of Public Health and Adult Services	✖	✔	✔	✖	✖	✖
Secondary Care Doctor	✔	✔	✔	✔	✔	✔
Practice Manager Member	✔	✔	✔	✔	✔	✔
Interim Director of Nursing and Quality (Registered Nurse)	R	✔	R	✔	✔	✖
Lay Representative Strategic Change	✔	✔	✔	✔	✔	✔
Lay Representative Patient and Public Involvement	✔	✔	✔	✔	✔	✔
Lay Representative Audit, Remuneration and Conflict of Interest Matters	✔	✔	✔	✔	✔	✔

Please note, the blocked sections on the chart indicate 'not a member at the time'.
R - Represented by Deputy Director of Quality and Clinical Governance / Lead Nurse

Integrated Audit and Governance Committee

The Integrated Audit and Governance Committee is responsible for providing assurance to the CCG Governing Body on the processes operating within the organisation for risk, control and governance. It assesses the adequacy of assurances that are available with respect to financial, corporate, clinical and information governance.

The committee is able to direct further scrutiny, both internally and externally where appropriate, for those functions or areas where it believes insufficient assurance is being provided to the CCG Governing Body.

During 2020-21, the committee met eight times during the year and was quorate on each occasion. The committee's activities included:

- Receiving and reviewing the board assurance framework and risk register at each meeting of the committee throughout the year;
- Considering reports and opinions from a variety of internal and external sources including external audit, NHS Counter Fraud Authority, internal audit and the other committees of the Governing Body;
- Scrutiny of CCG financial performance
- Receiving and scrutinising reports on tender waivers, declarations of interest and gifts and hospitality;
- Reviewing the annual accounts and annual governance statement and made recommendations to the Governing Body; and,
- Through its work programme provided assurance to the Governing Body that the system of internal control is being implemented effectively.

Attendance at the Committee during the year was as follows:

	Date of Meeting							
Membership	**21/04/20**	**12/05/20**	**20/05/20**	**07/07/20**	**08/09/20**	**10/11/20**	**12/01/21**	**02/03/21**
Lay Member Audit, Remuneration and Conflict of Interest Matters - Chair	✔	✔	✔	✔	✔	✔	✔	✔
Lay Member Strategic Change - Vice Chair	✔	✔	✔	✔	✖	✔	✔	✔
Lay Member Patient and Public Involvement	✔	✔	✔	✔	✔	✔	✔	✔

Please note, the blocked sections on the chart indicate 'Extraordinary Meeting'.

Planning and Commissioning Committee

The Planning and Commissioning Committee is responsible for ensuring that the planning, commissioning and procurement of commissioning-related business is in line with the CCG organisational objectives.

In particular, the committee is responsible for preparing and recommending a commissioning plan to the Governing Body setting out key commissioning priorities for the year which will deliver planned quality, innovation, productivity and prevention (QIPP) benefits. In addition the Committee:

- Monitors the delivery of the agreed plan through regular updates and e6ception reporting across all service areas.
- Reviews and approves service specifications and commissioning polices ensuring that financial governance has been maintained through the three formal sub-meetings of the Committee, as follows:
- Pathway Review Group – a joint meeting across Hull and the East Riding that supports joint working on clinical pathways across providers and commissioners;
- Prioritisation Panel – which reviews and oversees the implementation of NICE and other sources of guidance/ guidelines that impact upon the CCG's commissioning functions; and,
- Procurement Panel – which ensures that the CCG follows relevant procurement legislation.
- The Committee Chair provides updates to the CCG Governing Body as to the sources of confidence available in relation to the areas of responsibility of the committee.
- The committee met eight times during the year and was not quorate on two episodes. Where the committee was not quorate arrangements were put in place to ratify the decisions on pathways via a virtual pathway review process. The committee's activities included:
  - Overseeing the development of the CCG commissioning plan and its alignment to the ICS commissioning plan;
  - Receiving and reviewing a wide range of clinical commissioning policies, including those relating to prescribing;
  - Reviewing policies in relation to evidence-based interventions, overseeing the work of the Individual Funding Request (E6ceptional Treatments) Panel including review of the Individual Funding Request (E6ceptional Treatments) Annual Report
  - Review and approval of public health programmes, with specific focus on those that would be delivered in partnership with the CCG; and
  - Review of the progress and delivery of main work programmes.

Attendance at the Committee during the year was as follows:

	Date of Meeting							
Membership	**03/04/20**	**01/05/20**	**05/06/20**	**03/07/20**	**04/09/20**	**06/11/20**	**08/01/21**	**05/03/21**
GP Board Member (VR) - Chair	✔	✔	✔	✔	✖	✔	✔	✔
GP Board Member (BA)	✔	✔	✔	✔	✔	✔	✖	✔
GP Board Member (MB)	✖	✖	✔	✔	✔	✔	✔	✔
GP Board Member (AO)	✖	✔	✔	✔	✔	✔	✔	✔
Director of Integrated Commissioning	✔	✔	✔	✔	*	*	*	*
Lay Representative Strategic Change Vice-Chair	✔	✔	✔	✔	✔	✔	✔	✔
Associate Director of Communication and Engagement	✔	✔	✔	✔	✔	✔	✔	✔
Deputy Director of Commissioning	✔	✔	✔	✔	✔	✖	✔	✔
Strategic Lead for Mental Health and Learning Disabilities (MB) (DP-H)	✔	✔	✖	✔	*	*	✔	✔
Strategic Lead - Primary Care (PD)	✔	✔	✔	✔	✖	✔	✔	✔
Strategic Lead for Children and Young People and Maternity (BD)	✔	✔	✖	✔	✖	✔	✔	✖
Strategic Lead for Planned Care (KB)	*	*	*	*	*	*	*	*
Deputy Director of Quality and Clinical Governance / Lead Nurse / Senior Representative / Senior Quality Representative	✔	✔	✔	✔	✔	✔	✔	✖
Hull City Council Representative	✔	✔	✔	✔	✔	✖	✖	✖
Deputy Chief Finance Officer / Senior Finance Representative (DS) (JD)	✔	✔	✔	✔	✔	✔	✔	✔
CCG Board Practice Manager Member	✔	✖	✔	✔	✔	✔	✔	✔
Medicines Optimisation Pharmacist	✔	✔	✔	✔	✔	✔	✔	✔

Please note, the blocked sections on the chart indicate 'Not Quorate '.

Quality and Performance Committee

The Quality and Performance Committee is responsible for the continuing development, monitoring and reporting of performance outcome measures in relation to quality improvement, financial performance and management plans. It ensures the delivery of improved outcomes for patients in relation to the CCG's agreed strategic priorities.

The Committee met nine times during the year and was quorate on each occasion. An update report is produced by the committee after each meeting for consideration by the Governing Body as to the sources of confidence available in relation to the areas of responsibility of the committee.

The committee's activities during the year included:

- Provider quality monitoring and performance escalation;
- Scrutiny of financial delivery;
- Scrutiny of provider quality accounts;
- Monitoring the safeguarding programme of the CCG
- Monitoring of the CCG response to the COVID-19 pandemic
- Scrutiny and review of clinical serious incidents in improving patient's safety.
- Monitoring and review of patient e6perience information, in informing the priorities of the committee and the wider CCG

Attendance at the Committee during the year was as follows:

	Date of Meeting								
Membership	**21/04/20**	**19/05/20**	**23/06/20**	**21/07/20**	**22/09/20**	**20/10/20**	**17/11/20**	**11/12/20**	**19/02/21**
CCG Board GP Member - Chair	✔	✔	✔	✔	✔	✖	✔	✔	✔
Lay Member - Vice Chair	✔	✔	✔	✔	✔	✔	✔	✔	✔
Director of Quality and Clinical Governance/ E6ecutive Nurse / Interim Director of Nursing and Quality or their Senior Clinical Deputy.	*D	*D	D	D	✔	D	✔	✔	✔
Deputy Director of Quality and Clinical Governance/ Lead Nurse / Deputy Director of Nursing and Quality	✔	✔	✔	✔	✔	✖	✔	✔	✔
Deputy Director of Commissioning	✔	✔	✔	✔	✔	✔	✔	✔	✔
The Deputy Chief Finance Officer – Contracts, Performance, Procurement and Programme Delivery or a senior representative / Deputy Chief Finance Officer	D	D	D	D	D	D	D	D	D
Associate Director of Communications and Engagement or representative of Patient E6perience and Engagement / Associate Director of Communications and Engagement	✔	✔	✔	✔	✔	✔	✖	✔	✔
Public Health Representative / Associate Medical Director	✔	✔	✔	✔	✔	✔	✔	✔	✖
Secondary Care Doctor	✖	✔	✔	✖	✖	✔	✔	✔	✔

Apologies submitted D = Deputy Present | * Post Vacant

Primary Care Commissioning Committee

The Primary Care Commissioning Committee has responsibility for commissioning primary medical services across the city.

In particular, the committee is responsible for considering General Medical Services (GMS), Personal Medical Services (PMS) and Alternative Provider Medical Services (APMS) contracts, enhanced services, local incentive schemes, decision making on establishment of new GP practices and practice mergers and newly designed services to be commissioned from primary care.

The committee met on six occasions during the year and was quorate each time. The committee's activities during the year included:

- Overseeing delivery of primary medical care medical care services in light of national guidance and requirements during the COVID-19 pandemic;
- Reviewing the outcome of patient and public engagement in relation to the delivery of primary care medical services during the COVID-19 pandemic;
- Implementation of the CCG's Strategic Commissioning Plan for Primary Care, including development of Primary Care Networks, commissioning of services from Primary Care Networks and delivery of the national Primary Care Network service specifications;
- Contractual issues – including contract mergers and list closure requests; and
- Primary care estates issues.

Attendance at the Committee during the year was as follows:

	Date of Meeting					
Membership	**24/04/20**	**26/06/20**	**28/08/20**	**23/10/20**	**09/12/20**	**26/02/21**
NHS Hull CCG Governing Body Lay Representative Strategic Change Vice-Chair	✔	✔	✔	✔	✔	✔
NHS Hull CCG Governing BodyLay Representative Patient & Public Vice-Chair	✔	✔	✔	✔	✔	✔
NHS Hull CCG Governing Body Lay Representative Audit, Remuneration and Conflicts of Interest Matters	✔	✔	✔	✔	✔	✔
NHS Hull CCG Chief Officer / Chief Operating Officer	✖	✖	✔	✔	✔	✔
NHS Hull CCG Chief Finance Officer (ES) (or nominated senior deputy)	✔	✔	✔	✔	✔	✔
NHS Hull CCG Director of Integrated Commissioning (or nominated senior deputy)	✔	✔	✖	*	*	*
"NHS Hull CCG Director of Quality and Clinical Governance/E6ecutive Nurse (or immediate deputy)"	*✖	✔	✔	✔	✔	✔
NHS Hull CCG Governing Body GP Member(s) without a pecuniary interest	✔	✔	✔	✔	✔	✔
Hull City Council Director of Public Health (or senior representative from Hull City Council	✔	✔	✔	✔	✖	✖
NHS Hull CCG Governing Body Registered Nurse	*	*	*	*	*	*

* Post Vacant

Remuneration Committee

The purpose of the committee is to advise and assist the Governing Body in meeting its responsibilities on determinations about the remuneration, fees and other allowances for employees and for people who provide services to the CCG, and in particular for those officers employed on Very Senior Manager (VSM) terms and conditions. In so doing the committee has full regard to the organisation's circumstances as well as the provisions of any national agreements and NHS England guidance as necessary.

The committee met five times during the year and was quorate on each occasion. Highlights of the Committees activity included remuneration considerations and annual cost of living awards for VSMs. It also considered the update on the national terms and conditions for Agenda for Change and Statement of Appointments and Consultancy Contracts.

Attendance at the Committee was as follows:

	Date of Meeting				
Membership	**20/05/20**	**24/07/20**	**23/10/20**	**15/12/20**	**22/01/21**
Lay Representative Audit, Remuneration and Conflict of Interest Matters - Chair	✔	✔	✔	✔	✔
Lay Representative Strategic Change - Vice Chair	✔	✔	✔	✔	✔
Lay Representative Patient and Public Involvement	✔	✔	✔	✔	✔
CCG Chair	✔	✔	✔	✔	✔

Please note, the blocked sections on the chart indicate 'Extraordinary Meeting'.

Integrated Commissioning Committee – Committees in Common

The Integrated Commissioning Committee continued to meet during 2020-21 in order to continue its facilitate of shared decision-making between the CCG and Hull City Council with respect to joint commissioning and the integrated financial plan.

The committee met four times during the year and was quorate on each occasion.

Topics that the Committee considered included:

- Plans to develop a framework of services for children and young people aged 0 – 19 and a revised joint strategy for children and young people with special educational needs and disability (SEND). Both of which strengthen our joint working around children and young people
- The impact of the COVID pandemic on the population of Hull and the services they could access
- Reviewed and agreed the Better Care Fund proposals and proposals to strengthen the joint working around the support we offer/commission for individuals after they have been admitted to a hospital under a section of the mental health act and the aftercare they can receive

Attendance at the Committee was as follows:

	Date of Meeting			
Membership	**22/06/20**	**28/10/20**	**16/12/20**	**24/02/21**
CCG Chair - Chair	✔	✔	✔	✔
Lay Member Remuneration and Conflicts of Interest Matters - Vice Chair	✔	✔	✔	✔
GP Board Member	✔	✖	✔	✔

UK Corporate Governance Code

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

In particular, we have described through the narrative within this annual governance statement and our annual report and accounts four of the five main principles of the Code; namely, leadership, effectiveness, accountability and remuneration.

The CCG is a statutory NHS organisation. It does not have shareholders and we do not therefore report on our compliance with the fifth main principle of the Code; relations with shareholders. We do however set out within this annual governance statement and our annual report and accounts how we have discharged our responsibilities with regards to our members and the general public.

Discharge of Statutory Functions

In light of recommendations of the 2013 Harris Review, the clinical commissioning group has reviewed all of the statutory duties and powers conferred on it by the National Health Service Act 2006 (as amended) and other associated legislative and regulations.

As a result, I can confirm that the clinical commissioning group is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions.

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

Risk management arrangements and effectiveness

The CCG maintains a Risk Management Strategy which sets out its appetite for risk, together with the practical means through which risk is identified and evaluated as well as the control mechanisms through which it is managed. It creates a framework to achieve a culture that encourages staff to:

- Avoid undue risk aversion but rather identify and control risks which may adversely affect the operational ability of the CCG;
- Compare and prioritise risks in a consistent manner using defined risk grading guidance; and
- Where possible, eliminate or transfer risks or reduce them to an acceptable and cost effective level or otherwise ensure the organisation accepts the remaining risk.

The Risk Management Strategy was reviewed and updated in March 2020. The CCG maintains a Risk Register through an electronic reporting system which is accessible to all staff.

Risks are systematically reviewed at the Integrated Audit and Governance Committee and other committees of the Governing Body, as well as by directorates, senior managers and individual risk owners. The Risk Register assesses the original and mitigated risks for their impact and likelihood and tracks the progress of individual risks over time through a standardised risk grading matrix. Risks that increase in rating are subject to additional scrutiny and review.

