Norfolk and Waveney
Clinical Commissioning Group

NHS Norfolk and Waveney CCG Annual Report

2020/21

Contents

PERFORMANCE REPORT

Performance Overview

The purpose of this overview is to provide sufficient information to understand the organisation, its purpose, the key risks to the achievement of its objectives and how it has performed during the year. This year, in line with the Department of Health and Social Care's Group Accounting Manual 2020-21 guidelines, the Performance Analysis section is omitted, and a synopsis is provided in this expanded Performance Overview.

Accountable Officer and Chair's statement

Covid-19 has been the single greatest health threat to the people of Britain since the NHS was founded in 1948. It has dominated the past year's activities of the Norfolk and Waveney Clinical Commissioning Group (CCG) requiring an unprecedented level of co-operation, support and innovation within the Norfolk and Waveney (N&W) health and care system.

The CCG co-ordinated the health service's response to the pandemic in N&W. The CCG became the main supplier of Personal Protection Equipment (PPE) to primary care during the first wave of the pandemic; provided the digital hardware and support to enable Covid-19 safe primary care patient consultations and interoperability between general practice, acute providers and care homes. Many CCG staff returned to frontline roles in our hospitals.

In the autumn of 2020 the CCG identified sites, staff and volunteers to deliver the Covid-19 vaccine programme which began in December 2020. The people of N&W have been vaccinated at one of the fastest rates of any health system, with the system consistently in the top five performing systems for vaccinations in England.

We take this opportunity to say a profound thank you to all the CCG's staff and others working for the NHS in N&W, as well as our colleagues in local authorities, volunteers and the many offers of support from individuals and businesses, without whom the challenge of Covid-19 would have been insurmountable.

In spite of these best efforts by March 2021 more than 2300 people had died of Covid-19 in N&W's hospitals and care homes. These tragic deaths include a number of dedicated frontline and other NHS staff.

Routine elective and diagnostic procedures have been cancelled or delayed for long periods of the pandemic. As a result, patient waiting lists for referral and treatment for acute and mental health conditions have grown to levels not seen in more than two decades. Reducing waiting times and waiting lists to pre-Covid-19 levels will take many years and require further resources, innovation and adaptation by the health service.

What is more, some people are suffering post Covid-19 infection after-effects, conditions now receiving clinical recognition as "Long-Covid". For others, the anxiety of the last year and the stress of prolonged lockdowns has seen people develop or have exacerbated pre-existing mental health conditions. All of which will require support and resources in the years ahead.

Despite the pandemic the CCG continued to invest in developments to improve mental and acute health services. The CCG has actively encouraged greater co-operation between health and care providers, and the Norfolk and Waveney Health and Care Partnership, of which the CCG is an active member, was confirmed as an Integrated Care System in December 2020.

As we emerge into a post-pandemic world we will harness the energy, innovation and creativity that the crisis spurred, working as an integrated health and care system to recover and improve the services the NHS provides to the people of Norfolk and Waveney.

Dr Anoop Dhesi
Chair

Melanie Craig
Accountable Officer

Purpose and activities of the organisation

NHS Norfolk and Waveney Clinical Commissioning Group (CCG) is responsible for planning safe, high quality health services and agreeing contracts with hospitals, community services, the mental health trust, GP practices and other organisations to provide care.

The CCG was launched on 1 April 2020. It was formed following the merger of the NHS CCGs for Norwich, North Norfolk, South Norfolk, West Norfolk, and Great Yarmouth and Waveney.

The CCG is given an annual allocation by NHS England, which it uses to pay for local health services. The total amount allocated to the CCG in 2020/21 to pay for health services was £1.9 billion.

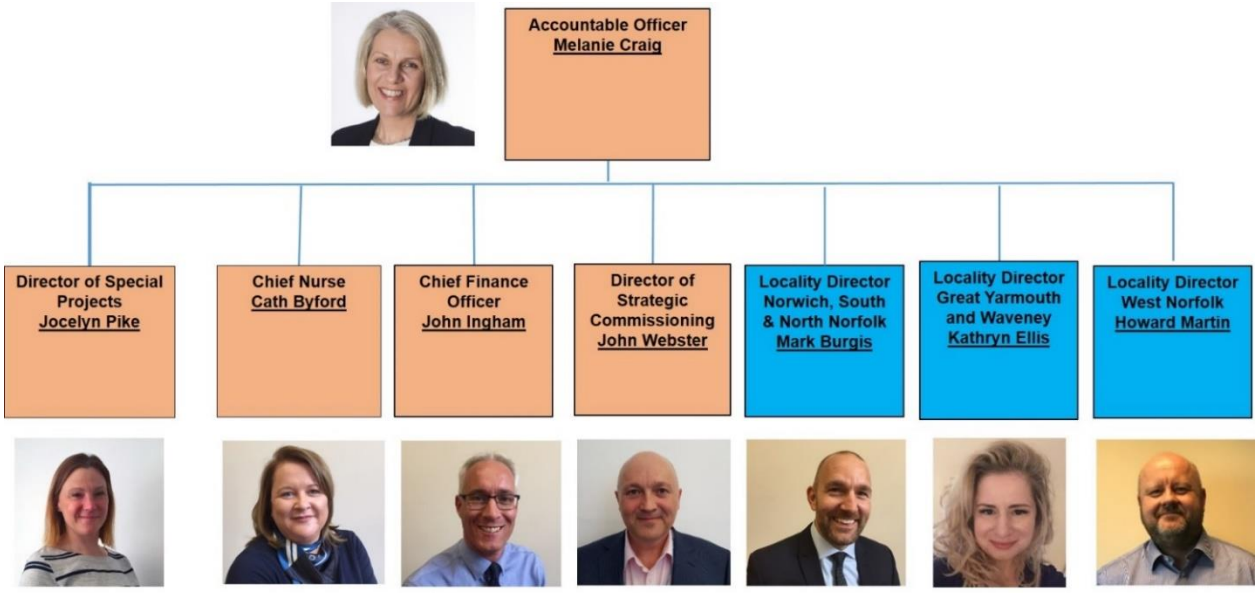
The CCG is currently awaiting the final assessment rating from NHS England for 2020/21 in summer 2021. This is based on the Improvement and Assessment Framework indicators which are assessed by NHS England regularly. As this is the first year of the CCG there is no rating for previous years. Ratings for the five former Norfolk and Waveney CCGs (NHS North Norfolk CCG, NHS South Norfolk CCG, NHS Norwich CCG, NHS West Norfolk CCG and NHS Great Yarmouth & Waveney CCG) for the year 2019/20 can be found here: https://www.england.nhs.uk/wp-content/uploads/2020/11/ccg-annual-assessment-report-19-20.pdf.

