

**Governing Body**

This meeting will be held 10.00 on 27 February 2019  
 Teesdale Meeting Room, Choppington Social Welfare Centre, Colliery Road, Choppington,  
 Northumberland NE62 5SS

## AGENDA

| Time | Item | Topic  | Enc    | PDF Page | Sponsor                 |
|------|------|--|--------|----------|-------------------------|
| 1000 | 1    | Welcome and apologies for absence  |        |          | J Guy                   |
|      | 2    | Declarations of conflicts of interest  |        |          | J Guy                   |
|      | 3    | Quoracy*   |        |          | J Guy                   |
|      | 4    | 4.1 Minutes of the previous meeting and Matters Arising<br>4.2 Action Log                        | ✓<br>✓ | 3<br>9   | J Guy                   |
| 1010 | 5    | Assurance, Risk and Governance<br><br>5.1 Assurance Framework and Risk Register Exception Report |        |          | S Young                 |
| 1020 | 6    | Chief Operating Officer Report   | ✓      | 10       | S Brown                 |
| 1025 | 7    | Finance Update – Month 10  | ✓      | 17       | J Connolly              |
| 1035 | 8    | Strategic Items<br><br>8.1 2018/19 Improvement Plan Update<br>8.2 SEND Action Plan Update        | ✓      | 34       | S Brown<br>V Bainbridge |
| 1055 | 9    | Information<br><br>9.1 NCC Health and Wellbeing Board Minutes (January 2019)                     | ✓      | 42       | S Young                 |
|      | 10   | Locality meeting assurance/key points  |        |          | S Young                 |
|      | 11   | Governing Body Forward Plan  | ✓      | 47       | S Young                 |

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| Time | Item | Topic   | Enc | PDF Page | Sponsor |
|------|------|---|-----|----------|---------|
|      | 12   | Any other business ( <i>items submitted prior to meeting only</i> )   |     |          | J Guy   |
| 1100 | 13   | Date and time of Governing Body:<br><b>To be held in public</b><br><b>Wednesday 27 March 2019 - 10.00, Committee Room 2, County Hall, Morpeth</b> |     |          |         |

\* 6 members, including at least two of the Lay Chair/Governors, the Clinical Director of Primary Care and two Locality Directors or three Locality Directors, either the Accountable Officer, Chief Operating Officer or the Chief Finance Officer.



**Minutes of the Governing Body**  
**Wednesday 23 January 2019, 10.00am**  
**Committee Room 1, County Hall, Morpeth**

**Present**

|                    |   |
|--------------------|---|
| Janet Guy          | Lay Chair (Chair)   |
| Vanessa Bainbridge | Accountable Officer   |
| Ian Cameron        | Chief Finance Officer   |
| Dr David Shovlin   | Clinical Director of Primary Care                               |
| Karen Bower        | Lay Member Corporate Finance and Patient and Public Involvement |
| Steve Brazier      | Lay Member - Audit Chair  |
| Prof Marios Adamou | Governing Body Secondary Care Doctor                            |
| Margaret Scott     | Governing Body Nurse  |
| Dr Charles Dean    | Locality Director - North                                       |
| Dr John Warrington | Locality Director - Central                                     |
| Dr Ben Frankel     | Locality Director - West  |

**In Attendance**

|                  |                                     |
|------------------|-------------------------------------|
| Jon Connolly     | Chief Finance Officer (Designate)   |
| Elizabeth Morgan | Director of Public Health           |
| Stephen Young    | Strategic Head of Corporate Affairs |
| Melody Price     | Executive Assistant (Minutes)       |

Janet Guy welcomed Professor Marios Adamou to his first Governing Body (GB) meeting in his role as NHS Northumberland Clinical Commissioning Group's (CCG) GB Secondary Care Doctor.

**NCCGGB/19/01 Agenda Item 1 Apologies**

Apologies were received from Dr Paula Batsford and Siobhan Brown.

**NCCGGB/19/02 Agenda Item 2 Declarations of Conflicts of Interest**

There were no declarations of interest.

**NCCGGB/19/03 Agenda Item 3 Quoracy**

The meeting was quorate.

**NCCGGB/19/04 Agenda Item 4.1 Minutes of the previous meeting and Matters Arising**

The minutes of the last meeting (19 December 2018) were agreed as a true and accurate record. There were no matters arising.

## **NCCGGB/19/05 Agenda Item 4.2 Action Log**

The action log was reviewed and the following update given:

**Action NCCGGB/18/148/01: Vanessa Bainbridge to circulate the SEND 'Written Statement of Action' to GB for comment before submission.** The draft SEND 'Written Statement of Action' will be completed by 28 February 2019. It will be circulated to GB for comment before submission on 13 March 2019.

The following actions were agreed as completed: NCCGGB/18/127/01, NCCGGB/18/049/01, NCCGGB/18/149/02.

## **NCCGGB/19/06 Agenda Item 5 Chief Operating Officer Report**

Vanessa Bainbridge provided an update on recent significant meetings and developments in the CCG.

The NHS Long Term Plan (LTP), published in early January, outlines the NHS's direction of travel for the coming years. It was published alongside the full planning guidance and the CCG's allocations for 2019/20. The CCG's activity trajectory summary was submitted to NHS England (NHSE) on 14 January 2019. In order to plan at the different levels required by the planning guidance, system wide discussions at the North Integrated Care Partnership (ICP) and Integrated Care System (ICS) North East and North Cumbria levels are also being held. Key deliverables for February 2019 include the submission of the draft CCG operational plan (12 February 2019) and the draft system operational plan and contract alignment (19 February 2019).

Overall Winter demand is being managed effectively across the system but pressure continues to be experienced with a high volume of patients presenting to Northumbria Healthcare NHS Foundation Trust (NHCFT). Work is currently being undertaken focusing on reducing occupied bed days and length of stay, maintaining flow through the system and reducing ambulance handover time. Extended access appointments are helping to alleviate the pressure.

Work continues after the Independent Reconfiguration Panel's response concerning Rothbury Community Hospital. The CCG met with Save Rothbury Hospital Campaign Group representatives and agreed a number of actions including data sharing and a potential joint visit to the Bell View Resource Centre in Belford. Proposals for the way ahead will be discussed at a full meeting of Northumberland County Council's (NCC) Health and Wellbeing Overview and Scrutiny Committee (HWBB OSC) later today (23 January 2019) before providing an update to the Secretary of State for Health and Social Care by 31 January 2019.

The PricewaterhouseCoopers (PwC) independent review of the CCG's progress while under Special Measures has concluded. PwC gave a very positive assessment about the improvements made in capacity and governance. The only remaining area of concern is financial recovery but PwC considered that the CCG is demonstrating its ability to deliver in this area. The report is a significant step towards the CCG's removal from Special Measures.

The January 2018 NCC Health and Wellbeing Board (HWBB) focused on:

- NCC's Local Plan (2016-2036) - One of the main priorities of the plan for the CCG is the house building plans and primary care's ability to respond to the potential population growth
- The Care Quality Commission (CQC) now intends to concentrate on whole system reviews alongside individual organisation inspections. The journey and experience of the whole care system for over 65s will be a focus of this work. In order to prepare for the potential inspection, the Northumberland system is establishing a CQC Board to undertake a shadow inspection/ self-assessment to identify and address any gaps
- The Northumberland Joint Health and Wellbeing Strategy was ratified. A public facing version of the strategy will be created and the focus will be on the whole system delivery of the four main priorities over the next ten years.

The Northumberland System Transformation Board (STB) re-launched on 9 January 2019 with a new Chair, Sir Jim Mackey, Chief Executive, NHCFT. The STB discussed the need to ensure that governance is strengthened and a focus on long term outcomes is maintained.

Marios Adamou made an observation that NCC's Local Plan spanned 20 years and asked if a 10 year plan would not be more realistic. Vanessa said the Local Plan follows statutory guidance which includes statutory consultations every three years. Janet Guy said good governance is key and the CCG needs to be aware when the Local Plan is refreshed.

### **NCCGGB/19/07 Agenda Item 6 Finance Report – Month 9**

Ian Cameron said the CCG's Month 9 financial position for the period to 31 December 2018 had been reviewed in detail at the January 2019 Corporate Finance Committee (CFC) and assurance was received. The CFC recommended the Month 9 finance report to GB for consideration and comment.

At Month 9, the CCG is on track to deliver its control total deficit of £8m for the financial year 2018-19. If the CCG continues to demonstrate it is on track to achieve this position, it will qualify for an additional non recurrent allocation of £8m Commissioner Sustainability Funding (CSF). This will enable the CCG to report a in-year break even position for 2018-19. This is a critical success factor for NHSE when considering whether the CCG should come out of special measures.

In month, the CCG has received £0.9m in allocations, £0.4m of which are recurrent transfers to support increased Primary Care Commissioning costs. The CCG has also received non-recurrent allocations including the annual contribution to Health in Justice costs. This funding offsets the costs incurred for the healthcare provided to prisoners in Northumberland and is managed as a pass through to the main acute provider.

Overall for the acute sector at Month 9, the CCG reported an over spend (£3.6m) due to over-performance and winter pressures. In the main provider contract positions, NHCFT is forecast as £4.4m above plan and Newcastle Hospitals NHS Foundation Trust (NUTHFT) is forecast £1.2m under plan.

Mental Health high cost packages of care continue to represent an expenditure risk. The CCG has mitigated this increase through the release of the Mental Health reserve.

The main Continuing Healthcare (CHC) contract with NCC is reported as breakeven in Month 9. As a result, the CHC reserves line has been released to help offset the over performance in the acute forecast.

Prescribing cost continues to show an improving position. Running cost budgets are showing a £476k underspend at Month 9 with a £53k movement in month.

Steve Brazier said the emerging financial picture was encouraging. He asked if the cost efficiencies in the acute sector, CHC and Prescribing were 'real' and had not been at the expense of patient care. David Shovlin said a robust evidence based prescribing structure is in place supported by prescribing leads with good clinical involvement. He said he was assured the cost efficiencies being delivered were in the best interest of patients. Vanessa Bainbridge said the reduction in CHC costs was due to both a focus on specific individual cases and overall good case management. Ian said CHC savings had also been achieved through effective management of provider charges.

Marios Adamou asked what plans were in place to pay back the CCG's historic debt (£57.8m). Ian said by achieving breakeven, the CCG will maintain the same level of historic debt that it started the 2018/19 financial year with. Jon Connolly said it will be a staged approach with the CCG first getting out of special measures and directions and into a surplus position.

Marios asked if the CCG would require CSF in 2019/20. Ian said the planned control total deficit for the financial year 2019-20 was £4m, with the CCG achieving a breakeven position in 2020/21 and reporting a surplus in 2021/22.

### **NCCGGB/19/08 Agenda Item 7 The NHS Long Term Plan**

Vanessa Bainbridge outlined The NHS Long Term Plan (LTP) highlighting the following strategic objectives:

- Making sure everyone gets the best start in life
- Delivering world-class care for major health problems
- Supporting people to age well

The LTP sets out how the system needs to think and act in order to overcome the challenges it faces, such as staff shortages and growing demand for services, by:

- Doing things differently
- Preventing illness and tackling health inequalities
- Backing our workforce
- Making better use of data and digital technology
- Getting the most out of taxpayers' investment in the NHS.

The CCG welcomes the LTP which supports its direction of travel in terms of a greater focus on community and primary care models, working at scale, the prevention and population health outcomes agenda and the need to tackle workforce issues.

Vanessa said it is the first time legislative changes will be made in order to enable the planned changes to the NHS. The North East and North Cumbria ICS, NCC and other partners will develop and implement a local strategy for the next five years to improve services and the health and wellbeing of communities. An LTP and ICS development session will be held for GB members.

The Green Paper on Social Care has been delayed and will now be published in the Autumn.

Liz Morgan said Public Health needed to be hard wired into health and economic legislation and more social care and public health funding was needed in order to support health.

Ben Frankel said there were concerns in the West locality about the legal framework of the Primary Care Network contract.

David Shovlin declared a conflict of interest on behalf of himself, Ben, John Warrington and Charles Dean as practising GPs. GB discussed and agreed the conflict was not material as the agenda item was only for information and no decisions were being made. David, Ben, John and Charles to remain in the meeting for the agenda item. GB discussed Primary Care Networks covering the following areas:

- Initial funding allocated to support development planning and actively establish the networks and further funding bid submitted under the Aspiring ICS umbrella
- £1.50 per head of population to be made available from April 2019 – further information awaited on reporting requirements and potential contractual changes
- New initiative - further information will be circulated when available.

Stephen Young said he would circulate legal information from DAC Beachcroft regarding Primary Care governance to GB members.

Margaret Scott said workforce was already an issue and a risk to the CCG. Vanessa said more information would filter down locally through the LTP and ICS development work.

**Action NCCGGB/19/08/01: Stephen Young to circulate legal information from DAC Beachcroft regarding Primary Care governance to GB members.**

**NCCGGB/19/09 Agenda Item 8 NCC Health and Wellbeing Board Minutes (December 2018)**

The NCC Health and Wellbeing Board Minutes for December 2018 were received for information.

**NCCGGB/19/10 Agenda Item 9 Locality meeting assurance/key points**

- Primary Care Networks.

**NCCGGB/19/11 Agenda Item 10 Governing Body Forward Plan**

No updates to the GB Forward Plan.

**NCCGGB/19/12 Agenda Item 11 Any other business**

Janet Guy said this was Ian Cameron's last GB meeting as he was stepping down from his role as Chief Finance Officer (CFO) and returning to NHSE. She thanked him on behalf of GB for his hard work, commitment and support and wished him well for the future.

