

Annual report and accounts

1 April - 30 June 2022



Contents

PERFORMANCE REPORT	3
Statement from the Clinical Chair and Chief Officer	3
Performance Overview.....	5
About us	5
Covid-19 and recovery work in Newcastle Gateshead	7
Local working in Newcastle	9
Local working in Gateshead	21
Primary care in Newcastle Gateshead	33
Primary Care Networks	33
Improving mental health services in Newcastle Gateshead	36
Long-term conditions in Newcastle Gateshead	40
Performance analysis.....	44
Performance measures and the impact of the Covid-19 Pandemic	44
NHS Constitution	45
Financial performance	48
Key financial performance indicators	50
Improve quality and safety	53
ACCOUNTABILITY REPORT.....	64
Accountability Report	65
Corporate Governance Report	66
Members report	66
Statement of accountable officer's responsibilities	70
Governance statement	72
Governing Body	73
Attendance records for CCG Governing Body and committees	73
Capacity to handle risk	80
Risk assessment	81
Control issues	87
Remuneration and Staff Report	96
Remuneration Report	96
Staff Report	111
ANNUAL ACCOUNTS.....	118

PERFORMANCE REPORT

This section includes a statement from our clinical chair and chief officer / accountable officer about our performance over the period, information about our former CCG including our vision, and an outline of some of the projects, initiatives and challenges on which we have focused during April-May 2022.

Statement from the Clinical Chair and Chief Officer

Welcome to NHS Newcastle Gateshead Clinical Commissioning Group's (CCG) tenth and final annual report covering the period from April to June 2022.

Following the dissolution of CCGs on 1 July 2022, it is important to recognise nine years of hard work and achievements, as well as looking ahead to a new future as part of the North East and North Cumbria Integrated Care Board, or ICB.

While it may be unusual to publish an 'annual' report for a three-month period, this also underlines the importance of accountability in our NHS.

Of those nine years, it is clear that the past two have been the most challenging. However, throughout this period, we saw an incredible level of courage, commitment, and creativity from colleagues across our health and care system as we worked to manage Covid-19 and the vaccine programme, maintain day-to-day services, and coordinate the post-Covid recovery process, as well as working to enhance healthcare in several areas.

The pandemic changed the healthcare landscape and GP practices and patients continue with new ways of providing healthcare including telephone triage, phone and video consultations and increased use of eConsult, at the same time as careful infection control measures.

Health and care services continue to focus on reducing elective care waiting lists, creating additional capacity, setting up a new community diagnostic hub in Blaydon, and enhancing pathways such as ophthalmology and dermatology.

Other key steps include encouraging earlier presentation with possible cancer symptoms – to address the shortfall in referrals resulting from the pandemic – and closer joint working to support care homes.

This recovery work continues to face the challenge of caring for Covid-19 patients as well as high levels of staff sickness.

Elsewhere in the report, we outline a range of local initiatives led by our Newcastle and Gateshead teams respectively, which will continue to develop under the new 'place-based' ICB approach. From a new special school eyecare service to new mental health support services, these are making a real impact in people's day-to-day lives.

We will continue to support this wide range of initiatives through the new ICB, but for now should offer our sincere thanks to the many people - colleagues, partners and communities – who have helped the CCG to improve people's lives, healthcare and services over the past nine years. ¹

Dr David Jones
Clinical Chair

Mark Adams
Chief Officer / Accountable Officer

Samantha Allen

Chief Executive for the North East and North Cumbria Integrated Care Board

Accountable Officer

30th June 2023

¹ . The ICB Chief Executive was not the Accountable Officer of the CCG, however as per the NHS England annual report and accounts guidance, is the required signatory for this report.

Performance Overview

About us

Until 30 June 2022, NHS Newcastle Gateshead Clinical Commissioning Group was responsible for planning and buying (commissioning) local NHS care and services to meet the needs of our local community. Our membership was made up of 60 GP practices, with responsibility for around half a million people across Newcastle and Gateshead.

The CCG aimed to commission high quality care, using the most appropriate methods and cost-effective resources, to provide the best possible healthcare services for the people of Newcastle and Gateshead and reduce disparities in health and social care.

Our aim was to use effective clinical decision-making to make a real impact on the health, wellbeing and life expectancy of our patients. As a CCG, we worked to address a range of unprecedented challenges, including:

- An ageing population with increasing health needs
- Health inequalities across the area
- Levels of smoking, alcohol consumption and obesity higher than the national average
- Over-reliance on hospital-based services
- The increasing cost of drugs and new medical technologies
- Limited growth in annual financial allocations

In response to these challenges, we have focused on maintaining high quality and sustainable health and care services for our public and patients, by:

- Ensuring our citizens are fully engaged
- Wider primary care being provided at scale
- A modern model of integrated care
- Access to the highest quality urgent and emergency care
- A step change in the productivity of elective care
- Specialised services concentrated in centres of excellence

Our vision

The CCG's vision has been to transform lives together by prioritising:

1. **Involvement:** Involving people in our communities and providers to get the best understanding of issues and opportunities
2. **Experience:** People-centred services that are some of the best in the country
3. **Outcome:** Focusing on preventing illness and reducing inequalities

This is summarised in the diagram below:



In recent years, we have worked towards new models of care set out in the NHS Long Term Plan, with a focus on:

- System working and new models of health and care systems
- Primary Care Network (PCN) development and support
- Supporting the development of the North East and North Cumbria Integrated Care System (ICS).

As a result of the Health and Care Act 2022, Clinical Commissioning Groups were replaced by Integrated Care Board from 1 July 2022. ICBs are now accountable for NHS spending and performance, taking on the planning functions and areas of work outlined above.

In anticipation that this more regional approach would include a strong focus on local working at 'place' level, and we have developed strong local teams in Gateshead and Newcastle respectively. With a culture of joint working underpinned by our membership of the Collaborative Newcastle and Gateshead Cares partnerships, our local systems are well placed to adapt to this new landscape.

Chair and Assistant Chair

Under the CCG's constitution, the positions of Chair and Assistant Chair rotated every 12 months. During 2021-22, Dr Mark Dornan (Teams Medical Practice, Gateshead) was our Chair, with Dr David Jones (Throckley Primary Care, Newcastle) as Assistant Chair.

David and Mark rotated their positions once again, with David serving as Clinical Chair from 1 April to 30 June 2022, and Mark becoming Assistant Chair.

Covid-19 and recovery work in Newcastle Gateshead

During the last year, the health and care systems in Newcastle and Gateshead again had to adapt, evolve and change quickly, with services paused, adapted or set up at high speed to meet the challenges of the second year of Covid-19.

Throughout this period we witnessed the incredible courage, commitment and creativity of staff, partners and volunteers, both in maintaining normal services and responding to Covid-19 and the incredible demands of the vaccine programme.

In addition, health and care services were – and still are - increasingly focused on actions to balance same day/urgent and emergency care demand with the need to deliver secondary health care services in order to reduce elective care waiting lists which have grown significantly during the pandemic.

This has included continuing work with our hospital colleagues and independent sector providers on a range of initiatives to create additional hospital capacity to reduce waiting list size and individual patient waits. Patients with certain conditions can choose to transfer to an independent provider, meaning they receive treatment quicker and capacity is freed up to support waiting time reductions.

Our local providers continue to innovate in the way they offer services, using GP advice and guidance and extensive implementation of non-face-to-face appointments where this is clinically appropriate. We have continued a programme to roll out digital dermatology pathways and revised ophthalmology pathways in conjunction with the Local Optical Committee.

A diagnostic community hub is now operational at Blaydon, helping to alleviate pressures. Additional workstreams are working to address pressures in several ways, such as additional sessions in services like echocardiography, audiology and endoscopy. While NHS England has commissioning responsibility for complex spinal activity at Newcastle Hospitals, the CCG also supported efforts to address significant waiting time pressures.

This work has been significantly challenged at various stages as a result of new waves of Covid-19 pressures caused by new and emerging variants. This has led to some hospital wards being closed, elective admissions reduced to create capacity to care for Covid-19 patients and high levels of staff sickness which has impacted significantly upon service delivery.

While urgent and cancer-related treatments were protected, there is now even more of a backlog of routine patients requiring treatment which we are working extremely hard to treat and manage.

In addition, this last year has also seen an unprecedented amount of outbreaks and incidents (communicable disease outbreaks, avian influenza and a number of storms which caused damage and affected local communities for many days) which required an immediate healthcare response to be provided to our patients, further impacting on our ability to effectively deliver healthcare services to all.

Cancer waiting lists

We continue to work with the Northern Cancer Alliance, commissioners and trusts through a North ICP cancer group to review recovery, delivery of rapid diagnostics, and improvements to pressured specialties.

Despite the unprecedented pressures throughout the pandemic, cancer has continued to be a priority. Work has been underway to address the shortfall in referrals which may have resulted because of the pandemic to ensure we address any widening of the inequalities gap and target hard to reach groups to ensure equitable access. Earlier presentation, screening and faster diagnostics lead to improved outcomes. This work includes:

- Creation of new community awareness posts, with staff working with local communities across the ICP area to promote signs and symptoms
- Cancer champions in practices working to increase uptake of audits for patients who have had cancer diagnoses, which helps us to understand where inequalities lie and how best to target such patients.
- Appointment of cancer navigators to support patients through the referral, diagnosis, treatment and safety netting process
- Supporting Northern Cancer Alliance's campaigns targeting hard to reach communities, such as lung campaigns in more deprived communities with a higher prevalence of lung cancer
- Cancer Research UK posts working with practices to encourage screening uptake in hard to reach communities
- Recovery work is focused on addressing the backlog of patients waiting more than 62 days, while the most urgent cases continue to be prioritised. This is a collective approach between trusts in the region, who are supporting one another in this work.
- FIT (faecal immunochemical testing) has been rolled out across Newcastle and Gateshead, so that patients can be triaged at the point of referral (with support from their practice). This new approach leads to quicker diagnosis, and reduces the need for endoscopies. In addition, additional sessions are helping to tackle the waiting list for endoscopies at both local trusts.
- Radiology performance continues to improve at Newcastle Hospitals, with additional radiology sessions and capacity from the independent sector.

- We are making progress with new rapid diagnostics centres for gastrointestinal, gynaecological and also cancers with vague symptoms.
- Action plans are being implemented in trusts across our ICP area for pressured areas, such as urology.
- Additional breast pathway sessions are taking place with support from the Northern Cancer Alliance.

Supporting care homes

An important part of our pandemic response has been provision of support for care homes.

In Newcastle, the CCG and its partners offered advice and guidance through public health, liaison with linked GPs and visits from the infection prevention and control nurse. Care home provider forums brought homes together a range of health professionals including GPs, pharmacists and behavioural support workers.

The Gateshead system has provided a range of resources, with infection prevention nurses, public health, lead GPs, quality lead for nursing, CPNs, pharmacists, commissioning and safeguarding colleagues working together to support both care home providers and residents.

Key areas of work include the vaccine programme, outbreak support, quality standards, nursing support and responses to changing government guidance such as visiting and testing arrangements.

The commissioning team has continued to offer daily and weekly calls with ongoing communication via emailed bulletins, virtual care home forums and face to face visits.

Health Call continues to be rolled out to older person care homes in Gateshead, to enhance the support provided to care homes by health and social care partners.

As Covid restrictions are reduced, Age UK is working with care homes in both Newcastle and Gateshead, using the 'How Fit' exercise programme to improve physical and mental health and support falls prevention.

During spring, we offered a Covid-19 booster to all residents in an older people's care homes in line with national guidance. Over 1700 vaccines were delivered, equating to 93% of the eligible care home population.

Local working in Newcastle

Collaborative Newcastle

Collaborative Newcastle is an alliance between Newcastle Hospitals NHS Foundation Trust, Newcastle City Council, Newcastle Gateshead CCG and Cumbria, Northumberland, Tyne and

Wear NHS Foundation Trust, working closely with primary care networks, higher education and the voluntary sector.

By combining efforts, expertise and resources, and working collaboratively and creatively, we aim to reduce inequalities, tackle some of the big things that hold people back, and provide better opportunities for all.

Since Collaborative Newcastle was established in late 2020, the partners have continued to build the alliance's scope and impact, with the aim of improving the health, wealth and wellbeing of everyone in the city.

Key areas of focus include:

- Coordinating the city's Covid response
- Developing the Newcastle Neighbourhoods initiative
- Reducing duplication and increasing personalisation in health and care services
- Transforming community mental health services
- Improving the lives of people experiencing homelessness
- Improving integration of services across health and social care

Collaborative Newcastle's achievements have been recognised with two national awards.

In November 2021, the alliance was awarded a Health Service Journal award in the Health and Local Government Partnership category. This recognised our collective work to support care home residents and staff during the Covid-19 pandemic, creating a Care Home Wraparound Support Team providing support, advice, treatment, care, training and equipment.

The team was fundamental in helping shape local outbreak control planning and as soon as the vaccine became available, developing a programme to support care homes. We completed first vaccinations to all eligible care home residents and staff ahead of schedule – a remarkable achievement which made national headlines.

This was followed by a Health Business Award in March 2022, with the panel commenting: "The NHS Collaboration Award recognises an NHS organisation which has worked with other public and private sector organisations to benefit the local community.

"Collaborative Newcastle's vision to work collectively and creatively to improve the health, wealth and wellbeing of everyone in Newcastle exemplifies the basis of the Integration White Paper in targeting social prescribing at scale, creating new opportunities of delivering mental health support, as well as being significant in the region's response to the coronavirus pandemic, in which the Integrated Covid Hub North East transformed test and trace capabilities for the region.

"Collaborative Newcastle puts Newcastle residents front and centre and the benefits of a joined-up and seamless system of care are likely to be seen both in the immediate future and in the years to come."

Newcastle Neighbourhoods

We all live in neighbourhoods. And we know that the people, places, and things around us have a massive effect on our health and wellbeing. If we know and understand what's happening in someone's neighbourhood, then together we are better able to identify solutions that will work to improve their life.

We want our services to become more connected in the local area. That is why Newcastle Neighbourhoods is one of the priority areas of focus within the Collaborative Newcastle alliance.

Using this knowledge, we will be better at enabling people to be part of the good things in their area, and bridge the gaps where people need help. We have progressed our 'Newcastle Neighbourhood' work with Newcastle City Council and other partners, building our skills and identifying opportunities to support local communities to build on their strengths, decide and design their own improvements, and tailor services to local needs and priorities.

In autumn 2021, partners from a variety of organisations took part in a series of asset-based community development training workshops to gain skills in this approach. This work will be an ongoing focus as we work to increase personalised care and reduce inequalities.

Newcastle's Covid-19 vaccine programme

Between April and June 2022, Newcastle's Covid-19 programme continued to rely on an incredible effort from all system partners, pulling together to work collaboratively.

During this time, providers successfully vaccinated 12,193 residents across Newcastle, a significant success especially when we break this figure down by doses. In total there were 3,340 first dose vaccines, 3082 second dose vaccines and 5771 third dose and spring booster vaccinations.

This large and complex vaccine programme relies on great commitment from partners across Newcastle, including the CCG, Newcastle City Council, Newcastle GP Services, Newcastle Hospitals NHS Foundation Trust, community pharmacies, GP practices, our local large vaccination centre at the Centre for Life, and an army of volunteers.

With our 'dispersed' model, we aim to reach out to potentially underserved communities, where it may be more difficult for people to attend large centres by car or public transport. It also reflects Newcastle's distinctive demographics, which resemble other core cities like Sheffield and Leeds more than neighbouring areas. In particular, Newcastle has greater diversity and more residents in younger age groups than other North East areas.

The programme is led by data analysis carried out by public health colleagues, with our inequalities group identifying key groups requiring targeted support, such as homeless people and housebound residents. The Council's outreach and engagement staff use both phone and face-to-face engagement to build trust and address barriers, many of which are social in nature.

The dispersed model has seen vaccine clinics rolled out as widely as possible in communities across the city. This has included many static sites such as the Molineux Centre in Byker, and the Lemington Centre, as well as pop-up clinics in community halls, universities, and vaccine buses at local high streets, mosques, community events, GP practices and other sites.

The approach has been underpinned by a range of partners coming together at a community level. This has included faith leaders reaching out, local businesses promoting vaccines and helping to co-ordinate pop ups and vaccine bus locations for their employees, and influencers such as Newcastle United footballers showing their support. We've worked with partners such as Nexus and the Grainger Market to hold clinics, taking advantage of the high level of footfall on their premises.

Evidence shows that when our delivery model has been adapted in response to data, resident behaviours or unmet needs, levels of uptake have increased.

An 'evergreen' offer means that care home and housebound residents can still get their vaccines, with a single point of access to book a vaccine at any of our local vaccination sites.

The Specialist Care Home Team and District Nursing Team has been instrumental in the delivery of the spring booster to our care home and housebound residents, with small teams delivering clinics across all 46 care homes and vaccinating all consenting residents. These were followed by mop-up sessions later in June to ensure maximum protection for our most vulnerable residents.

For the spring booster, Newcastle achieved 86.5% uptake for all those eligible (total of 15,256) and achieved 90.1% uptake for those eligible in care homes, while continuing with the evergreen offer for those who are still to be vaccinated.

In addition, Newcastle City Council's Outreach Team and Community Champions continue to be instrumental to the engagement across communities and work with those areas of where there are high numbers of unvaccinated people who are most at risk of serious illness from Covid-19.

We would like to take this opportunity to give special thanks to Newcastle GP Services (NGPS) who decided to withdraw from the Covid-19 vaccine programme during May. We would like to thank NGPS colleagues for all their hard work, commitment during times of pressure when workforce capacity was low, and their continued efforts and support during the vaccine programme, which has been invaluable.

Looking ahead, we continue to deliver a successful and flexible vaccine programme, due to the impressive efforts of all the partners, and careful evidence-based targeting and planning. Planning and delivery now continues ahead of the autumn booster campaign.

Hospital discharges

The CCG has played a key role in the review and redesign of the way we support Newcastle residents when they return home from hospital. This has involved challenging current practice and ways of working to meet national guidance, which asks us to support people to recover at

home following acute illness once their needs for hospital care are met and to maximise their independence prior to assessing any longer-term care needs.

Staff from across the whole health and social care system have been involved, along with the voluntary sector and some independent sector care providers. Our next challenge will be to implement and embed the transformation plans within the limited financing and staffing resources available to us.

Newcastle's Children, Young People and Families team

Newcastle's Children, Young People and Families team works closely with colleagues across health, education and social care services to coordinate and deliver the best possible services for all children and families, including those with special educational needs and disabilities (SEND). The team also works closely with the parent-carer forum for families with special educational needs and disabilities.

The team aims to ensure that services and support are accessible to children and families. We aspire to coordinate service delivery so children and families can get the help and support they need without needing to tell their story multiple times.

During the past year, we have strengthened the team with several new posts, including the appointment of a Designated Clinical Officer. Below we outline some of the team's recent work.

Support for families

New **community hubs** have been established in locations across the city and provide friendly, safe spaces with services for babies, children, young people, and families. They offer a range of practical, educational and wellbeing activities for children and families which are shaped by input from the local community. Services available from hubs include health visiting, family support, community midwifery, mental health support, children's therapies, youth provision, training opportunities, childcare, and employability services.

Family partners have been employed to help children, young people and families navigate services and work with organisations providing help and support. The family partners work closely with families, building trusting relationships that empower families to make positive changes. They liaise with services involved with a family, such as schools and health professionals, and can connect the family into activities, training opportunities or professional support.

The team has secured funding to support training for parents and carers of children over seven from the **North East Autism Society**. The workshops offer support and advice on how to manage children's behaviour and are delivered through the community hubs.

In addition, the team is working with **Skills for People** to deliver virtual and face to face positive behavioural support workshops for parents/carers of children with autism and/or a learning disability across Newcastle. The face to face workshops will be held in the community hubs.

Special educational needs and disabilities (SEND)

The coordination and oversight of healthcare advice and support for children and young people with SEND forms a significant focus for the team.

- **Regulatory visit**

Following a revisit to assess Newcastle's SEND processes and provision by inspectors from CQC and Ofsted in May 2021, an **Accelerated Progress Plan** was developed with health, education, social care and parents/carers, setting out a number of areas for improvement.

Officials from the Department for Education (DfE) and NHS England met with local leaders in February 2022 to receive a six-monthly update from the CCG and Local Authority to review progress against the plan.

A subsequent letter from DfE highlighted the area's "collective and passionate determination to making sustainable improvements to SEND services and to the lives of children and young people". It recognised good governance and working relationships, including the positive role of parents and carers, as well as increased resources and strong joint working with schools.

It also pointed out that in some positive areas of work, it is too soon to judge the results, while highlighting that further work is needed in relation to Education and Health Care Plans (EHCPs) and waiting lists for occupational therapy.

We will continue to work with partners in health and education to build on the steps already taken, to enhance services and ultimately improve young people's lives.

- **Education and Health Care Plans (EHCPs)**

EHCPs are documents which set out the education, healthcare and social care needs of a child or young person for whom extra support is needed in school, beyond what the school can provide.

We have worked to improve support to children and young people with EHCPs, developing a new template to be used by physiotherapists, occupational therapists, and speech and language therapists, and another for medical professionals such as paediatricians and GPs. A training programme tailored to each staff group has also been rolled out. Initial audit work has already demonstrated improvement in the quality of the advice provided.

Better quality EHCPs enable us to set clearer outcomes and monitor them more effectively, as well as ensuring that children and young people's needs and future aspirations are heard and included. Over the coming year, the team will continue this work to establish a network of EHCP champions within each of the provider groups.

- **Therapy reviews**

Occupational Therapy, alongside other therapies, is undergoing a system-wide review as part of an ambitious transformation of our children's therapies offer. With support from Collaborative Newcastle and Newcastle's SEND Executive Board, we are beginning a co-design process, aiming to think differently about how we provide therapeutic support, how therapy services could work more closely together, and what support the wider system might be able to provide.

We are in the early phases of transforming therapy services, but work is already underway to improve access to occupational therapy. This includes analysis of the waiting list and a review of referral criteria to see whether more needs can be met before referral. These changes include the creation of four new occupational therapy posts.

Over the past two years, we have invested £552,000 to address waiting lists for occupational therapy, with additional support secured to undertake waiting list triage, cleansing and categorisation, ensure all children on the waiting list receive initial contact and prioritisation of need, and where appropriate, are signposted to universal services that can support while awaiting assessment.

The team has been strengthened in line with NICE guidelines. Their work includes supporting **Sensational Parenting groups**, which help parents and carers gain an understanding of sensory processing, develop new skills and develop a sensory strategy for their child. **Sensational School and Nursery** training will also be provided to all schools in Newcastle so that children's differences are understood, and they are better able to participate in school and education.

A review of **Speech and Language Therapy** services is now completed, with a new service specification agreed and mobilisation meetings currently taking place.

While there are no current concerns about waiting lists for the **physiotherapy** service, a review is also planned for this area. Our team is also working with the children's community nursing (CCN) team to improve their offer through new operating procedures, prior to a full review when capacity allows.

Following concerns from parents, we have reviewed access and provision of **incontinence products for children**. A new operating procedure has been developed, and we are currently consulting on this proposal. The aim is to provide clearer advice on eligibility, how the service works and how to apply or raise any concerns.

- **The SEND Local Offer**

The Local Offer **aims to bring together useful information across education, health and social care within one website**. In November 2021, a new look **Local Offer** website was launched, bringing together information for children and young people aged 0-25 with special educational needs and disabilities (SEND) and their families. This includes information about services and support, and advice and guidance on education, health, social care and transport. This was developed in consultation with parents/carers, children and young people and service users.

The team is planning a series of videos to promote therapy services on the Local Offer and explain what services they provide.

- **Strategic co-production**

The CCG and local authority co-fund two posts – **a Voice Lead and a Voice trainee** – to work with children with special educational needs and disabilities (SEND) across the city.

The trainee role – which is shared between two young people who support one another - is a year-long paid traineeship equipping young people with SEND to develop transferable skills while sharing their knowledge and experience of services within the two organisations.

The team has worked with children and young people to create a happiness survey and understand how we can support them after the pressures of the past two years. This will enable the team to establish a peer voice network across the city.

Wider health partnership with education

Three of our special schools have signed up to the **special school eyecare service**, and recruitment and training of the specialist teams is now complete.

With support from NHS England, we have developed a new standard operating procedure for children's community and public health nurses going into special schools, which is now being shared for consultation.

A **medication in schools policy** has also been developed by the CCG and local authority, providing guidelines for school staff around giving medications within special and mainstream provision. This is currently undergoing wider consultation.

Mental health

Young people aged 11-18 (and young people in Looked After Care up to age 25) can access digital mental health and wellbeing support from **Kooth**, the award-winning online counselling and support service. The confidential service focuses on problems like low mood and anxiety, relationships, bullying, eating disorders and self-harm, as well as general health concerns.

In January 2022, Kooth received a total of 249 new registrations across Newcastle alone. This is an increase of 89 new registrations compared to January 2021. These were predominantly from females and the highest percentage of contacts were from ages 13-16.

The RISE team works directly with schools to support children and young people aged 5-18 with mild to moderate mental and emotional wellbeing problems. RISE works in schools and colleges across Newcastle, as well as linking with other agencies to promote emotional awareness and resilience.

The RISE team's Education Mental Health Practitioners (EMHPs) offer support to individual schools and colleges, tailored to the needs of children, young people, parents and professionals. Taking a 'whole school' approach, they work alongside teaching staff to shape lesson plans, provide advice and information to assemblies and classes, provide small groups to offer interventions to children who are struggling with their mental health and individual sessions where a group would not be suitable.

In December 2021, this approach was rolled out to a further six schools in Newcastle, engaging with over 3,000 children and young people during this reporting period. The service also receives referrals from the children and young people's service single point of access (CYPS SPA).

The CCG and local authority have provided funding for 'Ways to Wellbeing' **mental health training for parents**, enabling us to work with schools to make the offer to more parents across the city.

Other initiatives

Local GP practices went orange for the day to launch a new edition of the popular **Little Orange Book**, which helps parents and carers to recognise and respond to a range of common illnesses as well as pointing to the most appropriate service if you need further support. The new edition, and an evaluation, were funded by the Children's Network. The team were involved in rewriting and promoting the new edition.

The team secured funding to purchase **paediatric pulse oximeters** for distribution across primary care. The team gathered information on suitable oximeters, and some were tested in local practices. The preferred model of oximeter has now been ordered.

The team is working to offer **free or discounted travel within the region for care leavers**. While the available funding will not be enough to cover all care leavers, we are working with colleagues from Nexus and other partners to negotiate discounted rates for a cohort of young people.

Care homes group

The Collaborative Newcastle care homes group was established to provide strategic leadership, direction and assurance on delivery of our Enhanced Care in Care Homes model. It initially focused on system support around Covid-19 outbreaks, infection prevention and control and workforce issues.

A system 'wraparound' task force was developed as a workstream of this group, which met regularly to ensure a rapid and timely response. Using this example of system working, Collaborative Newcastle won the HSJ Health and Local Government Partnership Award with a submission entitled 'Working together to improve health, wealth and wellbeing – Care Home support during Covid'.

We are now in a position to work more proactively with our providers and system partners to develop our key areas of focus - care delivery, market management, digital, workforce and training – with the aim of future-proofing services in the city.

Community mental health transformation

We continue to work closely with system partners to transform community mental health provision, particularly looking at improving support for adults with severe mental illness, personality disorders or eating disorders, and those who require rehabilitation in the community.

Where possible, our workforce will be aligned closely to our PCNs, embedding resilience and recovery approaches, and informed by people with lived experience. Our transformation planning also aims to reduce health inequalities for people with severe mental illness.

Across the city, three PCNs now have **primary care mental health practitioners** in post under the primary care Additional Role Reimbursement Scheme, with management and supervision provided by our local mental health trust, CNTW.