Structure of the CCG

The CCG is made up of 105 Member Practices grouped into 17 Primary Care Networks (PCNs) https://www.norfolkandwaveneyccg.nhs.uk/about-us/working-in-partnership/primary-care-networks . Each Member Practice is entitled to be represented at the Council of Members, which holds the CCG to account for its business, strategy and policies.

The Council of Members delegates oversight of the CCG to the Governing Body, which is comprised of elected local clinicians from member practices plus lay members and senior CCG management staff.

Operationally, the CCG is led by the Accountable Officer and a team of directors who with other senior colleagues meet regularly as an Executive Management Team (diagram below).



John Webster joined Norfolk Community Health and Care NHS Trust on secondment on 22 March 2021.

During the last year the CCG's objectives and therefore the responsibilities of Directors were regularly reviewed to ensure leadership of the various elements of the evolving Covid-19 pandemic response.

The Norfolk and Waveney Health and Care Partnership

The CCG is an active member of the Norfolk and Waveney Health and Care Partnership which, in December 2020, was confirmed as an Integrated Care System, or ICS, by NHS England and Improvement.

This was in recognition that over the past few years the CCG, with system partners in the NHS, local authorities, voluntary and charity sectors, has worked with increasing collaboration, and that we have a clear vision and set of common goals for improving the health, wellbeing and care of people living locally.

The CCG's response to Covid-19, has significantly accelerated our system working and deepened cross-system relationships at every level. Importantly, we have developed the right relationships between the different parts of our health and care system, which are vital to us achieving our ambitions.

Our goals

Over and above everything else we want to achieve as a partnership, we have set ourselves three goals:

1. **To make sure that people can live as healthy a life as possible -** This means preventing avoidable illness and tackling the root causes of poor health. We know the health and wellbeing of people living in some parts of Norfolk and Waveney is significantly poorer – how healthy you are should not depend on where you live. This is something we must change.

2. **To make sure that you only have to tell your story once -** Too often people have to explain to different health and care professionals what has happened in their lives, why they need help, the health conditions they have and which medication they are on. Services have to work better together.

3. **To make Norfolk and Waveney the best place to work in health and care -** Having the best staff, and supporting them to work well together, will improve the working lives of our staff, and mean people get high quality, personalised and compassionate care.

You can read more about the work of our partnership and the development of our Integrated Care System here: www.norfolkandwaveneypartnership.org.uk.

Key Risks and Issues: Covid-19 Pandemic

In more normal times an annual report would carefully account for the risks, challenges and issues that an organisation has faced in the previous year. In 2020-21 everything that the CCG and the NHS has done has been framed by and in response to the Covid-19 pandemic. Every other issue has been secondary to and subservient to the pandemic and its legacy will shape the NHS's recovery for years to come.

The pandemic struck in two waves during the year. The first peaking in spring 2020 followed by a much larger wave beginning in October 2021 and peaking in January 2021. Covid-19 testing was comparatively limited during the first wave compared to the second so making direct comparisons of infection rates per 100,000 population is difficult, nevertheless the table below is striking for the range of infection rates not just between the different waves but between different areas. The East Suffolk District Council boundary covers the Waveney area of N&W.

Area	1st wave peak date	1st wave Peak Rate/100,000	2nd wave peak date	2nd wave Peak Rate/100,000
England	28/04/2020	48.0	04/01/2021	663.6
East of England	28/04/2020	48.2	04/01/2021	878.9
Norfolk	03/05/2020	46.1	04/01/2021	541.7
East Suffolk	07/05/2020	55.7	08/01/2021	471.4
Breckland	28/04/2020	52.9	08/01/2021	571.6
Broadland	06/05/2020	67.3	08/01/2021	617.8
Great Yarmouth	12/04/2020	64.4	04/01/2021	691.6
King's Lynn and West Norfolk	22/04/2020	109.7	04/01/2021	496.1
North Norfolk	12/05/2020	45.8	04/01/2021	419.7
Norwich	03/05/2020	42.7	12/01/2021	664.4
South Norfolk	30/04/2020	55.4	01/01/2021	504.0

Figures from Norfolk County Council.

A direct comparison of inpatient numbers in N&W's hospitals is possible.

There was an almost three-fold increase comparing peak day to peak day in the number of Covid-19 positive inpatients across the three acute hospitals in N&W:

- Wave One: 225 inpatients
- Wave Two: 687 inpatients

However, it is important to note that the majority of inpatients in our hospitals, even at the two peaks of the pandemic, were receiving care for non-Covid-19 conditions.

Co-ordinating Norfolk and Waveney's response

Since March 2020 CCG staff have been instructed to work from home, deployed to frontline hospital and primary care services or to support running the CCG's prescription on demand (POD) service. Many key functions of the CCG were paused whilst all resources were directed to supporting frontline clinical services. This was in line with NHS England guidance to reduce bureaucracy: https://www.england.nhs.uk/coronavirus/publication/reducing-burden-and-releasing-capacity-at-nhs-providers-and-commissioners-to-manage-the-covid-19-pandemic/. In addition the CCG, along with all other NHS services, came under the direction of NHS England which provided national strategic command under the terms of the Civil Contingencies Act.

The CCG's operations were directed by daily Executive Management Team meetings, led in the following areas:

Cell	Executive Lead
Prescription Ordering Direct service	Kathryn Ellis
Pharmacy	Kathryn Ellis
Incident Control Centre (ICC) Coordinator/Strategic Command Group (SCG) representative	Jocelyn Pike
Digital	John Ingham
Finance	John Ingham
Discharge Planning/Community/Capacity Planning	Cath Byford
Strategic Primary Care	Mark Burgis
Risk Stratification	Howard Martin
Workforce	Anna Morgan
Recovery	John Webster

Preparations for the vaccination programme began in the autumn and have been overseen by a core group of directors led by the Chief Executive Officer, Melanie Craig.

The CCG has played an integral role in co-ordinating the system wide response to the pandemic. In accordance with national direction and CCG's emergency preparedness processes NHS Norfolk and Waveney established a Covid-19 Incident Control Centre (ICC) effective from March 2020. The ICC has been the single point of contact into the CCG for all matters relating to Covid-19 both locally, regionally and nationally.

Examples of activity through the ICC include but are not limited to:

- receipt and distribution of national Covid-19 guidance relating to PPE
- vaccination and testing,
- standard operating procedures for dissemination
- Public Health and Public Health England line list data on positivity rates and outbreaks
- workforce and other national templates for return.

Operating 7 days a week and staffed solely by CCG employees the ICC remains in operation with an envisaged end date of September 2021, although this is subject to confirmation.