Stephen Young said the Appointments and Remuneration Committee had recommended GB members ratify the appointment of North Tyneside's CCG's CFO Jon Connolly as permanent joint CFO for Northumberland and North Tyneside CCGs from 1 February 2019. The appointment has been approved by NHSE. Janet welcomed Jon on behalf of the GB to his new role.

**Decision NCCGGB/19/12/01: GB members ratified the appointment of Jon Connolly as the CCG's permanent 'joint' Chief Finance Officer.**

Janet Guy said Jim Mackey, Chief Executive, NHCFT has been awarded a knighthood, John Lawlor, Chief Executive, Northumberland, Tyne and Wear NHS Foundation Trust has been awarded an OBE and Yvonne Ormston, Chief Executive, North East Ambulance Service NHS Foundation Trust has been awarded an MBE in the 2019 New Year Honours List. GB members agreed that Janet would write to them offering the CCG's congratulations.

**Action NCCGGB/19/12/02: Janet Guy to write to Jim Mackey, John Lawlor and Yvonne Ormston on behalf of the CCG to congratulate them individually on their 2019 New Year Honours List award.**

**NCCGGB/19/13 Agenda Item 12 Date and time of next meeting**

27 February 2019 at 10.00 in the Teesdale Room, Choppington Social Welfare Centre, Colliery Road, Choppington, Northumberland NE62 5SS.

DRAFT

| NHS Northumberland Clinical Commissioning Group |                 |                        |  | Agenda Item 4.2    |          |   |
|---|-----------------|------------------------|--|--------------------|----------|--|
| Governing Body - REGISTER OF ACTIONS            |                 |                        |  |                    |          |  |
| Log owner: Governing Body Chair                 |                 |                        |  |                    |          |  |
| DATE: February 2018                             |                 | Governing Body         |  |                    |          |  |
| Number  | Date Identified | Target Completion Date | Description and Comments   | Owner              | Status   | Comment  |
| NCCGGB/18/20/02                                 | 25/04/2018      | 23/05/2018             | Siobhan Brown to add the integrated care diagram to Operational Plan 2018/19.  | Siobhan Brown      | Ongoing  | The development of the integrated care diagram is part of the system strategy work. Work is ongoing with a target date of Spring 2019. |
| NCCGGB/18/148/01                                | 19/12/2018      | 23/01/2019             | Vanessa Bainbridge to circulate the SEND 'Written Statement of Action' to GB for comment before submission.  | Vanessa Bainbridge | Ongoing  | Submission due by March 2019.  |
| NCCGGB/19/08/01                                 | 23/01/2019      | 27/02/2019             | Stephen Young to circulate legal information from DAC Beachcroft regarding Primary Care governance to GB members.  | Stephen Young      | Complete |  |
| NCCGGB/19/12/02                                 | 23/01/2019      | 27/02/2019             | Janet Guy to write to Jim Mackey, John Lawlor and Yvonne Ormston on behalf of the CCG to congratulate them individually on their 2019 New Year Honours List award. | Janet Guy          | Complete |  |

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**Northumberland**  
Clinical Commissioning Group

|   |   |   |
|---|---|---|
| <b>Meeting title</b>  | Governing Body  |   |
| <b>Date</b>   | 27 February 2019  |   |
| <b>Agenda item</b>  | 6   |   |
| <b>Report title</b>   | Chief Operating Officer Report  |   |
| <b>Report author</b>  | Chief Operating Officer   |   |
| <b>Sponsor</b>  | Chief Operating Officer   |   |
| <b>Private or Public agenda</b>   | Public  |   |
| <b>NHS classification</b>   | Official  |   |
| <b>Purpose (tick one only)</b>  | Information only  | ✓ |
|   | Development/Discussion  |   |
|   | Decision/Action   |   |
| <b>Links to Corporate Objectives</b>  | Ensure that the CCG makes best use of all available resources   | ✓ |
|   | Ensure the delivery of safe, high quality services that deliver the best outcomes                                       | ✓ |
|   | Create joined up pathways within and across organisations to deliver seamless care                                      |   |
|   | Deliver clinically led health services that are focused on individual and wider population needs and based on evidence. |   |
| <b>Northumberland CCG/external meetings this paper has been discussed at:</b> | N/A but elements (governance and Locality Directors) discussed with the CCG's membership                                |   |
| <b>QIPP</b>   | N/A   |   |
| <b>Risks</b>  | Strategic Risk 946 – Financial Balance<br>Strategic Risk 403 – Member Engagement  |   |
| <b>Resource implications</b>  | N/A   |   |
| <b>Consultation/engagement</b>  | Locality clinical engagement  |   |

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for the people of Northumberland



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|   |           |
|---|-----------|
| <b>Quality and Equality impact assessment</b> | Attached. |
| <b>Data Protection Impact Assessment</b>      | No        |
| <b>Research</b>                               | N/A       |
| <b>Legal implications</b>                     | N/A       |
| <b>Impact on carers</b>                       | N/A       |
| <b>Sustainability implications</b>            | N/A       |

| QUALITY and EQUALITY IMPACT ASSESSMENT   |   |                         |          |          |                      |                             |
|--|---|-------------------------|----------|----------|----------------------|-----------------------------|
| <b>1. Project Name</b>   | Chief Operating Officer Report                  |                         |          |          |                      |                             |
| <b>2. Project Lead</b>   | <b>Director Lead</b>                            | <b>Project Lead</b>     |          |          | <b>Clinical Lead</b> |                             |
|  | Chief Operating Officer                         | Chief Operating Officer |          |          | NA                   |                             |
| <b>3. Project Overview &amp; Objective</b>   | Provide an operational update to Governing Body |                         |          |          |                      |                             |
| <b>4. Quality Impact Assessment</b>  | <b>Impact Details</b>                           | <b>Pos/ Neg</b>         | <b>C</b> | <b>L</b> | <b>Scores</b>        | <b>Mitigation / Control</b> |
| <i>Patient Safety</i>  | NA  |                         |          |          |                      |                             |
| <i>Clinical Effectiveness</i>  | NA  |                         |          |          |                      |                             |
| <i>Patient Experience</i>  | NA  |                         |          |          |                      |                             |
| <i>Others including reputation, information governance and etc.</i>  | NA  |                         |          |          |                      |                             |
| <b>5. Equality Impact Assessment</b>   | <b>Impact Details</b>                           | <b>Pos/ Neg</b>         | <b>C</b> | <b>L</b> | <b>Scores</b>        | <b>Mitigation / Control</b> |
| <i>What is the impact on people who have one of the protected characteristics as defined in the Equality Act 2010?</i>   | NA  |                         |          |          |                      |                             |
| <i>What is the impact on health inequalities in terms of access to services and outcomes achieved for the population of Northumberland? (which is in line with the legal duties defined in the National Health Service Act 2006 as amended by the Health and Social Care Act 2012), for example health inequalities due to differences in socioeconomic circumstances?</i> | NA  |                         |          |          |                      |                             |
| <b>6. Research</b><br><i>Reference to relevant local and national research as appropriate.</i>   | NA  |                         |          |          |                      |                             |
| <b>7. Metrics</b>  | <b>Impact Descriptors</b>                       | <b>Baseline Metrics</b> |          |          | <b>Target</b>        |                             |
|  | NA  |                         |          |          |                      |                             |

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|---|--|--------------|------------|
| Sensitive to the impacts or risks on quality and equality and can be used for ongoing monitoring. |  |              |            |
| 8. Completed By   | Signature  | Printed Name | Date       |
| Chief Operating Officer   |  | S BROWN      | 19/02/2019 |
| Additional Relevant Information:  |  |              |            |
| 8. Clinical Lead Approval by  | Signature  | Printed Name | Date       |
| Additional Relevant Information:  |  |              |            |
| 9. Reviewed By  | Signature  | Printed Name | Date       |
| <b>Comments</b>   |  |              |            |

**Governing Body**  
**27 February 2019**  
**Agenda Item: 6**  
**Chief Operating Officer Report**  
**Sponsor: Chief Operating Officer**

***Members of the Governing Body are asked to:***

**1. Consider the Chief Operating Officer report and provide comment.**

### **Purpose**

This report provides an update on significant meetings and developments in NHS Northumberland Clinical Commissioning Group (CCG). Other important clinical issues will be addressed in the Clinical Management Board report.

### **Background**

February is an intense month for the CCG and the wider system due to the large amount of planning round submissions required and organisational alignment across plans, whilst remaining on track for successful delivery for the last quarter of the 2018/19 year.

### **NHS Long Term Plan and 2019/20 Planning Guidance**

The key February deliverables (already submitted) are:

- Draft Integrated Care Partnership (ICP) plan submission (8 February 2019)
- Draft CCG operational plan submission (12 February 2019)
- Draft system operational plan and contract alignment submission (19 February 2019).

The forthcoming submissions below are considered important:

- Final versions of Provider and CCG plans for activity, financials and performance (4 April 2019)
- Final CCG operating plan submission, final system overview submission and full system contracts and plan alignment (11 April 2019).

The March 2019 Governing Body (GB) will comprehensively consider the above submissions and will be provided an analysis of risks and opportunities at each care level. The NHS Long Term Plan (LTP) is at the heart of every plan at system, partnership and place based levels.

To date, the system has worked well together to understand any differences in planning assumptions and the impact of the new tariffs and contracting environment. The gaps between

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provider and commissioner plans are relatively low and, in the main, relate to different activity assumptions. The CCG is confident that the issues can be better understood and resolved over the coming weeks. NHS England (NHSE) has also signalled that it is comfortable with the current position of the northern integrated care partnership area.

## **Planning at the Integrated Care Partnership level**

At the North Integrated Care Partnership (ICP) level (Northumberland, North Tyneside, Newcastle and Gateshead CCGs), the second full Executive to Executive meeting was held on 5 February 2019. The focus of the workshop was to agree priority areas and actions for moving towards more integrated working.

The three Chief Operating Officers were tasked with leading the work on how the CCGs will work together at strategic, operational and governance levels. Priorities will include, for example; identifying commissioning, contracting and functional areas in common, the development of a meaningful primary care strategy, full engagement with the North of Tyne Local Authority devolution developments and delivering place based care, such as primary care networks, as effectively as possible.

Everyone in the workshop emphasised the importance of communication and stakeholder engagement; and the need for a powerful narrative to maintain the strong relationships at place levels and demonstrate the added value for any changes recommended at wider integrated CCG levels. Governing Bodies will be fundamental in testing the direction of travel and how the CCGs' statutory functions can be effectively discharged whilst operating at greater economies of scale where it makes sense to do so.

## **Rothbury Next Steps**

There have been a number of developments in the process following the Independent Reconfiguration Panel's response to Northumberland County Council's (NCC) Health and Wellbeing Board Overview and Scrutiny Committee (HWBB OSC), which include the development of a stakeholder engagement group and a visit by the Save Rothbury Hospital Campaign Group to the Bell View Resource Centre, Belford.

## **European Union (EU) Exit Planning**

NHS providers and commissions have received guidance for managing the potential of a No Deal European Exit. The CCG's Director of European Exit is the Chief Operating Officer supported by the Corporate Affairs team. Workshops at a national and regional level have taken place and the main messages remain to streamline preparedness wherever possible from a provider and commissioner perspective, avoid stockpiling, and the importance of communications with the public and patients.

## **Health and Wellbeing Board**

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February's NCC HWBB meeting focused in entirety on the NHS LTP and there was a very lively discussion about the potential implications, the role of the HWBB and the importance of the future Social Care Green Paper and national spending review in order to put together the full story for health and care delivery. The local media positively reported the meeting and the opportunities the plan can bring, especially in relation to greater funding in primary and community care and the development of primary care networks.

## **System Transformation Board**

The Northumberland System Transformation Board met on 13 February 2019. Priorities were the future developments in primary care and the need to match, where possible, community, acute, mental health and ambulance service geographical footprints to the future networks. Other topics included the planning for a potential whole system review by the Care Quality Commission and the system-wide 2019/20 planning submissions.