We will continue to work with PCNs to develop this workforce. Additionally, each PCN now has three peer support workers and a community support development worker, making a total of 28 new mental health staff in Newcastle. Where appropriate, specialist services are being designed and delivered on a wider footprint including perinatal and eating disorder services.

In 2021, we held virtual '**try and test**' groups with open invitations in four localities across Newcastle, bringing together partners and citizens to develop new ideas around improving mental health for local people. The groups shared their perspectives on where things could be improved and explored new approaches that might be trialed. The new ideas that emerged are now being taken forward by partners to see how they might be 'tried and tested'.

The transformation of **children and young people's mental health** is led locally in Newcastle. Working with Newcastle City Council and system partners, we have developed a three-year Children and Young People Mental Health Strategic Plan.

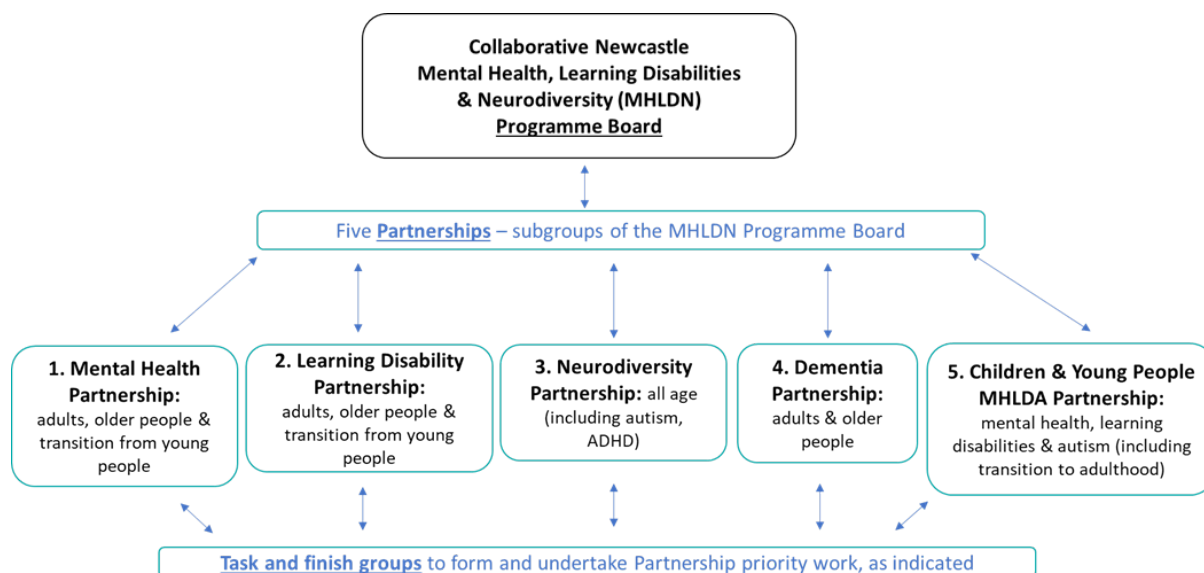
Working collaboratively, we will make it easier for children, young people, parents, and carers to access help and support, and to improve emotional wellbeing and mental health for children and young people. We are currently exploring how we can improve ease of access and transitions from children to adult services.

We continue to expand and adapt our '**alternatives to crisis**' offers and rapid response for people in emotional and psychological distress, who would benefit from immediate support to address their personally defined need or crisis, but are not in need of an urgent clinical response.

We have developed a governance structure across mental health, learning disabilities and neurodiversity, with membership from health and social care, the voluntary and community

sector, and routes for input from service users, families and carers. We have developed five partnerships to allow clear focus and strategic planning across national, regional, and local requirements. These partnerships will take forward our plan of work, with strategic direction provided by the Mental Health, Learning Disability and Neurodiversity Programme Board.

Newcastle Mental Health, Learning Disabilities and Neurodiversity System Governance



Learning disability and autism

Together with our system partners, we have developed a three-year learning disability and autism plan, which will be led by our Learning Disability Partnership. We are active members of the North East and North Cumbria Learning Disability and Autism Steering Group, which works to provide choice and control for people with learning disabilities and autism, ensuring they are supported early to improve their quality of life and receive good quality care in the most appropriate setting.

We are continuing to support GP practices and encourage them to complete their annual health checks for patients with learning disabilities aged 14 and over. For 2021-22, the CCG target was 75% (an increase of 8% on last year) and Newcastle reached 76%.

Our neurodiversity partnership will develop an all-age autism delivery plan in response to the national autism strategy, while our dementia partnership is working on a new strategy to improve quality of life and outcomes for those living with dementia, their families, and carers.

Frailty services

The Newcastle Frailty Prevention Force is proactive in case-finding moderately frail older people, resident in their own homes, who are frequent users of primary and secondary care. The team (specialist nurses and health care assistants) search for relevant patients via GP practice records, then for those who wish to participate, initiate a Comprehensive Geriatric Assessment and home exercise programme using the HowFit Plan (see below).

The results have been exceptional – improved wellbeing, improvements in physical measures including walking speed and grip strength, lower depression scores, improved falls-related confidence and a significant reduction in primary care contacts. The team also initiates Emergency Health Care Planning and DNA CPR discussions with patients as they wish. The model is so successful that it is being replicated by several of the PCNs using their own resources.

The HowFit (Home Wellbeing and Fitness) Plan continues to provide a stimulus to sedentary people in Newcastle and beyond. HowFit was conceived in response to the pandemic with its devastating effects on fitness and activity levels for many people, and particularly older, frailer people.

The HowFit leaflet, with exercises progressing from chair-based to push-ups and squats, was delivered to 1.4 million households across the North East and North Cumbria, and the associated Facebook advertising campaign has had 1.4 million views with 330,000 users.

A high level of searches on Google for the HowFit website (www.howfittoday.co.uk) led to an average of engagement with 4.8 webpages, implying engagement with the exercises. In addition to the more general HowFit publicity campaign (with TV ads on Tyne Tees and Borders TV, as well as catchup services), we have secured funding for a ‘train the trainers’ model, whereby Age UK trainers teach care home activity coordinators and other staff the HowFit exercises, and encourage their use.

All care homes in the North ICP area (i.e. any CQC registered home, whether residential care, nursing or specialist including learning disabilities) are in the progress of having this training, with early results showing a substantial decrease in fall rates, but just as (or more) importantly, an increase in sociability and wellbeing as well as care worker enjoyment and enthusiasm.

Furthermore, Public Health is providing funding for delivery of the HowFit exercise programmes in extra care and sheltered accommodation across Newcastle. Alongside these activities, the CCG and NECS have funded a research associate to conduct a rigorous evaluation of the programme.

Local working in Gateshead

Gateshead Cares

Gateshead Cares is a collaboration between local health and care organisations working to improve health and wellbeing, tackle health inequality challenges and make the most of opportunities to join up care for the benefit of Gateshead communities.

It brings together Newcastle Gateshead CCG, Gateshead Council, Gateshead Health NHS Foundation Trust, Newcastle upon Tyne Hospitals NHS Foundation Trust, Cumbria, Northumberland Tyne and Wear NHS Foundation Trust, Gateshead primary care and the voluntary and community sector.

Our aims and objectives are to:

- Shift the balance of services from acute hospital care and crisis interventions to community support with a focus on prevention, early help and self-help. As part of this, ensure that a shift in activity is accompanied by a shift in resource as appropriate i.e. that money follows the patient/service user
- Support the development of integrated care and treatment for people
- Create a joint planning and financial framework for managing the difficult decisions required to ensure effective, efficient and economically secure services during a period of continued public sector financial austerity, getting the most from the Gateshead Pound.

Our aims and objectives support all five pledges of Gateshead's Thrive agenda:

- Put people and families at the heart of what we do
- Tackle inequality so people have a fair chance
- Support our communities to support themselves and each other
- Invest in our economy to provide sustainable opportunities for employment, innovation and growth across the borough
- Work together and fight for a better future for Gateshead

The Gateshead Cares partners have identified the following key areas of focus:

- Children and young people – working for the best start in life and providing high quality support for special educational needs and disabilities
- Adults and older people: transforming home care, supporting care homes, and strengthening our approach to frailty
- Mental health transformation
- Multiple and complex needs
- Supporting the development of primary care networks (PCNs)

All these areas will be supported through a number of cross cutting workstreams:

- Workforce
- Digital (including digital inclusion)
- Finance
- Estates

Gateshead's Covid-19 vaccine programme

In the short window of April to June 2022, 3,688 Gateshead residents were successfully vaccinated. The continued roll out and success of the vaccine programme in the borough would not have been possible without the fantastic collaboration within Gateshead's integrated health and care system – strong partnerships with statutory bodies, the voluntary, community and social enterprise sector, community leaders and residents.

We developed local plans based on four critical success factors: supply, prioritisation, places, and people. Aligned to the national delivery framework, a local network of vaccination sites was created in 2020-2021, and maintained in 2021-2022, designed to fit expected vaccine supply and ensure safe and easy access for the whole population. Gateshead system providers used five models to deliver the vaccine and ensure equitable access to all from the outset:

- Five vaccination centres, using mid-size venues such as health centres and public buildings, led by general practice teams working together in already established primary care networks. These were either accessed through the national booking service or the patient's registered practice.
- Community pharmacies offered appointments accessed through the national booking service as well as walk-in appointments.
- 'Pop-up' sites using a mobile vaccination service successfully and frequently reached out to the borough's underserved communities, so people could access the vaccine without an appointment.

As a system we have also focused on promoting inclusion and reducing health inequalities so that all our clinics and sessions were as accessible as possible. This was done through detailed system learning updates developed by Gateshead Council's public health team, which looked in detail at how Covid-19 had further amplified the many existing inequalities in our communities.

This information was used to regularly evaluate the success of the vaccine programme (by providers, commissioners, Covid Outbreak Control Board, Health and Wellbeing Board and Overview and Scrutiny Committee) and adapt future delivery models to promote equality of access across all sites. This included operating specialist clinics with a range of adaptations to meet needs, such as specific sessions in vaccine centres for ethnic minority groups or pop-up clinics at Gateshead College for students and staff.

Importantly, the programme was underpinned by a local communications strategy focused on increasing vaccine confidence and uptake by providing accurate, clear information on the

importance of the vaccination in the prevention of Covid-19, and reinforced other prevention behaviours that are still relevant and necessary to continue to reduce transmission. The engagement of trusted community members and partners, and people with lived experiences, was also used to support local Covid-19 communications.

Hospital discharges

Partners in Gateshead, including the NENCICB, Gateshead Health NHS Foundation Trust and Gateshead Council, continue to work together to support the smooth flow of patients from hospital using the principles of 'discharge to assess with home first' approach. This is not without its challenges due to pressures across the system, most notably gaps in workforce to meet demand.

Work is continuing across the Gateshead system to look at ways to expand community support for people returning home, which will reduce the need for short-term care home beds that were heavily relied upon to support discharge at the height of the Covid-19 pandemic. In addition, we are exploring an enhanced complex support offer for patients with the most complex needs.

Gateshead's Children, Young People and Families team

Established during 2020-21 to increase joined up working across the system, this team is focused on five main areas:

- Prevention
- Emotional mental health and wellbeing
- SEND
- Maternity
- A&E/secondary care

The team has supported a range of projects to date, some of which are set out below.

Learning Disability Annual Health Checks

The Children, Young people and Families (CYPF) Team has been supporting our Gateshead practices in raising awareness of Learning Disability Annual Health Checks.

Annual health checks are particularly important for people with a learning disability, who often have reduced life expectancy as they can find it more difficult to recognise illness, describe their needs and use health services.

Our Designated Clinical Officer and CYPF team continue to work with education and primary care to encourage the uptake of learning disability annual health checks among young people aged 14-25.

In Gateshead, we are currently at 83% compliancy, an increase from the previous year of 66%. Practices are provided with monthly updates on their progress in this area and are encouraged

to increase uptake and are aware of the support available from the team, which shares good practice guidance across primary care and education.

This year our team attended the first annual careers event for young people with an Education Health and Care Plan from years 10-13 who attend specialist education provision. Our service was able to provide a useful health element for the young people, raising awareness of things like Learning Disability Annual Health Checks and listening to their ideas around our planned health resource for young people.

A range of promotional work has taken place including an awareness session for foster carers. Our latest promotional material gives an overview of what it is like to attend for an annual health check and we have captured on video the voice of one of our young people who explains the benefits of attending.

Special school eyecare service

No child is too disabled to have an eyesight test. Sight is a hidden disability and children with learning disabilities are 28 times more likely to have a sight problem than other children. A third of children attending special schools will need glasses.

Gateshead was the first authority in the country to sign all its special schools up to the NHS-funded special schools eyecare service. Two of the schools have now had eyecare teams assigned to them, and the service was getting underway as the year came towards its end in March.

The scheme works to ensure that all children and young people attending special schools will be offered the opportunity to have an eye test on a yearly basis. It is anticipated that full national coverage will be achieved within a five-year period.

The eyecare team includes an optometrist and dispensing optician. Each child will have an eye test and will be given two pairs of glasses as well as any ongoing repairs at no cost to the school or family.

Since beginning the service in April 2021 the service has delivered over 5,000 sight tests covering North East & Yorkshire, London and North West. Of the 5,043 tests carried out, 92.41% were the child's first sight test. The service has issued 2,154 glasses, of which 10.95% were provided to children who were receiving glasses for the first time. In Gateshead, 33 tests have been completed since April 2022 over two of our special schools. 17 of these children received glasses, with 11 having glasses for the first time.

Involving children and young people

We are committed to listening to the voices of children, young people and families in everything we do. Our team is working to create more opportunities for children, young people and families to play an active part in the development of services and ensure their voices are heard during decisions that will affect them.

A new system-wide engagement working group is helping to ensure that all the key organisations in Gateshead can work collaboratively, sharing good practice and working together to engage with our children, young people and families. This group includes Newcastle Gateshead CCG, Gateshead Council, Northumbria Police and wider health and social care colleagues as well as voluntary sector organisations.

The group works together on areas like the Local Offer, Special Educational Needs and Disabilities, developing an Awareness Calendar, Hear By Right (a standard designed to ensure the voice of the child is heard) and evaluation, as well as sharing information through a quarterly engagement newsletter.

The Local Offer

The [Gateshead Local Offer](#) brings together information for children and young people aged 0-25 with special educational needs and disabilities (SEND) and their families. This includes information about services and support, and advice and guidance on education, health, social care and transport.

The children, young people and families team works closely with Council colleagues to ensure information is updated on a regular basis. We are also working with the Gateshead Parent Carer Forum to further promote the local offer across Gateshead.

New promotional material has been developed in the form of a flyer and promotional cards, which will be distributed across Gateshead to raise awareness of what the website provides.

Special Educational Needs and Disabilities (SEND)

In Gateshead we believe that the voice, opinions and experiences of children and young people with SEND should be at the heart of the development and delivery of our services.

In Gateshead a full time Designated Clinical Officer for SEND took up post in January 2022 and will work with partners to strengthen our SEND services and give assurance for health services for young people aged 0-25.

In partnership with Gateshead Council, we support the SEND Young People's Forum, which is open to all local children and young people with SEND. The group meets monthly and provides [accessible minutes on the Local Offer website](#).

In addition, a regular e-newsletter helps to keep children, young people, families and professionals up to date with local services.

Mental health schools team (RISE)

The RISE service works with children and young people aged in schools and colleges across Newcastle and Gateshead to help support their emotional and mental wellbeing. More detail is provided in the Newcastle Gateshead-wide section below.

Children's Foundation baby boxes

The Children's Foundation is supporting babies in the North East to have the best possible start in life. This pilot will identify first time mums on maternity pathways.

The pathways identified are specifically for women who are vulnerable or from areas of high deprivation. The pilot will evaluate the impact of the baby boxes on maternal mental health and baby development.

Each baby box will include developmentally stimulating toys, games and books helping parents to promote the best start through a focus on laughing, talking, reading, singing and playing, all known to stimulate optimal brain development in children.

They will also contain essential resources like a change mat, carry sling, bath towel, thermometer, play mat, first toothbrush, feeding spoon and room thermometer and blanket to help those in fuel poverty.

The boxes will also include a mattress and bedding, providing babies with a safe sleeping space in the first few months, allowing them to stay close to parents, encouraging bonding and optimal attachment.

We are currently linking with public health and maternity colleagues to promote better health for our pregnant ladies and their babies. This includes a Maternal Healthy Weight project which looks at early intervention support for pregnant and newly delivered mothers.

Pregnant mums will register for the baby box with their midwife at their 25-week appointment. The Baby box will be delivered to the family between 26-32 weeks.

Developing asthma and allergy support for primary care and schools

About one in 10 children and young people in the UK suffer from asthma. If it is mild, the symptoms may not be too much of a problem, and patients may have no symptoms at all, particularly if people take their asthma medications correctly. As a result, a lot of people don't worry about asthma or don't take symptoms too seriously.

The CCG has secured some non-recurrent funding for a pilot in Gateshead to improve the care of children and young people with asthma and allergies who are 'not brought' or do not attend asthma reviews at their GP surgery.

The team will work with a PCN or group of practices to look at a transformational way of working to undertake asthma and allergies reviews. The plan is to work with schools within the PCN footprint to identify children and young people who require asthma reviews and to undertake the review within the school setting as opposed to the young attending the practice (as a lot do not attend or are not brought to appointments).

Training will be offered to school staff to allow them to support the child/young person if they have an exacerbation of their symptoms. Alongside these sessions, update training could be provided to school staff for a number of long-term conditions and medical devices.

We currently have the support of a practice nurse and pharmacist who will go into schools to carry out asthma reviews, ensure the child/young person is using their inhaler correctly and offer training and support to school staff.

The BeatAsthma bundle of care package is supporting this training by offering e-learning modules for these staff, and also for responsible staff in schools to upskill their knowledge and offer confidence when supporting the children/young people.

Future plans for children, young people and families:

The team has developed new projects with funding agreed by the CCG and will be liaising with the parent, carer and youth forums to support developing evaluations of the below plans.

- **Delivering training around the effects of Covid-19 on the mental health of children and young people in Gateshead.** The two-hour session highlights issues around what it was like for children and young people in lockdown, the effects of not going to school, safeguarding and domestic violence, and children in care settings. It will be offered to a range of colleagues in education, health, care and other sectors.
- **Working to develop a new trauma-informed approach to supporting high risk, high harm and high vulnerability children and young people aged 5 to 25.** The team has helped to develop the service specification and will support the pilot for this work.
- **Recognising the need to ensure we are signposting clearly to parent carers how to keep their own mental health and wellbeing at optimal levels.** We are working to consider how best to raise awareness of these issues with parents and carers.
- **Working with Platform Gateshead, which offers support to young people up to the age of 18 around alcohol and substance use, to help them make informed choices about their lifestyle.** The referral process has been simplified between Platform and primary care, with a new EMIS template developed.
- **The children, young people and families team has worked with Gateshead Council and Nexus to purchase full travel passes for 133 care leavers in Gateshead.** The passes will be rolled out to care leavers in September 2022. Robust evaluation will take place over the next year to monitor the impact on the life of each care leaver, for example in attending health appointments, socialising, emotional mental health and wellbeing.
- **Supporting families to help their children achieve the best start in life, using a holistic, evidence-based approach.** The HENRY approach uses a holistic approach of working with families underpinned by evidence on risk and protective factors for whole-family nutrition, healthy weight, and child development. The team are currently working with public health and Gateshead 0-19 service to look at how this new service will run across Gateshead.

- **Supporting parents and carers with the Little Orange Book.** Funding has been allocated to The Product Room to re-print Little Orange Book for distribution in 2022. We also recently obtained funding from the Children's Network to commission a robust evaluation of the Little Orange Book and the evaluation is currently being carried out by Northumbria University Fuse model.
- **Following on from the success of the Little Orange book developing a health resource for teenagers.** This had included an engagement exercise to find out the views of children and young people aged 11-25, parent, carers and professionals in the form of three electronic surveys (young people, parents/carers, and professionals) and virtual group sessions with young people using the online engagement tool 'Menti'. Funding has been allocated to design, develop and print the resource. In addition, we have been successful in a funding bid from NHSE to support development of a SEND easy read version.
- **Paediatric pulse oximeters** have been purchased for each of the GP practices across Gateshead to enable them to assess infants in practice.
- Skilling up GP practices with a '**children and young person friendly**' kitemark. The checklist will include around 10-12 actions that practices work towards, to obtain accreditation as a young person friendly practice. Our Children, Young People and Families team is working with seven practices to develop a toolkit to ensure the kitemark is achievable and as simple as possible to obtain.
- **Workforce development across the system, including the Youth Justice Service.** The team worked alongside colleagues within Gateshead Council to undertake a 'deep dive' that looked at all aspects of the young people's journey through health, education and social care. A key recommendation was to upskill youth justice workers in emotional, mental health and wellbeing while working with young people entering their service, and non-recurrent funding is supporting this recommendation. A further recommendation was to look at how we can support young people who find it difficult to work with the universal services, with a small amount funding allocated to this area. We are making contact with service providers to identify appropriate training for the service.
- **Enhancing the system's coproduction and engagement with a 'SEND ambassador' or 'Young Mayor'.** The use of young ambassadors is increasingly seen as good practice and adds value to already established processes by embedding the voice of the child into them, through direct involvement in key service activity. This role would represent and champion the views and needs of those children with additional needs. This ambassador post would be ringfenced for a young person.
- **Healthy Relationships**
The Gateshead Children, Young People and Families team is working together with the Newcastle team and Streetwise to develop a training programme around Healthy relationships that will be delivered in secondary schools.

- **Voice of the Child**

The Children, Young People and Families Team is working with the SEND Involvement Worker and has purchased software to ensure young people's voices are heard and participation is accessible for all. This includes editing software and filmmaking equipment.

Melva

Melva is a creative intervention programme which uses an early intervention and prevention approach to increase children's awareness and understanding of mental health and wellbeing (especially anxiety), teaching tools to help them recognise the indicators of anxiety, providing an accessible language (e.g. calling anxiety 'worrits') to have deep conversations about mental wellbeing, and practical approaches to manage its impact on feelings and behaviour.

The programme follows the central character, Melva, on two story-based adventures, the first told through a 90-minute film with wraparound engagement activities and a web-based storytelling game. Children are given agency in the story by actively supporting Melva's choices throughout.

Within Melva's journey there is an absent figure, her mum, who is a key part of the film story, and the story alludes to the fact that Melva's Mum was overcome by worrits and is no longer alive.

Children North East and Mortal Fools will use the powerful and engaging Melva tools to engage and support children who are struggling with suicidal thoughts and self-harm to unpick and explore key coping strategies, as well as providing an accessible language that can be used by those children, and the practitioners who support them.

The team is working with Children North East to roll out this programme across Newcastle and Gateshead. Children's North East will work with targeted groups of young people aged 10-12 where there is concern for their wellbeing, specifically in relation to suicidal ideation and self-harm.

Referred young people will meet over a six-week programme with a senior counsellor to explore their thoughts, promoting alternative coping strategies.

The sessions will be based around the three parts of the Melva film, and co-designed by Mortal Fools creative practitioners with support from mental health youth workers.

While some of these sessions will be in schools, some will also be based in community organisations, responding to specific referrals from a range of services.

Response to Covid-19

The Gateshead Children, Young People and Families team has worked with Access 27 theatre company to train frontline staff across the system around the impact of Covid-19 on the mental health of our children and young people. The virtual training is a two-hour package comprising a 27-minute performance and 1.5-hour interactive training session.

The performance highlights key themes in a creative and thought-provoking way. It looks at what it was like for children and young people in lockdown, the effects of not going to school, safeguarding and domestic violence, children in care settings and much more.

20 full package sessions are currently being delivered to:

- Schools
- Children's community therapy team
- Children's social care
- CYPS
- GPs, through Time in/Time Out sessions
- VCSE partners
- Other system partners who would benefit e.g. youth justice service
- Early help
- Children's residential homes

LGBTQ+

Funding has been allocated to Humankind to run an LGBTQ+ support service across Newcastle and Gateshead. Humankind has supported LGBTQ+ young people across the North East for over 14 years.

The service will be for LGBTQ+ young people 11-25 in Gateshead, providing specialist support around sexual orientation and/or gender identity, based on our existing successful service model. This included:

- One-to-one interventions around gender identity/sexual orientation
- Support to access clinical gender identity services
- Opportunities to meet other young people to share experiences
- activities / sessions e.g. sailing, meals, climbing, in a safe space
- Support for parents, carers and family members
- Hate crime reporting support
- Sexual health guidance
- Substance misuse brief interventions
- Signposting to/support to access partner agencies/specialist services
- Two training sessions to parent-carers group offering peer support/guidance and two training sessions to peer leaders' group enabling people with lived experience to support other young people and influence the way we work / deliver services.

The overall aim of the service is:

- Improved health, wellbeing and social inclusion of LGBT+ young people
- Increased knowledge and awareness of professionals in engaging with LGBT+ young people
- Strengthened relationships within the LGBT+ community

Humankind is currently mobilising the service, which is expected to start in September 2022.

SEND Ambassador/Young Mayor

Since the pandemic we are seeing a huge increase in young people looking for support across a range of services. Covid has highlighted the problems that previously existed with some young people not accessing care in a timely enough manner to have a positive impact, and this role will help support young people to identify and access services.

The use of young ambassadors is increasingly seen as good practice and adds value to established processes by embedding the voice of the child into them, through direct involvement in key service activity. This role would represent and champion the views and needs of those children with additional needs.

This ambassador post would be ringfenced for a SEND young person. Work is underway to identify the relevant apprenticeship scheme and develop a recruitment process.

Cradle

We have also recently supported Cradle – a national pregnancy loss charity working with healthcare professionals to support their pregnancy loss services. They provide Cradle comfort bags to hospitals which are filled with essential toiletries made available to women or couples receiving care, during or following pregnancy loss. QE Gateshead is currently one of the hospitals supporting this initiative.

Commissioning of care homes

The CCG and Gateshead Council agreed joint commissioning and contracting arrangements, to support our shared vision for adult care homes.

This work has been underpinned by:

- Financial support to help care homes address recruitment and retention pressures
- A new System Quality Assurance process to support care homes with the challenges they face
- Introduction of a new Health Call system across older people's care homes.

Over the coming year, our objectives include:

- Aligning care home contract models across all adults
- Getting new delivery models and contracts in place to meet current and future demands

- Introducing new fee models to take into account the requirements of the Fair Cost of Care exercise to support market reform and sustainability
- Securing beds for short term support to work alongside the new Promoting Independence Centre that is opening in spring 2023.

Community mental health transformation

Our new community model in Gateshead has seen a radical change in our approach to supporting people with their mental health, by integrating community-based systems of care and support and linking closely with wider community services and primary care.

The key elements of this approach are:

- Developing a coordinated local offer within each Primary Care Network
- Focusing on the wider determinants of mental and physical health
- Building local capacity and opportunities
- Informing our work with insights from experts by experience
- Increased communication and information-sharing between partners
- Creating a skilled local workforce
- A focus on early intervention and prevention
- Closer working and integration of clinical and non-clinical services

The first year of this approach has seen several achievements. A review of the mental health workforce at PCN level which has led to the introduction of mental health practitioner and peer support worker roles.

In addition, a virtual hub now links up different parts of the system to support joint working and improved referral routes. This has been developed in partnership with Gateshead Council, as part of a new locality working framework and more recently this work is being aligned with the development of Family Hubs in Gateshead as part of a transformation fund from DfE.

Mental health is at the heart of the borough's new housing strategy, and the remodelling of homelessness accommodation and support services.

After a review of mental health residential care, the findings are being used to develop an integrated model of residential care in conjunction with the local authority.

Progress is continuing on further development of the current offer for emergency and urgent crisis provision and identifying opportunities to improve the offer and referral routes.