All formal papers, strategies or policies to the Council of Members, Governing Body or its committees are assessed for their risks against the defined framework. All new or updated policies of the CCG are subject to equality impact assessments which gauge and mitigate wider public risks.

The CCG maintains an active programme of engagement with the public and other stakeholders on key strategic and service decisions and considers its plans in the light of any risks identified. This work includes engagement with the CCG's ambassadors and health champions, the CCG equality group and a combination of formal and informal consultations on key aspects of its commissioning programme.

The system has been in place in the CCG for the year ended 31 March 2021 and up to the date of approval of the Annual Report and Accounts. The process of review and strengthening of the risk and control framework of the CCG will continue throughout 2021/22.

Capacity to Handle Risk

The CCG's Accountable Officer has overall responsibility for risk management. Through delegated responsibility the Associate Director of Corporate Affairs has day to day management of the organisations risk management process. The specific responsibilities of other committees, senior officers, lay members and all other staff within the CCG are clearly articulated.

The Board Assurance Framework is an essential part of the CCG's risk and governance arrangements. It provides the means through which threats to the achievement of the organisation's strategic objectives are clearly identified, assessed and mitigated. It has been subject to regular review throughout 2020-21 and is received at each meeting of the Integrated Audit and Governance Committee. The committee provides an opinion to the Governing Body as to the adequacy of the assurances available with respect to management of the risks identified within the Board Assurance Framework. In doing so the committee draws upon the sources of assurance available to it, including the work of the CCG's external auditors, a comprehensive internal audit programme and the work of NHS Protect.

In May 2020 the Governing Body completed a comprehensive review of the risks within the Board Assurance Framework to ensure that these continue to reflect the evolving strategic objectives of the organisation as well as its updated strategic plan.

The Integrated Audit and Governance Committee maintains oversight of the risks to the CCG through review of the Risk Register at each of its meetings. It provides an opinion to the Governing Body as to the adequacy of assurances available with respect to the control mechanisms for risk. The other committees of the Governing Body receive and review risks pertaining to their areas of responsibility at each of their meetings.

Both the Board Assurance Framework and the Corporate Risk Register are reviewed by the Governing Body. The Governing Body and its Quality and Performance Committee have continued to maintain rigorous oversight of the performance of the CCG and the Integrated Audit and Governance Committee has assessed the adequacy of the assurances available in relation to performance. Comprehensive quality and performance reports are a standing item at the Governing Body and each of these committee meetings.

Staff training on risk management is provided with additional supported via the in-house risk management specialists.

Risk Assessment

All risks to the CCG are assessed for their impact and likelihood to give an overall risk rating. The CCG's governance, risk management and internal control frameworks have been subject to review in-year to ensure that they remain fit for purpose. No significant risks to governance, risk management or internal control were identified during the year.

At the start of 2020-21 the CCG had one extreme (red) rated risk and twenty high (amber) rated risks within its Corporate Risk Register.

A summary of the extreme risk and its mitigations are as follows:

Risk	Controls	Assurances
CCG practices unable to maintain a resilient primary care workforce resulting in reduced access to services and patient needs not being met.	Development and implementation of CCG primary care workforce strategy and associated initiatives e.g. International GP Recruitment, PCN Ready, Physician Associate Schemes. Use of National Workforce Reporting System to monitor trends in primary care workforce. Primary Care Networks to be supported to develop new roles as outlined in NHS Long Term Plan and for which reimbursement available through Network DES. Development of HC&V primary care workforce modelling as part of out of hospital care work-stream.	Progress in implementing primary care workforce strategy will be reported to Primary Care Joint Commissioning Committee. STP Strategic Partnership Board to oversee out of hospital care work-stream. External support for practice groupings to cover support for addressing workforce challenges

By the end of 2020-21, the CCG had no extreme risks and seventeen high risks within its Corporate Risk Register. The highest rated risks (level 12) were as follows:

Risk	Controls	Assurances
Waiting times for Children and Young People with Autism in the City exceeding 18 week target can result in CYP and families struggling to maintain daily life, education attainment and wider social inclusion	Waiting list reduction trajectory agreed - 18 week compliant by June 2021. This is being monitored 6 weekly. Engagement with wider system support to facilitate interim support to CYP and families who are awaiting assessment and diagnosis.	Contract Management Board with lead provider (Humber Teaching NHS Foundation Trust). SEND - Hull City Council - monitoring monthly. A multi-agency Autism Spectrum Disorder Task Group established to implement a recovery plan for the Hull paediatric autism assessment and diagnosis waiting list.
CCG practices unable to maintain a resilient primary care workforce resulting in risk of reduced access to services and patient needs not being met. This risk is further exacerbated by the requirements placed on primary care with respect to the COVID-19 response, and in particular, support to the vaccine programme and the implications from the NHS White Paper.	Development and implementation of CCG primary care workforce strategy and associated initiatives e.g.. International GP Recruitment, PCN Ready, Physician Associate Schemes. Use of National Workforce Reporting System to monitor trends in primary care workforce. Primary Care Networks to be supported to develop new roles as outlined in NHS Long Term Plan and for which reimbursement available through the Network Directly Enhanced Services contract. Development of the Humber, Coast and Vale Integrated Care System primary care workforce modelling.	Primary Care Joint Commissioning Committee. ICS Executive to oversee out of hospital care work-stream, including primary care development and resilience. External support for Primary Care Networks (PCNs) to cover support for addressing workforce challenges PCNs continuing to recruit to the ARRS posts. At end of Q3 approximately 3/4 of recruitment plans were achieved. Strong local delivery against the Covid-19 vaccination programme.

Risk	Controls	Assurances
Risk to there being significant patient and public opposition to plans for the development of new models of care resulting in services not being sustainable.	Development of a Communications and Engagement plan with patients and the public for the CCG Primary Care Strategy.	Regular reports to the Communications and Engagement sub-group, Primary Care Commissioning Committee and Hull City Council Health and Wellbeing Overview and Scrutiny Commission.
Paediatric Speech and Language (SLT) Service waiting list for initial assessment and treatment is extensive. The joint local area Special Educational Needs and Disabilities (SEND) Inspection 2017 identified that children and young people do not have timely access to SLT services and there is not an effective plan for securing improvement.	The CCG continues to monitor and review progress on the SLT service development and improvement plan (SDIP) and evidence of improved performance and outcomes at bi-monthly service development meetings and through the Humber Foundation Trust Children's and Learning Disability Delivery Group. Contractual processes remain in place and the recent Contract Variation has included a revised Service Specification, SDIP and additional recurrent funding.	SEND Written Statement of Action (WSOA) and Improvement Plan - monitored by the SAF Board and reported to the Children's Services Improvement Board. SEND WSOA monitored by Department for Education and Department of Health and Social Care on quarterly basis. Support for families and alternative methods of deliver continue during national restrictions as a result of the COVID-19 pandemic.
Risk assessment of staff within general practice as a result of COVID-19, in line with the NHS England's "Risk assessments for at-risk staff groups" and the necessary mitigating actions may result in some practices having reduced capacity to deliver some services or being unable to deliver some services.	Risk assessment tools and guidance available for practices from NHS England.	Sitrep returns to NHS England and NHS Improvement Practices continue to deliver services in line with national general practice Standard Operating Procedure. CCG supporting practices with accommodation to support social distancing where necessary. Offer of Covid-19 vaccination to primary care staff in line with JCVI priority groups undertaken.

Other sources of assurance

Internal Control Framework

A system of internal control is the set of processes and procedures in place in the CCG 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 Governing Body, on behalf of the Council of Members, ensures that the organisation maintains a comprehensive system of internal control through the application of its standing orders, prime financial policies and scheme of delegation. These are supported by a comprehensive suite of financial and governance policies.

The Integrated Audit and Governance Committee routinely consider performance and other reports which enable it to assess the effectiveness of internal control mechanisms. It then provides an opinion to the Governing Body as to the adequacy of these.

Annual audit of conflicts of interest management

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

The revised statutory guidance on managing conflicts of interest for CCGs (published June 2017) requires CCGs to undertake an annual internal audit of conflicts of interest management. For 2020-21, the CCG was assessed as having governance, risk management and control arrangements that provide substantial assurance that the risks identified are managed effectively. Compliance with the control framework was found to be taking place.

Data Quality

The Governing Body is advised by its Quality & Performance Committee as to the maintenance of a satisfactory level of data quality available and the CCG maintains a process of continuous data quality improvement.

Information Governance

The NHS Information Governance Framework sets the processes and procedures by which the NHS handles information about patients and employees, in particular personal identifiable information.

The NHS Information Governance Framework is supported by an information governance toolkit and the annual submission process provides assurances to the CCG, other organisations and to individuals that personal information is dealt with legally, securely, efficiently and effectively.

We have submitted a high level of compliance with the data security and protection toolkit assessment and have established an information governance management framework. Information governance processes and procedures have been developed in line with the data security and protection toolkit. We have ensured all staff undertake annual information governance training and have taken steps to ensure staff are aware of their information governance roles and responsibilities.

There are processes in place for incident reporting and investigation of serious incidents. We are developing information risk assessment and management procedures and a programme will be established to fully embed an information risk culture throughout the organisation against identified risks.

Business Critical Models

The CCG recognises the principles reflected in the Macpherson Report as a direction of travel for business modelling in respect of service analysis, planning and delivery. An appropriate framework and environment is in place to provide quality assurance of business critical models within the CCG.

The CCG has adopted a range of quality assurance systems to mitigate business risks. These include:

- Stakeholder experience including patient complaints and serious untoward incident management arrangements;
- Risk Assessment (including risk registers and a board assurance framework);
- Internal Audit Programme and External Audit review;
- Executive Leads with clear work portfolios;
- Policy control and review processes;
- Public and Patient Engagement, and
- Third Party Assurance mechanisms.

Third party assurances

The CCG currently contracts with a number of external organisations for the provision of support services and functions.

This specifically includes the NHS Business Services Authority, and Capita. Assurances on the effectiveness of the controls in place for these third parties are received in part from an annual Service Auditor Report from the relevant service, and I have been advised that such assurances have been provided for 2020-21.

Both the NHS Business Services Authority and Capita have received qualified opinions from their respective auditors on account of further assurance being required on the adequacy of a small number of controls. I am advised that appropriate plans have been developed to strengthen the relevant controls during the forthcoming year by both organisations.

Control issues

The CCG achieved a high level of performance across the operating framework requirements. For a significant part of 2020-21 the CCG has focussed on the leadership of the local system response to the Coronavirus Pandemic.

This has included taking steps to ensure the continuity and indeed accelerate, where appropriate, the resource flow through the local system whilst continuing to maintain a sound and robust control framework.

Final performance reporting was disrupted on account of the major incident actions in response to the Coronavirus Pandemic, however, performance had been below the target level and unlikely to have recovered by the year-end in the following areas:

NHS HULL CCG PERFORMANCE NHS NATIONAL REQUIREMENTS		Actual (2020-21)	Target
A&E waiting time performance - All Types -% of patients who spent 4 hours or less in A&E from arrival to transfer, admission or discharge (SitRep data)	2020-21	77.83% (Apr 20 – Mar 21)	95%

Commentary:

Performance against the A&E operational standard whereby patients should spend no more than four hours in A&E from arrival to admission, transfer or discharge has been variable during 2020-21 to date.

Throughout 2020-21 and the pandemic, there has been significant and continued pressures on the urgent and emergency care pathways with flow throughout the Emergency Department impacted by increasing numbers of suspected and confirmed Covid admissions. Pressures are managed at system level through daily calls.

Work continues across the system to address identified challenges including flow through the hospital including the introduction of an appointments booking system through NHS111 providing ED with details of arrivals in order to prepare and understand demand. HUTHT also continue to successfully progress the pilot of their Acute Care Navigation Hub. A virtual hub with a single point of access for all GPs in gaining fast and timely access for their patients into acute specialities; reducing the need for patients to attend the Emergency Department, signposting to ensure the 'right treatment, in the right place, at the right time'.

NHS HULL CCG PERFORMANCE NHS NATIONAL REQUIREMENTS		Actual (Month)	Target
A&E waiting time performance - All Types -% of patients who spent 4 hours or less in A&E from arrival to transfer, admission or discharge (SitRep data)	2020-21	51.14% (Feb 2021)	92
Number of patients waiting 52+ weeks on incomplete pathways	2020-21	5,796 (Feb 2021)	0

Commentary:

The NHS constitution states patients should wait no more than 18 weeks from GP Referral to Treatment (RTT). Delivery of the target has been challenging as a result of increased demand and capacity issues across the local system with the redeployment of staff to meet the ongoing needs of wards and intensive care bedded areas in support of the pandemic response.

The CCG is working collaboratively with providers including the independent sector to prioritise the delivery of care as instructed by NHS England. The Trust continues to work to national guidance during COVID-19 and has implemented plans to ensure patients in need are supported.

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

The Chief Finance Officer has delegated responsibility to determine arrangements to ensure a sound system of financial control.

The CCG continues to meet all of its statutory financial duties. Budgets were established and maintained against all CCG business areas and performance monitored via a Quality and Performance Report as a standing item at the Governing Body and Quality and Performance Committee.

Individual budget holders have regular budget review meetings to ensure that any cost pressures are adequately considered, managed or escalated as necessary.

The Integrated Audit and Governance Committee receive a regular update from the Quality and Performance Committee as to the economic, efficient and effective use of resources by the CCG. The Integrated Audit and Governance Committee advise the Governing Body on the assurances available with regards to the economic, efficient and effective use of resources.

An internal audit programme of activity is agreed and established to assess the adequacy of assurances available to the CCG in relation to the economic, efficient and effective use of resources. The findings are reported to the Integrated Audit and Governance Committee.

Delegation of functions

The CCG undertakes a regular process of review of its internal control mechanisms, including an annual internal audit plan.

All internal audit reports are agreed by senior officers of the CCG and reviewed by the Integrated Audit and Governance Committee.

A review of the effectiveness of the CCG governance structure and processes has been undertaken during the year; including a review of committee's terms of reference. Committee action plans were developed and progress against their delivery monitored by the Integrated Audit and Governance Committee.

Budgets were established and maintained against all CCG business areas and performance monitored via a quality and performance report as a standing item at the Governing Body and Quality and Performance Committee. Individual budget holders have regular budget review meetings to ensure that any cost pressures are adequately considered, managed or escalated as necessary.

Counter fraud arrangements

The Integrated Audit and Governance Committee (IAGC) has assured itself that the organisation has adequate arrangements in place for countering fraud and regularly reviews the outcomes of counter fraud work.

The CCG has an accredited Local Counter Fraud Specialist (LCFS) in place to undertake work against NHS Counter Fraud Authority Standards; the LCFS resource is contracted in from Audit Yorkshire and is part of a wider Fraud Team resource with additional LCFS resource available as and when required. The Chief Finance Officer is accountable for fraud work undertaken and a Counter Fraud Annual Report (detailing counter fraud work undertaken against each standard) is reported to the Integrated Audit and Governance Committee annually.