## **Recommendation**

The GB is asked to consider the report and provide comment.

|   |   |   |
|---|---|---|
| <b>Meeting title</b>  | Governing Body  |   |
| <b>Date</b>   | 27 February 2019  |   |
| <b>Agenda item</b>  | 7   |   |
| <b>Report title</b>   | Finance Update Month 10   |   |
| <b>Report author</b>  | Chief Finance Officer   |   |
| <b>Sponsor</b>  | Chief Finance Officer   |   |
| <b>Private or Public agenda</b>   | Public  |   |
| <b>NHS classification</b>   | Official  |   |
| <b>Purpose</b>  | Information only  | ✓ |
|   | Development/Discussion  |   |
|   | Decision/Action   |   |
| <b>Links to Corporate Objectives</b>  | Ensure that the CCG makes best use of all available resources   | ✓ |
|   | Ensure the delivery of safe, high quality services that deliver the best outcomes                                       |   |
|   | Create joined up pathways within and across organisations to deliver seamless care                                      |   |
|   | Deliver clinically led health services that are focused on individual and wider population needs and based on evidence. |   |
| <b>Northumberland CCG/external meetings this paper has been discussed at:</b> | None  |   |
| <b>QIPP</b>   | Overall QIPP Programme delivery   |   |
| <b>Risks</b>  | Strategic Risk 946 – Financial Balance<br>Operational Risk 1799 – QIPP  |   |
| <b>Resource implications</b>  | N/A   |   |
| <b>Consultation/engagement</b>  | N/A   |   |
| <b>Quality and Equality impact assessment</b>                                 | Complete report (pages 3 & 4).  |   |



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| <b>Data Protection Impact Assessment</b> | No                             |
| <b>Research</b>                          | N/A                            |
| <b>Legal implications</b>                | CCG Statutory Financial Duties |
| <b>Impact on carers</b>                  | N/A                            |
| <b>Sustainability implications</b>       | N/A                            |

| QUALITY and EQUALITY IMPACT ASSESSMENT   |                           |                         |          |                      |               |                             |
|--|---------------------------|-------------------------|----------|----------------------|---------------|-----------------------------|
| <b>1. Project Name</b>   | Finance Update - Month 10 |                         |          |                      |               |                             |
| <b>2. Project Lead</b>   | <b>Director Lead</b>      | <b>Project Lead</b>     |          | <b>Clinical Lead</b> |               |                             |
|  | Chief Finance Officer     |                         |          |                      |               |                             |
| <b>3. Project Overview &amp; Objective</b>   | Finance Update - Month 10 |                         |          |                      |               |                             |
| <b>4. Quality Impact Assessment</b>  | <b>Impact Details</b>     | <b>Pos/ Neg</b>         | <b>C</b> | <b>L</b>             | <b>Scores</b> | <b>Mitigation / Control</b> |
| <i>Patient Safety</i>  | N/A                       |                         |          |                      |               |                             |
| <i>Clinical Effectiveness</i>  | N/A                       |                         |          |                      |               |                             |
| <i>Patient Experience</i>  | N/A                       |                         |          |                      |               |                             |
| <i>Others including reputation, information governance and etc.</i>  |                           |                         |          |                      |               |                             |
| <b>5. Equality Impact Assessment</b>   | <b>Impact Details</b>     | <b>Pos/ Neg</b>         | <b>C</b> | <b>L</b>             | <b>Scores</b> | <b>Mitigation / Control</b> |
| <i>What is the impact on people who have one of the protected characteristics as defined in the Equality Act 2010?</i>   | N/A                       |                         |          |                      |               |                             |
| <i>What is the impact on health inequalities in terms of access to services and outcomes achieved for the population of Northumberland? (which is in line with the legal duties defined in the National Health Service Act 2006 as amended by the Health and Social Care Act 2012), for example health inequalities due to differences in socioeconomic circumstances?</i> | N/A                       |                         |          |                      |               |                             |
| <b>6. Research</b><br><i>Reference to relevant local and national research as appropriate.</i>   | N/A                       |                         |          |                      |               |                             |
| <b>7. Metrics</b><br><i>Sensitive to the impacts or risks on quality and equality and can be used for ongoing monitoring.</i>  | <b>Impact Descriptors</b> | <b>Baseline Metrics</b> |          | <b>Target</b>        |               |                             |
|  |                           |                         |          |                      |               |                             |
|  |                           |                         |          |                      |               |                             |

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| 8. Completed By                         | Signature    | Printed Name | Date       |
|---|--------------|--------------|------------|
| Chief Finance Officer                   | Jon Connolly | Jon Connolly | 13/02/2019 |
| <b>Additional Relevant Information:</b> |              |              |            |
|   |              |              |            |
| 8. Clinical Lead Approval by            | Signature    | Printed Name | Date       |
|   |              |              |            |
| <b>Additional Relevant Information:</b> |              |              |            |
|   |              |              |            |
| 9. Reviewed By                          | Signature    | Printed Name | Date       |
|   |              |              |            |
| <b>Comments</b>                         |              |              |            |
|   |              |              |            |

**Governing Body**  
**27 February 2019**

**Agenda Item: 7**

**Finance Update – Month 10**

**Sponsor: Chief Finance Officer**

***Members of the Governing Body are asked to:***

- 1. Consider NHS Northumberland Clinical Commissioning Group's financial position as at 31 January 2019 and provide comment.**
- 2. Consider the forecast outturn and key risks to delivery and provide comment.**

**Purpose**

This report presents the financial position for the period to 31 January 2019. The appendices show this position broken down across the relevant areas of expenditure.

**Background**

NHS Northumberland Clinical Commissioning Group (CCG) has a control total deficit of £8m for the financial year 2018-19. If the CCG can continue to demonstrate that it is on track to achieve this position it will qualify for an additional non-recurrent allocation of £8m Commissioner Sustainability Funding (CSF). This will enable the CCG to report an in-year breakeven position for 2018-19. By achieving breakeven, the CCG will maintain the same level of historic debt that it started the financial year with of £57.8m.

The CCG received the third tranche of CSF allocation of £2.4m in January 2019 reducing the reported ledger forecast deficit to £2.8m in Month 10 reporting. The CCG is due to receive the final tranche of CSF allocation of £2.8m in Month 12.

For 2018-19 reporting, additional expenditure categories have been added to Appendix 1 to increase transparency and bring reporting more in line with the national reporting categories used in the financial planning submissions to NHS England (NHSE). These include separate sections for Acute, Mental Health, Community Services, Continuing Healthcare, Primary Care, Primary Care Commissioning, Other Services, Commissioning Reserves and Contingency.

Appendix 6 shows the CCG level performance for primary medical (GP) care commissioning in more detail.

**Financial Position Overview**

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Appendix 1 shows the financial performance of the CCG for the year to date to 31 January 2019. The 'in year' resource allocation is shown in the top section split between Programme, Delegated Primary Care and Running costs allocations excluding the brought forward historic deficit from 2017-18 (£57.8m). The middle expenditure section then shows the expenditure and budget variance as at Month 10 (£8.0m forecast outturn). The bottom section adjusts for the CSF allocation received and the remaining balance of the CSF anticipated and shows the 'in year' and historic deficit positions forecast at the end of 2018-19 (breakeven and £57.8m respectively).

Appendix 2 shows the total confirmed 2018-19 allocation for programme and running costs as at 31 January 2019 is £530.2m. The allocation table in Appendix 2 shows the allocation information for each allocation received by the CCG in year, who is the commissioning lead, and where required, whether the funding has been approved by board to be committed.

The following table shows the allocations received in the month of January:

| <b>January Allocations</b>   | <b>£000's</b> |
|--|---------------|
| Q3 Commissioner Sustainability Funding (CSF)                       | 2,400         |
| Primary Care Commissioning market rent transfer, voids & subsidies | 1,330         |
| LD Transforming Care   | 407           |
| Atrial Fibrillation (AF) patient optimisation                      | 132           |
| Other allocations  | 14            |

In Month, the CCG received £4.3m in allocation; £0.7m of the Primary Care Commissioning market rent transfer is recurrent. The remaining allocations are received non recurrently; Quarter 3 Commissioning and Sustainability Funding allocation, remaining Primary Care Commissioning market rent transfer, Learning Disability (LD) Transforming Care allocation (for patients transfers from specialised commissioning beds into community beds), Atrial Fibrillation (long term stroke prevention) and in other allocations is Q4 cancer network funding and RTT waiting list support pass through allocations to Northumbria Healthcare NHS Foundation Trust (NHCFT).

### Financial Position Detail

The CCG shows the individual budget line positions on Appendix 1 net of their Quality, Innovation, Productivity and Prevention (QIPP) target. The following positions for Month 10 show the variance against these lines reflecting expected QIPP delivery achieved in 2018-19.

#### Acute

The CCG uses the latest data available in the Service Level Agreement Monitoring (SLAM) model (Month 9 flex) to show the most up to date and accurate position for its main providers. Overall for the acute sector at Month 10, the CCG has reported as an over spend of £7.2m. In the main provider contract positions NHCFT is forecast £4.4m above plan and Newcastle Hospitals NHS Foundation Trust (NUTHFT) is forecast £0.9m under plan. In other acute non

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recurrent there has been an increase of £3.3m in month for the CCG increasing it's in year contribution to non-recurrent commitments with NHCFT.

The main Ambulance contract with North East Ambulance Service NHS Foundation Trust (NEAS) is mainly a block payment arrangement so is reported breakeven.

In the smaller acute contracts there is over performance in NHS providers of £148k and £259k in non NHS providers.

### **Mental Health**

The main Mental Health (MH) contract is with Northumberland, Tyne and Wear NHS Foundation Trust (NTW). For this year, the CCG has an agreed contract value to work to with the provider. The target outturn requires both parties to share some risk on achieving efficiencies and at this stage of the financial year the CCG is reporting this contract as pressure of £0.9m. The over performance is due to the outcome of the mental health rebasing and other QIPP schemes not achieving as much as initially planned.

High cost packages continue to represent an expenditure risk for the CCG in 2018-19. At Month 9 this is reported as £0.3m over performance, the CCG has mitigated this increase in S117 through release of the MH reserve.

There are other block contracts included in this section that will continue to be shown as breakeven throughout the year. They are the Talking Matters Northumberland (TMN) IAPT contract and the Mental Health Pool contract with the local authority.

In other mental health services there is an overall under spend reported in Month 10 of £1.3m, this is due to the CCG releasing the mental health reserve to cover the increasing costs in S117 and in month agreeing to recharge some of the previously shown temporary placement costs to other CCGs in the region. The CCG still has some provision in place but risk remains, particularly in respect of future years planning.

### **Community Services**

In Community Services, the CCG reports its main block contract with NHCFT which is reporting a £40k movement from plan due to an expected in year addition to the contract. There is a smaller community contract with NUTHFT which is under performing by £30k, a budget for continence products also with NHCFT that is over performing by £106k in the other community contracts NHS line. The non NHS community line includes the Joint Equipment Loan Service (JELS) contract (block) and smaller contracts with the Local Authority and St Oswald's for Palliative care which are reporting an underspend together of £96k.

### **Continuing Healthcare**

Data received to date indicates that the main Continuing Healthcare (CHC) contract outturn with the local authority is in line with the agreed estimates with the local authority through the

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planning process, and is therefore continued to be reported as breakeven for Month 10. The CHC reserves line has therefore been released due to this encouraging forecast to help offset the over performance in the acute forecast. Other CHC spend includes smaller children's CHC package recharges from the local authority, Nurse Assessor payments to NHCFT and additional recharges for CHC clients outside of the main contract charge. An over spend of £30k has been reported for these at month 10, an increase of £57k in month.

### **Prescribing and CCG funded Primary Care services**

Prescribing data runs two months in arrears and therefore at the time of reporting there was nine months' worth of data available from the Business Services Authority (BSA) for reporting variances in the Month 10 position.

The BSA provides a forecast outturn based on the year to date data and the forecast currently shows a positive outlook for the financial year 2018-19 and the CCG has used this forecast as the basis for the reported position of £1.5m under spend at Month 10.

In addition to the BSA forecast the CCG also incorporates into the forecast its own expectations based on previous years seasonality, the estimated impact to come from Category M price changes and the movement of the flu vaccination budget and spend to NHS England's responsibility. The CCG has also benefitted from the full year effect of prior year spending reductions continuing into this financial year.

The Out of Hours (OOH) contract is currently being reviewed to ensure a more sustainable service model while delivering improved value for money. The over spend of £157k against this budget reflects the revised service specification agreed.

Commissioning schemes contain the CCG's local enhanced services and at this stage, until the level of achievement/participation of each of the individual schemes and practices is determined, they will be reported as breakeven.

GP forward view contains allocations for extended access, online consultation and GP clerical training. Along with the Practice transformation support line, they are expected to spend in line with budget. Primary Care dressings are showing a pressure of £194k due to initial QIPP saving projections not materialising and deteriorating in 'in year' performance.

Finally the Other Primary Care line is made up of GPIT, Oxygen and the medicines management element of the NECS contract. Oxygen is cost is above budget and an over spend of £27k has been reported at Month 10.

### **Primary Care Commissioning**

The delegated Primary care budgets are under more pressure than they have been in previous years with the increase in cost relating to national GP contract uplifts increasing at a percentage of growth above the annual growth applied to the ring fenced primary care commissioning allocation. This cost pressure has been managed in 2018-19 with an additional

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allocation, for Month 10 as a result of the above increase in allocation an under spend of £76k is reported

### **Other Programme Services**

The core Better Care Fund (BCF) payment the CCG makes to the local authority is an amount included by NHSE in the CCG's baseline and is a block arrangement paid in twelfths. The 111 Contract has been agreed as part of the overall NEAS contract discussions and although is reported as a pressure of £117k, this has delivered its QIPP requirement overall across the NEAS contracts. Within the other services line there are breakeven positions included for private transport and exceptional treatments and a pressure shown for renal transport with NEAS PTS £115k and in voluntary sector contracts of £51k.

### **Running costs**

Running cost budgets are showing a £445k underspend at Month 10. There has been a £31k movement in month. The overall underspend is mainly due to staffing and clinical sessions forecasts for posts that have only been in place for part of the year due to the timing of appointments and the restructure.

### **Activity**

As mentioned above under acute, at the time of Income & Expenditure (I&E) reporting the CCG had access to Month 9 flex Payment by Results (PbR) contract data in the SLAM system.

### **Northumbria Healthcare NHS Foundation Trust (NHCFT)**

Monthly analysis shows the most significant variances year on year (April to December 2017-18 vs April to December 2018-19) in NHCFT activity to be in:

- Ambulatory care (activity up 17.29%, cost up 15.89%)
- A&E (activity up 0.51%, Cost up 0.67%)
- Non Elective (activity down 1.14%, cost up 1.32%)
- Day Case (activity up 5.17%, Cost up 9.47%)
- Elective (activity down 1.01%, Cost up 0.75%)
- Outpatient First attendance (Activity up 5.87%, Cost down 2.32%)
- Outpatient Follow up attendance (Activity up 5.61%, Cost up 6.22%)
- Outpatient procedures (Activity up 11.29%, Cost up 12.06%)

The increase in Ambulatory care is one of the contract performance notices the CCG has raised with the trust and the CCG is in the process of conducting a clinical audit to determine if the increase is clinically justified.