The voluntary and community sector is pivotal to the success of community model development and transforming how we understand need, address inequalities and commission services to better meet the needs of our population. A successful small grants scheme was launched in April 2022, targeted at smaller organisations to come forward with initiatives to support non-clinical solutions to supporting people with their mental health. The learning from this scheme will inform commissioning intentions for 2023 and beyond.

Work also continuing on the crisis pathway by bringing in other partners such as Northumbria Police, North East Ambulance Service and the 111 service to develop innovative solutions to avoid attendance at A&E, hospital admission and Section 136 detention.

Some exciting projects are now coming to fruition. We are currently out to procurement for a Children and Young People's Trauma Informed Care Team which will sit alongside the Children's Social Work Team to target support to some of our most vulnerable children and young people in Gateshead.

There will continue to be a focus on people with personality disorder, mental health rehabilitation and inequalities and further development of the workforce. A community development approach will build local capacity, alongside a network to ensure people get the support they need at the right place and the right time.

In addition, we will focus on estates, interoperability, information-sharing and a trusted assessor model to ensure we have a robust infrastructure.

Frailty

An 'Active at Home' programme is in operation in Gateshead which is a joint approach with Gateshead Council, NHS Community Services and Social Prescribing Link Workers.

The programme offers support and resources to over-50s who may be at risk of deconditioning due to underlying frailty or medical conditions. The service works to help people be more active in their own homes through strength and balance exercises and activities appropriate for their ability and level of need.

In addition a new strength and balance pathway is also in place.

The pathway includes two main elements – a Falls Management Exercise Programme delivered by Gateshead Older Persons Assembly and a Home Exercise Programme delivered by Gateshead Health NHS Foundation Trust.

Primary care in Newcastle Gateshead

Newcastle Gateshead CCG has 59 GP practices, which are part of 12 Primary Care Networks, caring for a population of around 535,000 people.

Primary Care Networks

Primary Care Networks (PCNs) are a key part of the national Long-Term Plan for the future of the NHS. As demand increases on healthcare services, PCNs bring core primary care services together to enable greater provision of proactive, personalised, coordinated and more integrated health and social care.

In 2022-23 we continued to build on the successful establishment of the 12 Primary Care Networks across Newcastle and Gateshead. Working together to manage the pandemic, it has been possible to improve communication and joined up working among PCNs, as well as between PCNs and wider healthcare services. The PCN Clinical Directors have been key in system service discussions, and this has built strong foundations for continued development. The CCG commissioned a company to work with PCNs to develop a PCN Estates Strategy, which involved engagement with both practices and PCNs, alongside the completion of a six-facet survey to determine the current state of buildings and facilities. This work has been completed and we are reviewing and prioritising the primary care estates requirements across Newcastle and Gateshead.

Details of the 12 PCNs across Newcastle and Gateshead as at April 2022 are set out below.

Primary Care Networks in Gateshead		
Population	Network	Practice Name
65,932	Central - South	Fell Tower Medical Centre
		Bensham Family Practice
		Fell Cottage Surgery
		Metro Interchange Surgery
		Millennium Family Practice
		Wrekenton Medical Group
		Bewick Road Surgery
		Central Gateshead Medical Group
		Beacon View Medical Centre
		Bridges Medical Centre
36,177	Birtley / Oxford Terrace & Rawling Road	Oxford Terrace & Rawling Road Medical Group
		Birtley Medical Group
		Second Street Surgery
29,955	East	Longrigg Medical Centre
		Crowhall Medical Centre
		St. Albans Medical Group
		Pelaw Medical Centre
45,526	Inner West	Glenpark Medical Centre
		Chainbridge Medical Partnership
		Whickham Health Centre
		Teams Medical Practice
		Sunniside Surgery
31,734	Outer West	The Medical Centre (Rowlands Gill)
		Crawcrook Surgery
		Oldwell Surgery
		Chopwell Primary Health Care Centre
		IJ Healthcare (Ryton/Hollyhurst)
		Grange Road

Primary Care Networks in Gateshead		
Population	Network	Practice Name
		Blaydon GP Practice

Primary Care Networks in Newcastle		
Population	Network	Practice Name
39,869	Central	Saville Medical Group
82,276	East	Biddlestone Health Group
		Walker Medical Group
		Benfield Park Medical Group
		Heaton Road Surgery
		Thornfield Medical Group
		St Anthony's Health Centre
		Newcastle Medical Centre
30,689	West End Family Health	West Road Medical Group
		Cruddas Park Surgery
		Holmside Medical Group
53,410	Inner West	Prospect House Medical Group
		Betts Avenue Medical Group
		Fenham Hall Surgery
		Grainger Medical Group
		Dilston Medical Centre
51,091	Outer West	Denton Park Medical Group
		Parkway Medical Centre
		Westerhope Medical Group
		Throckley Primary Care Centre
		Newburn Surgery
		Denton Turret Medical Centre
34,091	Jesmond - Lower Gosforth	Roseworth Surgery
		Avenue Medical Practice
		The Grove Medical Group
		Jesmond Health Partnership
37,674	North Gosforth	The Park Medical Group
		Regent Medical Centre
		Brunton Park Surgery
		Gosforth Memorial Medical Centre

GP practice changes

Gateshead Outer West practices

In June 2022, we awarded a contract to a new provider for the four GP practices in the outer west of Gateshead - Rowlands Gill, Crawcrook, Ryton (Grange Road) and Blaydon, who are currently under an emergency contract with Gateshead Health NHS Foundation Trust until 31 August 2022. The new contract will commence on 1 September 2022 for seven years, with the option to extend for a further two. The new provider is Reimagining General Practice GPMS Services Ltd.

Great Park – Additional Primary Care Services

The CCG carried out a detailed needs assessment which concluded that there was a need for additional primary care services in or around Great Park. This was followed by an options appraisal which considered potential relocation of an existing practice or creation of a branch site for an existing practice. Following consultation with several practices in the area, the CCG has progressed the branch surgery option and has been working to identify a lead practice.

Cruddas Park development

The Cruddas Park medical practice extension was completed which has resulted in an increase in space available to provide services to local people, ensuring greater and easier access to these services. The practice is looking forward to being able to make best use of the additional space available to them and linking with local partners as appropriate.

Regent/Broadway merger

In November 2021, Regent Medical Centre and Broadway Medical Centre, both based in Gosforth, agreed to merge because of the intended retirement of the senior partner at Broadway. Following consultation and engagement with patients at both practices, the merger took place on 1 April 2022.

Improving mental health services in Newcastle Gateshead

Much of our work to enhance mental health services is set out in the local working sections for Newcastle and Gateshead respectively. This section outlines some additional areas of work which relate to both areas.

Recoco – the Recovery College Collective

We continue to work closely with ReCoCo, a peer-led education and support service, enabling increased understanding, resilience and connection for people suffering from mental distress, trauma-related life difficulties and multiple disadvantage.

ReCoCo's educational model of recovery focuses on developing the individual's strengths, and enables them to develop their own resources, rather than a traditional 'expert-led' approach which tends to focus on problems. Throughout the Covid-19 pandemic, the recovery college has played an important role, changing its model of delivery to provide virtual access to support. It has also delivered a pilot programme to frontline health teams focused on reflection and tools to improve their mental health and wellbeing.

Learning Disability and Autism

We play an active role in the North East and North Cumbria Learning Disability and Autism Steering Group, which works to provide choice and control for people with learning disabilities and autism, ensure they are supported early to improve their quality of life and outcomes, receive well-coordinated care and are living in the most appropriate setting.

During Covid-19, autism services have continued to see an impact both in face-to-face delivery of diagnostic services and waiting times. We have seen a significant increase in demand for services and invested additional resource to support more diagnostic appointments with a range of providers for children and young people and adults.

Early intervention in psychosis (EIP) and At Risk Mental State

Over recent years, the CCG has allocated additional funding to improve the early intervention in psychosis service and develop a new At Risk Mental State (ARMS) service. This has included:

- **Individual placement support** to help individuals access the right job with the right support. This involves integrating employment specialists into the clinical team, so that it can become more effective at supporting people to access competitive paid work. There is strong evidence that returning to work can be a very effective tool in supporting recovery.

During the pandemic, we have seen this service grow in strength, not only focusing on supporting people to find employment but also supporting employers and employees to maintain employment and providing support around the impact Covid-19 has had on employees' mental health.

- **Extension of EIP services** to the age of 65 (from the traditional 35). EIP services are predominantly driven by Care Coordinator support, with people having access to services within two weeks of care. This is crucial for assessment, care coordination, providing treatments and then transitioning either back into primary care or onwards to further secondary care services.
- **A new At Risk Mental State (ARMS) service**, providing help for young people who are experiencing the early symptoms of psychosis. This service aims to reduce distress, maintain independence, shorten illness, promote recovery and avoid disability. The service also aims to reduce the stigma associated with psychosis and improve professional and lay awareness of the symptoms and the need for early assessment.

Psychosis is a potentially debilitating illness with far-reaching implications for the individual and their family. Early treatment is crucial because the first few years of psychosis carry the highest risk of serious physical, social and legal consequences.

New mental health services

May saw the launch of a new free, safe and anonymous online mental health service in the form of Togetherall.

Togetherall is a place where you can safely voice your feelings and connect with others for your wellbeing. The service is available 24/7 and moderated by mental health professionals and led by an on-duty clinical team to ensure users are safe and supported.

Togetherall provides a space to share feelings safely and anonymously, while there are also courses and resources to help you manage their own mental health, helping with anxiety, depression, low mood or stress.

The new initiative works alongside established services like talking therapies and mental health crisis support.

It follows the recent launch of a mental health support line, as well as the Qwell online counselling and emotional wellbeing service.

Qwell is now available to anyone aged 19 or over living in Newcastle or Gateshead. People can access the service anonymously at www.qwell.io, while local employers can also support their staff by signposting them to the service.

Qwell offers free, anonymous access to resources, an online community and live messaging with an online support team. Users can also drop in or book one-to-one online chat sessions with counsellors.

The Qwell service builds on the success of kooth.com, which offers professional counselling and support to anyone in Newcastle or Gateshead aged between 11 and 18.

The new mental health support line is provided by the charity Tyneside and Northumberland Mind. The service offers an alternative to crisis service which includes listening, practical and emotional help for anyone aged 16 and over who believes their mental health is approaching crisis point.

The service provides a range of interventions to broaden the support available to those who are pre and post crisis, including an open, accessible telephone support line, a 1:1 listening service (for those either stepping down from intensive support from Clinical Coaches or those who require guided support to help them better manage their wellbeing and aren't already receiving support from any other talking therapy) and clinical coaches who provide therapeutic and practical in-depth support in the community for those who are near to crisis due to their mental health, to help people understand what has led them to crisis and develop new ways of coping.

Support after suicide

If U Care Share offers a service provided by professionals who have personal experience with suicide, offering a safe environment in which to discuss your bereavement. The service provides support from people with lived experience and a place to share your own experiences of losing a loved one to suicide.

In 2022 we have extended the support to those affected or bereaved by suicide to provide a rapid response to people who are suffering from trauma and bereavement ensuring support for

children and young people aged 6 to 18 living in Newcastle and Gateshead who have been through a traumatic death or suicide experience with their family or friends. This is also provided by Northumberland and Tyneside Mind.

Supporting young people's wellbeing in schools

The RISE service provides a 'whole school approach' for low intensity emotional wellbeing and mental health needs. The team supports schools, colleges and elective home educated children and young people, parents/carers and professionals.

Our highly trained Education Mental Health Practitioners and Wellbeing Practitioners work alongside education professionals and parents/carers to offer low-intensity mental health support for children and young people aged 5–18.

The 'whole school approach' includes:

- One to one work
- Small groups
- Class workshops
- Assemblies
- Training offer
- Digital offer - information for parents/carers of good quality apps and resources, plus wellbeing resources via the RISE website, social media pages and YouTube channel

RISE offers a range of therapeutic approaches to encourage children and young people to feel able to manage how they are feeling and talk through things that are on their mind.

These might include:

- Education on managing anxiety/worries
- Low mood - sadness
- Exploring emotions/emotional regulation
- Self-esteem
- Resilience
- Friendships
- Advice on sleep hygiene, problem solving and panic attacks
- Exam stress
- School transitions
- Signposting to other appropriate services/support

Between February 2021 and May 2022, the team worked with 32,428 children and young people in Newcastle and Gateshead.

Long-term conditions in Newcastle Gateshead

Care and support planning

Care and support planning is a proactive approach to managing single or multiple long-term conditions, which general practices in Newcastle and Gateshead are using. It replaces routine reviews, and includes advance 'preparation' to help patients identify the issues that matter to them, including their own goals and action plans. It can also involve linking patients with community activities, where that is appropriate.

Practices in Newcastle and Gateshead have progressed well over recent years in implementing care and support planning, using the 'Year of Care' approach.

Over the past three years, our practices have had to make changes to the support they provide due to the Covid-19 pandemic and the subsequent vaccine programme, which they have been delivering alongside the usual patient care services.

To keep patients and staff safe, practices initially moved to more remote consultations, and more recently have been using a combination of face-to-face and remote consultations based on the needs and preferences of individual patients.

We have continued to support practices and patients in making this change, providing updated patient materials, with support from the Year of Care Partnership, as well as offering advice and training on care and support planning delivered usually by telephone.

As a result of the Covid-19 pandemic and vaccination programme, practices were given guidance on prioritising patients to recall for care and support planning for their long-term conditions. The CCG provided practices with access to video technology for people who wished to use this approach. Services are now in a recovery phase and while the guidance on prioritisation of patients for care and support planning remains in place, practices are now encouraged to move back to delivering this within face-to-face appointments.

Practices continue to work closely with social prescribing link workers to offer support to people with long term conditions. The CCG works with the Year of Care Partnership to offer practices training and support to continue to deliver Care and Support Planning to their patients, including supporting new members of staff, individual practices and sharing ideas about how the approach can be expanded to include more people.

Targeted Lung Health Checks

The Targeted Lung Health Check programme continues to run in Newcastle and Gateshead. The primary aim of this programme is to identify and diagnose lung cancer at an early, treatable stage. This is done by inviting people who are most at risk of developing lung cancer to attend a Lung Health Check (LHC).

As well as identifying lung cancer at an earlier stage, the programme could also help detect other lung health conditions earlier, such as Chronic Obstructive Pulmonary Disease (COPD). Smoking cessation advice and support is also offered to help change those behaviours which contribute to poor lung health.



Patients eligible for the lung health check are aged 55 to 74. They must be registered with a GP in Newcastle or Gateshead and have smoked at some time in their lives.

Everyone attending a lung health check will also be risk assessed against criteria to identify whether they are at an increased risk of developing lung cancer, and for those participants with an increased risk, a low radiation dose computed tomography (CT) scan will be offered.

The programme started in April 2021 and will run until September 2025. In the first half of the programme, all eligible participants will be invited to a lung health check. In the second half of the programme, any participant who had a CT scan after their lung health check will be invited back for a 24-month follow-up scan.

The lead provider for the programme is the Newcastle Hospitals NHS Foundation Trust, but this is a system-wide piece of work involving key partners from across the health and social care system. Since its launch back in April 2021, the programme has been running with only a small number of practices in order to manage capacity.

The programme is now widening its reach by bringing more practices on board, until all practices have been invited by October 2023.

Healthier You: NHS diabetes prevention programme

We are active within Healthier You, the national NHS diabetes prevention programme, which is led by a partnership between NHS England, Public Health England and Diabetes UK. The programme is provided by Reed.

The programme works to deliver behavioural interventions for individuals identified as being at high risk of developing Type 2 diabetes, with the aim of preventing or delaying 18,000 cases of diabetes among the five-year cohort of 390,000 participants by the end of the fifth year.

The programme focuses on three core goals - weight loss, dietary achievements and physical activity. Since April 2020, the service has received 2,735 referrals from Newcastle and Gateshead (as at June 2022).

Regional initiatives

Great North Care Record

The Great North Care Record (GNCR) is a way of sharing health and care information between practitioners and with individuals.

GNCR digitally shares patient information from a range of health and social care providers together across the North East and North Cumbria safely and securely, helping to make care better and safer.

GNCR provides access to potentially life-saving patient information at the click of a button, such as diagnoses, allergies, medications, test results, visits and treatments. This means health and social care staff don't have to depend upon a patient's understanding when they are feeling unwell. They also do not need to spend time making a number of phone calls or reaching out to other organisations to pull together a complete view of the patient's history.

- One hundred per cent of primary care data is being shared – this covers 3.2 million patient records from 413 GP practices Out-of-hours providers have access
- Eight acute trusts view GNCR and six trusts contribute data to HIE (health information exchange)
- Both mental health trusts view and one shares data
- Over 200 community services are both viewing and sharing data including Child Health Information Services
- North East Ambulance Service view (crews and service centre) and share crew reports into GNCR
- Five local authorities view GNCR with two also sharing information regionwide
- Across the region, the HIE is now supporting nearly 400,000 patient encounters every month

GNCR is the most-used Cerner HIE in the country with staff in the North East and North Cumbria with access to the system viewing shared records more than 377,000 times a month (as of May 2022) – the highest figure yet.

The next stage, the MyGNCR development, will see GNCR integrate with the NHS App by providing patients with a single digital front door to access secondary care services. It will include appointments and correspondence, which will be sent to the NHS app allowing patients to add these to their calendar and receive reminders.

For more information, please visit www.greatnorthcarerecord.org.uk.

Capacity Tracker

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



Capacity Tracker provides a platform for care homes, in-patient community rehabilitation, substance misuse and hospice providers to make visible their vacancies and other critical information through minimum input to provide rich information across health and social care organisations, to help reduce the time taken to discharge individuals from hospital, PPE to enable rapid response from local/regional teams.

It enables care homes to make their vacancies instantly visible to all discharge teams across England in real-time and is accessible from any desktop or mobile device and is used by 99% of all care homes in England. This helps individuals make the right choice, ensuring they don't stay in hospital any longer than is necessary when discharge to their own home is not possible. The simplified process reduces stress and anxiety for the individual and their families at a time when they need care and support.

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

Performance summary

Measuring our performance helps us to ensure our services are delivered to a quality standard and provide value for money. The CCG has internal processes in place to manage performance against the range of indicators including a mechanism to work with internal and external colleagues to identify areas of risk, and implementation of action plans to mitigate these.

This ensures improvements in performance are delivered. Throughout the year, reports are provided to our Governing Body setting out our performance against the agreed local and national measures. Monitoring performance also helps us in understanding the effectiveness of services, together with the role of quality assurance and financial management.

Key issues and risks

Information about our key issues and risks is given in the governance statement, which is part of the accountability report later in this document. Significant additions to the risk register this year include a number of risks that have arisen as a result to the Covid-19 pandemic: changes to CHC assessments as a result of Covid-19 response, medium to long-term financial uncertainty and the impact on safeguarding vulnerable groups as a result of the pandemic. The potential adverse impact to CCG service delivery from a cyber-attack has also been documented as an operational risk.

Performance analysis

Performance measures and the impact of the Covid-19 Pandemic

Patient care activity was significantly reduced when the pandemic first hit in March 2020. This was due to the national pausing of non-urgent face to face elective outpatient and inpatient activity for 3 months to release capacity to care for Covid-19 patients and to reduce the risk of transmitting Covid to non-Covid patients in hospital. Changes in primary care activity and delivery meant that very few patients were referred from GPs to hospitals for elective care.

Following the first peak, elective capacity was increased but was limited in order to introduce protocols to protect staff and patients such as significant infection prevention and control measures e.g. social distancing staff and patients, increased settle time between aerosol generating procedures and reducing the number of beds in bays.

Both Gateshead Health and Newcastle upon Tyne Hospitals NHS FT began to recover their inpatient services until a third surge in the winter 2020 where critical care and workforce pressures meant that non-urgent elective activity were again limited. Further waves followed and both Trusts continue to prioritise cancer and urgent patients throughout, with Newcastle Hospitals NHS FT providing both regional and national support. There is now a firm focus on recovering activity levels and reducing waiting times, mindful of workforce pressures caused by subsequent waves.

We continue to monitor against the targets as set out by the NHS Constitution and the CCG Assurance Framework, although note nationally the impact of the pandemic. Here we highlight our performance against the key areas, such as A&E four hour waits, ambulance handover times, cancer waiting times, referral to treatment, our local quality indicators, healthcare acquired infections and mental health. The most up to date available data has been used to prepare this report.

All clinical commissioning groups in England are subject to a comprehensive annual assessment which is led by NHS England. This examines key components and considers the strengths, challenges and areas for improvement before applying a headline rating of outstanding, good, requires improvement or inadequate. The CCG end-of-year assessment process for 2020/21 was simplified due to the continued impact of the COVID-19 pandemic and the change in priorities in response to this.

Newcastle Gateshead CCG was awarded an overall rating of “Outstanding”, in 2019/20, when assessed against the Better Health, Better Care, Sustainability and Leadership domains.

NHS Constitution

CCG performance is reviewed by NHS England to ensure that it is delivering quality outcomes for patients, and delivering the expectations of the NHS constitution. Particular challenges continue to be seen in 2022/23, with many areas, in particular waiting times which have been adversely effected by the pandemic resulting in a significant growth in long waiters nationally. Moving forward we will continue to work with our providers with a focus on a reduction in long waiters.

G = At or above expected standard

A = Just below expected standard

R =Significantly below expected standard

Urgent care performance

A&E 4 hour waits

R

The principal measure used to assess local urgent care performance is the standard that 95% of patients attending A&E will be admitted or discharged within four hours.

In 2022/23 June 2022 year to date 80.2% of Newcastle Gateshead CCG patients were admitted or discharged within four hours, which is below the 95% standard.

Reduced staffing and sickness due to the pandemic as well as reduced bed capacity and increased Covid patients has impacted on flow across the hospitals.

Ambulance response times

A

NEAS have managed to deliver a mean response time for Newcastle Gateshead CCG Category 1 calls of less than 7 minutes, delivering 6:30 (mm:ss) June 22 YTD against the 7 min target. The Cat 2 standard of 18 minutes is outside of the target June 22 to date at 40:41 (mm:ss) for Newcastle Gateshead CCG.

A&E Decision to admit >12 hours to admission

A

Gateshead Health has had 86 and Newcastle Upon Tyne Hospitals NHS FT has had zero incidents of patients waiting more than 12 hours from the decision to admit to actual admission, June 2022 to date.

Cancer Waiting times

R

The NHS Constitution requires that CCGs must achieve a set of cancer waiting times standards. Some of the key standards are not currently being met, pressures compounded by the pandemic, although both trusts continue to prioritise cancer patients. There is an ICS prioritisation hub where cancer patients are prioritised across the region, and Newcastle upon Tyne Hospitals NHS FT has provided support by taking cancer patients from local hospitals.

Cancer 2 week waiting times

R

In 2022 as at June YTD, the percentage of patients who are currently receiving an outpatient appointment within two weeks when referred by their GP is currently below the required level at 80.5% compared to the 92% standard.

2 week wait breast symptomatic

R

In 2022/23 as at June 2022, the percentage of patients who were referred urgently for an outpatient appointment with breast symptoms and received their appointment within two weeks is below the required standard of 93% at 62.8%. System pressures across the region have been in existence following a period of significant increased demand and Radiology pressures. A recovery plan is being developed both at a local and regional level.

31 Day first treatment

A

In 2022/23 the data as at June 2022 show that the percentage of patients who were diagnosed with cancer who commenced treatment within 31 days was not within the required standard of 96% at 87.7% June YTD.

62 day GP referral to first treatment for Cancer

R

In 2022/23 the data as at June 2022 show that the percentage of patients who were diagnosed with cancer and commenced treatment within 62 days, following an urgent referral from their GP is currently below the required standard at 48.6% compared to the national standard of 85%. System pressures across the region have been in existence due to significant pressures on secondary care throughout the pandemic and a recovery plan is in place both at a local and regional level.

Other cancer standards

In 2022/23 as at June 2022, other cancer measures are currently performing as follows:

- 31 day treatment – radiotherapy
- 62 day screening to 1st treatment for cancer

G

A

A national review of cancer standards is currently underway with a focus on three standards: faster diagnosis, 31 day treatments and 62 day referral to treatment waiting times.

Healthcare acquired infections

G

All CCGs have objectives for HCAs set by NHS England. There is a zero tolerance of MRSA (Methicillin Resistant Staphylococcus Aureus), so all commissioners and providers targets are zero. Organisations across the North East have demonstrated an improvement in the HCAI rates compared to 2016/17 and it has been acknowledged nationally that there have been significant improvements over recent years. CCGs are required to meet national standards for clostridium difficile (CDiff) and MRSA.

In 2022/23 the data as at June 2022 year to date show that there have been 0 published cases of MRSA at Newcastle Hospitals NHS FT and 0 published cases of MRSA at Gateshead Health NHS FT.

Improving access to psychological therapies

Access

A

Newcastle Gateshead CCG delivered access to psychological therapies for patients diagnosed with depression or anxiety, at a level below the 19% national requirement as at June 2022/23 to date. Throughout the pandemic referrals have significantly dropped but are now beginning to increase.

Waiting times

G

Newcastle Gateshead patients accessing psychological therapies are currently waiting less than 6 and 18 weeks for their initial appointment in Newcastle and Gateshead which is within the required standards).

Moving to recovery

G

53% of Newcastle Gateshead CCG patients accessing psychological therapies move to recovery (based on data as at November 2021) which is in marginally below the national requirement of 50%. There is an action plan in place to address this.

Mixed Sex Accommodation

G

Under the NHS Constitution, providers of NHS funded care are expected to eliminate mixed-sex accommodation. There have been no breaches of this standard during April to June 22/23.

Referral to Treatment waiting times

R

In 2022/23 data as at June 2022 YTD 70.5% of Newcastle Gateshead CCG patients who continued to wait for treatment had been waiting less than 18 weeks, compared to the 92% standard, with a number of patients waiting over 52 weeks. We will continue to work with our secondary care providers to move towards recovery and a reduction in long waiters which have grown as a result of the pandemic.

Nationally due to the pausing of non-urgent elective activity, and the reduction in capacity due to staffing and critical care pressures, the position has deteriorated significantly.

Friends and family test

The friends and family test is intended to be a simple assessment which measures patient experience of our main acute providers. Current experience at Newcastle upon Tyne Hospitals NHS FT and Gateshead Health NHS FT has been reported by patients as positive, and response rates have been improving.

Financial performance

The Governing Body approved a commissioning budget for 2022 in May 2022 for the first annual year 2022. The total based was based on an initial allocation of £867.6m for Programme Commissioning costs (including £5.9m top up and elective recovery funds), plus £86.9m for the delegated Primary Care Commissioning Budget, £9.4m for Running costs and a further £24.7m. This provided a total CCG allocation for April – June 2022 of £963.9m.