There is an approved and proportionate risk-based counter-fraud work plan in place which is monitored at each Integrated Audit and Governance Committee meeting. In line with NHS Counter Fraud Authority Commissioner Standards, which first became effective 1st April 2015 and are reviewed annually, the CCG completed an online Self Review Tool (SRT) quality assessment to assess the work completed around anti-fraud, bribery and corruption work and assessed itself as an 'Amber' rating. This self-assessment (SRT) detailing our scoring was approved by Chief Finance Officer prior to submission.

Head of Internal Audit Opinion

Following completion of the planned audit work for the financial year for the CCG, 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 concluded that:

From their review of the CCG's systems of internal control, they are providing significant assurance that there is a good system of governance, risk management and internal control designed to meet the organisation's objectives and that controls are generally being applied consistently.

The core and risk based reviews issued by Audit Yorkshire for 2020-21 were as follows:

Audit	Assurance Level
Governance and Risk Management Arrangements	High
Conflicts of Interest	High
Key Financial Controls	High
Data Security and Protection Toolkit	High

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 CCG 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 Integrated Audit and Governance Committee;
- The assessment of the CCG through the quarterly IAF checkpoint meetings with NHS England - North East and Yorkshire;
- The CCG's governance, risk management and internal control arrangements;
- The work undertaken by the CCG's internal auditors which has not identified any significant weaknesses in internal control;
- The results of national staff and stakeholder surveys; and
- The statutory external audit undertaken by Mazars, who will provide an opinion on the financial statements and form a conclusion on the CCG's arrangements for ensuring economy, efficiency and effectiveness in its use of resources during 2020-21.

The role and conclusions of each were that a satisfactory framework was in place throughout the year.

Conclusion

With the exception of the internal control issues that I have outlined in this statement, my review confirms that the CCG overall has a sound system of internal controls that supports the achievement of its policies, aims and objectives and that those control issues have been or are being addressed.

Remuneration and Staff Report

Remuneration

The Remuneration and Staff Report 2020-21 sets out the organisation's remuneration policy for directors and senior managers.

It reports on how that policy has been implemented and sets out the amounts awarded to directors and senior managers.

The definition of "senior manager" is - those persons in senior positions having authority or responsibility for directing or controlling the major activities of the CCG. This means those who influence the decisions of the CCG as a whole rather than the decisions of individual directorates or departments. Such persons will include advisory and lay members. It is usually considered that regular attendees of the CCG's Board meetings are its senior managers.

Remuneration policy 2020-21

NHS Hull CCG follows NHS England, and other relevant, guidance in remuneration (pay awarded) to very senior managers (VSMs).

Hull CCG Remuneration Committee comprises the lay members and the chairman of the CCG Board. It provides advice and recommendations to the Board about appropriate remuneration and terms of service for VSMs and proposes calculation and scrutiny of any termination payments, taking into account any relevant national guidance. Attendance and activities of the Remuneration Committee for 2020-21 are detailed on page 63 within the Governance Statement.

Remuneration Committee Membership 2020-21

Membership of the NHS Hull CCG Remuneration Committee is comprised of the following (All memberships run from 1 April 2020 to 31 March 2021 unless stated otherwise):

Karen Marshall (Chair)
CCG Lay Representative

Ian Goode
CCG Lay Representative

Jason Stamp
CCG Lay Representative

Dr Dan Roper
CCG Chair

Senior manager remuneration 2020-21 (including salary and pension entitlements) (subject to audit)

Name and Title	(a) Salary (bands of £5,000) £000's	(b) Expense payments (taxable) to nearest £100* £00's	(c) Performance pay and bonuses (bands of £5,000) £000's #	(d) Long term performance pay and bonuses (bands of £5,000) £000's	(e) All pension-related benefits (bands of £2,500) £000's	(f) TOTAL (a to e) (bands of £5,000) £000's
Emma Latimer - Chief Officer**	50-55	2,800	5-10	0	0-2.5	60-65
Emma Sayner - Chief Finance Officer***	55-60	3,600	5-10	0	10-12.5	75-80
Erica Daley - Interim Chief Operating Officer	105-110	5,200	0	0	0-2.5	115-120
Clare Linley - Director of Nursing and Quality (Executive Nurse)****	45-50	0	0	0	55-57.5	100-105
Dr Daniel Roper - Chair of Clinical Commissioning Group Governing Body	90-95	0	0	0	*	90-95
Dr James Moult - Clinical Commissioning Group Governing Body Member	35-40	0	0	0	*	35-40
Dr Vincent Rawcliffe - Clinical Commissioning Group Governing Body Member	35-40	0	0	0	*	35-40
Dr Masood Balouch - Clinical Commissioning Group Governing Body Member	35-40	0	0	0	*	35-40
Dr Bushra Ali - Clinical Commissioning Group Governing Body Member	35-40	0	0	0	*	35-40
Dr Amy Oehring - Clinical Commissioning Group Governing Body Member	35-40	0	0	0	*	35-40
Dr David Heseltine - Clinical Commissioning Group Governing Body Member	5-10	0	0	0	*	5-10
Karen Marshall - Lay Member	10-15	0	0	0	0	10-15
Jason Stamp - Lay Member	10-15	0	0	0	0	10-15
Ian Goode - Lay Member	10-15	0	0	0	0	10-15
Mark Whitaker - Practice Manager	5-10	0	0	0	0	5-10

* It is not possible to provide the pension related benefits in relation to GPs due to their practitioner membership of the NHS pension scheme.

** Emma Latimer (from 01/11/2019) is in joint post with North Lincolnshire CCG, Hull CCG and East Riding of Yorkshire CCG. The values above relate to NHS Hull CCG, Emma Latimer's full salary banding is £150-155k

*** Emma Sayner (from 01/12/17) is currently in joint post with Hull CCG and North Lincolnshire CCG. The values above are relate to NHS Hull CCG, Emma Sayner's full salary banding is £115-120k

**** Clare Linley - (from 13/05/20) is in a joint post with North Lincolnshire CCG and Hull CCG. The values above relate to NHS Hull CCG, however Clare Linley's full salary banding is £105-£110k

Pension related benefits are the increase in the annual pension entitlement determined in accordance with the HMRC method. This compares the accrued pension and the lump sum at retirement age at the end of the financial year against the same figures of the beginning on the financial adjusted for inflation. The difference is then multiplied by 20 which represents the average number of years an employee receives their pension (20 years is a figure set out in the Department of Health Group Accounting Manual).

The CCG operates a performance related pay (PRP) element as part of the remuneration of those senior officers on Very Senior Manager (VSM) contracts. An entitlement to PRP is determined by performance against agreed objectives through the Personal Development Review (PDR) process. Furthermore, eligibility for PRP is also subject to the CCG's achievement of all of its statutory financial targets.

Individual VSM performance is assessed as falling in one of four bands, with Bands 1 and 2 being eligible for consideration of PRP, with a maximum award of 5% being paid to a Band 1 VSM and 3% to a Band 2 VSM. Bands 3 and 4 are not eligible for consideration of a performance award. The Remuneration Committee scrutinises individual VSM officer performance against their annual objectives and recommends for the Governing Body's approval the performance band to be assigned against each VSM.

Senior manager remuneration 2019-20 (including salary and pension entitlements) (subject to audit)

Name and Title	(a) Salary (bands of £5,000) £000's	(b) Expense payments (taxable) to nearest £100* £00's	(c) Performance pay and bonuses (bands of £5,000) £000's	(d) Long term performance pay and bonuses (bands of £5,000) £000's	(e) All pension-related benefits (bands of £2,500) £000's	(f) TOTAL (a to e) (bands of £5,000) £000's
Emma Latimer - Chief Officer**	60-65	6,200	5-10	0	0-2.5	70-75
Emma Sayner - Chief Finance Officer***	55-60	3,500	5-10	0	7.5-10	70-75
Sarah Smyth - Director of Quality and Clinical Governance (April 2019 - June 2019)	20-25	1,000	0-5	0	2.5-5	25-30
Erica Daley - Director of Integrated Commissioning (April 2019)****	5-10	600	0-5	0	0	10-15
Erica Daley - Interim Chief Operating Officer (February 2020 - March 2020)	10-15	900	0	0	0	15-20
Joy Dodson - Director of Integrated Commissioning (May 2019 - March 2020)	80-85	0	0	0	32.5-35	115-120
Dr Daniel Roper - Chair of Clinical Commissioning Group Governing Body	90-95	0	0	0	*	90-95
Dr James Moult - Clinical Commissioning Group Governing Body Member	35-40	0	0	0	*	35-40
Dr Vincent Rawcliffe - Clinical Commissioning Group Governing Body Member	35-40	0	0	0	*	35-40
Dr Masood Balouch - Clinical Commissioning Group Governing Body Member	35-40	0	0	0	*	35-40
Dr Bushra Ali - Clinical Commissioning Group Governing Body Member	35-40	0	0	0	*	35-40
Dr Scot Richardson - Clinical Commissioning Group Governing Body Member (April 2019)	0-5	0	0	0	*	0-5
Dr Amy Oehring - Clinical Commissioning Group Governing Body Member	35-40	0	0	0	*	35-40
Dr David Heseltine - Clinical Commissioning Group Governing Body Member	5-10	0	0	0	*	5-10
Paul Jackson - Lay Member/Vice Chair (April 2019 - May 2019)	0-5	0	0	0	0	0-5
Karen Marshall - Lay Member	15-20	0	0	0	0	15-20
Jason Stamp - Lay Member	15-20	0	0	0	0	15-20
Ian Goode - Lay Member (October 2019-March 2020)	5-10	0	0	0	0	5-10
Mark Whitaker - Practice Manager	5-10	0	0	0	0	5-10

* It is not possible to provide the pension related benefits in relation to GPs due to their practitioner membership of the NHS pension scheme.

**Emma Latimer from 01/11/2017 - 31/10/2020 was in joint posts with North Lincolnshire CCG and NHS Hull CCG. From 01/11/2020 to 31/03/2020 Emma Latimer is in joint posts with North Lincolnshire CCG, Hull CCG and East Riding of Yorkshire CCG. The values above relate to NHS Hull CCG, however the respective salary banding is £140-145k

*** Emma Sayner (from 01/12/17) is currently in joint post with Hull CCG and North Lincolnshire CCG. The values above are relate to NHS Hull CCG, however Emma Sayner's full salary banding is £110-115k

**** Erica Daley took Voluntary Early Retirement 30/04/2019. Erica Daley returned to work for Hull CCG in May 2019, returning to a senior manager role in February 2020.

Pension related benefits are the increase in the annual pension entitlement determined in accordance with the HMRC method. This compares the accrued pension and the lump sum at retirement age at the end of the financial year against the same figures of the beginning on the financial adjusted for inflation. The difference is then multiplied by 20 which represents the average number of years an employee receives their pension (20 years is a figure set out in the Department of Health Group Accounting Manual).

Pensions benefits table 2020-21 (subject to audit)

Name and Title	(a) Real increase in pension at pension age (bands of £2,500) £000's	(b)Real increase in pension lump sum at pension age (bands of £2,500) £000's	(c) Total accrued pension at pension age at 31 March 2021 (bands of £5,000) £000's	(d) Lump sum at pension age related to accrued pension at 31 March 2021 (bands of £5,000) £000's	(e) Cash Equivalent Transfer Value at 1 April 2020 £000's	(f) Real increase in Cash Equivalent Transfer Value £000's	(g) Cash Equivalent Transfer Value at 31 March 2021	(h) Employer's contribution to stakeholder pension
Emma Latimer - Chief Officer	0-2.5	0-2.5	45-50	110-115	810	0	810	0
Emma Sayner - Chief Finance Officer	0-2.5	0-2.5	30-35	60-65	462	14	501	0
Erica Daley - Interim Chief Operating Officer	0	0	0	0	0	0	0	0
Clare Linley - Director of Nursing and Quality (Executive Nurse)	**	**	**	**	**	**	**	**
Joy Dodson - Director of Integrated Commissioning (April 2020 - August 2020)	0-2.5	0-2.5	30-35	65-70	491	10	537	0
Dr Daniel Roper - Chair of Clinical Commissioning Group Governing Body	*	*	*	*	*	*	*	*
Dr James Moult - Clinical Commissioning Group Governing Body Member	*	*	*	*	*	*	*	*
Dr Vincent Rawcliffe - CCG Governing Body Member	*	*	*	*	*	*	*	*
Dr Masood Balouch - Clinical Commissioning Group Governing Body Member	*	*	*	*	*	*	*	*
Dr Bushra Ali - Clinical Commissioning Group Governing Body Member	*	*	*	*	*	*	*	*
Dr Amy Oehring - Clinical Commissioning Group Governing Body Member	*	*	*	*	*	*	*	*
Dr David Heseltine - Clinical Commissioning Group Governing Body Member	*	*	*	*	*	*	*	*
Karen Marshall - Lay Member	0	0	0	0	0	0	0	0
Jason Stamp - Lay Member	0	0	0	0	0	0	0	0
Ian Goode - Lay Member	0	0	0	0	0	0	0	0
Mark Whitaker - Practice Manager	0	0	0	0	0	0	0	0

* It is not possible to provide the pension related benefits in relation to GPs due to their practitioner membership of the NHS pension scheme.

** For pension information for Clare Linley, please see NHS North Lincolnshire CCG Annual Report

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. CETVs are calculated in accordance with SI 2008 No.1050 Occupational Pension Schemes (Transfer Values) Regulations 2008.

Real increase in CETV

This reflects the increase in CETV that is funded by the employer. It does not include the increase in accrued pension due to inflation or contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement).

Pay multiples 2019-20 (subject to audit)

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

The banded remuneration of the highest paid director/Member in NHS Hull CCG in the financial year 2020-21 was £145-150k (2019/20: £150-155). This was 3.3 times (2019/20: 3.7) the median remuneration of the workforce, which was £44.5k (2019/20: £40.1k).

The remuneration of the highest paid director/Member has decreased slightly due to the increased uplift for joint management across other CCGs. Median values are consistent with previous year, increasing year on year due to incremental pay steps

In 2020-21, 6 (2019-20: 7) employees received remuneration, which when grossed up to a full time equivalent, was in excess of the highest-paid member of the Governing Body. These employees are part time clinical advisory staff.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

The whole time equivalent salaries paid to CCG staff in 2020-21 range from band £15-£20k to £185-£190k (2019-20: £15-£20k to £185-£190k)

Please note for the purpose of this calculation the GP members of the Governing Body have been considered to be akin to non-Executive as described in the Hutton Fair Pay Review and as such their salaries have not been grossed up to a standard whole time equivalent.

Audit costs 2019-20

Our external auditor is Mazars, Salvus House, Aykley Heads, Durham, DH1 5TS. Auditors' remuneration in relation to April 2020 to March 2021 totalled £56,280 for statutory audit services.

This covered audit services required under the Audit Commission's Code of Audit Practice (giving opinion on ,the Annual Accounts and work to examine our use of resources and financial aspects of corporate governance).

The external auditor is required to comply with the Audit Commission's requirement in respect of independence and objectivity and with International Auditing Standard (UK & Ireland) 260: "The auditor's communication with those charged with governance". The Integrated Audit and Governance Committee receives our external auditor's Annual Audit Letter and other external audit reports.

Better payments practice code (subject to audit)

The CCG has signed up to the Better Payments Practice Code and aims to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later.