Non elective needs further analysis as activity is down but costs are up and although some of this will be tariff increases and is still within plan, the change in case mix is still larger than would be expected if demographics haven't significantly changed.

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Day Cases are up but elective activity is down and outpatients have seen a large increase. The main reason for the increase in activity in first attendance is the move to virtual appointments for some specialities. There is a less expensive tariff associated with non-face to face appointments and therefore the cost is down as a result.

The increase in outpatient follow ups and procedures is a knock on effect of the increased virtual appointments and more follows and procedures are taking place for Rheumatology and Physio. Further investigation to understand in more detail the increase above planned levels is ongoing.

A number of these variances are already covered by existing performance issues the CCG has raised with the trust during the planning round and are reflected in the CCG plan target outturn figures. Joint investigations are underway to explain changes to services which have caused the increases above planned levels and concerns are being escalated through contract meetings.

### **Newcastle Upon Tyne Hospitals NHS Foundation Trust (NUTHFT)**

The Month 9 flex SLAM data overall is encouraging for NUTHFT and it is showing that activity and cost is below plan across most PoDs with the exception of outpatient procedures and Drugs and Devices. This under performance against planned activity continues on into the expected forecast for the year; however an estimate is included in electives for waiting list initiatives ongoing in Urology, ENT, Rheumatology and Ophthalmology that estimates this to be over plan by the year end. Drugs and devices is the largest variance to plan, further analysis into the impact of the use of biosimilars including Adalimumab indicates this could reduce the forecast spend over the remainder of the year.

In the past month the gross SLAM costs provided for NUTHFT has remained similar to the previous months and looks positive against plan. The CCG expects the contract to be at least in line with plan overall by the year end.

### **Underlying Position**

The CCG also reports on its underlying position each month to NHSE. The underlying position of the CCG is the recurrent position, less any non-recurrent expenditure and allocations, adjusting for impacts of part year effects that will then go on to be full year values going forward.

At Month 10, the CCG is reporting that it will achieve an underlying underspend of £2.27m which is an improvement of £4.5m from the original planned underlying deficit of £2.25m. This includes the positive impact of the current year performance on the underlying position following the completion of the initial 2019/20 financial plan submission.

The current position reported does carry some risk as it makes assumptions for contract performance. As we move towards the year end the CCG will have a better understanding of

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what the baseline position for the main contract are and be able to update the underlying position accordingly.

### **Statement of Financial Position and Cash Flow**

The Statement of Financial Position (appendix 3) shows the closing positions at the end of January 2019 in comparison to the previous month reported. Debtors and Creditors balances remain reasonably consistent in month with small movement in Debtors for the revised payment profile for NTW after the rebasing exercise, effectively applying the rebasing reduction over the remaining part of the year.

The CCG is expected by NHSE to proactively manage the cash it draws down each month and the amount it actually spends. The target is to have no more than 1.25% of the monthly drawdown of cash left in the main bank account each month. The cash balance at the end of January 2019 was £0.33m (appendix 5) which equates to 0.85% of the January drawdown, and meets the target level.

### **Better Payment Practice Code for year to 31 January 2019**

The Better Payment Practice Code requires that all valid invoices should be paid by their due date or within 30 days of receipt, whichever is later. The CCG is measured against a target of 95% achievement.

Appendix 4 shows the cumulative value of NHS invoices paid within 30 days at 31 January was 99.85% as a percentage of invoice value and 99.62% by invoice count. The cumulative value of Non NHS invoices paid within 30 days at 31 January was 99.88% as a percentage of invoice value and 99.78% by invoice count.

### **Recommendation**

Governing Body asked to consider the financial position as at 31 January 2019, the forecast outturn and the key risks to delivery and provide comment.

- Appendix 1: Year to date income and expenditure report
- Appendix 2: Allocation breakdown
- Appendix 3: Statement of financial position
- Appendix 4: Better payment practice code
- Appendix 5: Cash flow forecast
- Appendix 6: Primary care expenditure

## INCOME &amp; EXPENDITURE REPORT - YTD &amp; FOT POSITION AS AT 31 JANUARY 2019

|   | YTD Budget     | YTD Actual     | YTD Variance<br>(Under)/<br>Overspend | YTD Variance<br>(Under)/<br>Overspend | 2018-19 Budget | Forecast<br>Outturn | Forecast<br>Variance<br>(Under)/<br>Overspend | Forecast<br>Variance<br>(Under)/<br>Overspend | Previous Month<br>Forecast outturn | In Month<br>Movement |
|---|----------------|----------------|---------------------------------------|---------------------------------------|----------------|---------------------|---|---|------------------------------------|----------------------|
|   | £000's         | £000's         | £000's                                | %                                     | £000's         | £000's              | £000's  | %   | £000's                             | £000's               |
| <b>Resource</b>   |                |                |                                       |                                       |                |                     |   |   |                                    |                      |
| Programme Baseline  | 395,150        | 395,150        | 0                                     |                                       | 478,470        | 478,470             | 0   |   | 474,187                            | 4,283                |
| Primary Care Co-commissioning Baseline                        | 37,315         | 37,315         | 0                                     |                                       | 44,768         | 44,768              | 0   |   | 44,768                             | 0                    |
| Running Costs Baseline  | 5,980          | 5,980          | 0                                     |                                       | 7,000          | 7,000               | 0   |   | 7,000                              | 0                    |
| <b>In Year Allocation</b>                                     | <b>438,445</b> | <b>438,445</b> | <b>0</b>                              |                                       | <b>530,238</b> | <b>530,238</b>      | <b>0</b>                                      |   | <b>525,955</b>                     | <b>4,283</b>         |
| <b>Expenditure</b>  |                |                |                                       |                                       |                |                     |   |   |                                    |                      |
| <b>Acute Services</b>   |                |                |                                       |                                       |                |                     |   |   |                                    |                      |
| Northumbria Healthcare NHS FT                                 | 145,477        | 149,182        | 3,705                                 | 2.55%                                 | 171,644        | 176,090             | 4,446   | 2.59%   | 176,090                            | 0                    |
| Newcastle Upon Tyne Hospitals NHS FT                          | 54,715         | 53,965         | -750                                  | -1.37%                                | 65,423         | 64,523              | -900  | -1.38%  | 64,207                             | 316                  |
| North East Ambulance Service                                  | 11,821         | 11,821         | 0                                     | 0.00%                                 | 14,185         | 14,185              | 0   | 0.00%   | 14,185                             | 0                    |
| Acute Contracts NHS   | 2,887          | 3,010          | 123                                   | 4.27%                                 | 3,462          | 3,609               | 148   | 4.27%   | 3,619                              | -10                  |
| Acute Contracts Non NHS                                       | 6,776          | 6,992          | 216                                   | 3.18%                                 | 8,131          | 8,390               | 259   | 3.18%   | 8,380                              | 10                   |
| Other Acute NCA   | 2,047          | 2,047          | 0                                     | 0.00%                                 | 2,241          | 2,243               | 2   | 0.06%   | 2,241                              | 2                    |
| Other Acute Non Rec   | 3,985          | 6,688          | 2,703                                 | 67.81%                                | 4,783          | 8,026               | 3,243   | 67.81%  | 4,726                              | 3,300                |
| <b>Total acute services</b>                                   | <b>227,708</b> | <b>233,705</b> | <b>5,996</b>                          |                                       | <b>269,869</b> | <b>277,066</b>      | <b>7,197</b>                                  |   | <b>273,449</b>                     | <b>3,618</b>         |
| <b>Core Mental Health services</b>                            |                |                |                                       |                                       |                |                     |   |   |                                    |                      |
| Northumberland Tyne & Wear NHS Foundation Trust               | 36,176         | 36,911         | 736                                   | 2.03%                                 | 42,856         | 43,731              | 875   | 2.04%   | 43,355                             | 376                  |
| Section 117's (LA)  | 5,862          | 6,073          | 211                                   | 3.60%                                 | 7,034          | 7,288               | 253   | 3.60%   | 7,288                              | 0                    |
| Talking Matters Northumberland                                | 3,295          | 3,295          | 0                                     | 0.00%                                 | 3,954          | 3,954               | 0   | 0.00%   | 3,954                              | 0                    |
| Mental Health Pooled budget (LA)                              | 2,249          | 2,249          | 0                                     | 0.00%                                 | 2,698          | 2,698               | 0   | 0.00%   | 2,698                              | 0                    |
| Mental Health Other services                                  | 1,524          | 425            | -1,099                                | -72.12%                               | 1,903          | 583                 | -1,319  | -69.34%                                       | 960                                | -377                 |
| <b>Total Core Mental Health</b>                               | <b>49,106</b>  | <b>48,953</b>  | <b>-152</b>                           | <b>-1.0%</b>                          | <b>58,446</b>  | <b>58,255</b>       | <b>-191</b>                                   | <b>-1.0%</b>                                  | <b>58,255</b>                      | <b>0</b>             |
| <b>Community Services</b>                                     |                |                |                                       |                                       |                |                     |   |   |                                    |                      |
| Northumbria Healthcare NHS FT (Comm)                          | 24,212         | 24,245         | 33                                    | 0.14%                                 | 29,054         | 29,094              | 40  | 0.14%   | 29,094                             | 0                    |
| Newcastle Upon Tyne Hospitals NHS FT (Comm)                   | 254            | 229            | -25                                   | -9.90%                                | 305            | 275                 | -30   | -9.90%  | 275                                | 0                    |
| Other Community Contracts NHS                                 | 541            | 633            | 92                                    | 16.91%                                | 650            | 760                 | 110   | 16.91%  | 756                                | 4                    |
| Community Contracts Non NHS                                   | 1,573          | 1,493          | -80                                   | -5.10%                                | 1,883          | 1,787               | -96   | -5.11%  | 1,787                              | 0                    |
| <b>Total Community Services</b>                               | <b>26,580</b>  | <b>26,600</b>  | <b>20</b>                             |                                       | <b>31,892</b>  | <b>31,916</b>       | <b>24</b>                                     |   | <b>31,912</b>                      | <b>4</b>             |
| <b>Continuing Healthcare</b>                                  |                |                |                                       |                                       |                |                     |   |   |                                    |                      |
| Continuing Healthcare Main contract                           | 29,170         | 29,170         | 0                                     | 0.00%                                 | 34,463         | 34,463              | 0   | 0.00%   | 34,463                             | 0                    |
| Other Continuing Healthcare                                   | 704            | 729            | 25                                    | 3.56%                                 | 845            | 875                 | 30  | 3.56%   | 817                                | 58                   |
| Continuing Healthcare Reserves                                | 1,023          | 45             | -978                                  | -95.58%                               | 1,173          | 0                   | -1,173  | -100.00%                                      | 0                                  | 0                    |
| <b>Total Continuing Healthcare</b>                            | <b>30,897</b>  | <b>29,944</b>  | <b>-953</b>                           |                                       | <b>36,481</b>  | <b>35,338</b>       | <b>-1,143</b>                                 |   | <b>35,280</b>                      | <b>58</b>            |
| <b>Prescribing and CCG Funded Primary Care Services</b>       |                |                |                                       |                                       |                |                     |   |   |                                    |                      |
| Prescribing   | 46,004         | 44,735         | -1,269                                | -2.76%                                | 55,246         | 53,722              | -1,523  | -2.76%  | 53,722                             | 0                    |
| Out of Hours  | 2,043          | 2,174          | 131                                   | 6.42%                                 | 2,365          | 2,522               | 157   | 6.66%   | 2,522                              | 0                    |
| Commissioning Schemes   | 1,813          | 1,813          | 0                                     | -0.02%                                | 2,175          | 2,175               | 0   | 0.00%   | 2,175                              | 0                    |
| GP Forward View   | 1,744          | 1,744          | 0                                     | 0.00%                                 | 2,094          | 2,094               | 0   | 0.00%   | 2,093                              | 1                    |
| Practice Transformation support                               | 405            | 405            | 0                                     | 0.00%                                 | 486            | 486                 | 0   | 0.00%   | 486                                | 0                    |
| Primary Care Dressings  | 1,159          | 1,321          | 162                                   | 13.94%                                | 1,391          | 1,585               | 194   | 13.94%  | 1,479                              | 106                  |
| Other Primary Care  | 1,220          | 1,243          | 22                                    | 1.83%                                 | 1,464          | 1,491               | 27  | 1.83%   | 1,491                              | 0                    |
| <b>Total Prescribing and CCG Funded Primary Care Services</b> | <b>54,389</b>  | <b>53,434</b>  | <b>-955</b>                           |                                       | <b>65,220</b>  | <b>64,075</b>       | <b>-1,145</b>                                 |   | <b>63,968</b>                      | <b>107</b>           |
| <b>Primary Care Commissioning (appendix 7)</b>                | <b>37,315</b>  | <b>37,271</b>  | <b>-44</b>                            | <b>-0.12%</b>                         | <b>44,768</b>  | <b>44,692</b>       | <b>-76</b>                                    | <b>-0.17%</b>                                 | <b>44,689</b>                      | <b>3</b>             |
| <b>Other Programme Services</b>                               |                |                |                                       |                                       |                |                     |   |   |                                    |                      |
| Core BCF (Social Care)  | 6,138          | 6,138          | 0                                     | 0.00%                                 | 7,365          | 7,365               | 0   | 0.00%   | 7,365                              | 0                    |
| 111 contract  | 854            | 951            | 98                                    | 11.45%                                | 1,006          | 1,123               | 117   | 11.66%  | 1,123                              | 0                    |
| Other Services (inc. PTS & IFR)                               | 711            | 834            | 123                                   | 17.31%                                | 837            | 993                 | 156   | 18.60%  | 889                                | 104                  |
| <b>Total Other Programme Services</b>                         | <b>7,702</b>   | <b>7,923</b>   | <b>221</b>                            |                                       | <b>9,208</b>   | <b>9,481</b>        | <b>273</b>                                    |   | <b>9,377</b>                       | <b>104</b>           |
| <b>Commissioning Reserves &amp; Contingency</b>               |                |                |                                       |                                       |                |                     |   |   |                                    |                      |
| General Reserve   | 0              | -3,595         | -3,595                                | 0.00%                                 | 5,672          | 1,379               | -4,293  | -75.69%                                       | 4,880                              | -3,501               |
| Non Recurrent Allocations                                     | 235            | 68             | -167                                  | -71.03%                               | 1,872          | 1,672               | -200  | -10.69%                                       | 210                                | 1,462                |
| Contingency   | 0              | 0              | 0                                     | 0.00%                                 | 2,610          | 2,610               | 0   | 0.00%   | 2,610                              | 0                    |
| <b>Total Commissioning Reserves</b>                           | <b>235</b>     | <b>-3,527</b>  | <b>-3,762</b>                         |                                       | <b>10,154</b>  | <b>5,661</b>        | <b>-4,493</b>                                 |   | <b>7,700</b>                       | <b>-2,039</b>        |
| <b>Planned Deficit Control Total</b>                          | <b>-6,667</b>  | <b>0</b>       | <b>6,667</b>                          |                                       | <b>-8,000</b>  | <b>0</b>            | <b>8,000</b>                                  |   | <b>0</b>                           | <b>0</b>             |
| <b>Total Commissioned Services</b>                            | <b>427,265</b> | <b>434,302</b> | <b>7,037</b>                          |                                       | <b>518,038</b> | <b>526,483</b>      | <b>8,445</b>                                  |   | <b>524,631</b>                     | <b>1,854</b>         |
| <b>Running Costs</b>  | <b>5,980</b>   | <b>5,610</b>   | <b>-370</b>                           | <b>-6.20%</b>                         | <b>7,000</b>   | <b>6,555</b>        | <b>-445</b>                                   | <b>-6.35%</b>                                 | <b>6,524</b>                       | <b>31</b>            |
| <b>Total Expenditure</b>                                      | <b>433,245</b> | <b>439,912</b> | <b>6,667</b>                          |                                       | <b>525,038</b> | <b>533,038</b>      | <b>8,000</b>                                  |   | <b>531,155</b>                     | <b>1,885</b>         |
| Commissioner Sustainability Fund (CSF) Received               | 5,200          | 0              | -5,200                                |                                       | 5,200          | 0                   | -5,200  |   | 0                                  | 0                    |
| Revised Forecast Outturn                                      | 438,445        | 439,912        | 1,467                                 |                                       | 530,238        | 533,038             | 2,800   |   | 531,155                            | 1,883                |
| CSF - To be allocated   | 1,467          | 0              | -1,467                                |                                       | 2,800          | 0                   | -2,800  |   | 0                                  | 0                    |
| <b>In year (Surplus)/Deficit</b>                              | <b>439,912</b> | <b>439,912</b> | <b>0</b>                              |                                       | <b>533,038</b> | <b>533,038</b>      | <b>0</b>                                      |   | <b>531,155</b>                     | <b>1,883</b>         |
| <b>Add B/F Deficit</b>  |                |                |                                       |                                       |                |                     | <b>57,807</b>                                 |   |                                    | <b>0</b>             |
| <b>Cumulative Deficit</b>                                     |                |                |                                       |                                       |                |                     | <b>57,807</b>                                 |   |                                    | <b>0</b>             |