The full year budget based on the 2022/23 financial framework was as follows:

	£m
Programme Budget	867.6
Primary Care Delegated Budget	86.9
Running Cost Budget	9.4
Total	963.9

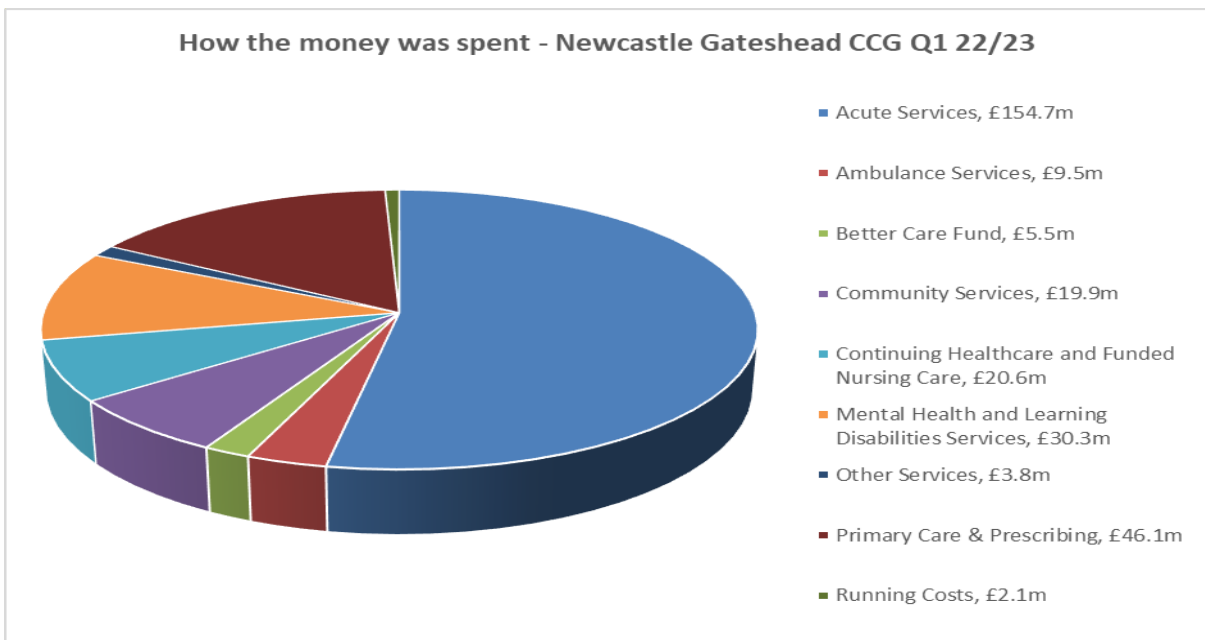
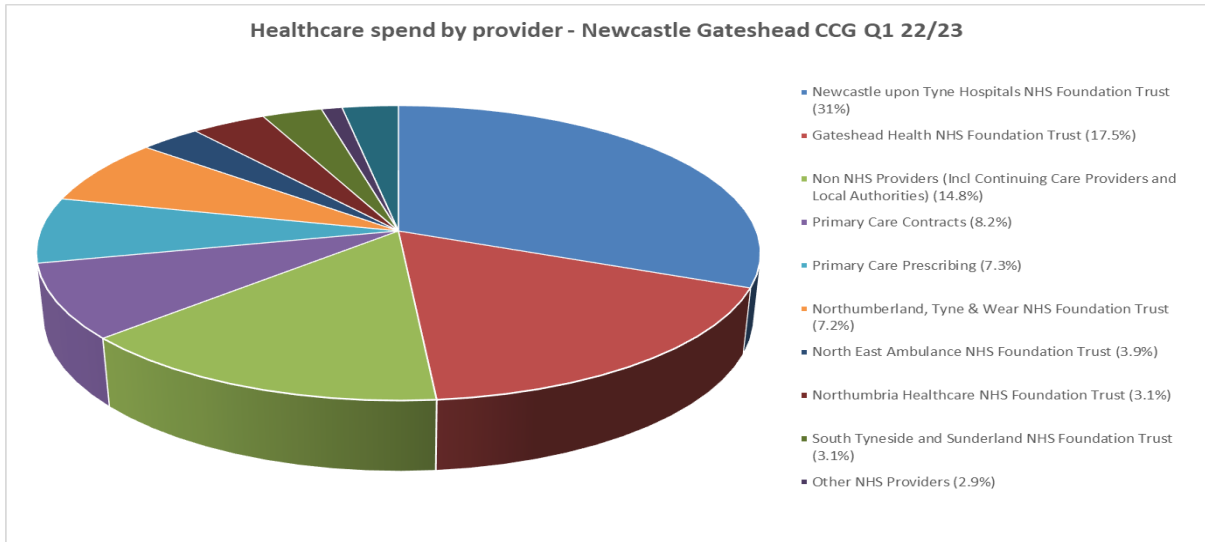
The **initial budget** for the first 3 months of 22.23 was.

	£m
Programme Budget	254,184
Primary Care Delegated Budget	21,715
Running Cost Budget	2,345
Total	278,244

This was before any M3 retractions into ICB.

The CCG operated as a statutory body until 30th June 2022 and then became part of the newly formed North East and North Cumbria Integrated Care Board.

For the 3 months to end of June 2022, an in-year breakeven position was reported against adjusted final resource allocation of £292.5m, for which total expenditure of £292.5m was applied in the following way:



Key financial performance indicators

Revenue resource limit

The CCG's performance for period to June 2022/23 is as follows:

Revenue resource limit	2022/23
	£000
Total net operating cost for the financial year	292,501
Final revenue resource limit for year	292,501
Underspend against revenue resource limit	0

Better Payment Practice Code

There is a financial obligation under the Better Practice Payment Code to pay 95% of creditors within 30 days of invoicing or receipt of invoice or goods, whichever is the later. Overall performance for the period was that 99.8% of correctly addressed and undisputed invoices were paid within the required 30 days as a percentage of the total value of invoices paid and 98.63% as a percentage of the total number of invoices paid in the period. A breakdown across NHS and Non-NHS creditors is shown below:

Better Payment Practice Code	Apr – June 2022/23	
	Number	£000
Non-NHS creditors		
Total bills paid in the year	5,786	75,629
Total bills paid within target	5,707	75,074
Percentage of bills paid within target	98.63%	99.27%
NHS creditors		
Total bills paid in the year	93	208,504
Total bills paid within target	93	208,504
Percentage of bills paid within target	100%	100%

Running costs

The CCG was required to maintain running costs within a total allowance of £2.4m for April to June 2022/23. The broad definition of running costs is that it will include any cost incurred that is not a direct payment for the provision of healthcare or healthcare related services.

Running costs		2022/23
Running costs (£000)		2,080
Population (number)		538,371
Running cost per head of weighted population (£)		3.86
Running cost per head full year equivalent (£)		15.44

Looking ahead

For 2022/23 funding allocations have been issued at Integrated Care Board (ICB) level with a delayed planning process once again reflecting the impact interim funding arrangements during the previous year as a result of the Covid-19 pandemic and wider response across the NHS.

The future financial framework will continue to support system collaboration with a focus on financial discipline and management of NHS resources within system financial balance. Partner organisations will continue to work together to deliver the new duties on ICBs and trusts. The 2022/23 financial allocations reflect a glidepath from current system revenue envelopes to fair share allocations. ICB revenue allocations will be based on current system funding envelopes, which continue to include the funding previously provided to support financial sustainability. In addition to a general efficiency requirement, a convergence adjustment has been applied to bring systems gradually towards their fair share of NHS resources.

Significant joint work has taken place across the existing CCGs which will form the new North East and North Cumbria ICB to develop joint and consistent financial plans for 2022/23. This has also extended to collaboration with NHS provider organisations to support the delivery of objectives set out in the 2022/23 priorities and operational planning guidance.

Following the commencement of the NENC ICB as a new statutory body from 1st July 2022, financial responsibility and accountability has moved from NGCCG with place based budgets forming part of the new financial framework.

Annual accounts

The annual accounts and primary financial statements for the reporting period have been approved by the Governing Body as being prepared under directions issued by NHS England and represent a true and fair view of the financial standing of the CCG.

Sustainable Development

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. Sustainability 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 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
Business Cases	Yes
Travel	Yes

Travel

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

Every action counts and we are a lean organisation trying to realise efficiencies across the board for cost and carbon reductions. We support a culture for active travel to improve staff wellbeing and reduce sickness.

The CCG actively manages business travel and encourages staff to use technology for meetings, such as teleconferencing. When travel is needed, staff are encouraged to travel together and to use the CCG’s electric vehicle when attending external appointments.

One of the beneficial unintended consequences of the pandemic has been the shift in how we work. Most employees have been working from home for the past year, utilising digital tools such as Microsoft Teams to meet colleagues virtually and to continue to deliver business. This has drastically reduced our travel to work mileage and associated emissions. As staff remained working from home throughout 2021/22 the CCG saved an estimated 200,000 travel to work miles. Whilst throughout 2022/23 staff have begun to work more from the office, a hybrid working model is being adopted meaning a reduced number of travel to work miles compared to pre-pandemic levels will continue.

Improve quality and safety

NHS Newcastle and Gateshead CCG believes passionately that all patients should receive care that is of the highest quality, safe and reliable. The CCG places quality, patient safety and clinical effectiveness at the centre of everything that we do, it is a core element of all our functions and the golden thread running throughout all our business. The CCG has a statutory duty to improve the quality of services provided for our local population and a responsibility to ensure that we commission safe, high quality and effective services which result in positive experiences for patients.

The CCG has Quality Review Group (QRG) meetings in place for all NHS Foundation Trusts to monitor, evaluate and drive forward quality standards. These meetings provide a forum to enable commissioners and providers to have productive and transparent dialogue, the opportunity to identify best practice, innovation, areas for improvement, lessons learnt and evidence of improving patient outcomes. Regular QRG meetings have continued to be held with our Foundation Trusts despite the significant operational challenges they have faced due to the pandemic. We receive assurance in areas such as the delivery of COVID-19 recovery plans, safe staffing levels, incident reporting and learning processes, falls and pressure prevention management and harm minimisation, compliance with NICE guidance and mortality reviews. We also receive assurance relating to any national enquiries or reports published, such as the Ockenden Report and national CQC patient surveys, including gap analysis and any improvement actions being taken.

The CCG member practices continue to play a key role in the identification and reporting of clinical quality intelligence about our providers. The Safeguard Incident and Risk Management System (SIRMS) enables practices to report incidents and soft intelligence that they and their patients have experienced across all of our providers. Within Newcastle and Gateshead 100% of our practices have access to SIRMS and during quarter 1 (April – June 2022) there was a total of 299 incidents reported.

To ensure that quality is at the heart of the CCG's oversight and assurance processes, performance and quality concerns and risks are escalated appropriately and openly. The Governing Body receives a monthly report which highlights performance and quality exceptions and actions being taken to improve and mitigate any risks. This allows for robust challenge from the Governing Body members on all aspects of quality and performance.

The Quality, Safety and Risk (QSR) Committee is a sub-committee of the Governing Body, which has responsibility for ensuring there are appropriate governance systems and processes in place to monitor and ensure delivery of high quality, safe and effective patient care. The committee receives quality exception reports which provides an overview of quality, patient safety and clinical effectiveness from our main NHS providers, ensuring that there is a focus on the key issues, learning, preventing failures and driving improvements.

The QSR committee has also received regular COVID-19 updates across the health system including updates on recovery plans, safeguarding adults, safeguarding children's and looked

after children's briefings and annual reports, SEND inspections and outcomes, Ockenden report updates, Annual LeDeR Report, medicines optimisation reports, SIRMS thematic reports and serious incident reports. To provide the committee with further assurance they also routinely receive minutes from a wide range of meetings, such as the QRGs, serious incident panel and medicines and pathways committee.

The CCG has a robust process in place for the assurance, management and closure of serious incidents reported by commissioned services. The CCG serious incident panel meets monthly and is chaired by the Executive Director of Nursing, Patient Safety & Quality or Clinical Lead for Quality Assurance. Providers are invited to attend the CCG serious incident to provide further assurance and clarity around their investigation reports. The panel ensures that serious incidents are only closed when assurance is gained that appropriate actions have been taken by the provider and lessons have been learned to ensure patients receive high quality care. Where trends or themes have been identified we have worked in partnership with providers to agree the actions needed to improve the quality of care.

In line with the national NHS COVID-19 pandemic guidance the CCG paused the annual commissioner led assurance visiting programme to provider sites. However, as restrictions eased the assurance programme re-commenced and a number of visits to providers have taken place. These visits provide the CCG with the opportunity to meet frontline staff and patients to gain their views and also to obtain first hand evidence of care delivery.

The CCG continues to monitor the quality, performance, and service improvements across all GP practices in Newcastle and Gateshead, which is overseen by the Primary Care Quality Group. We have continued to develop our primary care quality dashboard to incorporate both national and local data on a range of quality metrics to provide an all-round view of quality. This has allowed a more proactive approach and enabled the CCG to have earlier supportive conversations with GP practices to gain assurance.

Each GP practice receives their quality dashboard each quarter and quality data is shared with each Primary Care Network (PCN). This approach of sharing the data both individually with practices and PCNs has helped to support reflection, enabling any quality issues to be explored and any underlying factors identified and addressed. We have encouraged practices to work closely with their PCNs and neighbouring practices on what has worked well and to implement solutions where improvement is needed, which will help to drive up and improve quality in primary care. The Quality Team also provides support with serious incidents from General Practice, which are taken through the CCG's internal serious incident governance processes.

The CCG has a role in ensuring that good quality care is delivered by care homes and domiciliary providers in Newcastle and Gateshead and any concerns are identified and managed in order to make improvements to ensure safety and enhance quality. The CCG's Care Home Quality team works in collaboration with the local authorities to ensure that effective processes are in place to provide assurance that providers are delivering good quality and safe services. Where concerns are raised the team provides a supportive and facilitative role to the provider to ensure improvements in quality and safety are made. The team focusses on

quality improvement in care homes and facilitates specialist training, working in partnership with the CCG safeguarding team, CQC, Acute Trusts and community nursing teams.

The CCG is a member of the North East and North Cumbria Quality Surveillance Group, at which information and intelligence on providers is shared between NHS England & Improvement, local CCGs, and other agencies. This intelligence is then communicated to the QSR Committee and Governing Body as part of the assurance process.

Engaging people and communities

Involving our communities is a key part of our work. By listening to our communities and bringing all partners together, we aim to ensure that patient experience is at the heart of everything we do. Increasingly, by using 'co-production' methods with our service users, we can work together to maintain and enhance high quality services through better commissioning.

In anticipation of the move to Integrated Care Board (ICB) working from July 2022, we restructured many of our engagement activities. This included new 'place-based' forums in Newcastle and Gateshead, which bring together patients and healthcare providers, as well as voluntary organisations, Council service providers, and other public bodies.

Changing the way we listen

The pandemic brought big changes to the way we listen to patients and communities, with the focus on online events offering new opportunities as well as challenges.

While many people welcomed the new approach – some carers and people with disabilities or other time commitments found it possible to attend events for the first time – others have missed the personal interaction of face-to-face meetings.

For some people, online engagement is not suitable, and we know that the pandemic has exacerbated digital poverty and social exclusion, especially for people who cannot afford access to online engagement tools.

We have therefore worked hard to reach out to groups who are less likely to use digital communications. For example, working with the Orthodox Jewish community in Gateshead - who tend not to use social or mainstream media - we have run public health campaigns through their print newspaper, delivered to around 630 homes across Gateshead to promote vital health messages on vaccinations and children's health.

As we move towards a post-pandemic scenario, we are working towards delivering a mixed methods approach, with some of our engagement events delivered face-to-face and others delivered online, to ensure that everyone has opportunities for their voice to be heard and to influence local health services.

Engagement activities across Newcastle Gateshead

A significant part of our engagement resource is delivered through contract, using Involve North East and Haref Connected Voice. These contracts have allowed us to undertake a number of engagement projects across Newcastle and Gateshead during the period covered by this report (April - June 2022).

Annual physical health checks for people with Serious Mental Illness

People with a Serious Mental Illness (or SMI) face a 15 to 20-year reduction in life expectancy as well as a range of health challenges. By working with partners to deliver physical health checks for this group of patients, we aim to better detect preventable illnesses, support screening, make earlier interventions and promote positive health behaviours.

The team is currently evaluating patients' experiences to identify where timely adjustments to the SMI health check process can improve uptake. We expect to conclude this work in summer 2022.

Haref-Connected Voice

Our partners at Haref-Connected Voice engage with ethnically minoritised communities across Newcastle and Gateshead around health and social care issues. The quarterly Haref network brings community groups together to discuss issues around health access and inequalities.

Engagement activities in Gateshead

During April - June 2022, we have continued to hold Gateshead-based Engagement Forum events, which form a key part of our population-wide engagement activities. The forum provides opportunities to discuss issues and hear presentations from patient groups and health and social care experts.

In this quarter, the public and community have been updated on various aspects of our front-line clinical work as well as partnership working with voluntary sector organisations. Presentations and discussions included work with the Community Mental Health Transformation team; Gateshead Older People's Assembly; Gateshead Healthwatch; and Digital Voice for Communities. Online events have been particularly well attended by community leaders, patient groups, residents and health and social care delivery partners.

Long Term Conditions

Our Long Term Conditions Group brings together patients with experience of managing conditions including asthma, diabetes, heart conditions, thyroid conditions, scleroderma, stroke, angina, high blood pressure, high cholesterol, ileostomy, COPD, Hashimoto's thyroiditis, Sjogren's syndrome, lupus, osteoarthritis and cervical spondylosis.

The group's events are a chance for patients to share their experiences, and for clinicians to hear honest patient feedback about healthcare in Gateshead.

In June, the group held its first post-pandemic face-to-face event, held at Gateshead Civic Centre.

Children, Young People and Families

Our Children, Young People and Families (CYPF) team now brings together colleagues from the NHS, Council, social care, police, education and the voluntary sector who work with children, young people, their families and carers.

The group helps colleagues to work more collaboratively and share information on work around children and young people's health and wellbeing in Gateshead. Regular network meetings, a shared e-bulletin and a range of promotional activity has helped to make the group a useful resource for our borough.

We are also planning on undertaking a comprehensive mapping exercise to review the full range of services available to CYPF in Gateshead.

Teenage health resource

Following the success of the Little Orange Book, Gateshead's Children and Young People team is developing a new teenage health resource. Provided both online and in print, this will help young people find out where to get local help on a range of issues, from mental health, body image and bullying to sexual exploitation, drugs and alcohol: an extensive marketing and communications campaign is planned to coincide with its anticipated launch later this year.

Young people are playing a leading role in the project – in content, design and presentation – with a range of engagement events underway to develop it further.

Year 9 school assemblies

A series of online presentations to Year 9 pupils helped young people understand their rights in healthcare, provide anonymous, real-time feedback and ask questions, with support from school nurses. We are grateful to Dr Brian Liddle and Dr Fiona Steedman for helping to deliver these events.

Special Educational Needs and Disabilities (SEND) service awareness sessions

We continue to offer SEND service awareness sessions and met with schools and Further Education colleges. We regularly consult with our Parent Carer Forum, which includes families who have children with SEND needs.

The sessions offer support to staff and teachers, including support with children who need an Education Health and Care Plan and who may require additional input from teaching staff.

The sessions have also helped ensure that schools are linked with GP practices, as these relationships are key in ensuring that clinical professionals who hold vital information and who support the child can make necessary links between the child's health history and their current needs in an educational environment.

Gateshead mental health transformation project

Our engagement team has supported colleagues in continuing to produce a mental health e-newsletter and a dedicated web presence, bringing together all the mental health work streams initiatives taking place in Gateshead.

The team has also supported the recruitment of new mental health Peer Support Worker roles, as outlined in the *Local Working in Gateshead* section above.

During the period April - June 2022, engagement projects in support of this team have included work around the recruitment of new Peer Support Workers for Gateshead; an ongoing review of Residential Care Bed Provision; support for the Urgent and Emergency Crisis task and finish group and a survey of the different pathways through mental health provision.

Cultural awareness and support for refugees and asylum seekers

Training opportunities for CCG and practice staff have included events hosted by the Jewish Community Council of Gateshead, Labriut, and Haref. Sessions help staff recognise the specific cultural needs of various ethnically minoritised communities.

We have also worked with Doctors of the World to provide training and accreditation for GP practices, to ensure that refugees and asylum seekers in Gateshead are fully supported. The initiative, which is also supported by NHS England, the Royal College of General Practitioners and the Royal College of Nursing, has also provided toolkits and communications materials to local practices.

Engagement activities in Newcastle

Our engagement team links with colleagues and partners across the CCG and wider Newcastle health and care system. Our aim is to encourage a system-wide coordinated approach, ensuring that engagement is fully integrated into others' work, and builds on the work of partners.

Newcastle Patient, Public, Carer and Partner Online Engagement Forum

Our Patient, Public, Carer and Partner Online Engagement Forum for Newcastle meets quarterly, considering health and social care issues across the city. Following the pandemic, we are now moving to hosting our forums alternately in both face-to-face and online settings, and will continue to evaluate the preferred methods for the delivery of engagement across all our audiences.

We continue to work with community leaders across Newcastle, and also work with Haref to increase diversity and representation at the forum. This work has helped to create greater interest and attendance at forum meetings, and we hope to continue increasing participation now that we are moving into new Integrated Care Board structures.

Special Educational Needs and Disabilities (SEND)

Our SEND Voice team has worked with young people in Newcastle to co-produce a happiness survey, and provided workshop materials across early years, primary, secondary, special and post-16 provision in Newcastle.

The survey looked at how the pandemic has impacted on the mental health of children and young people. The staff in schools, nurseries and other settings encouraged participation and delivered workshops around the survey.

Engagement also continued with parents/carers, staff, and children and young people in nursery, primary, middle, secondary, post-16 settings to understand needs across the city and influence the commissioning of services. A Children and Young People's SEND Network has now been set up for the first time in Newcastle.

The Collaborative Forum has begun to help decision makers in health, education and social care to work together more effectively and to engage with parent/carers. As part of this work, the SEND Voice team has employed two young people with SEND as trainees in year-long posts, to support all engagement activity. This work has been very successful, ensuring lived experience can shape the engagement approach of the team.

Find out more

You can find out more about our involvement work by emailing ngccg.involvement@nhs.net.

Reducing health inequality

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

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

Public Sector Equality Duty (PSED)

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

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

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

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

Governance

Equality, Diversity, and Inclusion is governed and reports into the Quality, Safety and Risk Committee and Governing Body.

The Governing Body ensures compliance with legislative, mandatory, and regulatory requirements regarding equality, diversity, and inclusion (EDI). It develops and delivers national and regional diversity related initiatives within the CCG, provides a forum for sharing issues and opportunities and monitors the achievement of key EDI objectives.

Equality strategy

Our Equality Strategy for 2021-2024 was developed at the start of 2021 and incorporates the aims set out within the 'We are the NHS: People Plan 2020/21 – action for us all'. It outlines our strategic direction in fostering a culture of inclusion and belonging, to take action to develop a diverse workforce that is representative of the communities we serve, in effectively training our people, and how we can work together differently to deliver patient care.

The Equality Delivery System 2 - Our equality objectives

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

We have used the NHS Equality Delivery System 2 (EDS2) to continue monitoring our equality objectives outlined below:

Objective 1 – Continuously improve engagement, and ensure that services are commissioned and designed to meet the needs of patients

Objective 2 – Ensure processes are in place to provide information in a variety of communication methods to meet the needs of patients, in particular the ageing population and those with a disability.

Objective 3 - Monitor and review staff satisfaction to ensure they are engaged, supported and represent the population they serve.

Objective 4 – Ensure that the CCG Governing Body actively leads and promotes Equality and Diversity throughout the organisation.

Our staff - encouraging diversity

We encourage individuals from diverse backgrounds to apply to and work for us, as we not only recognise the benefits such diversity brings to the quality of our work and the nature of our organisation, but the positive impact this has on our communities and the patients that we serve.

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



By working closely with DWP, we have maintained our 'Level 2 Disability Employer' status for 2020 - 2022 by demonstrating our commitment to employing the right people for our business and continually developing our people.

Workforce Race Equality Standard

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

We have due regard to the standard by seeking assurance of compliance from trusts and aim to improve workplace experiences and representation at all levels for black and minority ethnic staff.

Equality Impact Assessments

Our Equality Impact Assessment (EIA) Toolkit is in place so any potential negative impact on any of the protected groups set out within the Equality Act 2010, can be identified at the start of development for a new, proposed service, policy, or process.

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

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

Accessible Information Standard

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

The CCG has due regard to the standard by obtaining feedback from Patient Reference Groups (PRGs) in relation to how we can improve our communication methods and make them more accessible for all.

Further information can be found at: www.england.nhs.uk/ourwork/accessibleinfo

Health inequalities

We have regard to the need to reduce inequalities between patients in accessing health services for our local population.

We understand our local population and local health needs, through joint strategic needs assessments (JSNAs) and we collate additional supporting data including local health profiles

as well as qualitative data through our local engagement initiatives which aim to engage hard to reach groups.

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

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

As the local commissioners of health services, we seek to ensure that the services that are purchased on behalf of our local population reflect their needs. We appreciate that to deliver this requires meaningful consultation and involvement of all our stakeholders.

We aim to ensure that comments and feedback from our local communities are captured and, where possible, giving local people the opportunity to influence local health services and enable people to have their say using a variety of communication methods enabling them to influence the way NHS health services are commissioned.

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

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

Further information can be found at: [Local Authority Health Profiles](#)
Public Health England – Local Health: www.localhealth.org.uk

Health and wellbeing strategy

We work in close partnership with both Newcastle City Council and Gateshead Council and actively support the development and delivery of joint health and wellbeing strategies. The Local Authority Directors of Public Health are in attendance at the CCG Governing Body and provide a progress report at each meeting. Through our work with them, and active engagement at the health and wellbeing boards, we have confirmed the CCG's contribution to the delivery of the joint health and wellbeing strategies.

CCG Governing Body members are also members of the [Health and Wellbeing Board in Gateshead](#) and the [Wellbeing for Life Board in Newcastle](#). As may be expected, the focus of our activity this year has been our joint response to the pandemic and latterly the delivery of the vaccination programme across Newcastle and Gateshead. In addition to regular attendance at

the Boards throughout 2021/22 and into Q1 2022/23 and participation in the full range of business, the CCG has brought specific issues for the consideration of the Boards including:

- Covid 19 response
- Covid 19 vaccination programme
- NHS funding, organisation and forward plan
- Collaboration Agreements for both the Newcastle and Gateshead system working at place (local authority) level
- Health and care integration and reform – the development of the Integrated Care System
- Better Care Fund

ACCOUNTABILITY REPORT²

Samantha Allen

Chief Executive for the North East and North Cumbria Integrated Care Board

Accountable Officer

30th June 2023

² . The ICB Chief Executive was not the Accountable Officer of the CCG, however as per the NHS England annual report and accounts guidance, is the required signatory for this report.

Accountability Report

The Accountability Report describes how we meet key accountability requirements and embody best practice to comply with corporate governance norms and regulations.

It comprises three sections:

The **Corporate Governance Report** sets out how we have governed the organisation during the period 1 April to 30 June 2022, including membership and organisation of our governance structures and how they supported the achievement of our objectives.

The **Remuneration and Staff Report** describes our remuneration policies for executive and non-executive directors, including salary and pension liability information. It also provides further information on our workforce, remuneration and staff policies.

The **Parliamentary Accountability and Audit Report** brings together key information to support accountability, including a summary of fees and charges, remote contingent liabilities, and an audit report and certificate.

Corporate Governance Report

Members report

Newcastle Gateshead CCG has 59 GP practices who are part of 12 Primary Care Networks with a population of approx. 539,000. The CCG ended 21/22 with 60 practices however in November 2021, the practices of Regent Medical Centre and Broadway Medical Centre, both based in Gosforth, agreed to merge because of the intended retirement of the Senior Partner at Broadway. Following consultation and engagement with patients at both practices, the merger took place on 1st April 2022. The merged practice retained the name Regent Medical Centre.

Our member practices	
Avenue Medical Practice	Longrigg Medical Centre
Beacon View Medical Centre	Metro Interchange Surgery
Benfield Park Medical Group	Millennium Family Practice
Bensham Family Practice	Newburn Surgery
Betts Avenue Medical Group	Newcastle Medical Centre
Bewick Road Surgery	Oldwell Surgery
Biddlestone Health Group	Oxford Terrace & Rawling Road Medical Group
Birtley Medical Group	Parkway Medical Centre
Blaydon GP Practice & Minor Injuries / illness unit	Pelaw Medical Centre
Bridges Medical Centre	Primary Health Care Centre (Chopwell)
Brunton Park Surgery	Prospect House Medical Group
Central Gateshead Medical Group	Regent Medical Centre
Chainbridge Medical Partnership	Roseworth Surgery
Crawcrook Surgery	Saville Medical Group
Crowhall Medical Centre	Second Street Surgery
Cruddas Park Surgery	St Anthony's Health Centre
Denton Park Medical Group	St. Albans Medical Group
Denton Turret Medical Centre	Sunniside Surgery
Dilston Medical Centre	Teams Medical Practice
Elswick Family Practice	The Grove Medical Group
Fell Cottage Surgery	The Medical Centre (Rowlands Gill)
Fell Tower Medical Centre	The Park Medical Group

Our member practices

Fenham Hall Surgery	Thornfield Medical Group
Glenpark Medical Centre	Throckley Primary Care Centre
Gosforth Memorial Medical Centre	Walker Medical Group
Grange Road	West Road Medical Group
Heaton Road Surgery	Westerhope Medical Group
Holmside Medical Group	Whickham Health Centre
I J Healthcare	Wrekenton Medical Group
Jesmond Health Partnership	

Chair of the CCG

The Chair of the CCG from 1 April 2022 to 30 June 2022 was Dr David Jones, a GP in Newcastle. Dr Mark Dornan, a GP in Gateshead, was the Assistant Clinical Chair.