During 2020-21 NHS Hull CCG paid 97.26% of non NHS trade invoices within target and 96.57% of NHS trade invoices within target. Further details are on page 19 of the Annual Accounts.

Staff Report

Promoting equality 2020-21

The COVID-19 pandemic has highlighted and widened the city's stark health inequalities, particularly affecting Black, Asian and Minority Ethnic (BAME) NHS staff and patients, as well as those with disabilities.

The CCG's Equality Information Report 2020-21 - published at www.hullccg.nhs.uk - demonstrates how the organisation is meeting its public sector equality duties and NHS England equality standards. The report goes beyond compliance, to reflect our equality programme of work and we recognise this will always be an ongoing journey of development and improvement and we always welcome feedback on how we are doing.

Health inequalities and COVID-19 equality impact

COVID has highlighted inequalities at a local, national and global level, with the impact of the pandemic being borne disproportionately by Black, Asian and minority ethnic (BAME) people, disabled people and by women.

Particular sections within the Phase 3 implementation guidance Phase 3 COVID Response to health and workforce inequalities have direct relevance to our Equality, Diversity and Inclusion (EDI) plans. These include:

- Protect the most vulnerable from COVID-19, with enhanced analysis and community engagement, to mitigate the risks associated with relevant protected characteristics and social and economic conditions; and better engage those communities who need most support.
- Strengthen leadership and accountability, with a named executive board member responsible for tackling inequalities in place in September in every NHS organisation, alongside action to increase the diversity of senior leaders. Each NHS board to publish an action plan showing how over the next five years its board and senior staffing will in percentage terms at least match the overall BAME composition of its overall workforce, or its local community, whichever is the higher.
- Ensure datasets are complete and timely, to underpin an understanding of and response to inequalities, with general practice prioritising those groups at significant risk of COVID-19 from 1 September 2020.
- Collaborate locally in planning and delivering action to address health inequalities, including incorporating in plans for restoring critical services; better listening to communities and strengthening local accountability.

The phase 3 letter also highlights that action is required to address systemic inequality that is experienced by some of our staff, including BAME staff. Wherever possible, we will work with local authorities and local partners in developing plans for recruitment that contribute to the regeneration of communities.

Our response

An Equalities Impact Assessment (EqIA) conducted as part of the review of the CCG's Operational Plan 2020-21 in June 2020 provides further evidence of the equality impact of the pandemic, and sets out an EqIA Action Plan to address this at a place-based level.

Hull City Council's Public Health Team also conducted a Rapid Health Needs Assessment to look at the impact of COVID-19 on population health which clearly identifies that the effects of COVID-19 will disproportionately affect those in more deprived, vulnerable or marginalised communities, who already face health inequalities.

Furthermore, at a national level, NHS England (NHSE) issued an urgent directive to address health inequalities as part of the Phase 3 response to the COVID-19 pandemic, this included specific requirement for a Board lead for health inequalities, a role that Dr Bushra Ali has been asked to undertake. Dr Ali has since joined the CCG's EDI Steering Group to ensure that health inequalities focus is joined up with the CCG's wider EDI approach.

Hull City Council has established a Hull Health Inequalities Task and Finish Group which the CCG's Chief Operating Officer, along with the board lead for inequalities, the executive lead for equality and diversity and the clinical lead for vulnerable people have been asked to join.

The Hull Place Board has also recently refreshed its priorities and has agreed to a focus on Community Wealth Building and championing the role of the Voluntary and Community Sector in supporting vulnerable communities.

In addition, the Hull Health and Wellbeing Board clearly has a remit around tackling health inequalities and the development of a Hull Fairness Commission will further support work around equality and inclusion.

During 2021-22 the CCG will move into a transition period to transfer many of its commissioning functions into an Integrated Care System, with increased collaboration both across the Humber, Coast and Vale footprint and also across the Humber Partnership. There will no doubt be a wider system approach to elements of the EDI agenda, and there are clear benefits to sharing expertise and closer alignment where it is appropriate to do so. However, we must not lose sight of the value of working at Place and neighbourhood level if we are to truly listen to and understand our local communities and work in partnership with local authorities to address health inequalities and strengthen local accountability.

Social, community and human rights obligations

We are committed to promoting equality and eliminating discrimination as an employer, and in ensuring that the services we commission are accessible and inclusive.

We recognise our duties under the Human Rights Act 1998 and the Equality Act 2010, including the Public Sector General Equality Duty to pay due regard to:

1. Eliminating unlawful discrimination, harassment and victimisation. This includes sexual harassment, direct and indirect discrimination on the grounds of a protected characteristic. The protected characteristics defined by the Equality Act are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (further defined in 3.2 below).
2. Advancing equality of opportunity between people who share a protected characteristic and people who do not share it. This means:
    - Removing or minimising disadvantage experienced by people due to their personal characteristics
    - Meeting the needs of people with protected characteristics
    - Encouraging people with protected characteristics to participate in public life or in other activities where their participation is disproportionately low.
3. Fostering good relations between people who share a protected characteristic and people who do not share it, which means:
    - Tackling prejudice, with relevant information and reducing stigma
    - Promoting understanding between people who share a protected characteristic and others who do not.
    - Having due regard means considering the above in all decision making, including:
    - How the organisation acts as an employer
    - Developing, reviewing and evaluating policies
    - Designing, delivering and reviewing services
    - Procuring and commissioning
    - Providing equitable access to services.

Equality Objectives

Our equality objectives were developed through extensive engagement with staff and local interest groups primarily through implementing the Equality Delivery System (EDS2).

Our EDS2 findings have also supported the development of specific outcomes and success measures. In 2020, the CCG reviewed its objectives to put a greater focus on health inequalities. Our equality objectives for 2020 - 2024 are:

- To be an employer with a well-supported workforce and Board that represents our population
- To work, alongside partners, to tackle health inequalities with the aim of better health outcomes for all
- To demonstrate leadership on equality and inclusion through collaboration
- To ensure that our governance and decision making pays due regard to equalities
- To ensure that all our diverse communities are able to have their voices heard and their views are taken into account in our decision making

These objectives are most likely to be achieved through:

- Embedding an inclusive and compassionate culture, at all levels
- Facilitating learning environments that build collective capacity to understand and address health inequalities
- Empowering staff voice through staff networks and mentoring
- Nurturing partnerships (e.g. Yorkshire and Humber ED&I Network, local Diversity & Inclusion Forum, Primary Care Networks (PCNs), Local Authority Health Inequalities Network
- Ensuring health inequalities are integrated into future commissioning arrangements, whilst seeking assurance from providers relating to equalities impact within their organisations
- Developing diverse networks of people, organisations and special interest groups in order that our engagement approach is both effective and inclusive.

Our approach is to target our focus to a set of outcomes, matched to our equality objectives and aligned to the functions of the CCG. Full details of progress against the equality objectives and outcomes is detailed in the CCG's Equality Information Report 2020-21 at www.hullccg.nhs.uk This sets out the progress, outcomes and areas for development in the following areas for the CCG as both commissioner and employer:

Collaboration

The CCG has strengthened its relationships with networks that enable shared learning and collaboration, including:

- Representation on the steering group of the Y&H NHS EDI Leads Network
- Active membership of the Humber NHS Equality, Diversity and Inclusion Partnership Group.
- Exploration of a harmonised approach to EqIA assessment with EDI leads in Humber CCGs and Hull City Council.
- Ongoing work with Hull City Council as part of the Health Inequalities Steering Group
- Hull CCG Chief Operating Officer for Hull taking a Humberwide lead for Health Inequalities.

Priorities for 2021-22

The CCG will continue to drive operational progress and integration of EDI within all of our programmes of work.

We will work towards implementing EDS3 once guidance is received and we will look to strengthened EDI links with:

- Primary Care Networks
- The Integrated Care System
- Provider Alliances
- Local authority

A key area of focus will be supporting our workforce in any transition arrangements (e.g. post COVID-19 or due to structural / organisational changes) as the new integrated care system configures.

Workforce Race Equality Standard (WRES)

The WRES requires organisations to demonstrate progress against a number of indicators of workforce equality, including a specific indicator to address the low levels of BAME Board representation.

We recognise our role in asking providers to report on their performance against the WRES framework from 1 July 2015, as well as paying due regard to the standard in its own workforce practices.

Paying due regard to WRES as an employer and a commissioner is reflected in our Equality, Diversity and Inclusion (EDI) Outcomes Framework. Our WRES report is available at www.hullccg.nhs.uk

Workforce Disability Equality Standard (WDES)

The WDES is a data-based standard that uses a series of measures (Metrics) to improve the experiences of disabled staff in the NHS.

Hull CCG has collected WDES data with a view to learning from the information, and putting measures in place to improve access and opportunities for disabled staff and candidates.

As a Disability Confident Level 2 employer, and a member of the This Ability Steering Group and Learning Disability Partnership, Hull CCG is committed to supporting people with a disability or health condition to find, and stay in, work. To support the recommendations set out by the Stevenson and Farmer Review, we have also incorporated actions required to support staff with mental ill health or poor wellbeing into their overarching Health and Wellbeing plan.

The CCG has signed the Mindful Employer Charter with the ambition to support the mental health and wellbeing of staff. During the year, CCG staff have had access to a number of free online resources to support with their mental health and wellbeing including Headspace, Liberate Meditation and Unmind.

We actively encourage people with disabilities to apply for positions in our organisation and share job advertisements in the Forum Newsletter which is sent to local voluntary and community groups. We are committed to interviewing job applicants with disabilities where they meet the minimum criteria for the job. Staff members who have a disability will be supported with any reasonable adjustments required through working environment, working patterns, training and development or referrals to other agencies. Occupational Health will provide support to staff if they acquire a disability, or should an existing disability or health condition worsen, to enable them to continue in their current role.

Staff members who have disabilities have the opportunity to discuss their development through our Personal Development and Review process. An equality impact analysis is undertaken on all newly proposed Human Resources policies to determine whether it has a disparate impact on disability and, where identified, action is considered to mitigate this. The CCG's Attendance Management Policy supports return to work and other additional needs.

Accessible Information Standard

Implementing the Accessible Information Standard has been incorporated into our communications and engagement delivery plan with new public sector accessibility regulations coming into effect from 23 September 2020.

Equality and Diversity performance reviews

Our staff are aware that it is everybody's responsibility to promote equality, diversity and inclusion.

This is reflected in our Equality and Diversity Policy, staff training and equality objectives aligned to Personal Development Reviews (PDRs).

Gender Pay Gap Reporting

The CCG employs 89 people (as at December 2020), and therefore is not subject to this reporting duty. However, we do regularly analyse our workforce data, including pay band by gender.

Salaries are reviewed by our Remuneration Committee, which follows national guidelines and best practice. See pages 74 - 79 for salary information.

Workforce Reporting

As above, the workforce reporting duty applies to employers with more than 150 staff.

However, we do capture and analyse data relating to the protected characteristics of staff and our Board. The summary findings for the CCG (as at September 2020) are as follows:

- According to ESR data, fewer than 5% of the CCG's workforce is identified as BAME. The BAME population of Hull (as defined above) is 6%. Specific numbers are not listed as they are so small as to potentially enable the identification of individuals.
- According to CCG 2019-20 recruitment information, white candidates (when expressed as a ratio of applications to shortlisting) have a higher chance of being appointed when compared to BAME (16.7% and 12.5% respectively). The relative likelihood of white staff being appointed from shortlisting when compared with BAME is 1.33. That said, caution must be used in interpretation of this data as the very low numbers reported in some categories would challenge statistical validity.
- 7% of the declared CCG Board profile is BAME.

Staff policies

As an employer the CCG recognises and values people as individuals and accommodates differences wherever possible by making adjustments to working arrangements or practices.

Policies and processes in place to support this include:

- Staff Induction
- Bullying and Harassment
- Attendance Management
- Recruitment and Selection

Four policies were reviewed/developed through to approval in 2020-21:

- Grievance
- Other Leave
- Learning and Development
- Statutory and Mandatory Training

A number of policies are currently in consultation. Our policies are available at www.hullccg.nhs.uk

Staff engagement, workforce health and wellbeing

The HR and OD team has delivered two sessions of Recruitment and Selection training and plan a further session virtually in the year.

The recruitment audit is ongoing but does include a section on advert placement to attract a diverse workforce.

As detailed in our WRES report 7% of the Board have declared BAME background compared to 6% of the local population. This will need to be reviewed as the changing landscape of commissioning takes place.

The Workforce Health and Wellbeing Group has formally met less frequently during the Pandemic period, however when it has met a member of the HR team has attended. Understandably much of the focus has been on mental wellbeing whilst staff continue to work predominately from home.

However, a number of Health and Wellbeing initiatives have been put in place, including a 'How are you feeling' barometer in the bi-weekly team briefings. A range of support is provided for CCG staff for their physical and emotional wellbeing. These include Occupational Health, Counselling, MIND wellbeing plans, HSE stress risk assessment, national health and wellbeing Apps and websites, and access to colleagues who are trained Mental Health First Aiders. A staff wellbeing measure will be undertaken via the next staff survey.

Individual staff risk assessments were undertaken early in the pandemic and personal plans developed to identify and mitigate any equality or diversity issues that my impact on staff safety. A review of recruitment processes and mechanisms for sharing vacancies is underway and already wider sharing or vacancies across voluntary and community sectors has been instigated.

A training needs assessment and review will be undertaken in 2021 as part of the Humber CCG People Plan and should identify areas where managers need support to take responsibility for EDI issues.The HR team share good practice with the other CCGs that are supported by the team and are members of the regional E&I network.

All staff have the opportunity to discuss and agree their own individual objectives as part of their annual Personal Development Review, when any relevant training and development needs are also identified.

All staff have been offered the flu vaccination via Occupational Health and those staff who were identified by the CCG as being frontline have also been offered the COVID-19 vaccination.

The HR team have also refreshed the leavers survey which can be completed online and is sent to both those leaving the organisation as well as those who are going on secondment. The survey enables the CCG to understand reasons for leaving and identify any improvements in employee experience

Health and Safety performance 2020-21

The COVID-19 pandemic has been a significant challenge to the organisation in terms of Health and Safety during the year.

The organisation continues to foster and encourage a positive health and safety culture within the organisation, and the Health Safety & Security Group continues to meet quarterly via MS Teams to review health and safety performance and ensure that all relevant legal requirements are being met, including the arrangements and induction necessary for new starters.

Wherever possible, staff have worked from home for the majority of the last year and the organisation has ensured that appropriate risk assessments have been carried out for each individual to ensure they can work safely, and have appropriate space and equipment. A COVID-Secure risk assessment has been completed for the CCG offices at Wilberforce Court and minimal staffing has been maintained there, following all of the recommendations identified.

Overall compliance for statutory and mandatory Health & Safety Training at 31 March 2021 was 94% against a target of 95%, due to staff focusing on service delivery during the pandemic. Plans are in place to address this in the coming months.

All risk assessments for the organisation such as COSHH, Manual Handling and Fire are up to date and all appropriate control measures are in place. There was only one reported Health and Safety incident within the organisation in 2020-21. The issue did not meet the external reporting threshold (RIDDOR).

Staff consultation

Recognising the benefits of partnership working, Hull CCG is an active member of the Humber CCG Social Partnership Forum (SPF) which is organised by the Human Resources team.