From the outset the CCG took its place on the Local Resilience Forums (LRF) for Norfolk and Suffolk respectively as the Health representative on behalf of the Norfolk and Waveney Partnership. Attending the Strategic Command Groups, the Health Protection Boards, and the Local Outbreak Engagement Boards for both systems the CCG was able to inform, be informed and influence strategic discussions in relation to Covid-19. Similarly by attending the Tactical Command Groups (TCG) for Norfolk and

Suffolk the CCG, on behalf of health, was able to oversee and input into our operational response to the pandemic.

For the Norfolk system the CCG also took lead responsibility for the Health and Emergency Services cell, and the Vaccination cell both of which sat underneath the TCG.

Supporting Primary Care

At the outset of the pandemic, the CCG established a primary care incident response function with dedicated email and telephone number for the CCG's 105 GP practices to contact. The unit operated from 8am to 8pm due to the volume of enquiries and kept general practice updated with daily communications summarising the latest patient and business critical information.

As well as the national financial support available to practices, Norfolk and Waveney CCG also implemented various ways to provide practices with the flexibility to respond to the pandemic. This included:

- Protected income from locally commissioned services in order that the resource could be diverted to the pandemic response, including the establishment of "hot" clinics for patients with Covid symptoms
- Supported PCNs to divert their improved and extended access services to the provision of vaccination clinics
- Provided hands on infection prevention and control support nursing support where practices were affected by staff outbreaks. Regular training was also provided
- Provision of PPE directly to practices in the early stages of the pandemic, reflecting some of the early challenges in sourcing regular supply
- Redeployed staff to work with PCNs in planning their services, including vaccination clinics

The transformation in general practice to respond to the pandemic was very rapid. Within the first days of the pandemic response, all practices responded to the nationally defined standard operating procedure (SOP) for general practice and implemented a total triage model so that every patient seeking support was triaged before determining the best clinical response to their needs. This meant that many patients were able to access care remotely, protecting both them and practice staff by reducing the foot fall in surgeries.

Throughout the pandemic general practice has balanced patient care needs alongside staff and patient safety and latterly supporting the vaccination roll-out.

The latest appointment data from NHS Digital shows how hard practices are continuing to work. In January and February 2021, during the third national lockdown when activity across the country was reduced, the number of appointments were down compared to the same pre-pandemic period 12 months earlier. This allowed general practice to concentrate on the Covid-19 vaccination programme. By March of this year face-to-face doctor-patient appointments were almost back to pre-pandemic levels whilst the total number of appointments across all channels was up by 12.3% illustrating the innovative ways of working, continuity and increased demand being placed upon the vital services primary care provides.

Norfolk and Waveney CCG

Appointment type	Jan-20	Jan-21	Variance	% variance
Face-to-Face	478,958	345,463	-133,495	-27.9%
Home Visit	3,419	1,808	-1611	-47.1%
Telephone	61,129	147,488	86,359	141.3%
Unknown	18,631	19,381	750	4.0%
Video Conference/Online	5,643	3,721	-1,922	-34.1%
Grand Total	**567,780**	**517,861**	**-49,919**	**-8.8%**

Appointment type	Feb-20	Feb-21	Variance	% variance
Face-to-Face	424,763	320,178	-104,585	-24.6%
Home Visit	3,371	1,728	-1643	-48.7%
Telephone	55,307	145,905	90,598	163.8%
Unknown	16,128	18,011	1,883	11.7%
Video Conference/Online	4,757	2,527	-2230	-46.9%
Grand Total	**504,326**	**488,349**	**-15,977**	**-3.2%**

Appointment type	Mar-20	Mar-21	Variance	% variance
Face-to-Face	381,928	370,599	-11,329	-3.0%
Home Visit	2,826	2,068	-758	-26.8%
Telephone	106,739	176,305	69,566	65.2%
Unknown	17,926	23,989	6,063	33.8%
Video Conference/Online	4,137	3,588	-549	-13.3%
Grand Total	**513,556**	**576,549**	**62,993**	**12.3%**

Source: https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice/march-2021

In addition, the CCG commissioned an enhanced service from all practices in July 2020, to provide enhanced care to people living in Care Quality Commission (CQC) registered care homes. This supplemented arrangements already in place across some areas and ensured that residents had access to a named clinical lead and received at least a weekly check in.

The response from PCNs and practices was impressive, and they stood up new services within a 2-3-week period. The CCG's primary care team worked closely with Norfolk and Suffolk County Councils meaning that they were able to support communications with care homes to ensure they were prepared when contacted by their new clinical leads.

Staffing the Incident Response

The CCG re-deployed almost its entire workforce to roles within the N&W system at the start of the first wave, including the strategic coordination of the response, roles within provider organisations including frontline clinical care.

N&W was the most successful system in the East of England for the National Call to Action to 'Bring Back Staff', attracting 1204 staff to work in N&W since the start of Covid-19 Incident.

Three hundred and eighty four Registered staff, 298 unregistered staff and 514 students volunteered to be involved. Some of these staff have since been employed in permanent roles within trusts.

The Prime Minister's Implementation Unit (PMIU) has conducted interviews to find out why the N&W system was so successful in converting this interest into action. The top reasons were: speed of recruitment; tailored training; a buddy system to support staff in deployment and; an offer of work. As a result, the system was supported to implement the 'Reservist' scheme.

The Reservist scheme now has around 70 registered general nurses providing support to the vaccination programme, in research and ward care. Recruitment into the scheme continues and now includes therapists.

Keeping patients and staff safe

In April 2020, the CCG established a Personal Protection Equipment (PPE) distribution process run from the CCG's corporate office space in Norwich. Office space was temporarily converted to store, package and distribute PPE to general practice and certain other community-based providers.

Over the last 12 months the CCG has supplied a range of items including surgical masks, FFP3 masks, hand sanitiser and nitrile gloves. In total, more than 3 million individual items have now been distributed from the CCG service with a peak distribution occurring in August and September 2020. Weekly volumes averaged 120,000 items per week.

Initially it would not have been possible to distribute this volume of items to GPs without the support of many CCG staff who volunteered to deliver items in the back of their own cars.

The national PPE solution for primary care was launched in September 2020. Subsequently at the end of October 2020 the CCG reduced its service.

Innovating to support patient services

Digital Access is a critical enabler to transform primary care. Digitally enabled transformation of clinical pathways brings efficiencies and allow people to work and patients to be seen safely.

As Wave One of the pandemic and the first national lockdown began on March 16 the need to cut avoidable face-to-face interactions, combined with the stay home message created a huge challenge for the CCG and for primary care to maintain effective business continuity.

For general practice and patients this meant adapting at speed and taking full advantage of a variety of digital platforms for on-line and video consultations supported by existing GP-patient telephone triage and, where clinically essential, face-to-face appointments.