Chief Officer

Mark Adams was the Chief Officer and Accountable Officer of the CCG and had been in post from the CCG's inception on 1 April 2015.

Governing Body

The membership of the CCG Governing Body is set out in the CCG constitution. The composition of the Governing Body of the CCG during 2022/23 was as follows:

NHS Newcastle Gateshead Governing Body	
Name	Title
Dr David Jones	Clinical Chair
Dr Mark Dornan	Assistant Clinical Chair
Mark Adams	Chief Officer (Accountable Officer)
Michael Burke	Lay member
Mandy Coppin	Lay member
Paul Gertig	Lay member
Jeff Hurst	Lay member: Deputy Chair of the Governing Body
Margaret Stewart	Lay member
Oliver Wood	Lay member
Elizabeth Moylett	Practice Representative

Sheinaz Stansfield	Practice representative
Dr Peter Ward	Practice representative
Jackie Cairns	Director for the Newcastle System
Joe Corrigan	Chief Finance Officer & Operating Officer
Bill Cunliffe	Secondary Care Specialist Doctor
Dr Dominic Slowie	Medical Director
Lynn Wilson	Director for the Gateshead System
Julia Young	Executive Director of Nursing, Patient Safety and Quality
In attendance (non-voting)	Neil Hawkins, Head of Corporate Affairs
	Prof. Eugene Milne, Director of Public Health, Newcastle
	Alice Wiseman, Director of Public Health, Gateshead

The function of the Governing Body can be found in the governance statement.

Audit Committee

The membership of the Audit Committee comprises the lay member who leads on audit and governance, at least one other lay member and one other member with the relevant skills and experience as nominated by the Governing Body.

Audit Committee membership 2022/23 was:

- Michael Burke, Lay Member for Audit and conflict of interest matters (Chair)
- Jeff Hurst, Lay Member and Deputy Chair of the Governing Body
- Oliver Wood, Lay Member
- Mr Bill Cunliffe, secondary care clinician (nominated by the Governing Body)

Joe Corrigan, Chief Finance and Operating Officer, is the lead officer for the committee and is invited to all meetings. Mark Adams, Chief Officer, attends the committee at least annually.

The function of the Audit Committee can be found in the governance statement.

CCG staff

Details of CCG staff are given in the remuneration and staff report section of this annual report.

North of England Commissioning Support (NECS)

Commissioning support units were introduced in the NHS as part of the commissioning reforms to provide commissioning support at scale to a number of

CCGs under a service level agreement. We have a service level agreement in place with North of England Commissioning Support (NECS).

NECS provides us with a range of commissioning support services, including communications, human resources management, business intelligence, information governance, financial and payment processes and management accounting.

Register of Interests

The CCG has arrangements in place for the effective management of conflicts of interest. Details of company directorships and other significant interests held by members of the Governing Body, Executive Committee and other CCG Committees are recoded in the Register of Interests.

The Register of Interests is available on the CCG website at:

<https://newcastlegatesheadccg.nhs.uk>

Personal data related incidents

The CCG reported no data incidents to the Information Commissioners Officer during 2022/23.

Modern Slavery Act

NHS Newcastle Gateshead CCG fully supports the Government's objectives to eradicate modern slavery and human trafficking but does not meet the requirements for producing an annual Slavery and Human Trafficking Statement as set out in the Modern Slavery Act 2015.

Statement of accountable officer's responsibilities

The National Health Service Act 2006 (as amended) states that each Clinical Commissioning Group shall have an Accountable Officer and that Officer shall be appointed by the NHS Commissioning Board (NHS England). NHS England has appointed the Chief Officer to be the Accountable Officer of NHS Newcastle Gateshead 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 Section 14R 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 confirm that there was adequate and sufficient handover from the previous Accounting Officer to provide me with the assurances required to make these statements. 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 Audit One 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 Newcastle Gateshead CCG is a body corporate established by NHS England on 1 April 2015 under the National Health Service Act 2006 (as amended).

The NHS Newcastle Gateshead CCG 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.

Between 1 April 2022 and 30 June 2022, the clinical commissioning group was 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 Newcastle Gateshead CCG policies, aims and objectives, whilst safeguarding the public funds and assets for which I am personally responsible, in accordance with the responsibilities assigned to me in Managing Public Money. I also acknowledge my responsibilities as set out under the National Health Service Act 2006 (as amended) and in my Clinical Commissioning Group Accountable Officer Appointment Letter.

I am responsible for ensuring that the Newcastle Gateshead 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 clinical commissioning group as set out in this governance statement.

Governance arrangements and effectiveness

The main function of the governing body is to ensure that the group has made appropriate arrangements for ensuring that it exercises its functions effectively, efficiently and economically and complies with such generally accepted principles of good governance as are relevant to it.

The CCG has a constitution which sets out clearly the governing structure of the organisation and the decision making that takes place at the Governing Body. This is supported by a scheme of delegation which sets out further detail of decisions delegated to Committees and individuals.

Commissioning Forum

The Clinical Commissioning Group has a Commissioning Forum, comprising the elected members of each general practice within the group. This provides clinically led direction on areas of commissioning for health care services and is constituted of appointed practice representatives and other primary care representatives who will use the groups as vehicles for determining needs in relation to both patient services and practice development.

As a result of the pandemic, it was not possible for Commissioning Forum to meet as planned in 2022/23. In order to ensure member practices were kept up to date with a fast-moving scenario, a series of weekly webinar meetings were put in place throughout 2022/23. These were open not only to all members of Commissioning Forum but also other interested staff from member practices.

Governing Body

The Governing Body is constituted in accordance with the Health and Social Care Act 2012 and the National Health Service (Clinical Commissioning Groups) Regulations 2012. The terms of reference for the Governing Body are set out in the CCG constitution and include the membership.

During 2022/23 the Governing Body met on two occasions. Due to the pandemic it was not possible to hold meetings in public. Members of the public were invited to send in questions ahead of the meeting and all meetings were recorded and hosted on the CCG's website for public viewing. Agendas are structured to deal with public and patient involvement, quality, finance, performance, strategic, governance and public health issues.

The arrangements meet the requirements of best practice guidance in respect of risk management and ensure that a strong accountability framework has been established. They reflect the public service values of accountability, probity and openness and specify as Accountable Officer my responsibility for ensuring that these values are met within the Clinical Commissioning Group.

Attendance records for CCG Governing Body and committees

The 2022/23 attendance records for the Governing Body and committees are given in the following table:

Governing Body attendance record

Name	Role / title	Governing Body	Audit Committee	Quality, Safety & Risk Committee	Primary Care Commissioning Committee	Remuneration Committee	Executive Committee
Dr David Jones	Clinical Chair ¹	2/2					8/10
Dr Mark Dornan	Assistant Clinical Chair ²	2/2					10/10
Mark Adams	Chief Officer ³	0/2	1/1				3/10
Michael Burke	Lay member ⁵	2/2	1/1				
Mandy Coppin	Lay member ⁶	0/2				1/1	
Paul Gertig	Lay member	2/2		1/1			
Jeff Hurst	Deputy Lay Chair ⁴	1/2	1/1		3/3		
Margaret Stewart	Lay member ⁷	2/2		1/1		1/1	
Oliver Wood	Lay member	1/2	0/1		2/3	1/1	
Elizabeth Moylett	Member practice Representative	2/2					
Sheinaz Stansfield	Member Practice Representative	1/2					
Dr Peter Ward	Member Practice Representative	0/2					
Dr Georgina Butler	Clinical Director Transformation Gateshead				2/3		10/10
Jackie Cairns	Director for the Newcastle System	1/2			2/3		6/10
Joe Corrigan	Chief Finance and Operating Officer	2/2	1/1				10/10
Mr Bill Cunliffe	Secondary Care Specialist Doctor	2/2	1/1	0/1	1/3		9/10
Dr Dominic Slowie	Medical Director	2/2		0/1	3/3		6/10
Lynn Wilson	Director for the Gateshead System	2/2			3/3		9/10
Julia Young	Executive Director of Nursing, Patient Safety and Quality	2/2		1/1			7/10

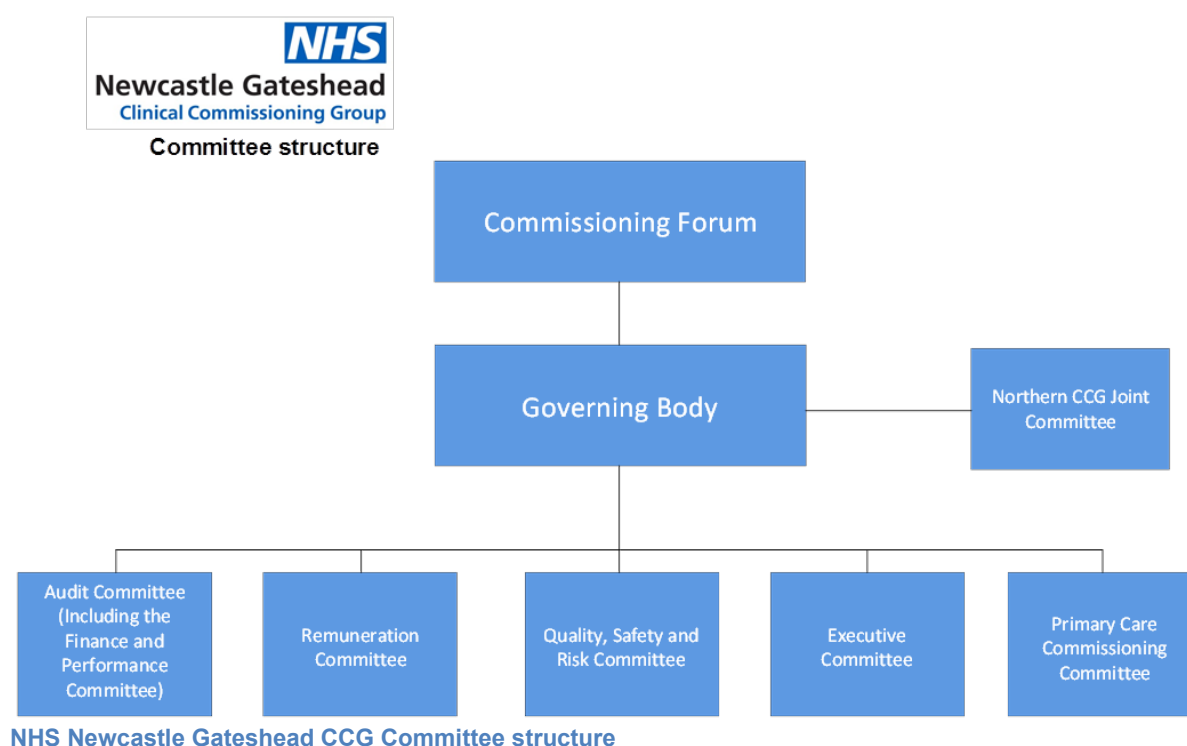
Notes

- 1 Chair of the Governing Body throughout 2022/23
- 2 Chair of the Executive Committee throughout 2022/23
- 3 The Chief Officer is required to attend the Audit Committee once per year
- 4 Chair of the Primary Care Commissioning Committee
- 5 Chair of the Audit Committee
- 6 Chair of the Remuneration Committee
- 7 Chair of the Quality, Safety and Risk Committee

We have continued to operate with a committee structure which reflects guidance and best practice, including an Audit Committee incorporating the business of the Finance and Performance Committee, a Remuneration Committee, a Quality, Safety and Risk Committee, a Primary Care Commissioning Committee and an Executive Committee.

Terms of reference have been agreed for these Committees which support the organisation in the delivery of effective governance. Lay membership of Committees is set out in the terms of reference.

The organisational structure including key Committees is set out below.



Audit Committee

The Audit Committee was operational throughout Apr – June 2022/23. In accordance with the terms of reference, meetings of the Audit Committee are normally held bi-monthly, and not less than five times per financial year. The Audit Committee met on one occasion during quarter 1 of 2022/23.

In line with the requirements of the NHS Audit Committee Handbook and NHS Codes of Conduct and Accountability, the Committee provides the organisation with an independent and objective review of their financial systems, financial information and compliance with laws, guidance, and regulations governing the NHS. The Audit Committee also encompasses the functions of the Finance and Performance Committee.

The Committee's cycle of business includes review of the Clinical Commissioning Group Assurance Framework and corporate risk register. The Committee is a non-executive Committee of the Governing Body and has no executive powers, other than those specifically delegated in its terms of reference.

The Audit Committee's terms of reference are described in a document separate to the CCG's constitution and are available on the CCG's website.

The Audit Committee, as part of its terms of reference, provides an annual report of its work to the Governing Body. The most recent report available covers Q1 2022/23. The principal purpose of the report is to give the Governing Body an assurance as to the work carried out to support the Accountable Officer's review of the internal control arrangements.

The Committee's cycle of business enables the Audit Committee to carry out its key objectives necessary to support its assurances regarding the effectiveness of the organisation's internal controls.

Remuneration Committee

The Remuneration Committee met on one occasion during 2022/23. In accordance with the terms of reference, meetings of the Remuneration Committee will be held as and when required, but not less than once per financial year.

The Remuneration Committee is established to advise/recommend to the Governing Body the appropriate remuneration and terms of service for the Chief Officer and other staff paid through the Very Senior Manager Pay Framework.

The Committee also advises/recommends to the Governing Body remuneration for the role of chair and reviews any business cases for early retirement and redundancy. The Committee's terms of reference are described in a document separate to the CCG's constitution and are available on the CCG's website.

Quality, Safety and Risk Committee

The Quality, Safety and Risk Committee was operational throughout Q1 2022/23. In accordance with the terms of reference, meetings of the Quality, Safety and Risk Committee will be held not less than six times per financial year. The Quality, Safety and Risk Committee met on one occasion during Q1 2022/23.

The Quality, Safety and Risk Committee assists the Governing Body in its duty to secure continuous improvement in the quality of services, improve the quality of primary medical services and promote research and use of research. It provides assurance to the governing body about the quality, safety and risks of the services

being commissioned, and the overall risks to the organisation's strategic and operational plans.

The Committee's terms of reference are described in a document separate to the CCG's Constitution and are available on the CCG's website.

Significantly, during the year through its cycle of business, the Quality, Safety and Risk Committee and its associated sub-Committee has considered the following issues:

- Quality monitoring reports on provider commissioned services, including the reporting of serious untoward incidents and never events
- Healthcare acquired infections
- Risk Management Strategy and Governance Framework
- Information governance

Executive Committee

The Executive Committee was operational throughout Q1 2022/23. In accordance with the terms of reference, meetings of the Executive Committee will normally be weekly. The change to weekly meetings was in part in response to the challenges faced by COVID and by meeting more frequently the Committee were able to discharge business and make decisions more quickly. The Executive Committee met on 10 occasions during Q1 2022/23.

The Executive Committee is a management Committee which supports the CCG, its Governing Body and the Accountable Officer in the discharge of their functions. It assists the Governing Body in its duties to promote a comprehensive health service, reduce inequalities and promote innovation. Its remit includes development and implementation of strategy, monitoring and delivery of delegated duties, operational, financial, contractual and clinical performance as well as ensuring the coordination and monitoring of risks and internal controls.

It has authority to make decisions as set out within its terms of reference and the CCG's scheme of delegation.

Primary Care Commissioning Committee

The principal role of the Primary Care Commissioning Committee (PCCC) is to commission primary medical services for the people of Newcastle and Gateshead. The remit and responsibilities of the PCCC shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act.

The functions of the Committee are undertaken in the context of a desire to promote increased quality, efficiency, productivity and value for money and to remove administrative barriers.

NHS England has delegated to the CCG authority to exercise primary care commissioning functions that include but are not limited to the following activities:

- Decisions in relation to General Medical Services (GMS), Personal Medical Services (PMS) and Alternative Providers of Medical Services (APMS) contracts
- To manage the budget for commissioning of primary medical care services
- Decisions in relation to newly designed enhanced services (Local Enhanced Services and Directed Enhanced Services)
- Decisions in relation to local incentive schemes, including the design and implementation of such schemes
- To plan primary medical care services, including Primary Care needs assessments
- To undertake reviews of primary medical care services
- Decision making on whether to establish new GP practices in an area
- Approving practice mergers and de-mergers
- Decisions on practice closures
- Planning new primary care estate
- Making decisions on 'discretionary' payment (e.g. returner/retainer schemes)
- Responsibility for GP practice contract management and performance
- Discussions in relation to the management of poorly performing GP practices (excluding any decision in relation to the performers list).

In accordance with the terms of reference, meetings of the Primary Care Commissioning Committee will be held not less than four times per financial year.

The Primary Care Commissioning Committee met on three occasions during Q1 2022/23.

The Committee's terms of reference are described in a document separate to the CCG's Constitution and are available on the CCG's website.

Northern CCG Joint Committee

The Northern CCG Joint Committee was established with effect from October 2017 and is a Committee of the Governing Body. The Joint Committee will make decisions on subjects recommended and agreed as part of its annual work plan.

Membership of the Joint Committee is made up of representatives from the CCGs from across Cumbria and the North East, with the Clinical Chair and Chief Officer attending on behalf of Newcastle Gateshead CCG.

Meetings are ordinarily held in public with members of the public invited to attend to observe the Joint Committee at work. Due to Covid-19, it was not possible to hold meetings of the Committee in public and it met in private virtually. Relevant extracts from these minutes were approved for publication on CCG websites.

UK Corporate Governance Code

As an NHS body we are not required to comply with the UK Corporate Governance Code. However, we have reported on our corporate governance arrangements by drawing on best practice available, including those aspects of the UK Corporate Governance Code we consider to be relevant to the clinical commissioning group and best practice.

For the financial year ended 31 March 2023, and up to the date of signing this statement, we had regard to the provisions set out in the code, and applied the principles of the code.

Discharge of Statutory Functions

The arrangements put in place by the clinical commissioning group and explained within the Corporate Governance Framework were developed with on-going expert external legal input, to ensure compliance with all relevant legislation. That legal advice also informed the matters reserved for Membership Body and Governing Body decision and the scheme of delegation.

In light 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. Directorate structures are periodically reviewed alongside the service agreement with the Commissioning Support Unit to ensure as far as possible the necessary capability and capacity to undertake all of the clinical commissioning group's statutory duties.

Risk management arrangements and effectiveness

A Risk Management Policy is in place which takes into account current guidance on risk management best practice and incorporates guidance provided by ISO 31000:2009 and the former National Patient Safety Agency in its approach to assessing risk.

The Risk Management Policy sets out the CCG's approach to the assessment and management of clinical and non-clinical risk in fulfilment of our overall objective to commission high quality and safe services. It provides guidance for the systematic and effective management of risk. Key elements of the Risk Management Policy include:

- A clear statement of Governing Body and individual accountability for delivery of the policy
- Clear principles, aims and objectives of the risk management process
- A clearly defined process for delivering the policy including an implementation plan to ensure that the policy and risk management awareness is communicated to all staff
- Details of the approach to be undertaken to assess and report risk
- An agreed process for reporting, managing, analysing and learning from adverse events
- Confirmation of the arrangements for reporting risk through the risk register

Initial risks are rated according to impact and likelihood. Controls and assurances are then identified to ensure risks are being managed and mitigated. Residual risk ratings are then agreed and recorded, with a review date. The risk management policy sets out the arrangements for the escalation of risk.

The Governing Body assurance framework contains the strategic risks faced by the CCG and is reviewed by the Audit Committee and presented to the Governing Body for approval at regular intervals throughout the year. It remains under active review as it enables the Governing Body to be sighted on the risks to the delivery of the organisation's principal objectives and to ensure that effective controls and assurance are in place.

Capacity to handle risk

As Accountable Officer I have overall responsibility for:

- Ensuring the implementation of an effective risk management strategy, including effective risk management systems and internal controls
- The development of the corporate governance and assurance framework
- Meeting all the statutory requirements and ensuring positive performance towards our strategic objectives

Each of the directors of the CCG is responsible for:

- Co-ordinating operational risk in their specific areas in accordance with the risk management strategy
- Ensuring that all areas of risk are assessed appropriately and action taken to implement improvements

- Ensuring that staff under their management are aware of their risk management responsibilities in relation to the risk management strategy
- Incorporating risk management as a management technique within the performance management arrangements for the organisation

All members of staff are aware of their responsibilities in relation to the risk management policy. This ensures that risk is seen as the responsibility of all members of staff and not just senior managers.

Risk assessment

The CCG's approach to risk management ensures that all risks are captured and monitored in line with the CCG's Risk Management Policy. Current and potential risks are captured in the CCG's risk register and include actions and timescales identified to minimise such risks.

The risk register is a log of risks that threaten the organisation's success in achieving its aims and objectives and is populated through a risk assessment and evaluation process. The register is updated regularly by the risk owners with support from the CCG's Head of Corporate Affairs and North of England Commissioning Support.

Assurance and reporting

Both operational and strategic risks are documented in the Risk Register.

Risk registers are reviewed a minimum of quarterly:

- In 2021/22, risk reporting to management Committees was reviewed to ensure each Committee continues to receive relevant and sufficient information to be able to discharge its responsibilities with regards to the management of risk.
- Quality, Safety and Risk Committee receives risks specifically relating to quality and safety and also the full CCG risk register.
- Executive Committee receives a report on any risks scored High or above and also risks for which it has specific oversight.
- Audit Committee receives the Assurance Framework, operational risks scored High or above, and any financial risks. It also is responsible for approving the closure of risks.
- Governing Body receives the Assurance Framework and any Extreme operational risks.
- Primary Care Commissioning Committee also receives primary care risks

Each risk has an initial score, a residual score and a target score, with the residual score representing the current rating.

Whenever risks to the achievement of CCGs' objectives have been identified appropriate controls are put in place to eliminate the risk or mitigate its effect. To do this, a standard risk assessment matrix is used which is based on current guidance from NHS England and Improvement.

Using this standardised tool ensures that risk assessments are undertaken in a consistent manner using agreed definitions and evaluation criteria. This allows for comparisons to be made between different risk types and for decisions to be made on the resources needed to mitigate the risk.

Risks are assessed in terms of the likelihood of occurrence/re-occurrence and the consequences of impact. After the residual risk rating has been applied (based on current controls) action plans are then developed based on any gaps identified to put further control measures in place.

Risk matrix

		Likelihood				
		1 Rare	2 Unlikely	3 Possible	4 Likely	5 Certain
Consequence (impact)	5 Catastrophic	5	10	15	20	25
	4 Major	4	8	12	16	20
	3 Moderate	3	6	9	12	15
	2 Minor	2	4	6	8	10
	1 Negligible	1	2	3	4	5

For grading risk, the scores obtained from the risk matrix are assigned grades as follows:

Risk scores	Rating
20 - 25	Extreme
12 - 16	High
8 - 10	Moderate
1 - 6	Low

Extreme and high risks that have been on the assurance framework throughout the year are listed below:

- Primary Care risk relating to capacity, workload, and resilience in primary care and the establishment of Primary Care Networks. There have been several risks relating need to provide sustainable primary care and to evolve and transform to meet the changing needs of the population as well as requirements of the Long Term Plan. In 2022/23 the Primary Care Networks have continued to develop, supported by the CCG through a team of enablers with specialist roles across workforce, IT and estates.
- The NHS reforms set out in the Health and Social Care Act will establish Integrated Care Boards (ICB) as a statutory body replacing clinical commissioning groups. This may result in disruption to delivery of CCG statutory duties and potential disruption to core CCG business. The CCG engaged with the emerging ICB and wider integrated care system (ICS). The accountable officer and clinical chair attend the regional Joint CCG Committee and the ICS Management Board. CCG officers have established partnership working at Integrated Care Provider (ICP) level through membership of ICP groups such as ICP Chairs, ICP DoFs and ICP Chief Officers. Delays to the establishment of the ICB means that CCG business continued through to July 2022.

The CCG also maintains a number of operational risks which are present on the risk register but not on the Assurance Framework. These risks are also closely monitored at CCG Committee meetings including Executive Committee and Audit Committee.

Significant operational risks this year continue to reflect the ongoing response to the COVID-19 pandemic: backlog of CHC assessments as a result of COVID-19 response, medium to long-term financial uncertainty and the impact on safeguarding vulnerable groups as a result of the pandemic. The potential adverse impact to CCG service delivery from a cyber-attack continues to be managed as an operational risk.

Mitigating action plans have been put in place to address all risks and progress has been monitored closely by the Quality, Safety and Risk Committee, Audit Committee, Executive Committee and the Governing Body.

Other sources of assurance

Internal Control Framework

A system of internal control is the set of processes and procedures in place in the clinical commissioning group to ensure it delivers its policies, aims and objectives.

It is designed to identify and prioritise the risks, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them

efficiently, effectively and economically. The system of internal control allows risk to be managed to a reasonable level rather than eliminating all risk; it can therefore only provide reasonable and not absolute assurance of effectiveness.

The Clinical Commissioning Group internal control framework

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness.

The system of internal control is based on an on-going process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of the clinical commissioning group, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

A system of internal control has been in place in the CCG for the operating period 01 April – 30 June 2022.

The Internal Audit service is an important aspect of assurance on the system of internal control through a risk based programme of work. This provides assurance on key systems of control within the CCG through formal reporting to Audit Committee. The Head of Internal Audit also has direct access to the Audit Committee Chair as required.

Statutory and mandatory training has been undertaken by all members of staff during 2022/23, including compliance with health and safety requirements and information governance requirements. The CCG is committed to a process of continuing professional development, directed through the formal appraisal system.

The CCG has a range of policies in place which contribute to the system of internal control. The three policy areas are corporate, human resources and information governance with a suite of standard operating procedures to support them. Policies are reviewed and revised on a regular basis determined by their revision date.

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 CCG last carried out the annual internal audit of conflicts of interest in 2021/22. The outcome is an assurance rating of 'substantial' with no significant issues identified.

Data quality

We receive data on quality, performance, finance and contracts which brings together the key strands of provider management responsibility. This ensures that no single aspect of this element of business is seen in isolation and provides an explicit link between finance, quality and performance issues.

Data is also received in relation to human resources, statutory and mandatory training and freedom of information requests which inform the governing body of progress and issues in those areas.

The Governing Body considers the data received to be of an acceptable standard.

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 clinical commissioning group, other organisations and to individuals that personal information is dealt with legally, securely, efficiently and effectively.

We place high importance on ensuring there are robust information governance systems and processes in place to help protect patient and corporate information. We have established an information governance management framework and have developed information governance processes and procedures in line with the Data Security & Protection Toolkit.

We have ensured all staff undertake annual information governance training and have implemented a staff information governance handbook 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 have developed information risk assessment and management procedures and continue to develop our systems to fully embed an information risk culture throughout the organisation against identified risks.

The information governance agenda is reviewed at the Quality, Safety and Risk Committee. The Caldicott Guardian and the Senior Information Risk Owner (SIRO) also play an important role in maintaining a robust approach to information governance.