NHS ENGLAND IN YEAR ALLOCATIONS

|   | Recurrent<br>£000's | Non Recurrent<br>£000's | Total<br>£000's |
|---|---------------------|-------------------------|-----------------|
| <b>April</b>  |                     |                         |                 |
| Initial CCG Programme Allocation                            | 469,387             | 0                       | 469,387         |
| Initial CCG Running Cost Allocation                         | 6,959               | 0                       | 6,959           |
| Initial CCG Primary Care Co-Commissioning Allocation        | 44,534              | 0                       | 44,534          |
| Paramedic Rebanding Allocations                             |                     | 132                     | 132             |
| Market Rent - Running Costs                                 |                     | 5                       | 5               |
| Market Rent   | 634                 | 0                       | 634             |
| HSCN  |                     | 128                     | 128             |
| HSCN - Running Costs  |                     | 3                       | 3               |
| <b>Total NHS England Allocation April 2018</b>              | <b>521,514</b>      | <b>268</b>              | <b>521,782</b>  |
| <b>May</b>  |                     |                         |                 |
| Deficit Carry Forward - Planned                             | 0                   | (57,807)                | (57,807)        |
| <b>Total NHS England Allocation May 2018</b>                | <b>0</b>            | <b>(57,807)</b>         | <b>(57,807)</b> |
| <b>June</b>   |                     |                         |                 |
| Moved from Delegated to Programme - GPFV                    |                     | 166                     | 166             |
| Moved from Delegated to Programme - GPFV                    |                     | (166)                   | (166)           |
| GP WIFI Maintenance 2018/19                                 |                     | 27                      | 27              |
| Cancer Quality of Life Metric Project Q1                    |                     | 9                       | 9               |
| 2018-19 CYP IAPT Trainee staff salary support funding       |                     | 4                       | 4               |
| Ambulance Funding 18/19                                     |                     | 966                     | 966             |
| <b>Total NHS England Allocation June 2018</b>               | <b>0</b>            | <b>1,006</b>            | <b>1,006</b>    |
| <b>July</b>   |                     |                         |                 |
| Q1 Diabetes Transformation Fund                             |                     | 38                      | 38              |
| Q1 CSF Payment  |                     | 800                     | 800             |
| Cancer Quality of Life Metric Project Q2                    |                     | 9                       | 9               |
|   |                     | 0                       | 0               |
| <b>Total NHS England Allocation July 2018</b>               | <b>0</b>            | <b>847</b>              | <b>847</b>      |
| <b>August</b>   |                     |                         |                 |
| Return of Cancer Quality of Life Metric Funding             |                     | (13)                    | (13)            |
| 2018/19 A/C Pay award uplift                                | 33                  |                         | 33              |
| Northumberland CCG Level 2 demonstrator funding 2018/19     |                     | 50                      | 50              |
| <b>Total NHS England Allocation August 2018</b>             | <b>33</b>           | <b>37</b>               | <b>70</b>       |
| <b>September</b>  |                     |                         |                 |
| Flu Vaccinations Transfer                                   | (469)               |                         | (469)           |
| 2018 GP OOH Services Funding Allocation                     |                     | 8                       | 8               |
| Retained Doctors scheme 2016 - 2018 Q1 payment              |                     | 1                       | 1               |
| <b>Total NHS England Allocation September 2018</b>          | <b>(469)</b>        | <b>9</b>                | <b>(460)</b>    |
| <b>October</b>  |                     |                         |                 |
| Q2 CSF Payment  |                     | 2,000                   | 2,000           |
| Q2 Diabetes Transformation Fund                             |                     | 38                      | 38              |
| Transformation Funding                                      |                     | 140                     | 140             |
| Excess Treatment Programme Defund                           |                     | (8)                     | (8)             |
| Cancer Quality of Life Metric Project Q3                    |                     | 9                       | 9               |
| 2018-19 CYP IAPT Trainee staff salary support funding       |                     | 4                       | 4               |
| <b>Total NHS England Allocation October 2018</b>            | <b>0</b>            | <b>2,183</b>            | <b>2,183</b>    |
| <b>November</b>   |                     |                         |                 |
| Morbid Obesity Risk Share 1819                              |                     | (78)                    | (78)            |
| Charge Exempt Overseas Visitor (CEOV) Adjustment            |                     | (282)                   | (282)           |
| <b>Total NHS England Allocation November 2018</b>           | <b>0</b>            | <b>(360)</b>            | <b>(360)</b>    |
| <b>December</b>   |                     |                         |                 |
| Health & Justice Secondary Care Funding                     |                     | 350                     | 350             |
| Additional Premises Support                                 | 400                 |                         | 400             |
| New Year AIMS service extension                             |                     | 60                      | 60              |
| Cancer 62 Day Performance Improvement Funding               |                     | 2                       | 2               |
| CYP Green Paper Project Initiation costs                    |                     | 75                      | 75              |
| <b>Total NHS England Allocation December 2018</b>           | <b>400</b>          | <b>487</b>              | <b>887</b>      |
| <b>January</b>  |                     |                         |                 |
| 2018/19 A/C Pay award uplift - correction                   | (33)                |                         | (33)            |
| 2018/19 A/C Pay award uplift - correction                   |                     | 33                      | 33              |
| LD Transforming Care  |                     | 407                     | 407             |
| Primary care commissioning market rent, voids and subsidies | 687                 |                         | 687             |
| Primary care commissioning market rent, voids and subsidies |                     | 643                     | 643             |
| Q3 CSF Payment  |                     | 2,400                   | 2,400           |
| Cancer Quality of Life Metric Project Q4                    |                     | 9                       | 9               |
| Retained Doctors scheme 2016 - 2018 Q3 payment              |                     | 1                       | 1               |
| Atrial Fibrillation (AF) patient optimisation 2018-19       |                     | 132                     | 132             |
| Transformation - Cancer                                     |                     | 4                       | 4               |
| <b>Total NHS England Allocation January 2018</b>            | <b>654</b>          | <b>3,629</b>            | <b>4,283</b>    |
| <b>Total YTD Confirmed NHS England Allocation 2018-19</b>   | <b>522,132</b>      | <b>(49,701)</b>         | <b>472,431</b>  |

In Year Allocation 2018-19 530,238

ASSIGNMENT & APPROVAL STATUS

| Commissioning Manager Lead | Narrative  | Board Approval (Y/N) | Board Approval Date |
|----------------------------|--|----------------------|---------------------|
|                            | Initial allocation - Programme                     |                      |                     |
|                            | Initial allocation - Running Costs                 |                      |                     |
|                            | Initial allocation - Primary Care Co Commissioning |                      |                     |
|                            | Baseline Adjustment                                |                      |                     |
|                            | Technical Adjustment                               |                      |                     |
|                            | Technical Adjustment                               |                      |                     |
|                            | Technical Adjustment                               |                      |                     |
| Brian Moulder / Alan Bell  | Implement Wi Fi network in GP practices            |                      |                     |
| Hilary Brown / Susan Boyd  | Pass through allocation to Northumbria HC FT       |                      |                     |
| Kate O'Brien               | IAPT Trainers                                      |                      |                     |
| Pamela Leveny              | Winter resilience funding regional total for NEAS  |                      |                     |
|                            |  |                      |                     |
|                            |  |                      |                     |
| David Lea                  | Diabetes Transformation                            |                      |                     |
|                            | Technical Adjustment                               |                      |                     |
| Hilary Brown / Susan Boyd  | Pass through allocation to Northumbria HC FT       |                      |                     |
|                            |  |                      |                     |
|                            |  |                      |                     |
| Hilary Brown / Susan Boyd  | Pass through allocation to Northumbria HC FT       |                      |                     |
|                            | Technical Adjustment                               |                      |                     |
| Paul Turner                | Pass through allocation to Northumbria HC FT       |                      |                     |
|                            |  |                      |                     |
|                            |  |                      |                     |
|                            | Technical Adjustment                               |                      |                     |
| Pamela Leveny              |  |                      |                     |
| Pamela Leveny              | GP Forward View                                    |                      |                     |
|                            |  |                      |                     |
|                            |  |                      |                     |
|                            | Technical Adjustment                               |                      |                     |
| David Lea                  | Diabetes Transformation                            |                      |                     |
| Ian Cameron                | System Transformation                              |                      |                     |
|                            | Technical Adjustment                               |                      |                     |
| Hilary Brown / Susan Boyd  | Pass through allocation to Northumbria HC FT       |                      |                     |
| Kate O'Brien               | IAPT Trainers                                      |                      |                     |
|                            |  |                      |                     |
|                            |  |                      |                     |
|                            | Technical Adjustment                               |                      |                     |
|                            | Technical Adjustment                               |                      |                     |
|                            |  |                      |                     |
|                            |  |                      |                     |
| Paul Turner                | Pass through allocation to Northumbria HC FT       |                      |                     |
|                            | Technical Adjustment                               |                      |                     |
|                            |  |                      |                     |
| Susan Boyd                 | Pass through allocation to Northumbria HC FT       |                      |                     |
| Kate O'Brien               | Trailblazers                                       |                      |                     |
|                            |  |                      |                     |
|                            |  |                      |                     |
|                            | Technical Adjustment                               |                      |                     |
|                            | Technical Adjustment                               |                      |                     |
| Kate O'Brien               |  |                      |                     |
|                            | Technical Adjustment                               |                      |                     |
|                            | Technical Adjustment                               |                      |                     |
|                            | Technical Adjustment                               |                      |                     |
| Susan Boyd                 | Pass through allocation to Northumbria HC FT       |                      |                     |
| Pamela Leveny              | GP Forward View                                    |                      |                     |
| Alan Bell                  |  |                      |                     |
| Susan Boyd                 | Pass through allocation to Northumbria HC FT       |                      |                     |
|                            |  |                      |                     |
|                            |  |                      |                     |