Over the course of the year homeworking became the norm, at least for part of any week, as 1,000 laptops were deployed to primary care supplemented by moving practice desktop computers to staff homes.

This shift was supported by Footfall, an on-line consultations system. Across Norfolk and Waveney, a number of GP Practices had already implemented FootFall, prior to the first national lockdown. A further 40 rapidly deployed the system in the first few weeks of the pandemic and others followed suit.

In the three months April to June 2020, half a million online consultations were submitted to primary care.

The development of an interoperability technology, GP Connect, was accelerated to allow clinicians in NHS 111 both locally and in the national 111 Covid-19 clinical assessment service, to see a patient's GP clinical record.

A system to allow practices to bulk send text messages was rapidly implemented. During April 2020, primary care across Norfolk and Waveney sent 6 million text messages.

Video conferencing for practice meetings, check in welfare sessions, and patient consultations were rapidly adopted using WebEx at first, then FootFall, AccuRx and MS Teams. In all, 2,000 headsets and 2,000 webcams were deployed to support this.

These innovations have meant that primary care has been far better placed to offer a robust service to patients through the second Covid-19 wave of late autumn 2020 and winter 2021.

The team also worked with the 400 care homes in N&W to implement NHS Mail so that information could be sent securely between care homes and hospitals, general practice and other care settings. Tablet devices were provided to care homes and lessons in how to use them to run video consultations with primary and secondary care.

System Capacity and Patient Discharge

The pandemic response required a significant change in the way the CCG and wider system plans and coordinates discharges from hospital. In N&W, the CCG collaborated with local NHS and social care partners to implement a Discharge to Assess approach in line with new national policy.

The CCG was able to support this significant change in ways of working and demand on health and care partners by redeploying clinical and non-clinical CCG staff to share their experience and skills in supporting the safe delivery of services, working as frontline practitioners.

The Community Capacity Cell ensured there was agile commissioning through the Hospital Discharge Programme, and monitoring of the effectiveness of additional care and support for people returning home or where a bedded option after a hospital stay was needed. This included:

- additional reablement at home capacity
- a designated setting for people who had tested positive for Covid-19 but were unable to return to a Care Home setting
- and short stay bed provision for those people with more complex needs to allow assessment outside of the hospital.

By working collaboratively with system partners, the CCG was able to ensure we stayed responsive and kept the safety of people being discharged from hospital at the centre of decision making.

Maintaining medicines supply during the pandemic

At the onset of the pandemic the medicines team refocussed its priorities in line with national and local direction. Initially there was demand to stockpile medicines and it was very important for the maintenance of the medicines supply chain that this was managed and controlled. Many members of the medicines team with the CCG and Arden and Greater East Midlands Commissioning Support Unit (CSU) worked on getting patients on electronic repeat dispensing (eRD). This allows patients to have an automatic 28-day prescription sent to the pharmacy of their choice without having to order their

medicine and wait for the practice to process it. Wider use of the scheme continues to be promoted by the medicines team.

Some of the team provided support to our beds with care service at St Michaels in Aylsham, this allowed patients from hospitals to be discharged to a community bed.

The CCG's prescription ordering service (POD) reconfigured itself to ensure safe working for staff at its Beccles site. A digital offering using the Footfall platform was developed and introduced, this allows patients to order online using POD rather than having to wait in the queue.

Testing for Covid-19

The CCG has been instrumental in supporting the strategic and operational delivery of Covid-19 Testing for the local population. Prior to the announcement of the first national lockdown in March 2020 it worked closely with Norfolk Community Health and Care NHS Trust (NCHC) and East Coast Community Health Care (ECCC) to establish a dedicated 'drive through' testing site in Norwich.

The requirements for increased testing provision expanded rapidly and resulted in additional 'drive through' testing provision being made available at each of our three Acute Trusts at the Norfolk and Norwich University Hospital NHS Foundation Trust (NNUH), James Paget University Hospital NHS Foundation Trust (JPUH) and Queen Elizabeth Hospital King's Lynn NHS Foundation Trust (QEH). This ensured that there was testing availability across key areas of the Norfolk and Waveney footprint.

The CCG worked closely with colleagues in Public Health to ensure community testing provision for those patients who were housebound or could not easily access 'drive through' testing. In collaboration with Community Providers, it was agreed that they would deliver this testing approach, while reaching into care homes to test residents when they presented with symptoms.

Co-operation and collaboration

If the response to the pandemic has taught us anything it is that the sum of the parts is greater than the whole when those parts worked together to the same end.

Covid-19 has spurred unprecedented co-operation and collaboration within the NHS, between different NHS organisations and with partners in local authorities and the private sector, especially the care home sector.

Staff in the CCG worked closely with colleagues in council Public Health teams, anticipating the pandemic's progress and the flexing of NHS services in response. Relationships have been built with laboratory testing services, infection control nurses and others. The discharge of patients from hospital, so often a blockage in the flow of patients through hospitals, sped up as more community beds were opened and local authority home support packages were enabled more quickly. Primary care picked up more of the hospital outpatient support such as taking blood samples, that were no longer possible in our hospitals as many outpatient appointments became "virtual" and were conducted over video and telephone.

What unifies these changes and many others was and is a complete focus on the patient, alongside the wider imperatives of public health and safety. Something which can sometimes seem obscured in the transactional nature of contract management. There is a lesson here not just for the NHS and its partners in local government but for all who have an interest in a health and social care sector working as seamlessly, effectively and efficiently as possible.

Vaccination Programme

The Vaccination Programme is the single most important response to the pandemic. It is the key mitigation of risk, saving lives and without its success there can be no recovery of patient services. The

first vaccination site in N&W at NNUH went live on the 8 December followed a day later by JPUH. A further seven GP-led PCN sites opened within two weeks of the first primary care sites opening nationally on 14 December 2020.

By 31 March 2021 vaccinations were being delivered from:

- 3 hospital hubs
- 21 GP-led vaccination sites
- 8 large vaccination centres
- 2 community pharmacy sites.

In-line with national rules set by the Joint Committee on Vaccination and Immunisation, the vaccination programme began by vaccinating members of the public aged 80 and over and care home workers, before working systematically through cohorts 1-9 (people aged 50 and over, the clinically extremely vulnerable and clinically vulnerable, and social care staff).

The CCG has co-ordinated the vaccination programme and its success has been seen across N&W which consistently has appeared within the top five performing of all health systems in England for the proportion of its population vaccinated.

As of the 4 April 2021, 653,273 or 66% of people over the age of 16, had received their first vaccination in N&W compared to 59% in England as a whole.