The Data Security & Protection (DSP) Toolkit It is an online system which allows NHS Organisations and partners to assess themselves against Department of Health

and Social Care Information Governance policies and standards. All NHS organisations are required to carry out self-assessments. The CCG has undertaken a self-assessment against the specified assertions within the toolkit and assessed ourselves as being fully compliant by 31 March 2022.

NECS IG team and IT team supported CCGs with their Toolkits; this included collecting evidence and uploading this to the CCG Toolkits ready for final publication by 30 June 2022. All CCGs were able to report a 'Standards Met' performance and published on time. Due to the abolition of the CCGs on 1 July 2022, NHS Digital made the requirement for internal audit optional. AS a result no internal audits were undertaken

A new DSPT has been set up for the North East and North Cumbria Integrated Care Board (NENC ICB) for 2022/23. NECS IG team will be continuing to provide support to the ICB in collation of evidence and quality checking.

We comply with our statutory duty to respond to requests for information. During Q1 22/23 we received 39 requests under the Freedom of Information Act 2000. All were responded to within the statutory timescales.

I can confirm the CCG has had no serious information governance breaches in year.

Business critical models

We have a Business Continuity Management Plan, which is a live document and was formally approved by the Governing Body in January 2020. This plan will be formally reviewed once the current Major Incident - Covid 19 – has been stood down in order that we are able to do a full debrief and include all recommendations into the plan. The current plan is still fit for purpose. We do not have any business critical models.

Third party assurances

The CCG relies on several external support services providers in respect of some of its business functions, including the North of England Commissioning Support (NECS), the NHS Shared Business Service (SBS), Electronic Staff Records (ESR) (IBM), Northumbria Healthcare NHS Foundation Trust (payroll), Capita (primary care co-commissioning), NHS Digital (GP payments) and the NHS Business Services Authority (BSA).

These organisations provide service auditor reports (SARs) as part of the evidence of assurance on their internal system of controls as required by their customers. These service auditor reports are considered by the Audit Committee and internal audit also consider service auditor reports as part of the overall year-end internal audit opinion.

Control issues

Significant control issues are those issues that might prejudice the achievement of priorities, undermine the integrity or reputation of the CCG and/or wider NHS, made it harder to resist fraud or other misuse of resources, have a material impact on the accounts or put national security of data integrity at risk.

The CCG has in place a robust system of internal control and there are no significant internal control issues currently facing the CCG. The CCG has assurances from the Head of Internal Audit and from other sources to support this assessment.

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

The CCG has well-developed internal systems and processes in place for managing resources with regard to economy, efficiency and the effective use of resources. Internal systems and processes are underpinned by the governance structure that includes the Audit Committee, with terms of reference as noted above.

All clinical commissioning groups in England are subject to an annual assessment which examines key objectives and priorities in relation to the CCG improvement and assessment framework.

The CCG end-of-year assessment process for 2020/21 was simplified due to the continued impact of the COVID-19 pandemic and the change in priorities in response to this. A letter was provided by NHS England and NHS Improvement which gives a narrative assessment of our CCG's performance. The letter acknowledges the critical leadership role that the CCG has played in responding to the pandemic, while continuing to maintain essential services and strengthen partnership working across Newcastle and Gateshead.

Member practices continue to be crucial to delivering our local efficiency savings, through tackling variation and ensuring 'Right Care' principles are in place. Practices are supported by named CCG staff who continued the programme of regular practice visits throughout the year to review performance against specific practice action plans addressing these key issues.

As a result of the Covid-19 pandemic, NHSE/I issued guidance which suspended all usual contracting arrangements and set out that NHS commissioners did not need to put in place written, signed contracts with Trusts; instead, block payments would be made to Trusts, at levels set nationally by NHSE/I. Consequently the established process of contract review meetings and scrutiny of performance and expenditure was temporarily stood down to allow staff to focus on managing the consequences of the pandemic.

During the year more formal contract meetings have been re-established with the focus being on supporting providers to restore services to pre-pandemic levels and addressing the significant waiting time challenge which has been generated over the past year. The CCG has been actively engaged with Newcastle Hospitals to address specific and significant waiting list pressures in dermatology and ophthalmology.

It is important that our financial reporting supports collective and comprehensive assurance on patient safety, quality and performance which is critical to ensuring economy, efficiency and effectiveness in the use of CCG resources. Our 'Integrated Delivery Report' (IDR) is the vehicle for corporate reporting throughout the organisation and crucially gives visibility and enables triangulation of patient safety, quality performance and financial matters arising from commissioned services.

The IDR is presented at the Finance and Performance section of each meeting of the Audit Committee, and is also presented and discussed at the Executive Committee and the Governing Body.

Delegation of functions

The CCG currently contracts with a number of external organisations for the provision of back office services and functions and as such has established an internal control system to gain assurance from these. These external services include:

- The provision of Oracle financial system and financial accounting support from NHS Shared Business Services. The use of NHS Shared Business Services is mandated by NHS England for all CCGs and is fundamental in producing NHS England group financial accounts through the use of an integrated financial ledger system
- The provision of financial accounting services from the North of England Commissioning Support Unit (NECS)
- The provision of payroll services from Northumbria Healthcare NHS Foundation Trust
- The provision of the ESR payroll systems support from IBM

Assurance on the effectiveness of the controls is received in part from annual service audit reports and internal audit assurance reports from the relevant service providers. The outcomes from these audits are reported to the Audit Committee.

Counter fraud arrangements

Our counter fraud activity plays a key part in deterring risks to the organisation's financial viability and probity. An annual counter fraud plan is agreed by the Audit

Committee, which focuses on the deterrence, prevention, detection and investigation of fraud.

Through our contract with Audit One, we have counter fraud arrangements in place that comply with the Government Functional Standard SO13:Counter Fraud – NHS Requirements

- An Accredited Counter Fraud Specialist is contracted to undertake counter fraud work proportionate to identified risks
- The CCG Audit Committee receives a report against each of the NHS Requirements at least annually. There is executive support and direction for a proportionate proactive work plan to address identified risks
- A member of the governing body is proactively and demonstrably responsible for tackling fraud, bribery and corruption
- Appropriate action is taken regarding any NHS Counter Fraud Authority quality assurance recommendations

There have been no incidents of fraud by way of prosecution or civil recovery during Q1 2022/23.

Whistleblowing (Freedom to Speak Up)

The CCG has in place an effective system for staff to raise concerns. The CCG has a dedicated Freedom to Speak Up policy which is promoted to staff regularly, which includes details of two dedicated Freedom to Speak Up guardians who staff can access confidentially when required.

Head of Internal Audit Opinion

Following completion of the planned audit work for the financial year for the clinical commissioning group, the Head of Internal Audit issued an independent and objective opinion on the adequacy and effectiveness of the clinical commissioning group's system of risk management, governance and internal control. The Head of Internal Audit concluded that:

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

"The basis for forming my opinion is as follows:

1. An assessment of the design and operation of the underpinning Assurance Framework and supporting processes for governance and the management of risk;
2. An assessment of the audit activities undertaken in the period Q1 2022/23;
3. Brought forward Internal Audit assurances;
4. An assessment of the organisation's response to Internal Audit recommendations, and
5. Consideration of significant factors outside the work of Internal Audit."

Opinion Area	Commentary
Audit Coverage	Internal Audit coverage in Quarter 1 2022/23 focused on: <ul style="list-style-type: none"> • Assurance Framework & supporting processes • Transition Programme • Outstanding Audit Recommendations and Risks
Design and operation of the Assurance Framework and supporting processes	The Governing Body Assurance Framework was presented to both the Audit Committee and the Governing Body. The Governing Body Assurance Framework was last presented to the Audit Committee on 20 May 2022 and to the Governing Body on 24 May 2022. The Governing Body Assurance Framework is based on the CCG's strategic objectives and an analysis of the principal risks to achieving

Opinion Area	Commentary
	<p>those objectives. It continued to reflect the impact of the transition to an ICB and managing the Covid-19 pandemic in alignment with the CCG's corporate objectives. The key controls that have been put in place to manage the risks have been documented, and the sources of assurance for individual controls have been identified. The Governing Body Assurance Framework therefore provides the CCG with a comprehensive mechanism for the management of the principal risks to meeting its strategic objectives and supports the compilation of the Annual Governance Statement. The CCG has developed risk management processes that are operating within the organisation. The Quality, Safety and Risk Committee, together with the Audit Committee, oversee the risk management agenda and report to the Governing Body. They provide assurance to the Governing Body on the systems and processes by which the organisation leads, directs and controls its functions in order to achieve its strategic objectives</p>
Transition Programme	<p>AuditOne continued to have involvement during the transition period through:</p> <ul style="list-style-type: none"> • Attendance at two weekly ICS steering group meetings and liaison with NECS who provided project support. • Attendance at a checkpoint meeting with lead officers at the CCG (11 March) and a further, more formal check and challenge session covering North Cumbria and the North places which was held on 10 May. Through attendance and receipt of supporting papers, it was observed that risks and issues were being reported through the project groups supported by NECS. No concerns were raised around completion of the activities required to sign off on due diligence process. • It could be confirmed that the CCG reported the outcome of the CCG Closedown Due Diligence process to the Audit Committee on the 20 May 2022 and the Committee confirmed support for the Accountable Officer to sign off the final due diligence position on the

Opinion Area	Commentary												
	31 May and write to the ICB Chief Executive (designate) to confirm completion of the due diligence process.												
Brought forward Internal Audit assurances	<p>The Head of Internal Audit Opinion given for the year ended 31st March 2022 gave a level of assurance of 'substantial'.</p> <p>There were no material issues identified to be brought forward for consideration in this opinion statement.</p>												
Response to Internal Audit recommendations	<p>The implementation of internal audit recommendations is a key indicator of the organisation's engagement with ourselves and the importance it places on the recommendations we have made and have been agreed to be implemented. The Audit Committee receives updates on the progress of agreed actions for all high and medium issues raised, but it does not require updates in relation to low priority issues, so these are not subject follow-up by AuditOne.</p> <p>At 30th June 2022, there were only two outstanding audit recommendations, both were medium priority.</p> <p>For one of these the target date for implementation has not yet been reached and it relates to the operation of committees and upon the conclusion of the CCG will be superseded.</p> <p>The remaining recommendation has been delayed by over 12 months since the original target implementation date. This is highlighted below and is an exception which has been monitored by the Audit Committee. Implementation is dependent upon the co-operation of Local Authorities. The current target date is congruent with the closedown of the CCG but the recommendation remains pertinent and will be shared with the ICB for ongoing monitoring.</p> <table border="1" data-bbox="475 1641 1377 1861"> <thead> <tr> <th data-bbox="475 1641 571 1731">Unique Reference</th> <th data-bbox="571 1641 1002 1731">Recommendation</th> <th data-bbox="1002 1641 1074 1731">Priority</th> <th data-bbox="1074 1641 1153 1731">Created Date</th> <th data-bbox="1153 1641 1281 1731">Target Implementation Date</th> <th data-bbox="1281 1641 1377 1731">Revised Target Date</th> </tr> </thead> <tbody> <tr> <td data-bbox="475 1731 571 1861">19314</td> <td data-bbox="571 1731 1002 1861"> NGA 2019-20/08 Continuing Healthcare Ensure that formal agreements are in place going forward with both Newcastle and Gateshead Local Authorities so that responsibilities and service delivery is clear for all parties including agreed KPIs and regular reporting for assurance purposes. </td> <td data-bbox="1002 1731 1074 1861">Medium</td> <td data-bbox="1074 1731 1153 1861">14 Oct 19</td> <td data-bbox="1153 1731 1281 1861">31 Mar 20</td> <td data-bbox="1281 1731 1377 1861">30 Jun 22</td> </tr> </tbody> </table>	Unique Reference	Recommendation	Priority	Created Date	Target Implementation Date	Revised Target Date	19314	NGA 2019-20/08 Continuing Healthcare Ensure that formal agreements are in place going forward with both Newcastle and Gateshead Local Authorities so that responsibilities and service delivery is clear for all parties including agreed KPIs and regular reporting for assurance purposes.	Medium	14 Oct 19	31 Mar 20	30 Jun 22
Unique Reference	Recommendation	Priority	Created Date	Target Implementation Date	Revised Target Date								
19314	NGA 2019-20/08 Continuing Healthcare Ensure that formal agreements are in place going forward with both Newcastle and Gateshead Local Authorities so that responsibilities and service delivery is clear for all parties including agreed KPIs and regular reporting for assurance purposes.	Medium	14 Oct 19	31 Mar 20	30 Jun 22								

Opinion Area	Commentary
	This demonstrates that the CCG has continued to have a positive approach to internal audit recommendations, which improves the strength of its system of internal control, risks and governance.
Significant factors outside the work of internal audit	While the Head of Internal Audit Opinion provides the CCG with assurances in relation to the areas covered by the internal audit plan, it is only one of the sources of assurance available to the CCG. As the CCG outsourced many of its functions, assurances from third parties are equally as important when the CCG draws up its Governance Statement. Assurances are provided on an annual basis therefore nothing is available at this time for the Q1 period.

Carl Best Associate Director of Audit, AuditOne Date: 1 st March 2023

Review of the effectiveness of governance, risk management and internal control

My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, executive managers and clinical leads within the clinical commissioning group who have responsibility for the development and maintenance of the internal control framework.

I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their annual audit letter and other reports.

Our assurance framework provides me with evidence that the effectiveness of controls that manage risks to the clinical commissioning group achieving its principles objectives have been reviewed.

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Governing Body, the Audit Committee and the Quality, Safety and Risk Committee, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

In particular, there are some key processes that the CCG uses throughout the year to be assured that the system of internal control is effective:

i. Governing Body

The Governing Body assurance framework has been regularly reviewed by the Governing Body. The Governing Body also receives minutes from the Executive Committee and the Quality, Safety and Risk Committee who have responsibility for the approval of new and updated policies throughout the year.

ii. Audit Committee

The annual internal audit plan, as approved by the Audit Committee, enables the CCG to be reassured that key internal financial controls and other matters relating to risk are regularly reviewed. The Committee has reviewed the internal and external audit reports and has kept the assurance framework under review throughout the year.

iii. Quality, Safety and Risk Committee

This Committee provides assurance to the Governing Body that there are adequate controls in place to ensure the CCG is delivering on its statutory and non-statutory clinical duties and responsibilities. The Head of Corporate Affairs, as lead manager

for risk and corporate governance, provides bi-monthly reports to the Quality, Safety and Risk Committee and the Audit Committee.

iv. Assurances of outsourced services

The CCG relies on several external support services providers in respect of some of its business functions, including the North of England Commissioning Support (NECS), the NHS Shared Business Service (SBS), Electronic Staff Records (ESR) (IBM), Capita (primary care co-commissioning), NHS Digital (GP payments) and the NHS Business Services Authority (BSA).

These organisations provide service auditor reports as part of the evidence of assurance on their internal system of controls as required by their customers. These service auditor reports are considered by the Audit Committee and internal audit also consider service auditor reports as part of the overall year-end internal audit opinion.

The service auditor reports received in 21/22 provided qualified opinions with some identified exceptions for some control objectives. A review was carried out by the CCG on these control exceptions and confirmed that the CCG had in place internal controls to mitigate the control exceptions identified. For 22/23 bridging letters have been provided.

Data security

We have adopted and implemented the Department of Health and Social Care's guidance, 'Checklist for Reporting, Managing and Investigating Information Governance Serious Untoward Incidents'.

The organisation has a standard operating procedure in place for the reporting of level three information governance incidents to the Information Commissioner. This procedure outlines the scope of responsibilities and details the reporting procedures to be used in the event of a data security breach.

Conclusion

My review confirms therefore that there is a sound system of internal control in place across NHS Newcastle Gateshead CCG and that there are no significant control issues currently facing the CCG.

In accordance with the statutory duties for clinical commissioning groups, as laid down in the Health and Social Care Act 2012, I certify that the continued delivery of those statutory duties was discharged through NHS Newcastle Gateshead Clinical Commissioning Group during 2022/23.

Remuneration and Staff Report

Remuneration Report

Remuneration Committee

The remuneration committee is established to advise the Governing Body about pay, other benefits and terms of employment for the Chief Officer, Very Senior Managers (VSM) and Clinical Leads. The committee is comprised entirely of Lay Members. Details of remuneration committee membership, meeting frequency, items of business and meeting attendance are given in the Governance Statement of this report.

Policy on the remuneration of senior managers

The remuneration committee has delegated authority from the Governing Body to make recommendations on determinations about pay and remuneration for employees of the CCG that are not covered by national pay and terms and conditions frameworks and for people who provide services to the CCG. The remuneration for senior managers for current and future financial years is determined in accordance with relevant guidance, best practice and national policy.

Continuation of employment for all senior managers is subject to satisfactory performance. Performance in post and progress in achieving set objectives is reviewed annually.

Contracts of employment in relation to all senior managers employed by the CCG are permanent in nature and subject to six months' notice of termination by either party.

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

We are committed to attracting, retaining and developing a diverse and skilled workforce that is representative of our local population. We actively work to remove any discriminatory practices in our work, eliminate all forms of harassment and promote equality of opportunity in our recruitment, training, performance management and development practices. We have policies and processes in place to support this.

Salaries and allowances

The remuneration figures are given in the tables below. The figures in the tables relate to all those individuals who hold or who have held office as a senior manager in the CCG from 1 April to 30 June 2022. The definition of a senior manager in the CCG is in accordance with the guidance provided in the Group Accounting Manual 2022/23.

It is 'those persons in senior positions having authority or responsibility for directing or controlling major activities within the group body. This means those who influence the decisions of the entity as a whole rather than the decisions of individual directorates or departments.'

This definition covers all members of the CCG Governing Body, the CCG senior managers in regular attendance at the Governing Body and all members of the CCG Executive Committee.

Mark Adams is employed as Accountable Officer for NHS Newcastle Gateshead CCG, NHS North Tyneside CCG, NHS Northumberland CCG and NHS North Cumbria CCG.

No other post-holder is shared under joint management arrangements with any other CCG.

The Directors of Public Health are invited to be in attendance at the Governing Body in a non-voting capacity. They are not employed by the CCG and receive no remuneration from the CCG for their CCG Governing Body role.

Lynn Wilson (Director for the Gateshead System) is a joint appointment between NHS Newcastle Gateshead CCG and Gateshead Council and the post is hosted by Gateshead Council.

Remuneration of Very Senior Managers

Where one or more senior managers of a CCG are paid more than £150,000 per annum on a pro-rata basis, information is disclosed in the remuneration report.

During the period from 1 April to 30 June 2022 Newcastle Gateshead CCG had four senior managers (2021/22, four) who were paid more than £150,000 per annum on a pro-rata basis.

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

The Remuneration Committee critically reviews the salary of very senior managers when making recommendations to Governing Body regarding their remuneration.

**Senior manager remuneration report for the 3 months to 30 June 2022
(including salary and pension entitlements) (this has been subject to audit)**

Name	Title	Salary	Expense payments (taxable) to nearest £100	Performance pay and bonuses	Long-term performance pay and bonuses	All pension related benefits	TOTAL
		(bands of £5,000) £ 000	£00	(bands of £5,000) £ 000	(bands of £5,000) £ 000	(bands of £2,500) £ 000	(bands of £5,000) £ 000
Dr David Jones	Clinical Chair	15-20	-	-	-	-	15-20
Dr Mark Dornan	Assistant Clinical Chair	20-25	2	-	-	-	20-25
Mark Adams	Chief Officer	10-15	-	-	-	-	10-15
Michael Burke	Lay member, governance/audit	0-5	-	-	-	-	0-5
Mandy Coppin	Lay member	0-5	-	-	-	-	0-5
Paul Gertig	Lay member	0-5	-	-	-	-	0-5
Jeff Hurst	Deputy lay chair / lay member	0-5	-	-	-	-	0-5
Margaret Stewart	Lay member	0-5	-	-	-	-	0-5
Oliver Wood	Lay member	0-5	-	-	-	-	0-5
Sheinaz Stansfield	Practice representative	0-5	-	-	-	-	0-5
Elizabeth Moylett	Practice representative	0-5	-	-	-	-	0-5
Dr Peter Ward	Practice representative	0-5	-	-	-	-	0-5
Dr Georgina Butler	Clinical Director for Transformation	10-15	-	-	-	-	10-15
Jackie Cairns	Director for the Newcastle System	25-30	-	-	-	-	25-30
Joe Corrigan	Chief Finance Officer & Operating Officer	35-40	15	-	-	-	35-40

**Senior manager remuneration report for the 3 months to 30 June 2022
(including salary and pension entitlements) (this has been subject to audit)**

Name	Title	Salary	Expense payments (taxable) to nearest £100	Performance pay and bonuses	Long-term performance pay and bonuses	All pension related benefits	TOTAL
		(bands of £5,000) £ 000	£00	(bands of £5,000) £ 000	(bands of £5,000) £ 000	(bands of £2,500) £ 000	(bands of £5,000) £ 000
Bill Cunliffe	Secondary Care Specialist Doctor	5-10	2	-	-	-	5-10
Neil Hawkins	Head of Corporate Affairs	15-20	-	-	-	0-2.5	20-25
Dr Dominic Slowie	Medical Director	30-35	-	-	-	-	30-35
Julia Young	Executive Director of Nursing, Patient Safety and Quality	25-30	-	-	-	-	25-30

Notes to senior manager remuneration report:

Salary includes an estimate for an NHS Agenda for Change backdated non-consolidated pay award for 2022/23 payable to senior managers in accordance with their contracted hours as of 31 March 2023.

Expense payments (taxable) are shown in £00 and relate to lease car allowances and mileage claims.

Pension related benefits for 3 months to 30 June 2022 have been estimated using full year information provided by NHS Pensions. The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less, the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights. This value does not represent an amount that will be received by the individual. It is a calculation that is intended to convey to the reader of the accounts an estimation of the benefit that being a member of the scheme could provide.

The pension benefit table provides further information on the pension benefits accruing to the individual.

Dr David Jones remuneration relates to the Clinical Chair role. Dr Jones is also employed under a separate contract for a non-management role. CHECK THIS

Mark Adams is employed as Accountable Officer by NHS Newcastle Gateshead CCG and works for NHS North Tyneside CCG, NHS Northumberland CCG and NHS North Cumbria CCG as part of a staff sharing arrangement. The salary disclosed above relates to Newcastle Gateshead CCG's share of remuneration. No other post-holder is shared under joint management arrangements with any other CCG.

Lynn Wilson (Director for the Gateshead System) is a joint appointment between NHS Newcastle Gateshead CCG and Gateshead Council and the post is hosted by Gateshead Council.

The Directors of Public Health are invited to be in attendance at the Governing Body in a non-voting capacity. They are not employed by the CCG and receive no remuneration from the CCG for their CCG Governing Body role.

Staff sharing arrangements for senior manager remuneration for the 3 months to 30 June 2022

Mark Adams is employed by NHS Newcastle Gateshead CCG and works for NHS North Tyneside CCG, NHS Northumberland CCG and NHS North Cumbria CCG as part of a staff sharing arrangement.

No other post-holder is shared under joint management arrangements with any other CCG.

The total remuneration earned for all work across all organisations in the 3 month period to 30 June 2022 is shown below:

Name	Title	Salary	Expense payments (taxable) to nearest £100	TOTAL
		(bands of £5,000) £ 000	£00	(bands of £5,000) £ 000
Mark Adams	Chief Officer	35-40	-	35-40

Senior manager remuneration report 2021/22
(including salary and pension entitlements) (this has been subject to audit)

Name	Title	Salary	Expense payments (taxable) to nearest £100	Performance pay and bonuses	Long-term performance pay and bonuses	All pension related benefits	TOTAL
		(bands of £5,000) £ 000	£00	(bands of £5,000) £ 000	(bands of £5,000) £ 000	(bands of £2,500) £ 000	(bands of £5,000) £ 000
Dr Mark Dornan	Clinical Chair	90-95	-	0-5	-	22.5-25	120-125
Dr David Jones	Assistant Clinical Chair	60-65	-	0-5	-	40-42.5	105-110
Mark Adams	Chief Officer	40-45	-	0-5	-	20-22.5	65-70
Michael Burke	Lay member, governance/audit	10-15	-	0-5	-	-	10-15
Mandy Coppin	Lay member	5-10	-	0-5	-	-	5-10
Paul Gertig	Lay member	5-10	-	0-5	-	-	5-10
Jeff Hurst	Deputy lay chair / lay member	10-15	-	0-5	-	-	10-15
Margaret Stewart	Lay member	5-10	-	0-5	-	-	5-10
Oliver Wood	Lay member	5-10	-	0-5	-	-	5-10
Sheinaz Stansfield	Practice representative	0-5	-	-	-	-	0-5
Elizabeth Moylett	Practice representative	0-5	-	-	-	-	0-5
Dr Peter Ward	Practice representative	0-5	-	-	-	0-2.5	5-10
Dr Georgina Butler	Clinical Director for Transformation	55-60	-	0-5	-	25-27.5	85-90
Jackie Cairns	Director for the Newcastle System	105-110	-	0-5	-	67.5-70	175-180
Joe Corrigan	Chief Finance Officer & Operating Officer	140-145	61	0-5	-	122.5-125	275-280

Senior manager remuneration report 2021/22
(including salary and pension entitlements) (this has been subject to audit)

Name	Title	Salary	Expense payments (taxable) to nearest £100	Performance pay and bonuses	Long-term performance pay and bonuses	All pension related benefits	TOTAL
		(bands of £5,000) £ 000	£00	(bands of £5,000) £ 000	(bands of £5,000) £ 000	(bands of £2,500) £ 000	(bands of £5,000) £ 000
Bill Cunliffe	Secondary Care Specialist Doctor	20-25	4	0-5	-	-	25-30
Neil Hawkins	Head of Corporate Affairs	65-70	-	-	-	17.5-20	85-90
Dr Dominic Slowie	Medical Director	125-130	-	0-5	-	12.5-15	140-145
Julia Young	Executive Director of Nursing, Patient Safety and Quality	105-110	-	0-5	-	65-67.5	175-180

Notes to senior manager remuneration report 2021/22:

Expense payments (taxable) are shown in £00 and relate to lease car allowances and mileage claims.

Performance pay relates to a non-consolidated payment payable to senior managers that are not on a national pay framework and capped at no more than 2% of VSM pay bill per NHS England recommendations based upon assessment and recommendation by Remuneration Committee and approval by Governing Body.

All pensions related benefits information is provided by NHS Pensions. The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less, the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights. This value does not represent an amount that will be received by the individual. It is a calculation that is intended to convey to the reader of the accounts an estimation of the benefit that being a member of the scheme could provide. The pension benefit table provides further information on the pension benefits accruing to the individual.

Dr David Jones remuneration relates to the Assistant Clinical Chair role. Dr Jones is also employed under a separate contract for a non-management role.

Mark Adams is employed as Accountable Officer by NHS Newcastle Gateshead CCG and works for NHS North Tyneside CCG, NHS Northumberland CCG and NHS North Cumbria CCG as part of a staff sharing arrangement. The salary disclosed above relates to Newcastle Gateshead CCG's share of remuneration of 25%. Pension benefits are reported in full by NHS Newcastle Gateshead CCG. No other post-holder is shared under joint management arrangements with any other CCG.

Lynn Wilson (Director for the Gateshead System) is a joint appointment between NHS Newcastle Gateshead CCG and Gateshead Council and the post is hosted by Gateshead Council.

The Directors of Public Health are invited to be in attendance at the Governing Body in a non-voting capacity. They are not employed by the CCG and receive no remuneration from the CCG for their CCG Governing Body role.

Staff sharing arrangements for senior manager remuneration 2021/22

Mark Adams is employed by NHS Newcastle Gateshead CCG and works for NHS North Tyneside CCG, NHS Northumberland CCG and NHS North Cumbria CCG as part of a staff sharing arrangement.

No other post-holder is shared under joint management arrangements with any other CCG.