## STATEMENT OF FINANCIAL POSITION

|  |                               | January 2019    | December 2018   | Movement    |
|--|-------------------------------|-----------------|-----------------|-------------|
|  |                               | £000's          | £000's          | £000's      |
| <b>Non Current Assets</b>  | Property, plant and equipment | 1,101           | 1,123           | (22)        |
|  | Intangible Assets             | 0               | 0               | 0           |
|  | Other Financial Assets        | 0               | 0               | 0           |
| <b>Total Non Current Assets</b>                                    |                               | <b>1,101</b>    | <b>1,123</b>    | <b>(22)</b> |
| <b>Current Assets</b>  | Trade and other Receivables   | 2,698           | 2,706           | (8)         |
|  | Cash and cash equivalents     | 334             | 264             | 70          |
| <b>Total Current Assets</b>  |                               | <b>3,032</b>    | <b>2,970</b>    | <b>62</b>   |
| <b>Total Assets</b>  |                               | <b>4,133</b>    | <b>4,093</b>    | <b>40</b>   |
| <b>Current Liabilities</b>   | Trade and other payables      | (40,783)        | (40,770)        | (13)        |
|  | Other liabilities             | 0               | 0               | 0           |
|  | Provisions                    | 0               | 0               | 0           |
|  | Borrowings                    | 0               | 0               | 0           |
| <b>Total Current Liabilities</b>                                   |                               | <b>(40,783)</b> | <b>(40,770)</b> | <b>(13)</b> |
| <b>Non-Current Assets plus/less Net Current Assets/Liabilities</b> |                               | <b>(36,650)</b> | <b>(36,677)</b> | <b>27</b>   |
| <b>Non-Current liabilities</b>                                     | Other liabilities             | 0               | 0               | 0           |
|  | Provisions                    | 0               | 0               | 0           |
|  | Borrowings                    | 0               | 0               | 0           |
| <b>Total Non-Current Liabilities</b>                               |                               | <b>0</b>        | <b>0</b>        | <b>0</b>    |
| <b>TOTAL ASSETS EMPLOYED</b>                                       |                               | <b>(36,650)</b> | <b>(36,677)</b> | <b>27</b>   |
| <b>Financed by Taxpayers Equity Capital &amp; Reserves</b>         | General Fund                  | (36,650)        | (36,677)        | 27          |
|  | Revaluation Reserve           | 0               | 0               | 0           |
|  | Other reserves                | 0               | 0               | 0           |
| <b>TOTAL TAXPAYERS EQUITY</b>                                      |                               | <b>(36,650)</b> | <b>(36,677)</b> | <b>27</b>   |

APPENDIX 4

**BETTER PAYMENT PRACTICE CODE  
FOR THE TEN MONTHS TO 31 JANUARY 2019**

| Better Payment Practice Code - 30 Days                                | NUMBER        | £000's        |
|---|---------------|---------------|
| <b>Non-NHS</b>  |               |               |
| Total Non-NHS Trade Invoices Paid in the Year                         | 5,109         | 106,191       |
| Total Non-NHS Trade Invoices Paid Within 30 Day Target                | 5,098         | 106,065       |
| <b>Percentage of Non-NHS Trade Invoices Paid Within 30 Day Target</b> | <b>99.78%</b> | <b>99.88%</b> |
| <b>NHS</b>  |               |               |
| Total NHS Trade Invoices Paid in the Year                             | 1,831         | 286,953       |
| Total NHS Trade Invoices Paid Within 30 Day Target                    | 1,824         | 286,529       |
| <b>Percentage of NHS Trade Invoices Paid Within 30 Day Target</b>     | <b>99.62%</b> | <b>99.85%</b> |

## CASHFLOW FORECAST

|  | Actual          | Forecast        | Forecast        |
|--|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
|  | April           | May             | June            | July            | August          | September       | October         | November        | December        | January         | February        | March           |
|  | £000's          |
| <b>Income</b>  |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |
| Balance b/wd   | 346             | 355             | 402             | 362             | 363             | 274             | 74              | 33              | 51              | 264             | 334             | 334             |
| DOH Income   | 36,600          | 41,900          | 37,900          | 38,100          | 36,200          | 38,800          | 40,700          | 40,700          | 39,200          | 39,200          | 39,700          | 52,100          |
| Supplementary /Cash Return                           | 0               | 0               | 0               | 0               | 0               | 0               | 0               | 0               | 0               | 0               | 0               | 0               |
| Prescribing/Home Oxygen Therapy Charge to Cash Limit | 3,671           | 4,044           | 3,942           | 4,073           | 4,069           | 4,084           | 4,130           | 4,012           | 4,271           | 4,126           | 4,566           | 4,451           |
| CHC Risk Pool  | 0               | 0               | 0               | 0               | 0               | 0               | 0               | 0               | 0               | 0               | 0               | 0               |
| Better Care Fund                                     | 0               | 0               | 0               | 0               | 0               | 0               | 0               | 0               | 0               | 0               | 0               | 0               |
| Other Income   | 1,522           | 60              | 38              | 1,217           | 212             | 232             | 107             | 258             | 206             | 90              | 697             | 200             |
| <b>Total Income</b>                                  | <b>42,139</b>   | <b>46,359</b>   | <b>42,282</b>   | <b>43,752</b>   | <b>40,844</b>   | <b>43,390</b>   | <b>45,011</b>   | <b>45,003</b>   | <b>43,728</b>   | <b>43,680</b>   | <b>45,297</b>   | <b>57,085</b>   |
| <b>Expenditure</b>                                   |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |
| Pay  | (186)           | (181)           | (206)           | (211)           | (219)           | (240)           | (253)           | (251)           | (246)           | (247)           | (253)           | (253)           |
| NHS Payments including contracts                     | (28,175)        | (30,929)        | (27,730)        | (27,449)        | (27,350)        | (28,773)        | (32,957)        | (28,159)        | (27,556)        | (27,513)        | (27,781)        | (41,996)        |
| Other Payments - BACS/CHAPS/CHQS                     | (4,892)         | (5,558)         | (3,225)         | (6,755)         | (3,978)         | (5,057)         | (2,260)         | (8,163)         | (5,568)         | (5,940)         | (5,076)         | (5,432)         |
| Prescribing/Home Oxygen Therapy                      | (3,671)         | (4,044)         | (3,942)         | (4,073)         | (4,069)         | (4,084)         | (4,130)         | (4,012)         | (4,271)         | (4,126)         | (4,566)         | (4,451)         |
| Delegated Co-Commissioning                           | (3,793)         | (4,034)         | (5,601)         | (3,685)         | (4,492)         | (3,939)         | (4,162)         | (4,132)         | (4,607)         | (3,984)         | (3,954)         | (3,505)         |
| Better Care Fund                                     | (838)           | (1,022)         | (1,022)         | (1,022)         | 0               | (1,022)         | (1,022)         | 0               | (1,022)         | (1,276)         | (3,139)         | (1,204)         |
| Other  | (229)           | (189)           | (194)           | (194)           | (462)           | (201)           | (194)           | (235)           | (194)           | (260)           | (194)           | (194)           |
| <b>Total Expenditure</b>                             | <b>(41,784)</b> | <b>(45,957)</b> | <b>(41,920)</b> | <b>(43,389)</b> | <b>(40,570)</b> | <b>(43,316)</b> | <b>(44,978)</b> | <b>(44,952)</b> | <b>(43,464)</b> | <b>(43,346)</b> | <b>(44,963)</b> | <b>(57,035)</b> |
| <b>BALANCE CFWD</b>                                  | <b>355</b>      | <b>402</b>      | <b>362</b>      | <b>363</b>      | <b>274</b>      | <b>74</b>       | <b>33</b>       | <b>51</b>       | <b>264</b>      | <b>334</b>      | <b>334</b>      | <b>50</b>       |

## PRIMARY CARE COMMISSIONING REPORT AT 31 JANUARY 2019

|                             | 2018-19 Annual Budget | YTD Budget    | YTD Actual    | YTD Variance (Under)/Overspend | Forecast Outturn | Forecast Variance (Under)/Overspend |
|-----------------------------|-----------------------|---------------|---------------|--------------------------------|------------------|-------------------------------------|
|                             | £000's                | £000's        | £000's        | £000's                         | £000's           | £000's                              |
| NHS NORTHUMBERLAND CCG      |                       |               |               |                                |                  |                                     |
| General Practice - GMS      | 8,648                 | 7,217         | 7,195         | (22)                           | 8,634            | (14)                                |
| General Practice - PMS      | 22,044                | 18,370        | 18,771        | 401                            | 22,478           | 433                                 |
| QOF                         | 4,984                 | 4,153         | 4,495         | 342                            | 5,384            | 400                                 |
| Enhanced Services           | 1,999                 | 1,665         | 1,353         | (313)                          | 1,607            | (392)                               |
| Premises Cost Reimbursement | 4,723                 | 3,935         | 3,469         | (466)                          | 4,181            | (542)                               |
| Dispensing/Prescribing Drs  | 1,651                 | 1,375         | 1,302         | (73)                           | 1,556            | (94)                                |
| Other GP Services           | 910                   | 758           | 843           | 85                             | 1,040            | 131                                 |
| CCG Prescribing             | (191)                 | (159)         | (157)         | 2                              | (189)            | 2                                   |
| <b>Grand Total</b>          | <b>44,768</b>         | <b>37,315</b> | <b>37,271</b> | <b>(44)</b>                    | <b>44,692</b>    | <b>(76)</b>                         |

## OFFICIAL

|   |   |   |
|---|---|---|
| <b>Meeting title</b>  | Governing Body  |   |
| <b>Date</b>   | 27 February 2019  |   |
| <b>Agenda item</b>  | 8.1   |   |
| <b>Report title</b>   | 2018/19 Improvement Plan Update   |   |
| <b>Report author</b>  | Chief Operating Officer   |   |
| <b>Sponsor</b>  | Chief Operating Officer   |   |
| <b>Private or Public agenda</b>   | Public  |   |
| <b>NHS classification</b>   | Official  |   |
| <b>Purpose (tick one only)</b>  | Information only  |   |
|   | Development/Discussion  | ✓ |
|   | Decision/Action   |   |
| <b>Links to Corporate Objectives</b>  | Ensure that the CCG makes best use of all available resources   | ✓ |
|   | Ensure the delivery of safe, high quality services that deliver the best outcomes                                       |   |
|   | Create joined up pathways within and across organisations to deliver seamless care                                      |   |
|   | Deliver clinically led health services that are focused on individual and wider population needs and based on evidence. | ✓ |
| <b>Northumberland CCG/external meetings this paper has been discussed at:</b> | Internal CCG Steering Group<br>NHS England Assurance Meetings<br>Governing Body   |   |
| <b>QIPP</b>   | Relates to whole QIPP   |   |
| <b>Risks</b>  | Risks relate to unsigned variations and agreements and delivery of QIPP   |   |
| <b>Resource implications</b>  | N/A   |   |
| <b>Consultation/engagement</b>  | N/A   |   |



# OFFICIAL

|   |           |
|---|-----------|
| <b>Quality and Equality impact assessment</b> | Attached. |
| <b>Data Protection Impact Assessment</b>      | No        |
| <b>Research</b>                               | N/A       |
| <b>Legal implications</b>                     | N/A       |
| <b>Impact on carers</b>                       | N/A       |
| <b>Sustainability implications</b>            | N/A       |

| QUALITY and EQUALITY IMPACT ASSESSMENT   |                                     |                         |          |          |                      |                             |
|--|-------------------------------------|-------------------------|----------|----------|----------------------|-----------------------------|
| <b>1. Project Name</b>   | 2018/19 Improvement Plan Update     |                         |          |          |                      |                             |
| <b>2. Project Lead</b>   | <b>Director Lead</b>                | <b>Project Lead</b>     |          |          | <b>Clinical Lead</b> |                             |
|  | Chief Operating Officer             | Chief Operating Officer |          |          | NA                   |                             |
| <b>3. Project Overview &amp; Objective</b>   | Provide an update to Governing Body |                         |          |          |                      |                             |
| <b>4. Quality Impact Assessment</b>  | <b>Impact Details</b>               | <b>Pops/ Nag</b>        | <b>C</b> | <b>L</b> | <b>Scores</b>        | <b>Mitigation / Control</b> |
| <i>Patient Safety</i>  | NA                                  |                         |          |          |                      |                             |
| <i>Clinical Effectiveness</i>  | NA                                  |                         |          |          |                      |                             |
| <i>Patient Experience</i>  | NA                                  |                         |          |          |                      |                             |
| <i>Others including reputation, information governance and etc.</i>  | NA                                  |                         |          |          |                      |                             |
| <b>5. Equality Impact Assessment</b>   | <b>Impact Details</b>               | <b>Pops/ Nag</b>        | <b>C</b> | <b>L</b> | <b>Scores</b>        | <b>Mitigation / Control</b> |
| <i>What is the impact on people who have one of the protected characteristics as defined in the Equality Act 2010?</i>   | NA                                  |                         |          |          |                      |                             |
| <i>What is the impact on health inequalities in terms of access to services and outcomes achieved for the population of Northumberland? (which is in line with the legal duties defined in the National Health Service Act 2006 as amended by the Health and Social Care Act 2012), for example health inequalities due to differences in socioeconomic circumstances?</i> | NA                                  |                         |          |          |                      |                             |
| <b>6. Research</b><br><i>Reference to relevant local and national research as appropriate.</i>   | NA                                  |                         |          |          |                      |                             |
| <b>7. Metrics</b><br><i>Sensitive to the impacts or risks on quality and equality and can be used</i>  | <b>Impact Descriptors</b>           | <b>Baseline Metrics</b> |          |          | <b>Target</b>        |                             |
|  | NA                                  |                         |          |          |                      |                             |
|  |                                     |                         |          |          |                      |                             |

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| <i>for ongoing monitoring.</i>          |  |                     |             |
| <b>8. Completed By</b>                  | <b>Signature</b>   | <b>Printed Name</b> | <b>Date</b> |
| Chief Operating Officer                 |  | S BROWN             | 19/02/19    |
| <b>Additional Relevant Information:</b> |  |                     |             |
| <b>8. Clinical Lead Approval by</b>     | <b>Signature</b>   | <b>Printed Name</b> | <b>Date</b> |
|   |  |                     |             |
| <b>Additional Relevant Information:</b> |  |                     |             |
| <b>9. Reviewed By</b>                   | <b>Signature</b>   | <b>Printed Name</b> | <b>Date</b> |
|   |  |                     |             |
| <b>Comments</b>                         |  |                     |             |

**Governing Body**  
**27 February 2019**  
**Agenda Item: 8.1**  
**2018/19 Improvement Plan Update**  
**Sponsor: Chief Operating Officer**

**Members of the Governing Body are asked to:**

**1. Consider the 2018/19 Improvement Plan Update report and provide comment.**

### **Purpose**

This report provides an update on the delivery status and risks associated with the NHS Northumberland Clinical Commissioning Group's (CCG) revised Improvement Plan, following the independent PricewaterhouseCoopers (PwC) review of November 2018.