The CCG began identifying potential vaccination sites in the autumn of 2020 which involved site visits by clinicians and its medicines team, as well as close working with Cambridgeshire Community Services NHS Trust, the lead provider for the large vaccination sites. Support came from colleagues in general practice, the district and borough councils, Norfolk Constabulary for site security, Norfolk County Council as the highway authority and NHS provider organisations.

The CCG's locality teams worked very closely with PCN vaccination services as GP-led local vaccination sites were opened, often supporting the administration of clinics, booking appointments and supporting on-site over weekends.

All 17 PCNs have been working across seven days a week subject to vaccine supply providing vaccinations to our population in cohorts 1-9. In addition, PCNs have been operating "roving" teams of vaccinators to vaccinate residents and staff of care homes as well as the housebound. Small "pop-up" clinics in individual practices have been provided to support patients who may not be able to travel to a larger site.

Some 55 CCG staff directly supported the vaccination programme. Forty-three working in a variety of clinical roles as immunisers right through to clinical oversight of clinics. CCG staff have shown great flexibility with the majority working across different sites often at short notice.

Twelve non-clinical support providing administrative and ushering duties as required to PCN's only.

In total the CCG sourced extra workforce available to support the vaccination programme equivalent to 99.4 whole time equivalent (394 individuals by headcount). This was made up of redeployed staff (during contracted hours), staff working additional hours, returners/retired workforce, external applicants, volunteers. The roles they filled and continue to fill include:

- Healthcare Assistant
- Immunisers
- Registered healthcare professional
- Operational Leads
- Volunteers

This has involved partnership working with NHS Trusts and Voluntary Norfolk, the latter of which has supported more than 18 different sites (mostly PCNs but also some community pharmacy), comprising around 2,500 volunteer hours a week.

A summary of how equality of service delivery to different groups has been promoted through the organisation during 2020-21

The CCG is committed to equality and inclusion. It recognises and implements all legislation relevant to its role and functions including the Equality Act 2010, meeting statutory Human Rights legislation; the Equality Delivery System EDS), the Workplace Race Equality Standard (WRES), the Modern Day Slavery Act and the Equality Impact Assessments (EIAs) and Equality Analysis. More information can be found here: https://www.norfolkandwaveneyccg.nhs.uk/get-involved/equality-and-diversity?highlight=WyJ3cmVzIl0

Over the last 12 months, we have seen how Covid-19 has disproportionally affected people and communities who already have some of the greatest levels of need and health inequality, and for some, the pandemic has further amplified existing inequalities.

During the first wave of the pandemic the CCG recognised the importance of accelerating and enhancing its plans to tackle inequality to both mitigate the impact of Covid-19 on the most vulnerable and improve vaccine take-up. The following is a summary of some of the work initiated by the CCG in response to that challenge across Norfolk and Waveney.

Protect Norfolk and Waveney (Protect NoW) is an innovative data driven approach begun during Covid-19 and deployed to protect and support those most at risk to the effects of Covid-19. The CCG's lead clinicians quickly developed plans that led to contact with more than 40,000 people who were 'shielding', to ensure that they were aware of the national guidance, had access to clinical support available for those experiencing symptoms of Covid-19, as well as direct help with accessing food and medicines where needed.

This was hugely successful, with many people accessing support online – there were more than 250,000 updates from 'shielders' during the project.

A large team was assembled to phone people without access to the internet focussing efforts on those hardest to reach, including in areas of higher deprivation. By working closely with district council colleagues, the CCG identified individuals in digital poverty and at risk of loneliness and supported them through regular telephone contact via the team of proactive call handlers.

Protect NoW has been very positively reviewed, including by Yale University, It was also shortlisted under the title "Covid Protect" by the Royal College of Physicians for the 2021 'Excellence in Patient Care' award. The Innovation Award category rewards projects that have used innovative new techniques or ideas that have contributed to significant improvements in patient care or health outcomes. "Covid Protect" was the only entry from a CCG shortlisted by the Royal College of Physicians.

The programme continues to evolve and gather support from more, though not yet all, clinicians. There is further development to be done in interpreting indices of multiple deprivation to address unmet clinical need and so explore the impact of socio-economic deprivation and its impact on health.

There have been further initiatives throughout the year, all with the aim of encouraging positive engagement and better health outcomes. For example, this has included targeted efforts to increase the uptake of the flu vaccination amongst shielding patients that had not been vaccinated in the previous year: more than 1,000 of these patients - 60% of those contacted – agreed to be vaccinated.

Projects have been underway to increase the uptake of Cervical Cancer Screening and the National Diabetes Prevention Programme (NDPP). The results are striking; for example, more than 1,600 people agreed to join the NDPP in the first 6 weeks of the project. There is also a new project to encourage patients who have not received the Covid-19 vaccine, to participate in the programme. In the first week, 130 patients advised they would be willing to have the vaccine, or to discuss it further with their Practice. The CCG expects this positive trend to continue.

Engaging people and communities

Through the past year the CCG's engagement team has worked with: people with mental health conditions, representatives from migrant and minority ethnic communities, non-English speakers, unpaid and family carers, people with learning disabilities and/or autism, older people's forums, maternity voice partnerships, patient participation groups (PPGs), and children, young people and families.

During the roll out of the vaccination programme the CCG offered support across the system to ensure the associated messages were suitable for the local population. The CCG worked with local Voluntary, Community and Social Enterprise (VCSE) organisations and patient stakeholders, to listen to the concerns of local people and encourage increased vaccine uptake, especially among our underserved populations, and those with poorer health outcomes. This was done by engaging with representatives of local communities to make sure the messages were targeted and relevant.

Despite the challenges of the pandemic the CCG maintained its formal statutory functions of engagement with stakeholders.

Joint Health and Wellbeing Strategy

NHS Norfolk and Waveney CCG is an active member of the Norfolk Health and Wellbeing Board. The Joint Health and Wellbeing Strategy has four key priorities which the CCG has worked to support:

Priority: A single sustainable system – working together, leading the change and using our resources in the most effective way.
The formation of NHS Norfolk and Waveney CCG on 1 April 2020 has been a positive step towards creating a single sustainable system. The structure of the CCG was designed to support system working and the development of our integrated care system. Having one CCG for our health and care system is in line with the NHS Long Term Plan and our designation in 2020 as an integrated care system is evidence of the progress we have made towards creating a single sustainable system. This year the Covid-19 pandemic has significantly accelerated our system working and deepened cross-system relationships at every level. The CCG has played an active role in supporting and enabling system working throughout the pandemic, including by discharging its role to provide tactical coordination during incidents and by working with partners through the local resilience fora.
Priority: Prioritising prevention – supporting people to be healthy, independent and resilient throughout life. We'll offer help early to prevent and reduce demand for specialist services.
The CCG, working with partners from across the health and care system, has made good progress with using population health management techniques to offer early help and to prevent or reduce demand for specialist services. At the start of the pandemic the CCG and colleagues from across the system set-up Covid Protect, a pioneering initiative to support and protect people most at risk from Covid-19. Over the course of the project 7,000 alerts were sent directly to GPs, our virtual clinical teams and meds teams, who helped patients with getting medication and addressing any health issues. The project also helped

identify 5,000 people who needed help with non-medical and social needs, for example people who were at risk of running out of food soon.