The forum works across the three Humber CCGs: Hull, East Riding of Yorkshire and North Lincolnshire. The aim of the Partnership Forum is to provide a formal negotiation and consultation group for the CCGs and the Trade Unions to discuss and debate issues in an environment of mutual trust and respect. The CCG also attends both the Humber, Coast and Vale SPF and the Yorkshire and Humber SPF. HR policies are reviewed and job descriptions evaluated and banded in partnership with staff side colleagues.

Trade union facility time 2020-21

Trade union facility time	
Number of relevant union officials during 2020-21	1
Full Time Equivalent employee number	1
Percentage of time spent on facility time	1-50%

Percentage of pay bill spent on facility time	
Total cost of facility time	£3,891
Total pay bill	£5,689,968
Percentage of total pay bill spent on facility time	0.07%

Paid trade union activities	
Time spent on trade union activities as a percentage of paid facility time	8%

CCG Staff numbers 2020-21 (senior managers)

Please see table below for information on number of senior managers by band and analysed by 'permanently employed' and 'other' staff for NHS Hull CCG between 1 April 2020 and 31 March 2021.

Pay band	Total
Band 8a	15
Band 8b	10
Band 8c	5
Band 8d	6
Band 9	-
VSM	5
Governing body	9*
Any other spot salary	11

Assignment category	Total
Permanent	86
Fixed term	2
Statutory office holders	9
Bank	4
Honorary	15

*GP, Lay and other non-CCG staff members as at 31 March 2021

Gender composition for staff, Governing Body and Council of Members 2020-21

Between 1 April 2020 and 31 March 2021 the gender composition of the NHS Hull CCG Board and Council of Members was as follows:

	Female	Male
CCG Board (Governing Body)	6	7
CCG Membership (Council of Members)*	6	27

*Please note some members may represent more than one practice

The gender composition for NHS Hull CCG employees at 31 March 2021 was as follows:

Pay band	Female	Male
Band 8a	11	3
Band 8b	5	5
Band 8c	2	2
Band 8d	5	1
Band 9	0	0
VSM	4	1
Governing body**	6	7
Any other spot salary	5	6
All other employees (including apprentice if applicable)	40	10

** Includes VSM staff

Sickness absence information 2020-21 (subject to audit)

Absence	Total (2020-21)
Average sickness %	2%
Total number of FTE days lost	601.1

The CCG regularly reviews reasons for absence and all sickness is managed in line with the organisation's Attendance Management Policy which can be found at www.hullccg.nhs.uk The CCG have set a local target for reducing sickness absence and the ongoing work to improve staff health and wellbeing supports this aim.

Staff turnover

The average staff turnover for NHS Hull CCG between 1 April 2020 and 31 March 2021 is below:

Turnover Total (2020-21)
1.47%

Average turnover rates within NHS Hull CCG are low, therefore not giving any cause for concern. Ongoing work to improve staff engagement, health and wellbeing and organisational culture support the key commitments in the NHS People Plan in respect of staff retention.

Staff costs table 2020-21

Employee Benefits	Admin			Programme			Total		
	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000	Total £'000
	N4A	N4B	N4C	N4D	N4E	N4F	N4G	N4H	N4I
Salaries and wages	2,235	40	2,275	1,820	170	1,991	4,055	211	4,266
Social security costs	247	2	249	197	18	215	444	20	465
Employer contributions to the NHS Pension Scheme	476	3	479	194	31	224	670	34	704
Other pension costs	1	-	1	2	-	2	3	-	3
Apprenticeship Levy	7	-	7	-	-	-	7	-	7
Other post-employment benefits	-	-	-	-	-	-	-	-	-
Other employment benefits	-	-	-	-	-	-	-	-	-
Termination benefits	-	-	-	-	-	-	-	-	-
Gross Employee Benefits Expenditure	**2,967**	**45**	**3,012**	**2,213**	**219**	**2,432**	**5,179**	**265**	**5,444**
Less: Recoveries in respect of employee benefits (note 4.1.2)	(50)	-	(50)	(33)	-	(33)	(83)	-	(83)
Net employee benefits expenditure including capitalised costs	**2,917**	**45**	**2,962**	**2,180**	**219**	**2,399**	**5,096**	**265**	**5,361**
Less: Employee costs capitalised	-	-	-	-	-	-	-	-	-
Net employee benefits expenditure excluding capitalised costs	**2,917**	**45**	**2,962**	**2,180**	**219**	**2,399**	**5,096**	**265**	**5,361**

Expenditure on consultancy, off-payroll engagements, exit packages, including special (non-contractual) payments during 2020-21 (subject to audit)

There was expenditure of £8,563 for the provision to management of objective advice and assistance outside of the 'business as usual' environment relating to strategy, structure, management or operations of an organisation in pursuit of its purposes and objectives, i.e. consultancy expenditure.

The CCG can confirm that there were no senior manager service contracts, exit packages, severance packages or off payroll engagements made during 2020-21.

There was no compensation for early retirement or loss of office or payments to past directors during 2020-21. The CCG has no losses or special payments to report in 2020-21.

There was no expenditure for the provision to management of objective advice and assistance outside of the 'business as usual' environment relating to strategy, structure, management or operations of an organisation in pursuit of its purposes and objectives, i.e. consultancy expenditure.

Table 1: Length of all highly paid off-payroll engagements

For all off-payroll engagements as of 31 March 2021, for more than £245 per day:

Length of all highly paid off-payroll engagements	Number
Number of existing engagements as of 31 March 2021	2
Of which, the number that have existed:	
for less than one year at the time of reporting	2
for between one and two years at the time of reporting	0
for between 2 and 3 years at the time of reporting	0
for between 3 and 4 years at the time of reporting	0
for 4 or more years at the time of reporting	0

Table 2: Off-payroll workers engaged at any point during the financial year

For all off-payroll engagements between 1 April 2020 and 31 March 2021, for more than £245 per day:

Off-payroll workers engaged at any point during the financial year	Number
No. of temporary off-payroll workers engaged between 1 April 2020 and 31 March 2021	2
Of which:	
for less than one year at the time of reporting	1
for between one and two years at the time of reporting	0
for between 2 and 3 years at the time of reporting	1
for between 3 and 4 years at the time of reporting	0
for 4 or more years at the time of reporting	0

Table 3: Off-payroll engagements / senior official engagements

For any off-payroll engagements of Board members and / or senior officials with significant financial responsibility, between 01 April 2020 and 31 March 2021

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year	0
Total no. of individuals on payroll and off-payroll that have been deemed "board members, and/or, senior officials with significant financial responsibility", during the financial year. This figure should include both on payroll and off-payroll engagements.	0

Parliamentary accountability and audit report

NHS Hull Clinical Commissioning Group is not required to produce a Parliamentary Accountability and Audit Report but has opted to include disclosures on remote contingent liabilities, losses and special payments, gifts, and fees and charges in this Accountability Report (see 'Other Payments' section). An audit certificate and report is is also included in the Annual Accounts.

Part Three:
Annual Accounts

Emma Latimer
Accountable Officer

NHS Hull Clinical Commissioning Group

Annual Accounts 2020-21

Foreword to the Accounts

These accounts for the year ended 31 March 2021 have been prepared by the NHS Hull Clinical Commissioning Group in accordance with the Department of Health Group Accounting Manual 2020/21 and NHS England SharePoint Finance Guidance Library.

Emma Latimer

Accountable Officer
Authorised for issue
07 June 2021

NHS Hull Clinical Commissioning Group - Annual Accounts 2020-21

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Independent auditor's report to the Governing Body of NHS Hull Clinical Commissioning Group

Report on the audit of the financial statements

Opinion on the financial statements

We have audited the financial statements of NHS Hull Clinical Commissioning Group ('the CCG') for the year ended 31 March 2021, which comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows, and notes to the financial statements, including the summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual 2020/21 as contained in the Department of Health and Social Care Group Accounting Manual 2020/21, and the Accounts Direction issued by the NHS Commissioning Board with the approval of the Secretary of State as relevant to Clinical Commissioning Groups in England.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the CCG as at 31 March 2021 and of its net expenditure for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2020/21; and
- have been properly prepared in accordance with the requirements of the Health and Social Care Act 2012.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities section of our report. We are independent of the CCG in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the CCG's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Accountable Officer with respect to going concern are described in the relevant sections of this report.

Other information

The Accountable Officer is responsible for the other information. The other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our

knowledge obtained in the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Opinion on regularity

In our opinion, in all material respects the expenditure and income reflected in the financial statements have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them.

Responsibilities of the Accountable Officer for the financial statements

As explained more fully in the Statement of Accountable Officer's Responsibilities the Accountable Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Accountable Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. The Accountable Officer is also responsible for ensuring the regularity of expenditure and income.

The Accountable Officer is required to comply with the Department of Health and Social Care Group Accounting Manual 2020/21 and prepare the financial statements on a going concern basis, unless the CCG is informed of the intention for dissolution without transfer of services or function to another entity. The Accountable Officer is responsible for assessing each year whether or not it is appropriate for the CCG to prepare its accounts on the going concern basis and disclosing, as applicable, matters related to going concern.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

We are also responsible for giving an opinion on the regularity of expenditure and income in accordance with the Code of Audit Practice and as required by the Local Audit and Accountability Act 2014.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. Based on our understanding of the CCG, we identified that the principal risks of non-compliance with laws and regulations related to the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), and we considered the extent to which non-compliance might have a material effect on the financial statements.

We evaluated the Accountable Officer's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls) and determined that the principal risks were related to posting manual journal entries to manipulate financial performance, management bias through judgements and assumptions in significant accounting estimates, and significant one-off or unusual transactions.

Our audit procedures were designed to respond to those identified risks, including non-compliance with laws and regulations (irregularities) and fraud that are material to the financial statements. Our audit procedures included but were not limited to:

- discussing with management and the Integrated Audit and Governance Committee the policies and procedures regarding compliance with laws and regulations;

- communicating identified laws and regulations throughout our engagement team and remaining alert to any indications of non-compliance throughout our audit; and
- considering the risk of acts by the CCG which were contrary to applicable laws and regulations, including fraud.

Our audit procedures in relation to fraud included but were not limited to:

- making enquiries of management and Integrated Audit and Governance Committee on whether they had knowledge of any actual, suspected or alleged fraud;
- gaining an understanding of the internal controls established to mitigate risks related to fraud;
- discussing amongst the engagement team the risks of fraud; and
- addressing the risks of fraud through management override of controls by performing journal entry testing.

There are inherent limitations in the audit procedures described above and the primary responsibility for the prevention and detection of irregularities including fraud rests with management and Integrated Audit and Governance Committee. As with any audit, there remained a risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal controls.

We are also required to conclude on whether the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate. We performed our work in accordance with Practice Note 10: Audit of financial statement and regularity of public sector bodies in the United Kingdom, and Supplementary Guidance Note 01, issued by the NAO in April 2021.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on the CCG's arrangements for securing economy, efficiency, and effectiveness in the use of resources

Matter on which we are required to report by exception

We are required to report to you if, in our opinion, we are not satisfied that the CCG has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2021.

We have not completed our work on the CCG's arrangements. On the basis of our work to date, having regard to the guidance issued by the Comptroller and Auditor General in April 2021, we have not identified any significant weaknesses in arrangements for the year ended 31 March 2021.

We will report the outcome of our work on the CCG's arrangements in our commentary on those arrangements within the Auditor's Annual Report. Our audit completion certificate will set out any matters which we are required to report by exception.

Responsibilities of the Accountable Officer

As explained in the Statement of Accountable Officer's responsibilities, the Accountable Officer is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the CCG's resources.

Auditor's responsibilities for the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required under section 21(1)(c) of the Local Audit and Accountability Act 2014 to satisfy ourselves that the CCG has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources, and to report where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our work in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in April 2021.

Report on other legal and regulatory requirements

Opinion on other matters prescribed by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the Health and Social Care Act 2012; and
- the other information published together with the audited financial statements in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception under the Code of Audit Practice

We are required to report to you if:

- in our opinion the Annual Governance Statement does not comply with the guidance issued by NHS England; or
- we refer a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014; or
- we issue a report in the public interest under section 24 and schedule 7(1) of the Local Audit and Accountability Act 2014; or
- we make a written recommendation to the CCG under section 24 and schedule 7(2) of the Local Audit and Accountability Act 2014.

We have nothing to report in these respects.

Use of the audit report

This report is made solely to the members of the Governing Body of NHS Hull CCG, as a body, in accordance with part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the members of the Governing Body of the CCG those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Governing Body of the CCG, as a body, for our audit work, for this report, or for the opinions we have formed.

Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate until we have completed the work necessary to satisfy ourselves that the CCG has made proper arrangements for securing economy, efficiency and effectiveness is its use of resources, and issued our assurance statement to the group auditor in respect of the CCG's consolidation schedules.

Mark Kirkham
Partner
For and on behalf of Mazars LLP

5th Floor
3 Wellington Place
Leeds
LS1 4AP
9 June 2021

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

	Note	2020-21 £'000	2019-20 £'000
Income from sale of goods and services	2	(562)	(1,244)
Other operating income	2	(53)	(415)
Total operating income		**(615)**	**(1,659)**
Staff costs	4	5,444	5,321
Purchase of goods and services	5	554,470	476,106
Depreciation and impairment charges	5	9	8
Provision expense	5	-	-
Other Operating Expenditure	5	719	634
Total operating expenditure		**560,642**	**482,069**
Net Operating Expenditure		**560,027**	**480,410**
Finance income		-	-
Finance expense		-	-
Net expenditure for the Year		**560,027**	**480,410**
Net (Gain)/Loss on Transfer by Absorption		-	-
Total Net Expenditure for the Financial Year		**560,027**	**480,410**
Other Comprehensive Expenditure			
Sub total		**-**	**-**
Comprehensive Expenditure for the year		**560,027**	**480,410**

Statement of Financial Position as at 31 March 2021

	Note	2020-21 £'000	2019-20 £'000
Non-current assets:			
Property, plant and equipment	8	6	15
Intangible assets		-	-
Investment property		-	-
Trade and other receivables		-	-
Other financial assets		-	-
Total non-current assets		**6**	**15**
Current assets:			
Inventories		-	-
Trade and other receivables	9	1,045	2,757
Other financial assets		-	-
Other current assets		-	-
Cash and cash equivalents	10	18	6
Total current assets		**1,063**	2,763
Non-current assets held for sale		-	-
Total current assets		**1,063**	**2,763**
Total assets		**1,069**	**2,778**
Current liabilities			
Trade and other payables	11	(34,253)	(30,976)
Other financial liabilities		-	-
Other liabilities		-	-
Borrowings		-	-
Provisions		-	-
Total current liabilities		**(34,253)**	(30,976)
Non-Current Assets plus/less Net Current Assets/Liabilities		**(33,184)**	**(28,198)**
Assets less Liabilities		**(33,184)**	**(28,198)**
Financed by Taxpayers' Equity			
General fund		(33,184)	(28,198)
Revaluation reserve		-	-
Other reserves		-	-
Charitable Reserves		-	-
Total taxpayers' equity:		**(33,184)**	**(28,198)**