The total remuneration earned for all work across the four CCGs in 2021/22 is shown below:

Name	Title	Salary (bands of £5,000) £ 000	Expense payments (taxable) to nearest £100 £00	TOTAL (bands of £5,000) £ 000
Mark Adams	Chief Officer	170-175	-	170-175

Newcastle Gateshead CCG senior officers pension benefits as at 30 June 2022 (this has been subjected to audit)

Name	Title	Real increase in pension at pension age (bands of £2,500) £000	Real increase in pension lump sum at pension age (bands of £2,500) £000	Total accrued pension at pension age at 30 June 2022 (bands of £5,000) £000	Lump sum at pension age related to accrued pension at 30 June 2022 (bands of £5,000) £000	Cash Equivalent Transfer Value at 1 April 2022 £000	Real Increase in Cash Equivalent Transfer Value £000	Cash Equivalent Transfer Value at 30 June 2022 £000	Employer's contribution to stakeholder pension £000
Dr David Jones	Clinical Chair	-	-	20-25	30-35	390	-	385	-
Dr Mark Dornan	Assistant Clinical Chair	-	-	20-25	30-35	323	-	320	-
Dr Georgina Butler	Clinical Director for Transformation	-	-	10-15	25-30	183	-	182	-
Neil Hawkins	Head of Corporate Affairs	0-2.5	-	5-10	-	57	-	60	-
Dr Dominic Slowie	Medical Director	0-2.5	-	45-50	90-95	932	-	936	-
Julia Young	Director of Complex Care and Commissioning	-	-	40-45	75-80	798	-	779	-

Notes to senior officers pension benefits table at 30 June 2022:

Benefits at 30 June 2022 have been estimated using full year information provided by NHS Pensions. Real increases are a proportion for time in post to 30 June 2022.

The Consumer Prices Index up to September 2021 was 3.1%, therefore, an increase of 3.1% has been applied to pensions and CETV at April 2022 in accordance with NHS Business Services Authority instructions.

The pension figures shown relate to the benefits that individuals have accrued as a consequence of their total membership of the scheme.

Benefits and related cash equivalent transfer values do not allow for any potential future adjustment arising from the McCloud judgment.

CETV figures are calculated using the guidance on discount rates for calculating unfunded public service pension contribution rates that was extant at 31 March 2023. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2023 to 24 CETV figures.

Newcastle Gateshead CCG senior officers pension benefits as at 31 March 2022 (this has been subjected to audit)

Name	Title	Real increase in pension at pension age (bands of £2,500) £000	Real increase in pension lump sum at pension age (bands of £2,500) £000	Total accrued pension at pension age at 31 March 2022 (bands of £5,000) £000	Lump sum at pension age related to accrued pension at 31 March 2022 (bands of £5,000) £000	Cash Equivalent Transfer Value at 1 April 2021 £000	Real Increase in Cash Equivalent Transfer Value £000	Cash Equivalent Transfer Value at 31 March 2022 £000	Employer's contribution to stakeholder pension £000
Dr Mark Dornan	Clinical Chair	0-2.5	2.5-5	20-25	30-35	329	38	378	-
Dr David Jones	Assistant Clinical Chair	0-2.5	0-2.5	20-25	30-35	284	15	313	-
Mark Adams	Chief Officer	0-2.5	5-7.5	50-55	145-150	1,160	52	1,236	-
Peter Ward	Practice representative	0-2.5	0-2.5	5-10	20-25	167	5	172	-
Dr Georgina Butler	Clinical Director for Transformation	0-2.5	10-12.5	10-15	25-30	160	8	178	-
Jackie Cairns	Director for the Newcastle System	2.5-5	10-12.5	40-45	120-125	897	95	1,006	-
Joe Corrigan	Chief Finance Officer & Operating Officer	5-7.5	10-12.5	55-60	145-150	1,083	132	1,225	-
Neil Hawkins	Head of Corporate Affairs	0-2.5	-	5-10	-	41	5	55	-
Dr Dominic Slowie	Medical Director	0-2.5	-	45-50	90-95	859	19	904	-
Julia Young	Director of Complex Care and Commissioning	2.5-5	2.5	35-40	75-80	691	68	774	-

Notes to senior officers pension benefits table 2021/22:

Pension related benefits information is provided by NHS Pensions.

Cash equivalent transfer values at 1 April 2021 have been inflated by 0.5% in accordance with NHS Business Services Authority instructions.

The pension figures shown relate to the benefits that individuals have accrued as a consequence of their total membership of the scheme.

Benefits and related cash equivalent transfer values do not allow for any potential future adjustment arising from the McCloud judgment.

Real increase in pension are a proportion for the time in post.

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 spouses (or other allowable beneficiary's) pension payable from the scheme.

A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in 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, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

The method used to calculate CETVs changed, to remove the adjustment for Guaranteed Minimum Pension (GMP) on 8 August 2019. If the individual concerned was entitled to a GMP, this will affect the calculation of the real increase in CETV. This is more likely to affect the 1995 Section and the 2008 Section.

Compensation on early retirement for loss of office (this has been subjected to audit)

There was no compensation on early retirement or for loss of office in the 3 month period to 30 June 2022.

Payments to past members (this has been subjected to audit)

There were no payments to past directors in the 3 month period to 30 June 2022.

Fair Pay Disclosure (this has been subjected to audit)

SEE GAM 3.106 – 3.122

Percentage change in remuneration of highest paid director

	Salary and allowances	Performance pay and bonuses
	%	%
The percentage change from the previous financial year in respect of the highest paid director	0	(100)
The average percentage change from the previous financial year in respect of employees of the entity, taken as a whole	(3.9)	(100)

Highest paid director calculation is based upon mid-point of the band and does not reflect actual percentage change.

Average percentage change from previous financial year for employees as a whole is calculated on an annualised salary basis and is impacted by the movement in annualised salary and the full time equivalent number of employees.

The percentage change from the previous financial year for performance pay and bonuses is (100%) as no performance pay was payable to employees in the 3 months to 30 June 2022.

Pay ratio information

Remuneration of Newcastle Gateshead CCG staff is shown in the table below:

3 months to 30 June 2022	25 th percentile pay ratio	Median pay ratio	75 th percentile pay ratio
All staff remuneration based on annualised, full time equivalent remuneration of all staff (including temporary and agency staff)	£34,639	£48,526	£108,000
Salary component of 'all staff' remuneration based on annualised, full time equivalent remuneration of all staff (including temporary and agency staff)	£34,639	£48,100	£108,000
2021/22			
All staff remuneration based on annualised, full time equivalent remuneration of all staff (including temporary and agency staff)	£34,172	£47,126	£109,232
Salary component of 'all staff' remuneration based on annualised, full time equivalent remuneration of all staff (including temporary and agency staff)	£34,172	£47,126	£108,075

Total annualised 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 range includes staff in part time roles.

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation against the 25th percentile, median and 75th percentile of remuneration of the organisation's workforce. Total remuneration is further broken down to show the salary component. Newcastle Gateshead CCG as an employer supports the living wage, with all Agenda for Change grades and apprentices paid above the minimum wage.

The staff remuneration and salary component are consistent as the CCG have only a small number of employees with benefits-in-kind relating to lease cars included in the remuneration value. Benefits-in-kind are excluded from the salary component value.

The annualised banded remuneration of the highest paid director in Newcastle Gateshead CCG in the 3 months to 30 June 2022 was £145-150k (2020/21: £150-155k). The relationship to the remuneration of the organisation's workforce is disclosed in the below table.

Period	25 th percentile pay ratio	Median pay ratio	75 th percentile pay ratio
3 months to 30 June	4.3:1	3.1:1	1.4:1
2021/22	4.5:1	3.2:1	1.4:1

During the reporting period 1 April to 30 June 2022, no employee (2021/22, no employee) received remuneration in excess of the highest paid director excluding shared staff posts; where shared staff posts are senior managers of the CCGs, these are disclosed separately in the 'Shared Arrangements' disclosure.

Remuneration ranged from £20,000 to £260,000 (2021/22: £19,000 to £250,000). The range does not reflect actual values paid as this includes the annualised remuneration for part time employees and employees from other organisations employed in shared staff posts and a number of Integrated Care System roles.

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.

Remuneration ratios remain at a consistent level to 2021/22 remuneration ratios due to marginal changes to the overall number, composition and remuneration of the workforce.

Staff Report

Number of senior managers

The CCG had 19 senior managers in post at 30 June 2022. The definition of a senior manager in the CCG is in accordance with the guidance provided in the Group Accounting Manual 2022/23. It is 'those persons in senior positions having authority or responsibility for directing or controlling major activities within the group body.'

This means those who influence the decisions of the entity as a whole rather than the decisions of individual directorates or departments.' This definition covers all members of the CCG Governing Body, the CCG senior managers in regular attendance at the Governing Body and all members of the CCG Executive Committee. There are no additional managers with significant financial responsibility.

The CCG hosted a number of Integrated Care System roles at 30 June 2022 that are not included in the remuneration report as they are not senior managers of the CCG. They are included in staff numbers and costs reported by the CCG.

Staff numbers and costs (this has been subjected to audit)

Staff numbers and costs are analysed by permanent employees and 'other' for the 3 months to 30 June 2023.

Permanently employed refers to members of staff with a permanent (UK) employment contract directly with the CCG. 'Other' refers to any member of staff engaged that does not have a permanent (UK) employment contract with the CCG. This includes employees on short term contracts of employment and agency/temporary staff.

	Permanent Employees	Other	Total
Average number of people employed	127.68	0.80	128.48

Average number based upon full time equivalent

Staff costs	Permanent Employees £'000	Other £'000	Total £'000
Salaries and wages	1,646	211	1,857
Social security costs	201	2	203
Employer Contributions to NHS Pension scheme	296	2	298
Other pension costs	2	-	2
Apprenticeship levy	5	-	5
Termination benefits	-	-	-
Total Staff costs	2,150	215	2,365

The figures exclude lay members of the Governing Body.

Staff composition

The CCG staff gender profile as at 30 June 2022 is given in the table below. This reflects our gender representation on the Governing Body, very senior manager (VSM) staff and all other CCG staff.

Category of staff	Total number of staff / members	Number of male staff / members	% male	Number of female staff / members	% female
Senior officers*	6	3	50%	3	50%
Other employees (who are not senior officers)	183	46	25%	137	75%
Total employees	189	49	26%	140	74%
Governing body members**	18	11	61%	7	39%

* The CCG's six Very Senior Managers (VSM) are employees and are all members of the Governing Body therefore all are included in all the figures shown above.

**This figure includes substantive voting members only, as detailed in the accountability report section of this annual report. The Governing Body figures are provided as standalone figures, they do not contribute to the total figure for the whole CCG as some members may also be senior managers.

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

Sickness absence data

The CCG has an agreed policy on the management of staff absence which ensures all staff are treated fairly and equitably, with the relevant support from line managers and HR advisors. The CCG also has access to occupational health services. The staff sickness absence is reported for each year. Total days lost for 2022 relates to the 3 month period from 1 April to 30 June 2022 compared to the 12 month period reported in 2021. Total days lost has reduced in the 3 month period as total days lost in 2021 were impacted by a small number of long term absences which were actively supported and managed.

	2022 Q1 Number	2021 Number
Total days lost	261	2,149
Average sick days per full time equivalent	1.9	15.7

Staff turnover

Staff turnover of permanent employees is reported as a percentage of the average number of people employed. The staff turnover for the 3 months to 30 June 2022 was 14%. (2021/22: 13%)

Staff policies

The CCG has a suite of staff policies in place. The CCG has taken positive steps throughout the year to maintain and develop the provision of information to, and consultation with employees, including:

- Providing employees systematically with information on matters of concern to them as employees
- Consulting employees and their representatives on a regular basis so that the views of employees can be taken into account in making decisions which are likely to affect their interests
- Encouraging the involvement of employees in the CCG's performance
- Taking actions throughout the year to achieve a common awareness on the part of all employees of the financial and economic factors affecting the performance of the CCG
- Membership of the North East Partnership Forum, where staff representatives and CCG managers from across the region meet together
- Health & Safety policies are kept under review and updated on a regular basis to ensure they remain current and comply with national guidance and legislation.

The CCG's policies are publicly available, if you require any further information please email your request to nencicb-ng.enquiries@nhs.net

Encouraging Diversity

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

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

This year, working closely with DWP, we have maintained our 'Level 2 Disability Employer' status for 2020/2021 by demonstrating our commitment to employing the right people for our business and continually developing our people.

Staff Engagement

We encourage staff to take part in the annual NHS staff survey annually. This provides a staff with an anonymous channel to provide comments on a number of questions and gives the CCG essential feedback to ensure the CCG remains a great place to work. A detailed breakdown of the responses to the survey can be found here:

<https://www.nhsstaffsurveyresults.com/>

Trade Union Facility Time

The Trade Union (Facility Time Publication Requirements) regulations 2017 require relevant public sector organisations to report on trade union facility time in their organisations. Facility time is paid time off for union representatives to carry out trade union activities.

Relevant union officials

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
1	1

Percentage of time spent on facility time

Percentage of time	Number of employees
0%	0
1-50%	1
51-99%	0
100%	0

Percentage of pay bill spent on facility time

Provide the Total cost of facility time	£358
Provide the Total pay bill	£1,857,000
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.02%

Paid trade union activities

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100	Union representatives are allowed reasonable time away from their core job role to support union activities, therefore do not receive a fixed allocation for paid facility time.
--	--

Expenditure on consultancy

No consultancy expenditure was incurred in the 3 months to June 2022 (2020/21, nil).

Off-payroll engagements

There were no off-payroll engagements as at 30 June 2022, for more than £245 per day and that last longer than six months.

New off-payroll engagements longer than six months

There were no new off-payroll engagements, or those that reached six months in duration, between 1 April 2022 and 30 June 2022, greater than £245 per day and that last longer than six months

Off-payroll engagements / senior official engagements

Off-payroll engagements of Board members and senior officials with significant financial responsibility, between 1 April 2022 and 30 June 2022.

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the 3 months to 30 June 2022.	0
Total no. of individuals that have been deemed "board members, and/or, senior officials with significant financial responsibility", during the 3 months to 30 June 2022. This figure should include both on payroll and off- payroll engagements.	19

Exit packages, including special (non-contractual) payments (this has been subjected to audit)

No exit packages, including special (non-contractual) payments were made in the 3 months to June 2022.

Parliamentary Accountability and Audit Report

Newcastle Gateshead CCG is not required to produce a Parliamentary Accountability and Audit Report.

The CCG has no disclosures on remote contingent liabilities, gifts and fees and charges. Disclosures on losses and special payments are shown in note 17 of the annual accounts.

An audit certificate and report is also included in this Annual Report from page 138.

ANNUAL ACCOUNTS

NHS Newcastle Gateshead CCG - Annual Accounts for the period to 30 June 2022

Page Number

The Primary Statements:

Statement of Comprehensive Net Expenditure for the period ended 30 June 2022	119
Statement of Financial Position as at 30 June 2022	120
Statement of Changes in Taxpayers' Equity for the period ended 30 June 2022	121
Statement of Cash Flows for the period ended 30 June 2022	122

Notes to the Accounts

	Note Number	
Accounting policies	1	123-125
Other operating revenue	2	126
Employee benefits and staff numbers	3	127-128
Operating expenses	4	129
Better payment practice code	5	130
Leases	6	131
Contract and other receivables	7	132
Cash and cash equivalents	8	132
Trade and other payables	9	133
Borrowings	10	133
Financial instruments	11	134
Operating segments	12	135
Joint arrangements - interests in joint operations	13	135
Related party transactions	14	136
Events after the end of the reporting period	15	137
Financial performance targets	16	137
Losses and special payments	17	137

NHS Newcastle Gateshead CCG - Annual Accounts for the period to 30 June 2022

Statement of Comprehensive Net Expenditure for the three months ended
30 June 2022

	Note	3 months to 30 June 2022 £'000	12 months to 31 March 2022 £'000
Other operating income	2	(1,481)	(159)
Total operating income		(1,481)	(159)
Staff costs	3	2,365	8,145
Purchase of goods and services	4	291,524	1,199,306
Depreciation and impairment charges	4	2	-
Other Operating Expenditure	4	88	303
Total operating expenditure		293,979	1,207,754
Net Operating Expenditure		292,498	1,207,595
Finance expense		3	-
Net expenditure for the period		292,501	1,207,595
Comprehensive Expenditure for the period		292,501	1,207,595

The notes on pages 123 to 137 form part of this statement

NHS Newcastle Gateshead CCG - Annual Accounts for the period to 30 June 2022

**Statement of Financial Position as at
30 June 2022**

	Note	30 June 2022 £'000	31 March 2022 £'000
Non-current assets:			
Right-of-use assets	6.1	109	-
Total non-current assets		109	-
Current assets:			
Contract and other receivables	7	3,620	5,651
Cash and cash equivalents	8	-	474
Total current assets		3,620	6,125
Total assets		<u>3,729</u>	<u>6,125</u>
Current liabilities			
Trade and other payables	9	(75,409)	(89,126)
Borrowings	10	(259)	-
Total current liabilities		(75,668)	(89,126)
Non-Current Assets plus/less Net Current Assets/Liabilities		<u>(71,939)</u>	<u>(83,001)</u>
Non-current liabilities			
Lease liabilities	6.2	(111)	-
Total non-current liabilities		(111)	-
Assets less liabilities		<u>(72,051)</u>	<u>(83,001)</u>
Financed by Taxpayers' Equity			
General fund		(72,051)	(83,001)
Total taxpayers' Equity		<u>(72,051)</u>	<u>(83,001)</u>

The financial statements on pages 119 to 137 were approved by the Board on 27th June 2023 and signed in its behalf by:

Samantha Allen
Chief Executive for the North East and North Cumbria Integrated Care Board
Accountable Officer
30th June 2023

The ICB Chief Executive was not the Accountable Officer of the CCG, however as per the NHS England annual report and accounts guidance, is the required signatory for this report.

NHS Newcastle Gateshead CCG - Annual Accounts for the period to 30 June 2022

Statement of Changes In Taxpayers Equity for the three months ended 30 June 2022

	General fund £'000
Changes in taxpayers' equity for the three months to 30 June 2022:	
Balance at 01 April 2022	(83,001)
Changes in CCG taxpayers' equity for the three months to 30 June 2022	
Net operating expenditure for the financial period	<u>(292,501)</u>
Net recognised CCG expenditure for the financial period	(292,501)
Net funding	<u>303,451</u>
Balance at 30 June 2022	<u>(72,051)</u>

	General fund £'000
Changes in taxpayers' equity for 2021-22	
Balance at 01 April 2021	(71,584)
Changes in CCG taxpayers' equity for 2021-22	
Net operating costs for the financial year	<u>(1,207,595)</u>
Net recognised CCG expenditure for the financial year	(1,207,595)
Net funding	<u>1,196,178</u>
Balance at 31 March 2022	<u>(83,001)</u>

The notes on pages 123 to 137 form part of this statement

NHS Newcastle Gateshead CCG - Annual Accounts for the period to 30 June 2022

Statement of Cash Flows for the three months ended
30 June 2022

	3 months to 30 June 2022	12 months to 31 March 2022
	£'000	£'000
Cash Flows from Operating Activities		
Net operating expenditure for the financial period	(292,501)	(1,207,595)
Depreciation and amortisation	6 2	0
Interest paid	6 3	0
(Increase)/decrease in trade & other receivables	7 2,031	(201)
Increase/(decrease) in trade & other payables	9 (13,717)	11,771
Net Cash Inflow (Outflow) from Operating Activities	(304,182)	(1,196,025)
Net Cash Inflow (Outflow) before Financing	(304,182)	(1,196,025)
Cash Flows from Financing Activities		
Grant in Aid Funding Received	303,451	1,196,178
Repayment of lease liabilities	(3)	0
Net Cash Inflow (Outflow) from Financing Activities	303,448	1,196,178
Net Increase (Decrease) in Cash & Cash Equivalents	8 (734)	154
Cash & Cash Equivalents at the Beginning of the Financial Period	474	320
Cash & Cash Equivalents (including bank overdrafts) at the End of the Financial Period	8 (259)	474

The notes on pages 123 to 137 form part of this statement

Notes on the financial statements

1 Accounting Policies

NHS England has directed that the financial statements of clinical commissioning groups (CCGs) shall meet the accounting requirements of the Group Accounting Manual issued by the Department of Health and Social Care. Consequently, the following financial statements have been prepared in accordance with the Group Accounting Manual 2022-23 issued by the Department of Health and Social Care. The accounting policies contained in the Group Accounting Manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to CCGs, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Group Accounting Manual permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the CCG for the purpose of giving a true and fair view has been selected. The particular policies adopted by the CCG are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Going Concern

These accounts have been prepared on the going concern basis. Public sector bodies are assumed to be going concerns where the continuation of the provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

As set out in note 15 - Events after the end of the reporting period, on 28 April 2022, the Health and Care Act 2022 received Royal Assent. As a result, CCGs were abolished and the functions, assets and liabilities of NHS Newcastle Gateshead CCG transferred to the North East and North Cumbria Integrated Care Board from the 1 July 2022. ICBs will take on the commissioning functions of CCGs.

Where a CCG ceases to exist, it considers whether or not its services will continue to be provided (using the same assets, by another public sector entity) in determining whether to use the concept of going concern for the final set of financial statements. If services will continue to be provided the financial statements are prepared on the going concern basis.

In April 2022, NHS England and NHS Improvement (NHSE/I) published the final planning guidance and related system financial envelopes set at Integrated Care Board (ICB) level for 2022/23. This confirms CCGs will receive an allocation from 1 April 2022 and ICBs will be established with the remaining amounts for the financial year. This means the aggregate full year ICB allocations will be reduced by the amount of resources the CCG has consumed. Financial plans have been developed for 2022/23, both at CCG and ICB level, which demonstrate sufficient funding is expected for the continued commissioning of relevant health services. CCG published allocations can be found on the NHS England website for 2022/23 and 2023/24. The commissioning of health services (continuation of service) will continue after 1 July 2022 but will be through the North East and North Cumbria Integrated Care Board, rather than NHS Newcastle Gateshead CCG.

Mergers or a change to the NHS Structure, such as the transfer of CCG functions to the ICB, are not considered to impact on going concern. Our considerations cover the period to 30 June 2023, being 12 months beyond the date of authorisation of these financial statements. Taking into account the information summarised above, there is a reasonable expectation that the CCG and successor ICB will have adequate resources to continue in operational existence for the foreseeable future. For this reason, we continue to adopt the going concern basis in preparing these financial statements.

1.2 Accounting Convention

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

1.3 Joint arrangements

Arrangements over which the CCG has joint control with one or more other entities are classified as joint arrangements. Joint control is the contractually agreed sharing of control of an arrangement. A joint arrangement is either a joint operation or a joint venture.

A joint operation exists where the parties that have joint control have rights to the assets and obligations for the liabilities relating to the arrangement. Where the CCG is a joint operator it recognises its share of, assets, liabilities, income and expenses in its own accounts. Details of the Joint arrangements entered in to by the CCG can be found in Note 13.

1.4 Revenue

The main source of funding for the CCG is from NHS England. This is drawn down and credited to the general fund. Funding is recognised in the period in which it is received.

Revenue in respect of services provided is recognised when (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.

1.5 Employee Benefits

1.5.1 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.

1.5.2 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 CCG commits itself to the retirement, regardless of the method of payment.

The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

Notes on the financial statements

1.6 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.

1.7 Leases

A lease is a contract, or part of a contract, that conveys the right to control the use of an asset for a period of time in exchange for consideration. The CCG assesses whether a contract is or contains a lease, at inception of the contract.

1.8 The CCG as Lessee

A right-of-use asset and a corresponding lease liability are recognised at commencement of the lease.

The lease liability is initially measured at the present value of the future lease payments, discounted by using the rate implicit in the lease. If this rate cannot be readily determined, the prescribed HM Treasury discount rates are used as the incremental borrowing rate to discount future lease payments.

The HM Treasury incremental borrowing rate of 0.95% is applied for leases commencing, transitioning or being remeasured in the 2022 calendar year under IFRS 16.

Lease payments included in the measurement of the lease liability comprise:-

Fixed payments;

Variable lease payments dependent on an index or rate, initially measured using the index or rate at commencement;

The amount expected to be payable under residual value guarantees;

The exercise price of purchase options, if it is reasonably certain the option will be exercised; and

Payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease.

Variable rents that do not depend on an index or rate are not included in the measurement the lease liability and are recognised as an expense in the period in which the event or condition that triggers those payments occurs.

The lease liability is subsequently measured by increasing the carrying amount for interest incurred using the effective interest method and decreasing the carrying amount to reflect the lease payments made. The lease liability is remeasured, with a corresponding adjustment to the right-of-use asset, to reflect any reassessment of or modification made to the lease.

The right-of-use asset is initially measured at an amount equal to the initial lease liability adjusted for any lease prepayments or incentives, initial direct costs or an estimate of any dismantling, removal or restoring costs relating to either restoring the location of the asset or restoring the underlying asset itself, unless costs are incurred to produce inventories.

The subsequent measurement of the right-of-use asset is consistent with the principles for subsequent measurement of property, plant and equipment. Accordingly, right-of-use assets that are held for their service potential and are in use are subsequently measured at their current value in existing use.

Right-of-use assets for leases that are low value or short term and for which current value in use is not expected to fluctuate significantly due to changes in market prices and conditions are valued at depreciated historical cost as a proxy for current value in existing use.

Other than leases for assets under construction and investment property, the right-of-use asset is subsequently depreciated on a straight-line basis over the shorter of the lease term or the useful life of the underlying asset. The right-of-use asset is tested for impairment if there are any indicators of impairment and impairment losses are accounted for as described in the 'Depreciation, amortisation and impairments' policy.

Peppercorn leases are defined as leases for which the consideration paid is nil or nominal (that is, significantly below market value). Peppercorn leases are in the scope of IFRS 16 if they meet the definition of a lease in all aspects apart from containing consideration.

For peppercorn leases a right-of-use asset is recognised and initially measured at current value in existing use. The lease liability is measured in accordance with the above policy. Any difference between the carrying amount of the right-of-use asset and the lease liability is recognised as income as required by IAS 20 as interpreted by the FReM.

Leases of low value assets (value when new less than £5,000) and short-term leases of 12 months or less are recognised as an expense on a straight-line basis over the term of the lease.

1.9 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. Cash and bank balances are recorded at current value.

1.10 Clinical Negligence Costs

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

1.11 Non-clinical Risk Pooling

The CCG participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the CCG 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.

1.12 Financial Assets

Financial assets are recognised when the CCG becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

Financial assets are classified into the following categories:

- Financial assets at amortised cost;
- Financial assets at fair value through other comprehensive income and ;
- Financial assets at fair value through profit and loss.

The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition. The CCG only holds financial assets at amortised cost.

Notes on the financial statements

1.12.1 Financial Assets at Amortised cost

Financial assets measured at amortised cost are those held within a business model whose objective is achieved by collecting contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most trade receivables and other simple debt instruments. After initial recognition these financial assets are measured at amortised cost using the effective interest method less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset to the gross carrying amount of the financial asset.

1.13 Financial Liabilities

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

1.14 Value Added Tax

Most of the activities of the CCG are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is 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 CCG'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 CCG's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

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. The majority of transactions reported are based upon actual transactions. In some cases estimates are required when actual charges have not been received. When this occurs the CCG calculates estimates taking account of the latest information available and actual year to date transactions. The main estimate in 2022/23 related to prescribing expenditure which is two months and is based on BSA profiling. The estimated accrual within the accounts is for the months of May and June and is £13.764m (the prior year accrual was for March 2022 was £7.380m).

1.16 Adoption of new standards

On 1 April 2022, the CCG adopted IFRS 16 'Leases'. The new standard introduces a single, on statement of financial position lease accounting model for lessees and removes the distinction between operating and finance leases.

Under IFRS 16 the CCG will recognise a right-of-use asset representing the CCG's right to use the underlying asset and a lease liability representing its obligation to make lease payments for any operating leases assessed to fall under IFRS 16. There are recognition exemptions for short term leases and leases of low value items.