The project had a big impact, with an evaluation suggesting that the 23,000 people who engaged in the project had better health outcomes, such as fewer admissions to hospital.

Following the success of Covid Protect, we established Protect Norfolk and Waveney (Protect NoW) to take forward all of our population health management projects. This is a really important step in our journey towards providing more anticipatory and preventative care. Here are some examples of other projects that have been or are being run by Protect NoW:

- Working with the Norfolk Vulnerability Hub, during the second and third national lockdowns the team called 3,000 Clinically Extremely Vulnerable people who are over 70, in the highest (top 30%) deprivation areas, or who are digitally disadvantaged to check in on them and see if they required any social support.
- We have written to over 7,000 people who have had Covid-19 to ask them if they could complete a standardised questionnaire about Long Covid to help inform the development of services for this condition.
- We have identified and are contacting over 40,000 people in Norfolk and Waveney who are eligible for a referral to the National Diabetes Prevention Programme.
- We are working with Primary Care Networks to identify and contact women who have previously missed a cervical cancer screening test.

In addition to our population health management work, the CCG continues to commission preventative services and work with partners on the prevention agenda.

Priority: Tackling inequalities in communities – providing support for those who are most in need and address wider factors that impact on wellbeing, such as housing and crime.

The Covid-19 pandemic has highlighted some of the health and wider inequalities that persist in our society. The CCG's accountable officer has been appointed as the organisation's lead for equality and diversity and the CCG has also appointed a clinical lead for the Governing Body. They are working with the chief executive of the Queen Elizabeth Hospital King's Lynn NHS Foundation Trust, who is the system's lead for equalities and diversity, to respond to the eight priority actions that the health service has set nationally to address inequalities in NHS provision and outcomes.

The CCG has secured funding from the Health Equality Partnerships Programme set-up by NHS England and Improvement, which is an initiative that aims to strengthen local partnerships and systems leadership capability. Our first priority is to use the funding to work with partners, including the voluntary, community and social enterprise sector, to address vaccine hesitancy and reduce inequalities in vaccine uptake.

The CCG's heads of integration and partnership are leading work to embed a shared understanding of the challenges facing our most vulnerable communities, in collaboration with their local partners, and to highlight local intervention opportunities. This collaborative approach is underpinned by data and local intel, and is supported by Public Health colleagues in both Norfolk and Suffolk. The next steps will be to use Public Health expertise to enable partners to utilise a health inequalities toolkit framework as advocated by Public Health England, and to embed a whole-systems approach to tackle health inequalities and prevention.

As outlined above, the CCG, working with partners, is using population health management techniques to identify and address health inequalities. There are also some good examples of collaboration at place-level of effective local partnerships and data sharing. For example, the sharing of the assisted bin registers held by local councils with GP practices to help prevent A&E attendances and hospital admissions, liaising with councils to contact people who are recently

housed or in temporary accommodation to encourage them to register with local practices, and working with partners to identify homeless people so we can offer them flu vaccinations.
Priority: Integrating ways of working – collaborating in the delivery of people-centred care to make sure services are joined-up, consistent and make sense to those who use them.
The CCG has continued to work hard with partners to develop integrated ways of working at neighbourhood, place and system levels, supporting both vertical and horizontal integration of services. For example: • At neighbourhood level, the CCG has continued to support the development of our 17 Primary Care Networks (PCNs), with general practice coming together with community services, mental health colleagues, social care and the voluntary sector to provide more joined-up care. The PCNs have come into their own during the pandemic, improving people's care and helping general practice, as well as other health and care services, to remain resilient during this challenging time. • At system level, the CCG has been supportive of everything that our three acute hospital trusts have been doing to work more closely together, for example creating a single clinical service for urology across Norfolk and Waveney, and putting in place arrangements for working together as a group of hospitals to enable further transformation and collaboration. • Throughout the pandemic we have strengthened partnership working with district councils and the voluntary, community and social enterprise sector, with numerous examples of how we've collaborated to support people's health, wellbeing and care.

CCG Website

To ensure key messages on the CCG's website could be understood and recognised, it uses a translation service. The CCG commissions the Browsealoud service for its website www.norfolkandwaveneyccg.nhs.uk . This innovative tool helps those who struggle to access and understand information online.

Browsealoud works by reading the website content out loud in a natural sounding voice. It can translate web pages into 99 languages and read the content aloud in 40 of the most commonly spoken languages in the world. Browsealoud can also translate and read pdf documents.

The CCG created a number of dedicated web pages focussing on Covid-19 which included key resources and information about the virus, local testing arrangements and the vaccination programme. Efforts have been made to make these pages as accessible as possible with resources available in easy read and alternative formats such as translated guides in a range of common languages and resources for the Gypsy, Roma Community.

Outreach to the most vulnerable

Some of the most disadvantaged can neither be reached via Protect NoW nor do they have access to digital platforms to make use of the CCG's website for information.

Where this is the case the CCG has developed dedicated support and outreach practices. Two case studies illustrate this.

1. **Meeting the health needs of people who are homeless and other hard-to-reach groups**

In West Norfolk, the Purfleet Trust had an existing relationship with the homeless community. It agreed to help and provided access to the flu vaccination delivered by their on-site nurse. A key aspect of the

success of the project was the implementation of psychological safety and support, and as a result almost 70 homeless individuals were vaccinated by the Trust.

In the South Norfolk district, the PCN worked together to ensure homeless individuals in the community received their vaccination direct from local GP Practices. In addition, the YMCA SOS bus was used to provide a clinical setting for individuals in temporary accommodation. On the bus the vaccinations were provided by the Purfleet nurse. To ensure the safe delivery of the flu vaccine, discussions detailing the capacity to consent were undertaken, putting assurances and checks in place.

In January 2021, a multi-agency group was pulled together to ensure that all underserved communities e.g. homeless, sex workers, Gypsy Roma Travellers had equitable access to the Covid-19 vaccination. To help to identify these individuals, a mapping exercise was undertaken to better understand the needs of these communities.

Within the under-served communities vaccination programme there are two main delivery methods; supporting these individuals via VCSE groups and district councils to book and access the community vaccination sites or the provision of a roving model to hostels, gypsy sites and others.