The notes on pages 11 to 27 form part of this statement

The financial statements on pages 7 to 10 were approved by the Governing Body on [date] and signed on its behalf by:

Chief Accountable Officer
Emma Latimer

07 June 2021

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

	General fund £'000	Revaluation reserve £'000	Other reserves £'000	Total reserves £'000
Changes in taxpayers' equity for 2020-21				
Balance at 01 April 2020	(28,197)	-	-	**(28,197)**
Transfer between reserves in respect of assets transferred from closed NHS bodies	-	-	-	-
Adjusted NHS Clinical Commissioning Group balance at 31 March 2020	**(28,197)**	-	-	**(28,197)**
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2020-21				
Net operating expenditure for the financial year	(560,027)			**(560,027)**
Net gain/(loss) on revaluation of property, plant and equipment		-		**-**
Net gain/(loss) on revaluation of intangible assets		-		**-**
Net gain/(loss) on revaluation of financial assets		-		**-**
Total revaluations against revaluation reserve		-		**-**
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial year	**(560,027)**	-	-	**(560,027)**
Net funding	555,040	-	-	**555,040**
Balance at 31 March 2021	(33,184)	-	-	**(33,184)**

	General fund £'000	Revaluation reserve £'000	Other reserves £'000	Total reserves £'000
Changes in taxpayers' equity for 2019-20				
Balance at 01 April 2019	(26,545)	-	-	**(26,545)**
Transfer of assets and liabilities from closed NHS bodies	-	-	-	-
Adjusted NHS Clinical Commissioning Group balance at 31 March 2020	**(26,545)**	-	-	**(26,545)**
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2019-20				
Net operating costs for the financial year	(480,410)			(480,410)
Net gain/(loss) on revaluation of property, plant and equipment		-		**-**
Net gain/(loss) on revaluation of intangible assets		-		**-**
Net gain/(loss) on revaluation of financial assets		-		**-**
Total revaluations against revaluation reserve		-		**-**
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial Year	**(480,410)**	-	-	**(480,410)**
Net funding	478,757	-	-	**478,757**
Balance at 31 March 2020	**(28,198)**	-	-	**(28,198)**

The notes on pages 11 to 27 form part of this statement

Statement of Cash Flows for the year ended 31 March 2021

	Note	2020-21 £'000	2019-20 £'000
Cash Flows from Operating Activities			
Net operating expenditure for the financial year		(560,027)	(480,410)
Depreciation and amortisation	5	9	8
(Increase)/decrease in trade & other receivables	9	1,712	(254)
(Increase)/decrease in other current assets		-	-
Increase/(decrease) in trade & other payables	11	3,278	1,901
Increase/(decrease) in other current liabilities		-	-
Net Cash Inflow (Outflow) from Operating Activities		**(555,028)**	(478,755)
Cash Flows from Investing Activities			
Interest received		-	-
Net Cash Inflow (Outflow) from Investing Activities		**-**	-
Net Cash Inflow (Outflow) before Financing		**(555,028)**	(478,755)
Cash Flows from Financing Activities			
Net Cash Inflow (Outflow) from Financing Activities		**555,040**	478,757
Net Increase (Decrease) in Cash & Cash Equivalents	10	**12**	2
Cash & Cash Equivalents at the Beginning of the Financial Year		6	4
Effect of exchange rate changes on the balance of cash and cash equivalents held in foreign currencies		-	-
Cash & Cash Equivalents (including bank overdrafts) at the End of the Financial Year		**18**	6

The notes on pages 11 to 27 form part of this statement

Notes to the financial statements

1 Accounting Policies

NHS England has directed that the financial statements of clinical commissioning groups shall meet the accounting requirements of the Group Accounting Manual issued by the Department of Health and Social Care. Consequently, the following financial statements have been prepared in accordance with the Group Accounting Manual 2020-21 issued by the Department of Health and Social Care. The accounting policies contained in the Group Accounting Manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to clinical commissioning groups, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Group Accounting Manual permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the clinical commissioning group for the purpose of giving a true and fair view has been selected. The particular policies adopted by the clinical commissioning group are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Going Concern

These accounts have been prepared on a going concern basis.
Public sector bodies are assumed to be going concerns where the continuation of the provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.
Where a clinical commissioning group ceases to exist, it considers whether or not its services will continue to be provided (using the same assets, by another public sector entity) in determining whether to use the concept of going concern for the final set of financial statements. If services will continue to be provided the financial statements are prepared on the going concern basis.

1.2 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.

1.3 Pooled Budgets

The clinical commissioning group has entered into a pooled budget arrangement with Kingston upon Hull City Council [in accordance with section 75 of the NHS Act 2006]. Under the arrangement, each commissioner is responsible for decisions on the use of the resources held by them under the section 75. The CCG is accounting for its own transactions without recognising a share of the assets, liabilities, revenue and expenditure of the pooled budget. [Note 14 page 22]

1.4 Operating Segments

Income and expenditure are analysed in the Operating Segments note and are reported in line with management information used within the clinical commissioning group.

1.5 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 clinical commissioning group will not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less,
• The clinical commissioning group 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 value of the performance completed to date.
• The FReM has mandated the exercise of the practical expedient offered in C7(a) of the Standard that requires the clinical commissioning group to reflect the aggregate effect of all contracts modified before the date of initial application.
The main source of funding for the Clinical Commissioning Group is from NHS England. This is drawn down and credited to the general fund. Funding is recognised in the period in which it is received.
Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance obligation.
Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred.
Payment terms are standard reflecting cross government principles.
The value of the benefit received when the clinical commissioning group accesses funds from the Government's apprenticeship service are recognised as income in accordance with IAS 20, Accounting for Government Grants. Where these funds are paid directly to an accredited training provider, non-cash income and a corresponding non-cash training expense are recognised, both equal to the cost of the training funded.

1.6 Employee Benefits

1.6.1 Short-term Employee Benefits

Salaries, wages and employment-related payments, including payments arising from the apprenticeship levy, are recognised in the period in which the service is received from employees, including bonuses earned but not yet taken.
The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

1.6.2 Retirement Benefit Costs

Past and present employees are covered by the provisions of the NHS Pensions Schemes. These schemes are unfunded, defined benefit schemes that cover NHS employers, General Practices and other bodies allowed under the direction of the Secretary of State in England and Wales. The schemes are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the schemes are accounted for as if they were a defined contribution scheme; the cost recognised in these accounts represents the contributions payable for the year. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions.
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 clinical commissioning group 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.

Notes to the financial statements

1.7 Other Expenses

Other operating expenses are recognised when, and to the extent that, the goods or services have been received. They are measured at the fair value of the consideration payable.

1.8 Property, Plant & Equipment

1.8.1 Recognition

Property, plant and equipment is capitalised if:

- It is held for use in delivering services or for administrative purposes;
- It is probable that future economic benefits will flow to, or service potential will be supplied to the clinical commissioning group;
- It is expected to be used for more than one financial year;
- The cost of the item can be measured reliably; and,
- The item has a cost of at least £5,000; or,
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or,
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

1.8.2 Measurement

All property, plant and equipment is measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets that are held for their service potential and are in use are measured subsequently at their current value in existing use. Assets that were most recently held for their service potential but are surplus are measured at fair value where there are no restrictions preventing access to the market at the reporting date.

Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use; and,
- Specialised buildings – depreciated replacement cost.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are re-valued and depreciation commences when they are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful economic lives or low values or both, as this is not considered to be materially different from current value in existing use.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Net Expenditure.

1.8.3 Subsequent Expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

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 Clinical Commissioning Group as Lessee

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate on interest on the remaining balance of the liability. Finance charges are recognised in calculating the clinical commissioning group's surplus/deficit.

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.

Where a lease is for land and buildings, the land and building components are separated and individually assessed as to whether they are operating or finance leases.

1.10 Cash & Cash Equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

1.11 Clinical Negligence Costs

NHS Resolution operates a risk pooling scheme under which the clinical commissioning group pays an annual contribution to NHS Resolution, which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with clinical commissioning group.

Notes to the financial statements

1.12 Non-clinical Risk Pooling

The clinical commissioning group participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the clinical commissioning group pays an annual contribution to the NHS Resolution and, in return, receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses as and when they become due.

1.13 Financial Liabilities

Financial liabilities are recognised on the statement of financial position when the clinical commissioning group becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

1.14 Value Added Tax

Most of the activities of the clinical commissioning group are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.15 Critical accounting judgements and key sources of estimation uncertainty

In the application of the clinical commissioning group's accounting policies, management is required to make various judgements, estimates and assumptions. These are regularly reviewed.

1.15.1 Critical accounting judgements in applying accounting policies

The following are the judgements, apart from those involving estimations, that management has made in the process of applying the clinical commissioning group's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.
- None

1.15.2 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year.
- Accruals

There are a number of estimated figures within the acocunts. The main areas where estimated are included are:
- Prescribing - The full year figure is estimated on the spend for the first 10 months of the year.
- Purchase of Healthcare (non block contracts) - The full year figure is estimated on the month 11 actual information.
- Continuing Care - this is based upon the client database of occupancy at the financial year end.

1.16 Accounting Standards That Have Been Issued But Have Not Yet Been Adopted

The Department of Health and Social Care GAM does not require the following IFRS Standards and Interpretations to be applied in 2020-21. These Standards are still subject to HM Treasury FReM adoption, with IFRS 16 being for implementation in 2022/23, and the government implementation date for IFRS 17 still subject to HM Treasury consideration.

● IFRS 16 Leases – The Standard is effective 1 April 2022 as adapted and interpreted by the FReM.

● IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.

The financial impact of the above standards has not been assessed because it is not practical to do so.

2 Other Operating Revenue

	2020-21 Total £'000	2019-20 Total £'000
Income from sale of goods and services (contracts)		
Education, training and research	-	10
Non-patient care services to other bodies *1	477	1,095
Patient transport services	-	-
Prescription fees and charges	-	-
Dental fees and charges	-	-
Income generation	-	-
Other Contract income	2	-
Recoveries in respect of employee benefits *2	83	139
Total Income from sale of goods and services	**562**	**1,244**
Other operating income		
Rental revenue from finance leases	-	-
Rental revenue from operating leases	-	-
Charitable and other contributions to revenue expenditure: NHS	-	-
Charitable and other contributions to revenue expenditure: non-NHS	-	-
Receipt of donations (capital/cash)	-	-
Receipt of Government grants for capital acquisitions	-	-
Continuing Health Care risk pool contributions	-	-
Non cash apprenticeship training grants revenue	1	4
Other non contract revenue *3	52	412
Total Other operating income	**53**	**416**
Total Operating Income	**615**	**1,660**

*1 2020/21 value is prescribing recharges, the reduction is due to 2019/20 including Primary Care IT income from NHSE
*2 Recoveries in respect of employee benefits are for secondments and shared posts.
*3 2019/20 included Humber Coast & Vale Care Parnerships not recharged 2020/21 due to block payment arrangements.

3 Disaggregation of Income - Income from sale of good and services (contracts)

	2020-21 Non-patient care services to other bodies £'000	2020-21 Other Contract income £'000	2020-21 Recoveries in respect of employee benefits £'000	2019-20 Education, training and research £'000	2019-20 Non-patient care services to other bodies £'000	2019-20 Recoveries in respect of employee benefits £'000
Source of Revenue						
NHS	2	-	33	-	631	91
Non NHS	475	2	50	10	464	48
Total	**477**	**2**	**83**	**10**	**1,095**	**139**

	2020-21 Non-patient care services to other bodies £'000	2020-21 Other Contract income £'000	2020-21 Recoveries in respect of employee benefits £'000	2019-20 Education, training and research £'000	2019-20 Non-patient care services to other bodies £'000	2019-20 Recoveries in respect of employee benefits £'000
Timing of Revenue						
Point in time	477	2	83	10	1,095	139
Over time	-	-	-	-	-	-
Total	**477**	**2**	**83**	**10**	**1,095**	**139**

4. Employee benefits and staff numbers

4.1.1 Employee benefits

	Total 2020-21		
	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	4,055	211	**4,266**
Social security costs	444	20	**464**
Employer Contributions to NHS Pension scheme	670	34	**704**
Other pension costs	3	-	**3**
Apprenticeship Levy	7	-	**7**
Other post-employment benefits	-	-	**-**
Other employment benefits	-	-	**-**
Termination benefits	-	-	**-**
Gross employee benefits expenditure	5,179	265	**5,444**
Less recoveries in respect of employee benefits (note 4.1.2)	(83)	-	**(83)**
Total - Net admin employee benefits including capitalised costs	5,096	265	**5,361**
Less: Employee costs capitalised	-	-	**-**
Net employee benefits excluding capitalised costs	5,096	265	**5,361**

4.1.1 Employee benefits

	Total 2019-20		
	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	4,151	33	4,184
Social security costs	448	4	452
Employer Contributions to NHS Pension scheme	671	4	675
Other pension costs	2	-	2
Apprenticeship Levy	8	-	8
Other post-employment benefits	-	-	-
Other employment benefits	-	-	-
Termination benefits	-	-	-
Gross employee benefits expenditure	5,280	41	5,321
Less recoveries in respect of employee benefits (note 4.1.2)	(139)	-	(139)
Total - Net admin employee benefits including capitalised costs	5,141	41	5,182
Less: Employee costs capitalised	-	-	-
Net employee benefits excluding capitalised costs	5,141	41	5,182

4.1.2 Recoveries in respect of employee benefits

	2020-21			2019-20
	Permanent Employees £'000	Other £'000	Total £'000	Total £'000
Employee Benefits - Revenue				
Salaries and wages	(69)	-	**(69)**	(113)
Social security costs	(8)	-	**(8)**	(15)
Employer contributions to the NHS Pension Scheme	(6)	-	**(6)**	(11)
Other pension costs	-	-	**-**	-
Other post-employment benefits	-	-	**-**	-
Other employment benefits	-	-	**-**	-
Termination benefits	-	-	**-**	-
Total recoveries in respect of employee benefits	**(83)**	**-**	**(83)**	(139)

4.2 Average number of people employed

	2020-21			2019-20		
	Permanently employed Number	Other Number	Total Number	Permanently employed Number	Other Number	Total Number
Total	74	5	**79**	76	3	79
Of the above:						
Number of whole time equivalent people engaged on capital projects	-	-	**-**	-	-	-

4.3 Exit packages agreed in the financial year

There were no exit packages paid during either of the financial years 2020/2021 and 2019/2020.

4.4 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions.

Both 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. They 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.

They 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 NHS body of participating in each 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:

4.4.1 Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2021, is based on valuation data as 31 March 2020, updated to 31 March 2021 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

4.4.2 Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 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.