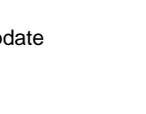
### **Background**

After being placed in Special Measures in 2017/18, a result of its deteriorating financial position, NHS England (NHSE) directed that a second Capacity and Capability Review by PwC be conducted. The resulting progress against the CCG's revised Improvement Plan, outlined below, is detailed in Appendix 1.

Governing Body (GB) received the full PwC report at its January 2019 meeting. Delivery of the final recommendations in the revised plan is a major component of the CCG being able to come out of Special Measures.

### **Progress Against Plan**

The CCG's view of progress against PwC's view of progress matched exactly, suggesting the CCG made an accurate assessment of delivery and risk. The revised plan, which has a total of 17 actions is RAG rated below:

| <b>Rating descriptions</b>   |   | <b>Number of Actions</b>   |
|--|---|--|
| Green – complete or on track with no barriers to completion                      |  | <b>8</b> - related to CCG capacity, governance and organisational development and culture      |
| Amber – in progress but requiring further steps/ removal of barriers to complete |  | <b>6</b> – related to QIPP financial delivery, QEIA streamlining, Programme Management and CHC |
| Red - not started or behind plan   |  | <b>1</b> - related to QIPP risk & resolution of the FT contract issue 2018/19                  |
| Grey - not yet due   |  | <b>2</b> – related to streamlining governance  |

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|  |  | once out of special measures and training and development needs for Governing Body - both issues identified by the CCG itself |
|--|--|---|

The CCG and NHSE had the opportunity to review the draft report and the final list of recommendations. The March 2019 NHSE and CCG Formal Executive meeting will review the recommendations and finally close off the report; taking the CCG one step closer to the removal of Special Measures.

## **Recommendation**

GB is asked to consider the report and provide comment.

Appendix 1: 2018/19 Revised Improvement Plan

| Ref No to prev plan | Improvement plan action  | CCG view | PwC view | Current status   |
|---------------------|--|----------|----------|--|
| 1                   | <p><b>Organisational priorities</b></p> <p>The focus of the CCG has been on the development of an accountable care organisation. As this has now been paused, there is not a clear vision and set of objectives for the CCG that is consistently recognised across leadership and staff. This should be developed, with high priority given to financial improvement. This then should be disseminated across the CCG.</p> <p>The Governing Body should build on its recent development session, spending time together to clarify and agree the vision and overall objectives and commissioning priorities of the CCG, in the context of the pause to the ACO and the financial challenges facing the organisation. Once agreed, a communication plan for the organisational priorities must also be developed.</p> | Green    | Green    | <p>Away Day taken place. To be scheduled quarterly through the year. Training programme also in place.</p> <p>Awaiting outcomes of staff survey to understand impact of programme of work.</p>   |
| 5                   | <p><b>Decision making</b></p> <p>Clear processes should be established for decision making, for example, by developing a decision making framework, which sets out the principles on which decisions are made (for example, value for money) and the process for challenge and approval of decisions.</p>  | Green    | Green    | <p>PwC review indicated there is greater clarity on the processes for decision making, with a documented approach for financial decisions.</p> <p>This should continue to be monitored by the Governing Body, reflecting on the outcome of decisions made as set out in relation to recommendation 7.</p>  |
| 6                   | <p><b>Team working / culture</b></p> <p>As the CCG is bringing in support from a range of sources, including NECS, it should ensure that all team members are clear on the strategic direction of the CCG, their roles and responsibilities, and that there is a level of trust between individuals.</p> <p>The Executive Team should communicate and engage with their teams to ensure staff are supporting the drive to achieve financial balance and act to address any behaviours that indicate a lack of trust between individuals.</p>   | Green    | Green    | <p>To also be addressed by OD plan. Induction plan now in place. Staff engagement group being established. Regular away days and time out to develop the team in place.</p> <p>Awaiting outcomes of staff survey to understand impact of programme of work.</p>  |
| 7                   | <p><b>Actions</b></p> <p>There should be clear actions arising from the Governing Body and all committees with a process to close the loop. This process should include the assessment of the impact of actions taken, to ensure they have been effective.</p>   | Amber    | Amber    | <p>We would suggest that in 2019/20, the CCG selects a small sample of decisions taken by the Governing Body (for example, relating to changes to pathways), and revisits these to understand whether the risks discussed by the Governing Body materialised and whether any lessons could be learned.</p>   |
| 8                   | <p><b>Finance report</b></p> <p>The finance report should be revised to provide greater information for Governing Body members. It should clearly set out the risks to delivery of the forecast financial position, and utilise graphs and charts to clearly convey information. The report would benefit from an executive summary that include the key risks, issues and actions being taken.</p>  | Green    | Green    | <p>The CCG would benefit from making use of graphs and additional imagery to aid the understanding of lay members. The benchmarking information in the non-IFSE reports could be utilised to this end. There is not currently an executive summary outlining the key risks, issues and actions although the composite elements are included in the report.</p>   |
| 9                   | <p><b>Conflicts of interest</b></p> <p>Every three months, the CCG should reflect on, reassess and document all of the conflicts in existence. This should be formally reviewed by the Audit Committee and shared with NHS England.</p> <p>The CCG should undertake an exercise to clear any historic conflicts that no longer reflect reality, for example, where employment contracts sits, or when salary payments are not made by the correct organisation.</p>  | Green    | Green    | <p>We note that the historic conflict relating to the joint Director of Adult Social Care and Accountable Officer role referenced in the January 2018 review report is no longer an issue, but the Accountable Officer's employment contract remains with NHCFT. The CCG undertook a detailed analysis of the potential conflicts and have set out mitigations which are appropriate. This paper was prepared in February 2018; we would recommend a further review after 12 months reflecting ongoing changes to relationships and contracts in the system.</p> |
| 15                  | <p><b>Buddying</b></p> <p>The CCG should be buddied with one or two CCGs outside the region to inject learning. This buddying should include CCGs that have faced similar challenges (for example, a CCG that has successfully exited special measures and continued to improve).</p>  | Green    | Green    | <p>The CCG has a buddying arrangement in place with Trafford Clinical Commissioning Group, including one to one relationships for individual executive directors.</p>  |
| 17                  | <p><b>QIPP - capacity</b></p> <p>The CCG requires a temporary increase in capacity within the PMO to support completion of the setup phase and support and challenge QIPP plan development for 2017/18 and 2018/19. The PMO should challenge the organisation to accelerate and maximise QIPP scheme delivery in year, but also needs to complete the refresh of the templates, reporting formats and day to day governance currently underway. A recent ideas generation session created a list of 38 ideas, of which 7 had indicative full year values, but none had confirmed in year opportunity values. All of these will need to be progressed in short order.</p>   | Amber    | Amber    | <p>The recent move to bring the PMO in-house to the CCG has bolstered the CCG's capacity in this area. The CCG is taking ongoing steps to plan for 2019/20 QIPP delivery and should, once embedded, take stock of the capacity of the PMO to deliver on this.</p>  |
| 18                  | <p><b>QIPP - pipeline</b></p> <p>The pipeline is insufficient to deliver the scale of additional QIPP required.</p> <p>The CCG should conduct a review of the original 2017/18 schemes currently not being pursued in year with a view to developing these so they deliver in 2018/19 or earlier. This includes less palatable schemes such as demand management of Hearing aids, Hip replacements and IVF etc. We understand a prioritisation meeting has been held on this point and new plans on page due w/e 1 December.</p> <p>Rightcare opportunities must be revisited to ensure all avenues are explored. We understand that the CCG has already met with NHSE to discuss progress on this in December and has Rightcare support.</p>  | Amber    | Amber    | <p>The CCG needs to continue to build momentum towards the development of a comprehensive QIPP plan for 2019/20, building on the £9m of schemes already identified and developing these to ensure deliverability.</p>  |
| 19                  | <p><b>QIPP - monitoring</b></p> <p>Greater clarity of reporting would benefit the CCG. The addition of information to the QIPP tracker would allow informed discussions at QPB, GB and JLEB without additional reporting. Addition of 'dot analysis'; Maintained gateways and RAG assessments; plan vs actual/forecast phasing and focused narrative would improve the QIPP tracker. Agreed division of responsibility for maintenance of the QIPP tracker needs to be reached between Finance and the PMO.</p>  | Amber    | Amber    | <p>The fortnightly project and clinical lead meetings would benefit from a refresh as recently some have been cancelled or not been fully attended by CCG staff. These meetings are pivotal in developing a rhythm within the organisation to drive financial recovery.</p>  |

|    |  |             |             |  |
|----|--|-------------|-------------|--|
| 20 | <p><b>QIPP – planning</b></p> <p>As per the recommendations of our previous report, a Quality Impact Assessment should be incorporated into the standard QIPP planning template, supported by a robust quality assessment process. QEIAs should be completed for both future and existing QIPPs to ensure quality is integral to all CCG plans.</p>  | Amber       | Amber       | <p>A QEIA process has now been implemented into the standard QIPP planning cycle. We believe the QEIA process and templates could be refined further so as to prevent a backlog of schemes as is currently present.</p> <p>The QEIA panel ToR should be updated to include:</p> <ul style="list-style-type: none"> <li>•A minimum membership for quoracy including a senior nurse and a senior doctor. We note that whilst this is not reflected in the ToR, the panel that we observed was attended by these individuals.</li> <li>•A clearer articulation of the processes for developing an assessment of the clinical risk of any scheme, so that users are clear on the process to be followed.</li> </ul> <p>The QIA template does not have a full breakdown of risk areas and does not clearly define the impact of the resulting risk and mitigation scores once calculated. There is no key or thresholds from which to understand the potential clinical impact.</p> <p>If a QEIA is to be undertaken for all papers, there should be a two tier approach to undertaking a QEIA. A short-form assessment should be used for low risk areas, for example, standing papers such as the finance report. The full QEIA assessment should be applied to QIPP schemes and other papers that require decisions to be made by the Governing Body and its sub-committees.</p> <p>The QEIA panel should focus on the review of the full assessments, with short-forms being included in the papers, but to be discussed by exception only.</p> <p>Ongoing monitoring of schemes should be undertaken by the review of quality metrics through standing committees such as the CMB. The QEIA panel should only perform ongoing monitoring where a scheme or decision was consider to be particularly high risk.</p> |
| 21 | <p><b>QIPP – planning</b></p> <p>Adherence to templates is currently poor: The PMO should arrange training sessions with project teams to ensure all parties are clear on roles and responsibilities for completing plans; the importance of robust planning; and the escalation route for schemes that are underperforming – i.e. attendance at QPB to discuss issues with Executives.</p>  | Green       | Green       | <p>The PMO currently completes the monthly assurance report based on emails and conversations from commissioning leads, however, a plan is in place to implement completion of a standardised template.</p>  |
| 22 | <p><b>QIPP – monitoring</b></p> <p>The CCG currently has a QIPP forecast outturn; a formula driven risk adjusted value (based on the gateway progress); and a finance risk adjusted view. It should consider moving to a PMO RAV value based on delivery risk rather than level of development and continue the finance risk adjusted value, but place greater emphasis on this value in reporting and planning to give JLEB, the GB and external stakeholders greater clarity of the risk in the programme and forecasts. Graphical representation of these against plan delivery would help members asses if current projections are reasonable.</p>   | Green       | Green       | <p>The CCG now uses a PMO generated RAG based on delivery alongside a finance RAG which assesses whether the anticipated financial impact of the scheme is on track. These then affect the risk adjusted forecast delivery which is reported upwards as part of the QIPP Assurance Report at both the Corporate Finance Committee and at Governing Body. Graphical representation would provide further clarity on the reasonableness of QIPP delivery projections.</p>  |
| 23 | <p><b>QIPP – risk</b></p> <p>There is risk in the 2017/18 QIPP programme that relates to ongoing negotiations with NHCFT over A&amp;E PbR to Block (£1.5m scheme) and Community Bed challenges (£2.2m scheme). The CCG must seek to resolve these quickly to reduce uncertainty over 2017/18 delivery. Until such time as these are crystallised, the CCG should look to mitigate against the risk adjusted values of these schemes. The recent appointment of the Contract SME should support this as will recommendation 14.</p>   | Red         | Red         | <p>Negotiations with NHCFT over block contract lines within the acute contract have recently been resolved on a broadly 50:50 basis. The remaining dispute areas include ambulatory care, A&amp;E, trauma and orthopaedics and wider coding changes. At the time of this report these are still ongoing and as yet unresolved and therefore continue to present a significant risk to the CCG's outturn in 2018/19 and need to be rapidly resolved to provide clarity on the level of risk to the year-end position. In response to this the CCG are engaged with the FT in agreeing a fixed close-out figure for 2018/19 with a value agreed in principle subject to conditions. The timescale for agreement is early January. To mitigate any downside risk in these areas the CCG currently has set aside a 0.5% contingency and 1% general reserve (£7m).</p>  |
| 28 | <p><b>CHC - NEW Action following Deep Dive Report</b></p> <p>Enhance the availability of routine business intelligence on CHC activities. Lean review the 28 day assessment pathway. Review the functions of the eligibility panel to ensure it is operating as efficiently as possible. Use the renewal of the CHC partnership agreement as an opportunity to re-shape KPIs and clarify responsibilities between organisations. Increase routine reporting to board on CHC activities.</p>  | Amber       | Amber       | <p>Action plan in place and all underway. 28 day reviews improving. No long term partnership agreement in place yet (do have temporary in place) so amber rating.</p>  |
| 29 | <p><b>Streamlining governance</b></p> <p>When the CCG is taken out of special measures, and continues to deliver its financial plan, there is an opportunity to begin to streamline structures and processes. Any changes made must be predicated on all existing structures operating as designed, and on there being strong scrutiny and challenge around all decisions. This includes ensuring that operational meetings, such as the fortnightly project and clinical lead meetings, are operating as intended.</p> <p>Existing proposals to streamline the governance structures would initially comprise the following:</p> <ul style="list-style-type: none"> <li>•Move to bimonthly Governing Body meetings, using the alternating months for a less formal strategy focused session.</li> <li>•Revisit how the authority for financial decision making is delegated to allow for smaller value decisions to be made outside the Governing Body and CMB. Initially, the Primary Care Commissioning Committee ("PCCC") and CFC may be appropriate forums to delegate decision making to. We would recommend that all decisions above a threshold of £250,000 remain with the Governing Body in the short term.</li> </ul> | Not yet due | Not yet due | <p>This recommendation is advisory and should be explored when the CCG is taken out of special measures, and continues to deliver its financial plan.</p>  |
| 30 | <p><b>Development needs assessment</b></p> <p>The CCG recognises that there are a number of new Governing Body members (with several to join in coming months), and is therefore considering undertaking a generic needs assessment across all new members. This will help to identify a development or training programme which can then be delivered to the Governing Body as a whole, separate from any individual training needs. We support this suggestion.</p>  | Not yet due | Not yet due | <p>This recommendation is advisory and should be explored when all new Governing Body members have joined the CCG.</p>   |