2. Asylum Seekers at Coltishall, North Norfolk

In April 2020, the Home Office commissioned SERCO to provide interim contingency accommodation housing to newly arrived asylum seekers, at the former Royal Air Force Officers' Mess, Jaguar House, near Coltishall, in North Norfolk. There were approximately 110 asylum seekers, and up to 20 homeless individuals, who were housed additionally as part of the 'Everybody In' initiative, in residence at any time.

The CCG worked with colleagues at North Norfolk Primary Care (NNPC), Acle Medical Partnership, the People for Abroad Team at Norfolk County Council, Norfolk and Suffolk Foundation Trust , K9 Security, SERCO, Cromwood Housing, Broadland District Council and the Vulnerable Adults Service in Norwich to establish a primary care in-reach service suitable for the health needs of the Jaguar House residents, which was delivered directly by NNPC colleagues.

The residents were successfully provided access to a Doctor and an Advanced Nurse Practitioner on site, access and transport to Acle Medical Partnership for surgery-based services, additional support from a Mental Health Nurse from NSFT, out of hours' access to Norwich Walk-In centre, and 111 services.

Norfolk and Waveney Voluntary, Community and Social Enterprise (VCSE) Assembly

Understanding the needs of the communities the CCG serves through partnership working has never been more important, indeed delivering effective health care is impossible without both partnerships and insight into the different and, especially, disadvantaged populations within N&W. The CCG made significant progress towards the development of a Norfolk and Waveney VCSE Assembly. The Assembly was formerly launched in November 2020 with the aim of improving partnership work and engagement across the sectors, ensuring VCSE partners can influence the transformation of the local health and care system, as we collectively prioritise prevention and reducing health inequalities.

Delivering services through the pandemic

Covid-19 has had a profound impact upon the ability of the CCG and the services it commissions to meet national performance standards.

Routine elective procedures and treatments were suspended in line with national direction as the health service entered a Level 4 crisis incident response in both waves of the pandemic. Emergencies and urgent cancer care continued as did efforts to maintain essential services in mental health and primary care.

Referrals dropped. Many patients were reluctant to present with physical or mental health symptoms or chose to defer appointments for regular check-ups, such as blood checks, due to either fears of contracting Covid-19 in a health setting or to a wish to not burden the NHS at a time when it has been under intense pressure.

General practice remained open to patients throughout the lockdowns, however the way services were accessed was changed to a total triage model. Much capacity usually deployed to planned treatment was diverted to provide the early stages of the vaccination programme.

Capacity in the acute and primary sectors was reassigned and redesigned as services and staff were directed to treating Covid-19 patients. Intensive Care and High Dependency Units were expanded in all three acute hospitals in N&W. This also reduced the capacity of the system to diagnose and treat patients with non-Covid-19 conditions including mental health conditions. A situation compounded by the challenge of maintaining services in primary and secondary care during periods of high staff sickness levels caused by the pandemic.

Covid-19 has had a transformative impact upon the delivery of some healthcare. Just as in primary care, so in secondary care, wherever possible most out-patient diagnostic and other clinical advice services for patients moved on-line and other virtual forms of virtual consultation were provided on a case by case basis.

In line with national guidance some operations and procedures were transferred to the independent sector.

Despite these adaptations Covid-19 has resulted in not just lengthening waiting lists and times for treatment but patients whom, having presented later than would otherwise have been the case, face more advanced symptoms likely to require greater medical intervention with the possibility of poorer outcomes.

The full impact of Covid-19 on mental health services is still to emerge. Not only are services facing a backlog of work built up over the past 12 months, but it is clear that the pandemic itself has created poorer mental health conditions for all age groups particularly the young.

However, the N&W system did adapt to continue to provide, transform and improve services and the section below describes examples of this.

Planned Care (which covers Cancer, Cardiovascular Disease (CVD), Diabetes, Respiratory, Palliative and End of Life care)

An elective care recovery cell has been established to monitor and address the impact on elective access. This is guided by executives from the three acute hospitals, NNUH, QEH and JPUH and CCG directors. Priorities include:

- Schemes to maximise use of alternative and independent sector capacity for diagnostics and treatment have been rolled out
- A system recovery plan is in place to bring back activity to 2019-20 level
- Inequalities in the system will be addressed using a single Patient Tracking List for the three hospitals
- Transformation of clinical pathways is planned as a joined up initiative across the three hospitals
- A pilot has begun with Queen Elizabeth Hospital to review the people on the waiting list for pain management. This will provide support and advise
- A clinical review of people on the endoscopy waiting list was carried out to address any issues and revalidation of the waiting list
- Service transformation plan for Dermatology is in progress with a view to reducing the demand for those waiting for an appointment with secondary care.

The CVD programme received feedback from clinical colleagues working in front line and paused selected planned initiatives and continued with others where it was agreed that there was capacity to continue. During this time a heart failure rehabilitation pilot in the east locality began and a heart failure Multi-Disciplinary Team (MDT) started in the central locality.

The diabetes programme began a number of initiatives including:

- Commission digital structured education through Mapmydiabetes
- Commissioning education for clinical staff through Cambridge Diabetes Education Programme (CDEP)
- Creation of a new education module on CDEP for foot care in care homes. This is a Norfolk and Waveney initiative, in response to the problems faced in care homes relating to lack of foot care availability due to Covid-19.
- Various dedicated telephone, on-line and text patient advice, clinic reminder services at the three acute trusts.

The respiratory programme set up a post Covid-19/Long Covid assessment clinic and started receiving referrals in December 2020. This work is based on national guidance to ensure a comprehensive MDT assessment and onwards support to other clinical pathways. This clinic will continue into next year with support from national funding.

The Norfolk and Waveney Cancer Programme Board has worked in partnership with local providers to address the challenges of cancer restoration and recovery in order to:

- Prioritise cancer care provision on the basis of clinical need as per national guidance.

- Monitor and mitigate clinical harm as robustly as possible during the pandemic.

- Work in partnership with the East of England Alliance to establish a system of mutual aid for cancer services due to the reduction in access to High Dependency Unit/Intensive Therapy Unit beds for complex cancer surgery due to the Covid response.

Urgent and Emergency Care

As the national lockdown was introduced the Urgent and Emergency Care (UEC) system saw dramatic changes as 111 call volumes significantly increased and attendances at our Emergency Departments significantly reduced. Just ahead of the second national lockdown the ambulance service experienced significant delays at our three acute hospitals as they coped with increasing numbers of Covid-19 positive patients. As the number of Covid-19 positive patients increased so too did the complexity of the infection control measures needed to protect non-Covid-19 patients, or those recovering from Covid-19, from coming into contact. The system saw significant challenges in managing discharge from hospital with reduced capacity in our non-emergency patient transport (NEPTs) providers as they moved to single occupancy vehicles in order to prevent infection.