5. Operating expenses

	2020-21 Total £'000	2019-20 Total £'000
Purchase of goods and services		
Services from other CCGs and NHS England	1,172	1,196
Services from foundation trusts ***1**	85,133	42,770
Services from other NHS trusts ***2**	245,140	224,167
Provider Sustainability Fund	-	-
Services from Other WGA bodies	-	-
Purchase of healthcare from non-NHS bodies ***3**	114,655	107,298
Purchase of social care	-	-
General Dental services and personal dental services	-	-
Prescribing costs	50,972	48,235
Pharmaceutical services	218	221
General Ophthalmic services	13	40
GPMS/APMS and PCTMS ***4**	48,634	43,722
Supplies and services – clinical	555	593
Supplies and services – general	773	870
Consultancy services ***5**	9	-
Establishment	1,366	1,390
Transport	6	30
Premises ***6**	4,694	3,501
Audit fees ***7**	56	52
Other non statutory audit expenditure		
· Internal audit services ***8**	-	-
· Other services	9	11
Other professional fees ***9**	962	1,877
Legal fees	15	9
Education, training and conferences	87	120
Funding to group bodies	-	-
CHC Risk Pool contributions	-	-
Non cash apprenticeship training grants	1	4
Total Purchase of goods and services	**554,470**	**476,106**
Depreciation and impairment charges		
Depreciation	9	8
Amortisation	-	-
Impairments and reversals of property, plant and equipment	-	-
Impairments and reversals of intangible assets	-	-
Impairments and reversals of financial assets	-	-
· Assets carried at amortised cost	-	-
· Assets carried at cost	-	-
· Available for sale financial assets	-	-
Impairments and reversals of non-current assets held for sale	-	-
Impairments and reversals of investment properties	-	-
Total Depreciation and impairment charges	**9**	**8**
Provision expense		
Change in discount rate	-	-
Provisions	-	-
Total Provision expense	**-**	**-**
Other Operating Expenditure		
Chair and Non Executive Members	385	395
Grants to Other bodies	-	-
Clinical negligence	-	-
Research and development (excluding staff costs)	86	7
Expected credit loss on receivables	-	-
Expected credit loss on other financial assets (stage 1 and 2 only)	-	-
Inventories written down	-	-
Inventories consumed	-	-
Other expenditure ***10**	248	232
Total Other Operating Expenditure	**719**	**634**
Total operating expenditure	**555,198**	**476,748**

***1** Increased expenditure with Humber Teaching NHS Foundation Trust, York Teaching Hospital NHS Foundation Trust and Northern Lincolnshire & Goole NHS Foundation Trust due to NHS Hull hosting the national system funding for COVID and Top-Ups for the Humber area as part of the block contract arrangements.
***2** Increased expenditure with Hull University Teaching Hospital NHS Trust, Yorkshire Ambulance Services NHS Trust and Leeds Teaching Hospital NHS Trust due to NHS Hull hosting the national system funding for COVID and Top-Ups for the Humber area as part of the block contract arrangements.
***3** Increased expenditure with Hull City Council and City Healthcare Partnership CIC for Covid-19 related costs primarily associated with the Hospital Discharge programme.
***4** Increased expenditure for GP contracts and primary care network payments, GP Forward View payments as well as reimbursments for additional cost relating Covid-19.
***5** Consultancy costs in relation to the transition to Integrated Care System.
***6** Increase due to the reduction in credits from bookable space as providers reduced the amount of face to face services as well as the requirement to fund additional cleaning costs due to covid.
***7** The total value for Audit fees includes £9.4kof non reclaimable VAT.
***8** Internal audit fees are included in Other professional fees as hosted by YorkTeaching Hospital (£18k) for Oct. to Mar. Apr. to Sep. costs were covered by the national block arrangements with Northumberland, Tyne & Wear FT
***9** Reduction due outsourced costs for Business Intelligence services now included in services provided by CCG & NHS England.
***10** See table below.

Description of Other Expenditure	Amount £000
Celebration of Older Peoples Event	5
Childrens University	10
Childrens Wellbeing Sponsor	15
Communications Campaign	16
Eskimo Soup - Got Your Back Project	41
Fredrick Holmes School	1
High Fiver Project	25
History Troupe Project	11
Retention Project	14
Teaming Up For Health Project	110
Total	**248**

6.1 Better Payment Practice Code

Measure of compliance	2020-21 Number	2020-21 £'000	2019-20 Number	2019-20 £'000
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the Year	10,012	168,687	10,408	160,624
Total Non-NHS Trade Invoices paid within target	9,738	164,142	10,187	158,529
Percentage of Non-NHS Trade invoices paid within target	**97.26%**	**97.31%**	**97.88%**	**98.70%**
NHS Payables				
Total NHS Trade Invoices Paid in the Year	961	333,917	2,665	269,054
Total NHS Trade Invoices Paid within target	928	333,342	2,648	268,707
Percentage of NHS Trade Invoices paid within target	**96.57%**	**99.83%**	**99.36%**	**99.87%**

6.2 The Late Payment of Commercial Debts (Interest) Act 1998

	2020-21 £'000	2019-20 £'000
Amounts included in finance costs from claims made under this legislation	-	-
Compensation paid to cover debt recovery costs under this legislation	-	-
Total	**-**	**-**

7. Operating Leases

7.1 As lessee

7.1.1 Payments recognised as an Expense

	Land £'000	Buildings £'000	Other £'000	2020-21 Total £'000	Land £'000	Buildings £'000	Other £'000	2019-20 Total £'000
Payments recognised as an expense								
Minimum lease payments	-	982	-	**982**	-	682	-	**682**
Contingent rents	-	-	-	**-**	-	-	-	**-**
Sub-lease payments	-	-	-	**-**	-	-	-	**-**
Total	**-**	**982**	**-**	**982**	**-**	**682**	**-**	**682**

7.1.2 Future minimum lease payments

	Land £'000	Buildings £'000	Other £'000	2020-21 Total £'000	Land £'000	Buildings £'000	Other £'000	2019-20 Total £'000
Payable:								
No later than one year	-	273	-	**273**	-	271	-	**271**
Between one and five years	-	273	-	**273**	-	541	-	**541**
After five years	-	-	-	**-**	-	-	-	**-**
Total	**-**	**547**	**-**	**547**	**-**	**812**	**-**	**812**

8 Property, plant and equipment

	2020-21 Furniture & fittings £'000	2019-20 Furniture & fittings £'000
Cost or valuation at 01 April 2020	43	43
Addition of assets under construction and payments on account		
Additions purchased	-	-
Additions donated	-	-
Additions government granted	-	-
Additions leased	-	-
Reclassifications	-	-
Reclassified as held for sale and reversals	-	-
Disposals other than by sale	-	-
Upward revaluation gains	-	-
Impairments charged	-	-
Reversal of impairments	-	-
Transfer (to)/from other public sector body	-	-
Cumulative depreciation adjustment following revaluation	-	-
Cost/Valuation at 31 March 2021	**43**	**43**
Depreciation 01 April 2020	28	20
Reclassifications	-	-
Reclassified as held for sale and reversals	-	-
Disposals other than by sale	-	-
Upward revaluation gains	-	-
Impairments charged	-	-
Reversal of impairments	-	-
Charged during the year	9	8
Transfer (to)/from other public sector body	-	-
Cumulative depreciation adjustment following revaluation	-	-
Depreciation at 31 March 2021	**37**	**28**
Net Book Value at 31 March 2021	**6**	**15**
Purchased	6	15
Donated	-	-
Government Granted	-	-
Total at 31 March 2021	**6**	**15**
Asset financing:		
Owned	6	15
Held on finance lease	-	-
On-SOFP Lift contracts	-	-
PFI residual: interests	-	-
Total at 31 March 2021	**6**	**15**

9.1 Trade and other receivables

	Current 2020-21 £'000	Non-current 2020-21 £'000	Current 2019-20 £'000	Non-current 2019-20 £'000
NHS receivables: Revenue	29	-	160	-
NHS receivables: Capital	-	-	-	-
NHS prepayments ***1**	-	-	1,292	-
NHS accrued income	-	-	6	-
NHS Contract Receivable not yet invoiced/non-invoice	-	-	-	-
NHS Non Contract trade receivable (i.e pass through funding)	-	-	-	-
NHS Contract Assets	-	-	-	-
Non-NHS and Other WGA receivables: Revenue ***2**	190	-	562	-
Non-NHS and Other WGA receivables: Capital	-	-	-	-
Non-NHS and Other WGA prepayments	175	-	238	-
Non-NHS and Other WGA accrued income ***3**	332	-	167	-
Non-NHS and Other WGA Contract Receivable not yet invoiced/non-invoice	-	-	-	-
Non-NHS and Other WGA Non Contract trade receivable (i.e pass through funding)	-	-	-	-
Non-NHS Contract Assets	-	-	-	-
Expected credit loss allowance-receivables	-	-	-	-
VAT	319	-	332	-
Private finance initiative and other public private partnership arrangement prepayments and accrued income	-	-	-	-
Interest receivables	-	-	-	-
Finance lease receivables	-	-	-	-
Operating lease receivables	-	-	-	-
Other receivables and accruals	-	-	-	-
Total Trade & other receivables	**1,045**	**-**	**2,757**	**-**
Total current and non current	**1,045**		**2,757**	

***1** Prepayment for Maternity Pathways has been released to I&E.
***2** Reduction due to outstanding credit notes.
***3** Incresase is due to higher levels of accruals than prior year for Influenza and prescribing recharges.

9.2 Receivables past their due date but not impaired

	2020-21 DHSC Group Bodies £'000	2020-21 Non DHSC Group Bodies £'000	2019-20 DHSC Group Bodies £'000	2019-20 Non DHSC Group Bodies £'000
By up to three months	-	44	7	20
By three to six months	(11)	-	-	-
By more than six months	-	1	5	2
Total	**(11)**	**44**	**11**	**22**

10 Cash and cash equivalents

	2020-21 £'000	2019-20 £'000
Balance at 01 April 2020	6	4
Net change in year	12	2
Balance at 31 March 2021	**18**	**6**
Made up of:		
Cash with the Government Banking Service	18	6
Cash with Commercial banks	-	-
Cash in hand	0	0
Current investments	-	-
Cash and cash equivalents as in statement of financial position	**18**	**6**
Bank overdraft: Government Banking Service	-	-
Bank overdraft: Commercial banks	-	-
Total bank overdrafts	**-**	**-**
Balance at 31 March 2021	**18**	**6**
Patients' money held by the clinical commissioning group, not included above	-	-

11 Trade and other payables

	Current 2020-21 £'000	Non-current 2020-21 £'000	Current 2019-20 £'000	Non-current 2019-20 £'000
Interest payable	-	-	-	-
NHS payables: Revenue ***1**	443	-	2,738	-
NHS payables: Capital	-	-	-	-
NHS accruals ***2**	188	-	1,643	-
NHS deferred income	-	-	-	-
NHS Contract Liabilities	-	-	-	-
Non-NHS and Other WGA payables: Revenue ***3**	8,550	-	6,724	-
Non-NHS and Other WGA payables: Capital	-	-	-	-
Non-NHS and Other WGA accruals ***4**	24,695	-	19,522	-
Non-NHS and Other WGA deferred income	-	-	-	-
Non-NHS Contract Liabilities	-	-	-	-
Social security costs	69	-	73	-
VAT	-	-	-	-
Tax	65	-	72	-
Payments received on account	-	-	-	-
Other payables and accruals	244	-	204	-
Total Trade & Other Payables	**34,253**	**-**	**30,976**	**-**
Total current and non-current	**34,253**		**30,976**	

Other payables include £243,685 outstanding pension contributions at 31 March 2021, £203,630 at 31st March 2020.

***1** Reduction due to realease of accrual for partially completely spells.
***2** Lower level of NHS accruals due to national block payment arrangements.
***3** Increase due to higher accruals in line with increased expenditure, 2020/21 includes Covid cost related accruals.
***4** Increase due to higher accruals in line with increased expenditure, 2020/21 includes Covid cost related accruals.

12 Financial instruments

12.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities.

Because NHS clinical commissioning group is financed through parliamentary funding, it is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The clinical commissioning group has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the clinical commissioning group in undertaking its activities.

Treasury management operations are carried out by the finance department, within parameters defined formally within the NHS clinical commissioning group standing financial instructions and policies agreed by the Governing Body. Treasury activity is subject to review by the NHS clinical commissioning group and internal auditors.

12.1.1 Currency risk

The NHS clinical commissioning group is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The NHS clinical commissioning group has no overseas operations. The NHS clinical commissioning group and therefore has low exposure to currency rate fluctuations.

12.1.2 Credit risk

Because the majority of the NHS clinical commissioning group and revenue comes parliamentary funding, NHS clinical commissioning group has low exposure to credit risk. The maximum exposures as at the end of the financial year are in receivables from customers, as disclosed in the trade and other receivables note.

12.1.3 Liquidity risk

NHS clinical commissioning group is required to operate within revenue and capital resource limits, which are financed from resources voted annually by Parliament. The NHS clinical commissioning group draws down cash to cover expenditure, as the need arises. The NHS clinical commissioning group is not, therefore, exposed to significant liquidity risks.

12.1.4 Financial Instruments

As the cash requirements of NHS England are met through the Estimate process, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. The majority of financial instruments relate to contracts to buy non-financial items in line with NHS England's expected purchase and usage requirements and NHS England is therefore exposed to little credit, liquidity or market risk.

12 Financial instruments cont'd

12.2 Financial assets

	Financial Assets measured at amortised cost 2020-21 £'000	Total 2020-21 £'000
Equity investment in group bodies	-	-
Equity investment in external bodies	-	-
Loans receivable with group bodies	-	-
Loans receivable with external bodies	-	-
Trade and other receivables with NHSE bodies	4	4
Trade and other receivables with other DHSC group bodies	162	162
Trade and other receivables with external bodies	385	385
Other financial assets	-	-
Cash and cash equivalents	18	18
Total at 31 March 2021	**569**	**569**

12.3 Financial liabilities

	Financial Liabilities measured at amortised cost 2020-21 £'000	Total 2020-21 £'000
Loans with group bodies	-	**-**
Loans with external bodies	-	**-**
Trade and other payables with NHSE bodies	278	**278**
Trade and other payables with other DHSC group bodies	13,439	**13,439**
Trade and other payables with external bodies	20,402	**20,402**
Other financial liabilities	-	**-**
Private Finance Initiative and finance lease obligations	-	**-**
Total at 31 March 2021	**34,119**	**34,119**

13 Operating segments

	2020-21 Gross expenditure £'000	2020-21 Income £'000	2020-21 Net expenditure £'000	2020-21 Total assets £'000	2020-21 Total liabilities £'000	2020-21 Net assets £'000
Commissioning of Healthcare Services	560,642	(615)	**560,027**	1,069	(34,253)	**(33,184)**
Total	**560,642**	**(615)**	**560,027**	**1,069**	**(34,253)**	**(33,184)**

	2019-20 Gross expenditure £'000	2019-20 Income £'000	2019-20 Net expenditure £'000	2019-20 Total assets £'000	2019-20 Total liabilities £'000	2019-20 Net assets £'000
Commissioning of Healthcare Services	482,069	(1,659)	**480,410**	2,778	(30,976)	**(28,198)**
Total	**482,069**	**(1,659)**	**480,410**	**2,778**	**(30,976)**	**(28,198)**

Funding and expenditure for Hull CCG has increased over 2019/20 due to a host commissioner role the CCG undertook whereby funds for the whole of the ICS under the COVID financial regime were distributed through the CCG to a range of NHS organisations across the ICS. The value of this was £58,779k.

14 Pooled Budgets

Better Care in Hull is NHS Hull CCG and Hull City Council's shared vision of integrated local health and social care services.