In addition, the CCG will no longer charge provisions for operating leases that it assesses to be onerous to the statement of comprehensive net expenditure. Instead, the CCG will include the payments due under the lease with any appropriate assessment for impairments in the right-of-use asset.

Impact assessment

The CCG has applied the modified retrospective approach and will recognise the cumulative effect of adopting the standard at the date of initial application as an adjustment to the opening retained earnings with no restatement of comparative balances.

IFRS 16 does not require entities to reassess whether a contract is, or contains, a lease at the date of initial application. HM Treasury has interpreted this to mandate this practical expedient and therefore the CCG has applied IFRS 16 to contracts identified as a lease under IAS 17 or IFRIC 4 at 1 April 2022.

The CCG has utilised three further practical expedients under the transition approach adopted:

- a) The election to not make an adjustment for leases for which the underlying asset is of low value.
- b) The election to not make an adjustment to leases where the lease terms ends within 12 months of the date of application.
- c) The election to use hindsight in determining the lease term if the contract contains options to extend or terminate the lease.

The most significant impact of the adoption of IFRS 16 has been the need to recognise right-of-use assets and lease liabilities for any buildings previously treated as operating leases that meet the recognition criteria in IFRS 16. Expenditure on operating leases has been replaced by interest on lease liabilities and depreciation on right-of-use assets in the statement of comprehensive net expenditure.

As of 1 April 2022, the CCG recognised £0.1m of right-of-use assets and lease liabilities of £0.1m. The weighted average incremental borrowing rate applied at 1 April 2022 is 0.95% and on adoption of IFRS 16 there was an £0m impact to tax payers' equity.

The CCG has assessed that there is no significant impact on its current finance leases due to the immaterial value on the statement of financial position and no significant impact on the limited transactions it undertakes as a lessor because IFRS 16 has not substantially changed the accounting arrangements for lessors.

The following table reconciles the CCG's operating lease obligations at 31 March 2022, disclosed in the group's 21/22 financial statements, to the lease liabilities recognised on initial application of IFRS 16 at 1 April 2022.

	£000s
Operating lease commitments at 31 March 2022	112
Impact of discounting at 1 April 2022 using the weighted average incremental borrowing rate of 0.95%	(1)
Operating lease commitments discounted used weighted average IBR	111
Lease liability at 1 April 2022	111

NHS Newcastle Gateshead CCG - Annual Accounts for the period to 30 June 2022

2 Other Operating Revenue

	3 months to 30 June 2022 Admin £'000	3 months to 30 June 2022 Programme £'000	3 months to 30 June 2022 Total £'000	12 months to 31 March 2022 Total £'000
Other operating income				
Other non contract revenue	-	1,481	1,481	159
Total Other operating income	<u>-</u>	<u>1,481</u>	<u>1,481</u>	<u>159</u>
Total Operating Income	<u>-</u>	<u>1,481</u>	<u>1,481</u>	<u>159</u>

The non contract income shown above relates to baseline corrections between the CCGs within the North East & Cumbria for Service Development Funding that should have been in Newcastle Gateshead CCG original allocation.

3. Employee benefits and staff numbers

3.1 Employee benefits

Employee Benefits	3 months to 30 June 2022		
	Permanent Employees	Other	Total
	£'000	£'000	£'000
Salaries and wages	1,646	211	1,857
Social security costs	201	2	203
Employer Contributions to NHS Pension scheme	296	2	298
Other pension costs	2	0	2
Apprenticeship Levy	5	0	5
Gross employee benefits expenditure	2,150	215	2,365

Employee Benefits	12 months to 31 March 2022		
	Permanent Employees	Other	Total
	£'000	£'000	£'000
Salaries and wages	5,918	486	6,404
Social security costs	620	6	626
Employer Contributions to NHS Pension scheme	1,083	7	1,090
Other pension costs	8	0	8
Apprenticeship Levy	17	0	17
Gross employee benefits expenditure	7,646	499	8,145

3.2 Average number of people employed

Permanently employed Number	3 months to 30 June 2022	
	Other Number	Total Number
127.68	0.80	128.48

Permanently employed Number	12 months to 31 March 2022	
	Other Number	Total Number
115.96	7.37	123.33

3.3 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both 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. 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 FRoM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

3.3.1 Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2023, is based on valuation data as 31 March 2022, updated to 31 March 2023 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FRoM 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.

3.3.2 Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the Scheme (taking into account its recent demographic experience), and to recommend the contribution rates to be paid by employers and scheme members.

The latest actuarial valuation undertaken for the 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 actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

NHS Newcastle Gateshead CCG - Annual Accounts for the period to 30 June 2022

4. Operating expenses

	3 months to 30 June 2022 Admin £'000	3 months to 30 June 2022 Programme £'000	3 months to 30 June 2022 Total £'000	12 months to 31 March 2022 Total £'000
Purchase of goods and services				
Services from other CCGs and NHS England	647	526	1,173	4,907
Services from foundation trusts	1	219,088	219,089	834,034
Services from other NHS trusts	-	188	188	35
Services from Other WGA bodies	-	-	-	34
Purchase of healthcare from non-NHS bodies	-	18,256	18,256	167,309
Purchase of social care	-	5,534	5,534	18,717
Prescribing costs	-	20,406	20,406	85,347
Pharmaceutical services	-	82	82	201
GPMS/APMS and PCTMS	-	25,850	25,850	86,706
Supplies and services – general	8	169	177	41
Establishment	11	35	46	162
Transport	1	-	1	2
Premises	69	372	441	1,497
Audit fees	57	-	57	57
Other non statutory audit expenditure				
Other services	-	-	-	3
Other professional fees	21	142	163	96
Legal fees	31	-	31	107
Education, training and conferences	17	13	30	51
Total Purchase of goods and services	863	290,661	291,524	1,199,306
Depreciation and impairment charges				
Depreciation	-	2	2	-
Total	-	2	2	-
Total				
Chair and Non Executive Members	72	-	72	262
Clinical negligence	(7)	-	(7)	10
Expected credit loss on receivables	23	-	23	31
Total Other Operating Expenditure	88	-	88	303
Total operating expenditure	951	290,663	291,614	1,199,609

The external audit of the CCG is carried out by Mazars LLP. The audit fee is estimated at £57k including Vat.

Included within Premises is £85k (21-22 £372k Rentals under operating leases) for payments for short term leases to NHS Property Services.

NHS Newcastle Gateshead CCG - Annual Accounts for the period to 30 June 2022

5 Better Payment Practice Code

Measure of compliance	3 months to 30 June 2022 Number	3 months to 30 June 2022 £'000	12 months to 31 March 2022 Number	12 months to 31 March 2022 £'000
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the Year	5,786	75,629	22,675	265,826
Total Non-NHS Trade Invoices paid within target	5,707	75,074	22,516	264,774
Percentage of Non-NHS Trade invoices paid within target	98.63%	99.27%	99.30%	99.60%
NHS Payables				
Total NHS Trade Invoices Paid in the Year	93	208,504	454	840,471
Total NHS Trade Invoices Paid within target	93	208,504	448	840,405
Percentage of NHS Trade Invoices paid within target	100.00%	100.00%	98.68%	99.99%

6 Leases

6.1 Right-of-use assets

	Buildings excluding dwellings £'000	Total £'000
3 months to 30 June 2022		
Cost or valuation at 01 April 2022	-	-
IFRS 16 Transition Adjustment	111	111
Cost/Valuation at 30 June 2022	<u>111</u>	<u>111</u>
Depreciation 01 April 2022	-	-
Charged during the period	2	2
Depreciation at 30 June 2022	<u>2</u>	<u>2</u>
Net Book Value at 30 June 2022	<u>109</u>	<u>109</u>

6.2 Lease liabilities

	3 months to 30 June 2022 £'000	12 months to 31 March 2022 £'000
Lease liabilities at 01 April 2022	-	-
IFRS 16 Transition Adjustment	111	-
Repayment of lease liabilities (including interest)	3	-
Lease remeasurement	(3)	-
Lease liabilities at 30 June 2022	<u>111</u>	<u>-</u>

6.3 Lease liabilities - Maturity analysis of undiscounted future lease payments

	30 June 2022 £'000	31 March 2022 £'000
Within one year	(23)	-
Between one and five years	(85)	-
Balance at 30 June 2022	<u>(108)</u>	<u>-</u>
Effect of discounting	(3)	-
Included In:		
Non-current lease liabilities	(111)	-
Balance at 30 June 2022	<u>(111)</u>	<u>-</u>

6.4 Amounts recognised in Statement of Comprehensive Net Expenditure

	3 months to 30 June 2022 £'000	12 months to 31 March 2022 £'000
Depreciation expense on right-of-use assets	2	-
Interest expense on lease liabilities	3	-
Expense relating to short-term leases	31	-
Total	<u>37</u>	<u>-</u>

6.5 Amounts recognised in Statement of Cash Flows

	3 months to 30 June 2022 £'000	12 months to 31 March 2022 £'000
Total cash outflow on leases under IFRS 16	(3)	-
Total cash outflow for lease payments not included within the measurement of lease liabilities	(31)	-
Total	<u>(34)</u>	<u>-</u>

NHS Newcastle Gateshead CCG - Annual Accounts for the period to 30 June 2022

7 Contract and other receivables

	Current 30 June 2022 £'000	Current 31 March 2022 £'000
NHS receivables: Revenue	112	662
NHS accrued income	-	2,169
Non-NHS and Other WGA receivables: Revenue	1,300	494
Non-NHS and Other WGA prepayments	1,378	299
Non-NHS and Other WGA accrued income	662	1,969
Expected credit loss allowance-receivables	(57)	(34)
VAT	218	86
Other receivables and accruals	7	6
Total Contract & other receivables	3,620	5,651
Total current	3,620	5,651

The majority of trade is with NHS England. As NHS England is funded by Government to provide funding to CCGs to commission services, no credit scoring of them is considered necessary.

7.2 Receivables past their due date but not impaired

	30 June 2022 DHSC Group Bodies £'000	30 June 2022 Non DHSC Group Bodies £'000	31 March 2022 DHSC Group Bodies £'000	31 March 2022 Non DHSC Group Bodies £'000
By up to three months	-	603	12	221
By three to six months	-	161	-	45
By more than six months	-	41	-	19
Total	-	804	12	285

	Trade and other receivables - Non DHSC Group Bodies £'000	30 June 2022 Total £'000	Trade and other receivables - Non DHSC Group Bodies £'000	31 March 2022 Total £'000
Total	(34)	(34)	(30)	(30)
Lifetime expected credit losses on trade and other receivables-Stage 2	(24)	(24)	(30)	(30)
Amounts written off	1	1	26	26
Balance at end of Period	(57)	(57)	(34)	(34)

8 Cash and cash equivalents

The CCG completed a BACS payments run on 30 June 2022 which was due to clear the bank account 5 July 2022 to enable it to clear balances owed to suppliers prior to the merger. This resulted in the CCG having a credit ledger cash position of £259k. This is acceptable and only reflects a timing difference between the drawdown process and cash being available in the bank account on 1 July 2022. This is only a technical adjustment and the amount that the CCG has overdrawn its bank account is recorded in note 10.

	3 months to 30 June 2022 £'000	12 months to 31 March 2022 £'000
Balance at start of Period	474	320
Net change in period	(733)	154
Balance at end of Period	(259)	474
Made up of:		
Cash with the Government Banking Service	-	474
Cash and cash equivalents as in statement of financial position	-	474
Bank overdraft: Government Banking Service	(259)	-
Total bank overdrafts	(259)	-
Balance at end of Period	(259)	474

NHS Newcastle Gateshead CCG - Annual Accounts for the period to 30 June 2022

9 Trade and other payables	Current 30 June 2022 £'000	Current 31 March 2022 £'000
NHS payables: Revenue	449	5,691
NHS accruals	23,547	2,124
Non-NHS and Other WGA payables: Revenue	5,052	13,862
Non-NHS and Other WGA accruals	44,571	66,035
Social security costs	132	103
Tax	129	105
Other payables and accruals	1,529	1,206
Total Trade & Other Payables	75,409	89,126
Total current and non-current	75,409	89,126

Other payables include £919k outstanding pension contributions at 30 June 2022 (£832k at March 2022).

10 Borrowings	Current 30 June 2022 £'000
Bank overdrafts:	
· Government banking service	259
Total Borrowings	259
Total current and non-current	259

10.1 Repayment of principal falling due

	Department of Health 30 June 2022 £'000	Other 30 June 2022 £'000	Total 30 June 2022 £'000
Within one year	-	259	259
Total	-	259	259

11 Financial instruments

11.1 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 Newcastle Gateshead CCG is financed through parliamentary funding, it is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The CCG has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the CCG in undertaking its activities.

Treasury management operations are carried out by the finance department, within parameters defined formally within the CCG standing financial instructions and policies agreed by the Governing Body. Treasury activity is subject to review by the NHS Newcastle gateshead CCG and internal auditors.

11.2 Financial assets

	Financial Assets measured at amortised cost 30 June 2022 £'000	Financial Assets measured at amortised cost 31 March 2022 £'000
Contract and other receivables with NHSE bodies	96	784
Contract and other receivables with other DHSC group bodies	758	4,021
Contract and other receivables with external bodies	1,226	496
Cash and cash equivalents	-	474
Total at end of Period	2,081	5,775

	Financial Liabilities measured at 30 June 2022 £'000	Financial Liabilities measured at 31 March 2022 £'000
Loans with external bodies	259	-
Trade and other payables with NHSE bodies	578	829
Trade and other payables with other DHSC group bodies	24,092	7,568
Trade and other payables with external bodies	50,590	80,522
Total at end of Period	75,519	88,918

NHS Newcastle Gateshead CCG - Annual Accounts for the period to 30 June 2022

12 Operating segments

NHS Newcastle Gateshead Clinical Commissioning Group only has one operating segment: commissioning of healthcare services.

13 Joint arrangements - interests in joint operations

NHS Newcastle Gateshead CCG has a pooled budget arrangement with Newcastle City Council for the Better Care Fund, which the Council hosts. The CCG accounts for its share of the income and expenditure of the pool as determined by the pooled budget agreement. The contribution to the pooled budget for the period to 30th June 2022 was £6,718k.

NHS Newcastle Gateshead CCG has a pooled budget arrangement with Gateshead Council for the Better Care Fund, which the Council hosts. The CCG accounts for its share of the income and expenditure of the pool as determined by the pooled budget agreement. The contribution to the pooled budget for the period to 30th June 2022 was £4,679k.

NHS Newcastle Gateshead CCG hosted a pooled budget arrangement with Gateshead Council for the provision of an Integrated Community Equipment Service. NHS Newcastle Gateshead CCG accounts for its share of the income and expenditure of the pool as determined by the pooled budget agreements for both of these arrangements. The contribution to the pooled budgets in the period to 30th June 2022 was £393k.

The CCG shares of the income and expenditure handled by the pooled budget in the period to 30th June 2022 were as detailed below :

13.1 Interests in joint operations

Name of arrangement	Parties to the arrangement	Description of principal activities	Amounts recognised in Entity's books ONLY	
			3 months to 30 June 2022	12 months to 31 March 2022
			Expenditure	Expenditure
			£'000	£'000
Gateshead Equipment Service	NHS Newcastle Gateshead CCG, Gateshead Local Authority	Purchase of home loans equipment for Gateshead	393	1,570
Mental Capacity Act Requirements	NHS Newcastle Gateshead CCG, Gateshead Local Authority	MCA requirements	0	0
Better Care Fund Newcastle	NHS Newcastle Gateshead CCG, Newcastle Local Authority	Better Care Fund schemes	6,718	25,431
Better Care Fund Gateshead	NHS Newcastle Gateshead CCG, Gateshead Local Authority	Better Care Fund schemes	4,679	17,713

NHS Newcastle Gateshead CCG - Annual Accounts for the period to 30 June 2022

14 Related party transactions

Details of related party transactions are as follows:

Governing Body Member Related Party / Practice	Governing Body Member	3 months to 30 June 2022				12 months to 31 March 2022			
		Expenditure with Related Party	Income from Related Party	Creditors owed to Related Party	Debtors due from Related Party	Expenditure with Related Party	Income from Related Party	Creditors owed to Related Party	Debtors due from Related Party
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Teams Medical Practice	Dr. Mark Dorman	279	0	0	(70)	1,145	0	0	(42)
Academic Health Science Network	Dr. Mark Dorman	135	(39)	0	(39)	1,202	(33)	419	0
Community Based Care Health Ltd	Dr. Mark Dorman	1,922	0	0	0	5,370	0	0	0
Throckley Primary Care	Dr David Jones	266	0	67	0	930	0	67	0
NHS North Tyneside CCG	Mark Adams	0	(108)	0	0	634	(525)	199	(14)
NHS Northumberland CCG	Mark Adams	0	(163)	0	0	13	(741)	0	(13)
NHS North Cumbria CCG	Mark Adams	0	(202)	0	0	53	(96)	0	(1)
NHS North of England CSU	Mark Adams	1,147	0	578	(6)	4,882	(425)	551	(25)
NHS England	Michael Burke	0	0	0	(83)	43	(1,192)	12	(615)
St. Albans Medical Group	Dr. Georgina Butler	284	0	9	0	1,050	0	41	0
Streetwise Young People's Project	Mandy Coppin	0	0	0	0	0	0	0	0
Northumbria Healthcare NHS Foundation Trust	Mr. Bill Cunliffe	9,028	0	8	0	76,047	0	6,540	0
Wrekenton Medical Group (incorporating The Croft and High Street Practices)	Dr. Elizabeth Moylett	378	0	68	0	1,672	0	58	0
Bridges Medical Practice	Dr. Dominic Slowie	215	0	10	0	826	0	22	0
Oxford Terrace and Rawling Road Medical Group	Sheinaz Stansfield	583	0	30	0	2,313	0	84	0
Health Education England	Margaret Stewart	0	0	0	(83)	(47)	(16)	0	0
NHS England	Margaret Stewart	0	0	0	0	43	(1,192)	12	(615)
Newcastle University	Margaret Stewart	0	0	0	0	0	0	0	0
Community Based Care Health Ltd	Dr. Peter Ward	1,922	0	0	0	5,370	0	0	0
Central Gateshead Medical Group	Dr. Peter Ward	320	0	42	0	1,399	0	50	0
Gateshead Council	Lynn Wilson	11,282	0	12,634	(757)	33,831	(2,716)	5,890	(1,085)
Tyneside Mind	Oliver Wood	163	0	0	0	549	0	0	0
University of Northumbria	Oliver Wood	25	0	0	0	4	0	0	0
Cumbria Northumberland Tyne & Wear NHS Foundation Trust	Oliver Wood	21,047	0	2	0	100,718	0	3	(1,500)
Oxford Terrace and Rawling Road Medical Group	Joe Corrigan	583	0	30	0	2,313	0	84	0

All transactions are with the Governing Body Member Related Party / Practice, not the Governing Body Member.

Other Related Practices (not listed in table above)

	3 months to 30 June 2022				12 months to 31 March 2022			
	Expenditure with Related Party	Income from Related Party	Creditors owed to Related Party	Debtors due from Related Party	Expenditure with Related Party	Income from Related Party	Creditors owed to Related Party	Debtors due from Related Party
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Avenue Medical Practice	81	0	0	0	311	0	13	0
Beacon View Medical Centre	177	0	0	(19)	750	0	24	0
Benfield Park Medical Group (formerly 37a Heaton Road)	291	0	0	(6)	1,264	0	79	0
Bensham Family Practice	628	0	42	0	1,554	0	17	0
Betts Avenue Medical Centre	422	0	7	0	1,647	0	47	0
Bewick Road Surgery	223	0	24	0	914	0	38	0
Total	298	0	0	(24)	1,077	0	4	0
Birtley Medical Group	647	0	29	0	3,080	0	93	0
Blydon GP Practice & Minor Injuries/illness unit	993	0	1,321	0	735	0	423	0
Broadway Medical Centre	97	0	14	0	316	0	13	0
Brunton Park Health Centre	200	0	4	0	762	0	19	0
Total	389	0	2	0	1,475	0	54	0
Crawcrook Surgery	278	0	36	0	1,105	0	82	0
Cruddas Park Surgery	199	0	137	0	1,865	0	218	0
Denton Park Medical Group	278	0	89	0	1,045	0	108	0
Denton Turret Medical Centre	478	0	10	0	1,212	0	34	0
Dilston Medical Centre	244	0	7	0	818	0	19	0
Fell Cottage Surgery	264	0	25	0	1,120	0	39	0
Fell Tower Medical Centre	262	0	0	(5)	1,109	0	27	0
Fenham Hall Medical Group	268	0	13	0	1,145	0	43	0
Glenpark Medical Centre	370	0	0	(46)	1,261	0	31	0
Gosforth Memorial Medical Centre	342	0	30	0	1,165	0	49	0
Grainger Medical Group incorporating Scotswood GP Practice	3,027	0	98	0	7,041	0	142	0
Grange Road	152	0	63	0	544	0	94	0
Heaton Road Surgery	197	0	0	(16)	958	0	16	0
Holly Medical Group	0	0	5	0	0	0	5	0
Hollyhurst	362	0	3	0	1,315	0	26	0
Holmside Medical Group	405	0	0	(36)	1,490	0	17	0
Longrigg Medical Centre	557	0	15	0	1,806	0	66	0
Metro Interchange Surgery	135	0	5	0	518	0	22	0
Millennium Family Practice	132	0	2	0	567	0	12	0
Newburn Surgery	183	0	11	0	661	0	29	0
Newcastle Medical Centre	470	0	23	0	1,743	0	32	0
Oldwell Surgery	199	0	0	(12)	658	0	5	0
Park Medical Group	376	0	13	0	1,608	0	50	0
Parkway Medical Group	319	0	0	(7)	1,155	0	34	0
Pelaw Medical Centre	201	0	20	0	765	0	21	0
Primary Health Care Centre	97	0	19	0	451	0	37	0
Prospect Medical Group	512	0	0	(49)	1,923	0	9	0
Regent Medical Centre (formerly Elmfield Health Group)	165	0	4	0	649	0	18	0
Roseworth Surgery	182	0	9	0	718	0	33	0
Saville Medical Group	1,246	0	786	0	5,504	0	992	0
Second Street Surgery	90	0	13	0	489	0	35	0
St Anthony's Health Centre	255	0	12	0	955	0	34	0
Sunnyside Surgery	106	0	4	0	456	0	16	0
The Grove Medical Group	421	0	16	0	1,660	0	55	0
The Medical Centre (Rowlands Gill)	235	0	33	0	937	0	50	0
The Surgery	393	0	0	(30)	1,446	0	50	0
Thornfield Medical Group	650	0	0	0	2,378	0	41	0
Walker Medical Group	467	0	14	0	1,899	0	56	0
West Road Medical Centre	296	0	12	0	1,287	0	42	0
Westerhope Medical Group	480	0	0	(51)	1,756	0	40	0
Whickham Health Centre	811	0	64	0	2,858	0	70	0

Newcastle Gateshead GP member practices have carried out functions for NHS Newcastle Gateshead CCG and remuneration has been paid to practices in recognition of their contribution.

The Department of Health and Social Care is regarded as a related party as the CCG's parent Department. During the year NHS Newcastle Gateshead CCG has had a significant number of material transactions with entities for which the Department is regarded as the parent Department. For example:

- Newcastle upon Tyne Hospitals NHS Foundation Trust
- Gateshead Health NHS Foundation Trust
- Cumbria Northumberland Tyne & Wear NHS Foundation Trust
- South Tyneside & Sunderland NHS Foundation Trust
- North East Ambulance Service NHS Foundation Trust

NHS Newcastle Gateshead CCG also has other non material transactions with other NHS related parties that include:

- NHS England, NHS Resolution and NHS Business Services Authority.

In addition, NHS Newcastle Gateshead CCG has had a number of material transactions with other government departments and other central and local government bodies. The majority of these transactions were payments to Local Authorities to the value of £14,251k (21/22 £58,990k) with Newcastle Council and £11,282k (21/22 £44,535k) with Gateshead Council.

NHS Newcastle Gateshead CCG - Annual Accounts for the period to 30 June 2022

15 Events after the end of the reporting period

On 28 April 2022, the Health and Care Act 2022 received Royal Assent. As a result, CCGs were abolished and the functions, assets and liabilities of NHS Newcastle Gateshead CCG transferred to the North East and North Cumbria Integrated Care Board from the 1 July 2022. This constitutes a non-adjusting event after the reporting period. This does not impact the basis of preparation of these financial statements.

16 Financial performance targets

CCG's have a number of financial duties under the NHS Act 2006 (as amended). CCG performance against those duties was as follows:

	3 months to 30 June 2022 Target	3 months to 30 June 2022 Performance	12 months to 31 March 2022 Target	12 months to 31 March 2022 Performance
Expenditure not to exceed income	293,982	293,982	1,211,071	1,207,755
Capital resource use does not exceed the amount specified in Directions	-	-	-	-
Revenue resource use does not exceed the amount specified in Directions	292,501	292,501	1,210,911	1,207,595
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	2,084	2,084	9,656	8,338

17 Losses and special payments

There has been two administrative write-offs for the total value of £1k (2021/22: none). These amounts are reported on an accruals basis but excluding provisions for future losses.

Independent auditor's report to the Members of the NHS North East and North Cumbria Integrated Care Board acting as the Governing Body of NHS Newcastle Gateshead Clinical Commissioning Group

Report on the audit of the financial statements

Opinion on the financial statements

We have audited the financial statements of NHS Newcastle Gateshead Clinical Commissioning Group ('the CCG') for the period ended 30 June 2022, 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 2022/23 as contained in the Department of Health and Social Care Group Accounting Manual 2022/23, and the Accounts Direction issued by the NHS England 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 30 June 2022 and of its net expenditure for the period then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2022/23; 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.

Emphasis of Matter – transfer of the CCG's functions to the Integrated Care Board

We draw attention to notes 1.1 (going concern) and 15 (events after the end of the reporting period) of the financial statements, which highlight that the Health and Care Act 2022 gained Royal Assent on 28 April 2022. As disclosed in notes 1.1 and 15 of the financial statements, the CCG's functions transferred to a new Integrated Care Board from 1 July 2022. Given services continue to be provided by another public sector entity, the financial statements are prepared on a going concern basis. Our opinion is not modified in respect of this matter.

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 2022/23 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 risks of override of controls) and determined that the principal risks related to posting manual journal entries to manipulate financial performance, management bias through judgements and assumptions in significant accounting estimates, significant one-off or unusual transactions and the risk of fraud in financial reporting relating to expenditure recognition due to the potential to inappropriately record expenditure in the wrong period.

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 Audit 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 the Audit 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;
- addressing the risks of fraud through management override of controls by performing journal entry testing;
- addressing the risk of fraud in expenditure recognition through testing payments in the pre and post year end period to ensure they were recognised in the right year, sample testing material period-end payables and provisions and reviewing intra-NHS reconciliations and data matches provided by the Department of Health and Social Care.

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 the Audit 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 statements and regularity of public sector bodies in the United Kingdom, and Supplementary Guidance Note 01, issued by the Comptroller and Auditor General in December 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 nine-month period ended 31 March 2023.

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 January 2023, we have not identified any significant weaknesses in arrangements for the period ended 31 March 2023.

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 December 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 the NHS North East and North Cumbria Integrated Care Board, acting on behalf of NHS Newcastle Gateshead 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 NHS North East and North Cumbria Integrated Care Board, acting on behalf of NHS Newcastle Gateshead 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 NHS North

East and North Cumbria Integrated Care Board, 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 in its use of resources and complete the work necessary to provide assurance to the NAO on the whole of government accounts return.

Cameron Waddell,
Partner
For and on behalf of Mazars LLP

The Corner
Bank Chambers
26 Mosley Street
Newcastle upon Tyne
NE1 1DF

Date 30 June 2023