## **NORTHUMBERLAND COUNTY COUNCIL**

### **HEALTH AND WELLBEING BOARD**

At the meeting of the **Health and Wellbeing Board** held in Committee Room 1, County Hall, Morpeth on Thursday, 17 January 2019 at 10.00 a.m.

#### **PRESENT**

Councillor R.R. Dodd  
(Chairman, in the Chair)

#### **BOARD MEMBERS**

Brown, S.  
Daley, W.  
Dickinson, S.  
Jones, V.  
McEvoy-Carr, C.  
Morgan, E.R.

Lothian, J.  
Mead, P.  
Riley, C. (substitute member)  
O'Neil, S. (substitute member)  
Thompson, D.

#### **ALSO IN ATTENDANCE**

Johnston, N.  
Malone, C.  
Mason, H.  
Robson, S.  
  
Sanderson, J.  
  
Todd, A.

Northumbria Healthcare NHS FT  
Communications Lead - Internal  
Northumbria Healthcare NHS FT  
Principal Planner - Planning  
Policy  
Senior Planning Manager -  
Planning Policy  
Democratic Services Officers

One member of the press was also in attendance.

#### **38. APOLOGIES FOR ABSENCE**

Apologies for absence were received from C. Briggs, R. Firth, Councillor P.A. Jackson, D. Lally, J. Mackey, G. O'Hare and D. Shovlin.

#### **39. MINUTES**

**RESOLVED** that the minutes of the meeting of the Health and Wellbeing Board held on Thursday, 8 December 2018, as circulated, be confirmed and signed by the Chairman.

#### **40. ITEMS FOR DISCUSSION**

##### **40.1 Report of the Interim Executive Director: Place**

###### **The Northumberland Local Plan - Progress Update**

The Health and Wellbeing Board was presented with a progress update on the Northumberland Local Plan. (Report and a copy of the presentation have been filed with the signed minutes as Appendix A).

J. Sanderson and S. Robson delivered a powerpoint presentation which advised all of the progress to date on the preparation of the Northumberland Local Plan, which included:-

- A number of updates to the existing evidence base studies.
- The work with internal and external partners on evidence base studies and draft policies.
- How they were working with Neighbourhood Plan Groups.
- The Draft Plan for Regulation 18 Consultation to be held between July-August 2018.
- Key dates on the publication of the draft plan consultation and the consultation events.
- Advised of specific dates on key milestones set out by the Local Development Scheme.

Members welcomed the inclusion and adaption of the plan towards health and wellbeing which reflected the Corporate Plan's objectives. However, it was agreed that there needed to be the correct infrastructure to match the workforce when looking at the increase in housing.

It was reported that the optional accessibility and adaptability standards proposed in the Regulation 18 version of the plan had been dropped on viability grounds. A member queried whether this posed any risk to the projected significant accelerating ageing of Northumberland's population. It was confirmed that although this had been omitted negotiations regarding any application would take place in order to achieve the best housing stock. Also there were a number of policies that would run along side the Local Plan, such as the Extra Care and Supporting Housing Strategy, which would make the best use of the existing stock and help to deliver the right type of housing needed.

Members noted that a Health Impact Assessment Screening for all major development proposals and a proportionate Health Impact Assessment would need to be submitted as part of any application process.

It was advised that from a primary care point of view additional housing, particularly in the rural areas, was having an impact on services. Often smaller rural developments did not trigger any S106 funds but still the infrastructure around it was

Ch.'s Initials.....

affected. Concerns had been raised at various forums about the smaller rural practices already seeing a detrimental change following new developments and the insufficient transport links to get people to health centres.

**RESOLVED** that the contents of report and presentation be noted.

#### **40.2 Report of Dr Deborah Freake, Director of Integration, NHCFT**

##### **Learning & Recommendations from the Initial Twenty CQC Local System Reviews**

The report and presentation presented by Helen Mason and Nick Johnston sought to appraise the Health and Wellbeing Board (HWB) of the key issues and recommendations in the Care Quality Commission (CQC) report “Beyond Barriers How older people move between health and social care in England”. The CQC report set out the lessons learned from the first twenty Local System Reviews (LSRs). It highlighted the potential contribution of the HWB for consideration by members and updated the Board on the Northumberland approach to LSR. (Report and a copy of the presentation have been filed with the signed minutes as Appendix B).

Members were advised of Northumberland’s approach which would include:-

- An early preparation for a future review.
- Use of LSR approach as a lever for improvement.
- Close working at officer level with North Tyneside to reduce burden of work and act as respective ‘critical friends’.
- Pulling together of an action plan and establishing a project board.
- Dividing the work into phases and work streams.

Members noted the greater role that the Health and Wellbeing Board should take in further supporting system integration:-

- To have effective collective leadership.
- Shared vision for health and care.
- Informed by Joint Strategic Needs Assessment.
- Ensure common understanding of market issues.
- Oversee deliver strategy.
- Hold organisations to account for delivery.

It was reported that the Transformation Board had recently been relaunched and would shortly be revisiting its terms of reference. It was suggested that the project board be invited to attend to ensure there was clear linkage through the Transformation Board to the Health and Wellbeing Board, as the responsible body for the LSR.

It was confirmed that part of the work needing to take place would be to examine in what way the Health and Wellbeing Board could hold organisations to account for delivery and what might a joint accountability framework look like.

A suggestion was made to create a map or flow chart which displayed in a clear simple way all of the strategies and policies in place and how they fed and operated together. This could help all understand how the system as a whole worked together.

Members agreed that Northumberland had a real advantage in so far as they were well ahead of others. By taking a proactive approach it could only be a positive step in preparing for any future review.

Members suggested that once phase one of the work was completed a report be brought back to inform all on progress made.

**RESOLVED** that:-

- (a) the findings, learning and recommendations from the initial twenty CQC LSRs be noted.
- (b) the role of the Health and Wellbeing Board in further supporting system integration be considered.
- (c) the local arrangements in preparing for an LSR including use as a framework for system improvement be noted.
- (d) an update on progress made be brought back to the Health and Wellbeing Board at its April 2019 meeting.

#### **40.3 Report of the Director of Public Health**

##### **Joint Health and Wellbeing Strategy for Northumberland 2018-2020**

E. Morgan presented the final working version of the Northumberland Joint Health and Wellbeing Strategy (JHWS) 2018-2028 for approval. (Report filed with the signed minutes as Appendix C).

It was noted that the final draft had been the subject of a significant engagement process, led by the CCG, which resulted in amendment of the priority areas. This reflected the importance attributed to the duty of the Health and Wellbeing Board to involve people living and working in Northumberland in the preparation of the JHWS.

An action plan would be developed from the JHWS and be brought back to the Health and Wellbeing Board for support and approval in due course.

In response to a query raised, it was confirmed that any Integrated Care System and Integrated Care Partnership would feed into the Joint Health and Wellbeing Strategy for Northumberland. Northumberland would continue to take a place based approach and ensure its priorities were what was needed at a local level.

Members thanked officers for all their hard work in producing the strategy.

**RESOLVED:-**

- (a) that the changes made to the JHWS following engagement be noted.
- (b) that the final version of the strategy be agreed.
- (c) to delegate to the Director of Public Health the task of producing a public facing document.

#### **41. HEALTH AND WELLBEING BOARD - WORK PROGRAMME**

E. Morgan presented the Health and Wellbeing Board Work Programme (a copy of the programme has been filed with the signed minutes as Appendix D).

It was suggested the following items be added to the Work Programme:-

- LSR Plan feedback be added to the April meeting.
- Empowering Communities Project report be delayed to later on in the year.
- NHS Long Term Plan to be picked up by Vanessa Bainbridge/Siobhan Brown.

**RESOLVED** that the Work Programme be noted.

**CHAIRMAN** \_\_\_\_\_

**DATE** \_\_\_\_\_

## Governing Body - Forward Plan 2019/20

| Standing items   | Lead   |
|--|--|
| <ul style="list-style-type: none"> <li>Chief Operating Officer Report</li> <li>Finance Report</li> <li>Improvement Plan 2018/19 Update</li> <li>Health &amp; Wellbeing Board minutes</li> <li>Governing Body Forward Plan</li> </ul> | Siobhan Brown<br>Jon Connolly<br>Siobhan Brown<br>Stephen Young<br>Stephen Young |
| <b>March 2019 (Meeting held in public)</b>   |  |
| <ul style="list-style-type: none"> <li>Public Health Update (Quarterly)</li> <li>Communications &amp; Engagement Report (Quarterly)</li> </ul>   | Liz Morgan<br>Stephen Young  |
| <b>April 2019</b>  |  |
| <ul style="list-style-type: none"> <li>Quarterly Commissioning Plan Progress Update</li> <li>Operational Plan 2019/20</li> </ul>   | Siobhan Brown<br>Siobhan Brown   |
| <b>May 2019</b>  |  |
| <ul style="list-style-type: none"> <li>2019/20 Assurance Framework</li> <li>Communications &amp; Engagement Strategy 2019/20</li> </ul>  | Stephen Young<br>Stephen Young   |
| <b>June 2019 Annual Public Meeting</b>   |  |
| <ul style="list-style-type: none"> <li>Annual Report and Accounts</li> <li>Public Health Update (Quarterly)</li> </ul>   | Siobhan Brown/Jon Connolly<br>Liz Morgan   |

|  |                                |
|--|--------------------------------|
| <b>July 2019</b>   |                                |
| <ul style="list-style-type: none"> <li>• Quarterly Commissioning Plan Progress Update</li> <li>• Communications &amp; Engagement Report (Quarterly)</li> </ul> | Siobhan Brown<br>Stephen Young |
| <b>August 2019</b>   |                                |
| <ul style="list-style-type: none"> <li>• Assurance Framework &amp; Risk Register (Quarterly)</li> </ul>  | Stephen Young                  |
| <b>September 2019 (Meeting held in public)</b>   |                                |
| <ul style="list-style-type: none"> <li>• Public Health Update (Quarterly)</li> </ul>   | Liz Morgan                     |
| <b>October 2019</b>  |                                |
| <ul style="list-style-type: none"> <li>• Quarterly Commissioning Plan Progress Update</li> <li>• Communications &amp; Engagement Report (Quarterly)</li> </ul> | Siobhan Brown<br>Stephen Young |
| <b>November 2019</b>   |                                |
| <ul style="list-style-type: none"> <li>• Assurance Framework &amp; Risk Register (Quarterly)</li> </ul>  | Stephen Young                  |
| <b>December 2019 (Meeting held in public)</b>  |                                |
| <ul style="list-style-type: none"> <li>• Public Health Update (Quarterly)</li> </ul>   | Liz Morgan                     |
| <b>January 2020</b>  |                                |

|  |                                |
|--|--------------------------------|
| <ul style="list-style-type: none"> <li>• Quarterly Commissioning Plan Progress Update</li> <li>• Communications &amp; Engagement Report (Quarterly)</li> </ul> | Siobhan Brown<br>Stephen Young |
| <b>February 2020</b>   |                                |
| <ul style="list-style-type: none"> <li>• Assurance Framework &amp; Risk Register (Quarterly)</li> </ul>  | Stephen Young                  |
| <b>March 2020 (Meeting held in public)</b>   |                                |
| <ul style="list-style-type: none"> <li>• Public Health Update (Quarterly)</li> </ul>   | Liz Morgan                     |