Through a Section 75 Pooled Budget Agreement, the Better Care programme was established in 2014 as part of a government initiative, the Better Care Fund. The key aims of Better Care is to:

- Offer care closer to home.
- Care provided by the right health and social care professional.
- Reduce the demand on A&E.
- Reduce hospital admissions.

- Keep people living independently as long as possible in their own home.

The Section 75 arrangement allocated budgets across schemes including; Community Services, Reablement and Rehabilitation, Home and Residential Care, Avoidable Admissions and Social Care. Hull CCG acts as the lead commissioner for health related services and Hull City Council acts as the lead commissioner for social care related service.

Decisions on the use of resources are made by the lead commissioner who contracts directly with the providers, where appropriate, and manages the performance. The performance of each of these schemes is monitored and reported to Local Health & Wellbeing Board and NHS England on a quarterly basis.

The actual contractual arrangements do not result in joint control being established, thus the CCG accounts for transactions on a gross accounting basis. Details of the pool income and expenditure are as follows;

	Total £000's	Hull CCG £000's	s75 Payment £000's	HCC £000's
Expenditure	48,272	25,271	(3,655)	26,656

NHS Hull CCG is the lead commissioner for £21,616k of funding included within the £25,271k in the Better Care Fund. This expenditure is included within the costs outlined in note 5.

15 Related party transactions

The Department of Health and Social Care (DHSC) is regarded as a related party. During the year NHS Hull Clinical Commissioning Group has had a significant number of material transactions with entities for which the DHSC is regarded as the parent department

NHS England
NHS East Riding of Yorkshire CCG
NHS North Lincolnshire CCG
Hull University Teaching Hospital NHS Trust
NHS Business Service Authority
York Teaching Hospital NHS Foundation Trust
NHS Property Services & Community Health Partnerships
Humber Teaching NHS Foundation Trust
Yorkshire Ambulance Services NHS Trust
Nrothern Lincolnshire & Goole NHS Foundation Trust

In addition the clinical commissioning group has a number of material transactions with other government bodies. Most of these transactions have been with:

Hull City Council
East Riding of Yorkshire Council
HM Revenue and Customs

The above was the same for 2019-2020.

Details of related party transactions with individuals are as follows:

	2020-21 Payments to Related Party £'000	2020-21 Receipts from Related Party £'000	2020-21 Amounts owed to Related Party £'000	2020-21 Amounts due from Related Party £'000
Dr Dan Roper - Chair of NHS Hull Clinical Commissioning Group				
1/5 share of property in Springhead Medical Centre - Modality Partnership - Part of Modality PCN (see below)	18,745	-	-	-
Dr Bushra Ali - GP member of NHS Hull Clinical Commissioning Group				
Partner at Modality Partnership Hull - Part of the Modality PCN (see below)	18,745	-	-	-
Spouse is an employee at Hull University Teaching Hospital NHS Trust	228,744	-	-	-
Dr Masood Balouch - GP member of NHS Hull Clinical Commissioning Group				
Practising GP in Hull, Council of members Representative for Haxby Group (kingswood & Orchard Park) - Part of Nexus PCN (see below)	4,165	-	-	-
Dr James Moult - GP member of NHS Hull Clinical Commissioning Group				
General Practitioner partner at Modality Partnership - Part of Modality PCN (see below)	18,745	-	-	-
Honouree Contract with Hull University Teaching Hospital NHS Trust Cardiology Team	228,744	-	-	-
Dr Amy Oehring - GP member of NHS Hull Clinical Commissioning Group				
GP Partner at Sutton Manor Surgery - Part of Nexus PCN (see below)	3,047	-	-	-
Ian Goode - Lay member of NHS Hull Clinical Commissioning Group				
Employee at East Riding of Yorkshire Council	681	-	-	-
Jason Stamp - Lay member of NHS Hull Clinical Commissioning Group				
Chief Officer North Bank Forum for Voluntary Organisations - sub contract for the Connect Well Hull Social Prescribing Service (Citizens Advice Bureau)	523	-	-	-
Mark Whitaker - Practice Manager Member of NHS Hull Clinical Commissioning Group				
Practice Manager in a GP Practice - Newland Health Centre - Part of Symphonie PCN (see below)	953	-	-	-
Wife is a Practice Manager at Avenues Medical Centre - Part of Symphonie PCN (see below)	2,432	-	-	-
David Heseltine - Secondary Care Doctor member of NHS Hull Clinical Commissioning Group				
Consultant at York Teaching Hospital NHS Foundation Trust	826	-	-	-
Dr Vince Rawcliffe - GP member of NHS Hull Clinical Commissioning Group				
Works as a Locum at Hull GP Practices				
Daughter is practice manager of Modality - Part of Modality PCN (see below)	26,624	-	-	-
Emma Latimer - Chief Officer				
Interim Accountable Officer NHS North Lincolnshire Clinical Commissioning Group	-	-	30	-
Interim Accountable Officer NHS East Riding of Yorkshire Clinical Commissioning Group	-	-	12	-
Director of York Health Economic Consortium Limited	-	1	-	1
Emma Sayner - Chief Finance Officer				
Citycare Board Member	(187)	-	-	-
Interim Chief Finance Officer NHS North Lincolnshire Clinical Commissioning Group	-	-	30	-
Joy Dodson - Director of Integrated Commissioning (to August 2020)				
Husband Chief Finance Officer for NHS East Riding of Yorkshire Clinical Commissioning Group	-	-	12	-
Clare Linley - Director of Nursing and Quality (Executive Nurse)				
Director of Nursing and Quality NHS North Lincolnshire Clinical Commissioning Group	-	-	30	-

15 Related party transactions continued.

Hull CCG GP Practices are now all part of one of 5 Primary Care Networks (PCNs) and as such practices within those groups are somewhat related.

	2020-21 Payments to Related Party £'000	2020-21 Receipts from Related Party £'000	2020-21 Amounts owed to Related Party £'000	2020-21 Amounts due from Related Party £'000
Modality GP PCN	**26,624**	**-**	**-**	**-**
St Andrew's Group Practice	2,802	-	-	-
Modality Partnership	18,745	-	-	-
Dr Cook BF	1,290	-	-	-
Kingston Health (Wheeler st & Park HC)	2,985	-	-	-
Delta Healthcare	803	-	-	-
Symphonie GP PCN	**16,146**	**-**	**0**	**-**
Wilberforce Surgery	1,231	-	-	-
The Avenues Nedical Centre	2,432	-	-	-
Oaks Medical Centre	2,536	-	-	-
Wolseley Medical Centre	2,298	-	-	-
Clifton House	2,962	-	0	-
Sydenham House Group Practice	2,617	-	-	-
Hastings Medical Centre	1,117	-	-	-
Newland Health Centre	953	-	-	-
Nexus GP PCN	**25,216**	**-**	**-**	**-**
CHP LTD- Bransholme	1,073	-	-	-
CHCP - City Centre (KMC, Riverside & Story St)	6,331	-	-	-
CHP LTD - Southcoates (incl Marfleet)	1,912	-	-	-
CHCP - East Park	1,347	-	-	-
Haxby - Burnbrae	1,364	-	-	-
Haxby - Calvert & Newington	3,164	-	-	-
Haxby - Kingswood & Orchard Park	4,165	-	-	-
Bridge Group (Orchard Park & Elliott Chappell)	2,813	-	-	-
Sutton Manor Surgery	3,047	-	-	-
Bevan Ltd PCN	**14,301**	**-**	**51**	**-**
Orchard 2000 (Orchard Park & Bransholme)	2,754	-	-	-
James Alexander Practice	3,251	-	0	-
Goodheart Surgery	1,546	-	-	-
Dr GT Hendow	882	-	-	-
Raut Partnership (Highlands & Sutton Park)	1,297	-	-	-
Humber FT - NorthPoint	1,477	-	1	-
Humber FT - Princes Medical Centre	1,573	-	51	-
Dr G Javeloo Practice	1,042	-	-	-
Dr KV Gopal (now merged with Goodheart Surgery)	477	-	(1)	-
Medicas PCN	**15,354**	**-**	**2**	**-**
East Hull Family Practice	10,491	-	2	-
Marfleet Group Practice	4,863	-	-	-

15 Related party transactions continued.

	2019-20 Payments to Related Party £'000	2019-20 Receipts from Related Party £'000	2019-20 Amounts owed to Related Party £'000	2019-20 Amounts due from Related Party £'000
Dr Dan Roper - Chair of NHS Hull Clinical Commissioning Group				
1/5 share of property in Springhead Medical Centre - Part of the Modality GP grouping (see below)	82	0	0	0
Springhead Medical Centre merged into Modality Partnership	7,562	0	0	0
Mark Whitaker - Practice Manager Member of NHS Hull Clinical Commissioning Group				
Practice Manager in a GP Practice - Newland Group Practice - Part of Symphonie GP Grouping (see below)	602	0	0	0
Wife is a Practice Manager at Avenues Medical Centre - Part of Symphonie GP Grouping (see below)	976	0	0	0
Dr Bushra Ali - GP member of NHS Hull Clinical Commissioning Group				
Partner at Modality Partnership Hull - Part of the Modality GP Grouping (see below)	7,562	0	0	0
Spouse is an employee at Hull University Teaching Hospital NHS Trust	209,889	45	2,295	1,290
Dr Masood Balouch - GP member of NHS Hull Clinical Commissioning Group				
Partner at Kingswood & Orchard Park Haxby Group - Part of Nexus GP Grouping (see below)	2,753	0	0	0
Dr James Moult - GP member of NHS Hull Clinical Commissioning Group				
General Practitioner partner at Newhall Surgery (Modality Hull) - Part of Modality GP Grouping (see below)	7,562	0	0	0
Honouree Contract with Hull University Teaching Hospital NHS Trust Cardiology Team	209,889	45	2,295	1,290
Dr Amy Oehring - GP member of NHS Hull Clinical Commissioning Group				
GP Partner at Sutton Manor Surgery - Part of Nexus GP Grouping (see below)	1,268	0	0	0
Board and Clinical Member of Hull GP Collaborative	52	0	0	0
Jason Stamp - Lay member of NHS Hull Clinical Commissioning Group				
Chief Officer North Bank Forum for Voluntary Organisations - sub contract for the Connect Well Hull Social Prescribing Service (Citizens Advice Bureau)	466	0	0	0
Emma Latimer - Chief Officer				
Director of York Health Economic Consortium Limited	207	32	128	6
Interim Accountable Officer NHS North Lincolnshire Clinical Commissioning Group	98	48	111	59
Interim Accountable Officer NHS East Riding of Yorkshire Clinical Commissioning Group	0	1	0	0
Emma Sayner - Chief Finance Officer				
Citycare Board Member	207	32	128	6
Interim Chief Finance Officer NHS North Lincolnshire Clinical Commissioning Group	470	0	2	0
Joy Dodson - Director of Integrated Commissioning				
Husband Chief Finance Officer for NHS East Riding of Yorkshire Clinical Commissioning Group	98	48	111	59
Sarah Smyth - Director of Quality and Clinical Governance				
Secondment to NHS North Lincolnshire and Goole NHS Foundation Trust (June- December 2019)	750	35	120	5
David Heseltine - Secondary Care Doctor member of NHS Hull Clinical Commissioning Group				
Consultant at York Teaching Hospital NHS Foundation Trust	630	38	54	0
Ian Goode - Lay member of NHS Hull Clinical Commissioning Group				
Employee at East Riding of Yorkshire Council	1,043	0	474	0

15 Related party transactions continued.

Hull CCG GP Practices are now arranged into 5 GP groupings and as such practices within those groups are somewhat related. Transactions are shown

	2019-20 Payments to Related Party £'000	2019-20 Receipts from Related Party £'000	2019-20 Amounts owed to Related Party £'000	2019-20 Amounts due from Related Party £'000
Modality GP Group	**11,069**	**0**	**0**	**0**
St Andrew's Group Practice	1,387	0	0	0
Modality Partnership,	7,562	0	0	0
Dr Cook BF	515	0	0	0
Kingston Health (Wheeler st & Park HC)	1,208	0	0	0
Delta Healthcare	397	0	0	0
Symphonie GP Group	**6,987**	**0**	**0**	**0**
Wilberforce Surgery	649	0	0	0
The Avenues Nedical Centre	976	0	0	0
Oaks Medical Centre	981	0	0	0
Wolseley Medical Centre	1,036	0	0	0
Clifton House	1,136	0	0	0
Sydenham House Group Practice	1,226	0	0	0
Hastings Medical Centre	381	0	0	0
Newland Health Centre	602	0	0	0
Nexus GP Group	**13,195**	**0**	**0**	**0**
CHP LTD- Bransholme & Southcoates	397	0	0	0
CHCP - City Cenre (KMC, Riverside & Story St)	3,671	0	0	0
CHP LTD - Southcoates (incl Marfleet)	748	0	0	0
CHCP - East Park	698	0	0	0
Haxby - Burnbrae	661	0	0	0
Haxby - Calvert & Newington	1,684	0	0	0
Haxby - Kingswood & Orchard Park	2,753	0	0	0
Bridge Group (Orchard Park & Elliott Chappell)	1,315	0	0	0
Sutton Manor Surgery	1,268	0	0	0
Bevan Ltd	**5,838**	**0**	**50**	**0**
Orchard 2000 (Orchard Park & Bransholme)	1,119	0	0	0
James Alexander Practice	1,157	0	0	0
Goodheart Surgery	573	0	0	0
Dr GT Hendow	371	0	0	0
Raut Partnership (Highlands & Sutton Park)	548	0	0	0
Dr KV Gopal	270	0	0	0
Humber FT - NorthPoint	666	0	1	0
Humber FT - Princes Medical Centre	721	0	49	0
Dr G Javeloo Practice	412	0	0	0
Medicas	**5,877**	**0**	**0**	**0**
East Hull Family Practice (incl Dr GM Chowdhury)	3,893	0	0	0
Marfleet Group Practice	1,984	0	0	0

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 clinical commissioning group or consolidated group.

17 Financial performance targets

NHS Clinical Commissioning Group have a number of financial duties under the NHS Act 2006 (as amended).
NHS Clinical Commissioning Group performance against those duties was as follows:

	2020-21 Target	2020-21 Performance	2019-20 Target	2019-20 Performance
Expenditure not to exceed income	560,648	560,642	482,135	482,069
Capital resource use does not exceed the amount specified in Directions	-	-	-	-
Revenue resource use does not exceed the amount specified in Directions	560,033	560,027	480,476	480,410
Capital resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	-	-
Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	-	-
Revenue administration resource use does not exceed the amount specified in Directions	5,431	4,764	6,413	4,593

Funding and expenditure for Hull CCG has increased over 2019/20 due to a host commissioner role the CCG undertook whereby funds for the whole of the ICS (Humber Coast & Vale Integrated Care System) under the COVID financial regime were distributed through the CCG to a range of NHS organisations across the ICS. The value of this was £58,779k.

NHS Hull CCG, 2nd Floor, Wilberforce Court,
Alfred Gelder Street, Hull, HU1 1UY

01482 344700
HULLCCG.contactus@nhs.net
www.hullccg.nhs.uk

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