In UEC the CCG responded to these challenges in a number of areas:

- Additional NEPTs capacity was commissioned and brought on-line early on in the pandemic to ensure we had enough capacity to continue to support discharge from our hospitals allowing the system to maintain sufficient beds to meet the rising demand
- A range of ‘ring ahead’ services were planned and set up for ambulance crews allowing them to get support on scene avoiding unnecessary conveyances to hospital whilst ensuring patients received the most appropriate care
- The GP Connect project was accelerated to make pre-bookable slots in primary care available to the 111 service as demand through 111 increased, thus ensuring our patients could still

access a range of primary care services either through telephony video or face to face where clinically appropriate

- The Network Escalation Avoidance Team (NEAT) work was embedded within the Ageing Well programme and we saw a 2-hour crisis response service increasingly becoming available to patients either via their GP or via the 111 service
- Additional investment was made in additional capacity with our local 111 Provider, IC24, so that they were able to provide a 24/7 clinical assessment service as well as additional investment in call handlers and clinical advisors to meet the increasing demand.
- The UEC team worked alongside regional and national colleagues to successfully plan, develop and implement "Think 111 First" in Norfolk and Waveney. This saw a public 'relaunch' of the 111 service nationally to encourage patients to access 111 for all their urgent care needs and a 'service launch' of a range of new pre-bookable services becoming available to 111, such as:
    - Digitally pre-bookable slots for patients into emergency departments
    - Digitally pre-bookable slots for patients into primary care
    - Email or phone pre-bookable slots into same day emergency care
    - Email or phone pre-bookable slots into the community 2-hour crisis response service

Mental Health – Adult, Children and Young People, Learning Disabilities

Adult Mental Health

Mental Health services continued through the pandemic with many adapted to provide patient support on-line. There were changes in demand for services with a reduction in the early stages followed by a sharp increase in demand, for example eating disorders, and a further increase anticipated as the fallout from the pandemic continues to impact mental health. The health, social care and VCSE system worked together to respond flexibly. The CCG increased resources directly to areas where pressures were becoming apparent such as eating disorders, community advice and bereavement services.

The CCG recognised it was important to continue to improve services where possible including but not limited to:

- Bringing forward the plans for establishing the First Response Service which went live from May 2020. This is provided by Norfolk and Suffolk NHS Foundation Trust (NSFT) and is a 24/7 crisis telephone service open to all with any Mental Health need
- The local network of Wellbeing Hubs was delayed but the first Hub is due to open in summer 2021. Digital and telephone support elements of the central Hub were accelerated and went live in December 2020
- Placing Mental Health workers in GP surgeries was delayed but began in April 2021
- The offer of Psychological Therapies increased but referrals to the services reduced. Service users now have the choice of on-line or face to therapies.

Adult Learning Disability (LD) and Autism

Learning disability and autism services are provided by Norfolk County Council and the CCG across Norfolk and Waveney focussed on the assurance that Adult's specialist needs have been supported during the period of the Pandemic.

Weekly Covid-19 meetings were established within Adult Social Care, which CCG officers attended, to ensure that all vulnerable groups were reviewed for efficacy of service delivery and to address areas which may have resulted in health inequalities.

During the first lockdown, the Intensive Support Team (IST) extended availability to support those people with LD and/or Autism Spectrum Disorder (ASD) over a 7-day week period, prior to the new commissioned proposals. This extra support maintained numbers in hospital and helped to reduce potential admissions under the Mental Health Act.

The proposal for an integrated care system to deliver specialist health for people with LD and/or ASD in Norfolk and Waveney has restarted and there is now an expectation that the implementation of the 16-week design of the service will resume in June 2021.

Children and Young People (CYP)

Covid-19 resulted in restricted access to education and increasing loss of resilience in families who were already managing difficult circumstances. Access to therapies (normally delivered through school visits) was fully restricted in lockdown one and only available to a minority of children and young people for the remainder of the year.

There has been an increase in poorer mental health in families, and a new backlog of CYP awaiting appointments has emerged across most pathways; this will continue to impact future waiting times. High demand for mental health services for CYP in Norfolk and Waveney has continued with rates being 54% higher than the national average. The biggest pressure has been on Eating Disorder services with referrals quadrupling from September 2020 to March 2021.

Additional funding has been made available to expand Crisis services to enable home treatment support for the most unwell and also to offer a 24/7 crisis line. Additional resource has also been made available to increase capacity within the Eating Disorder Team, and the CCG has rolled out another two Mental Health Support Teams.

More positively, the pandemic has enabled innovative and creative ways of working and supporting families. Parents and children have access to better information and resources online and some families have benefitted from a digital therapy offer. Our engagement work with parent carer groups has significantly increased.

To raise public awareness of vulnerable children, the CCG has promoted the Norfolk Safeguarding Children Partnership (NSCP) Campaign 'See Something, Hear Something, Say Something'. The CCG has also promoted the Suffolk / NSCP priority on Protecting Babies to highlight increased risks to under ones around non-accidental injury, safe sleeping and concealed pregnancies.

Maternity Services

The Local Maternity Neonatal System (LMNS) team continued to introduce the Continuity of Carer (CoC) model in line with the target of cutting perinatal mortality by 50% by 2025. Maternity Hubs have been identified with the launch of CoC teams in the most socially deprived areas. Three CoC teams were started in the East despite Covid-19. In Norwich one CoC has been launched and hubs identified, and exciting new hubs are in progress in the West, with plans to launch CoC in Spring.

Work from the Maternity Voices Partnership (MVP) with families has adjusted according to need, and meeting and discussion are on-line as appropriate. This has reduced their ability to reach the 'hardest to reach' families, but they continue and strive to engage all families as able.

General Practice

At the beginning of the first lockdown, general practice reported being excessively busy dealing with patient enquiries while transforming their services to ensure they were Covid safe. General practice has remained open to patients throughout the pandemic response, albeit services have looked a little different. Many consultations moved to a remote offer to ensure that only patients who needed to be seen face to face were invited into surgery. Practices worked hard to identify their clinically extremely vulnerable patients and ensure they had access to medicines either through their community pharmacy delivery service or by delivery from their dispensing practice if family were unable to collect.

Our 105 practices also rapidly implemented a proactive care home support service in July with all CQC registered care homes aligned to a primary care network and receiving weekly check-ins.

In the summer of 2020, and with the aim of supporting patients referred for secondary care services, practices worked with the acute hospitals to review radiology referrals. This involved a clinical review of each patient to determine if their referral was still necessary, if it needed to become urgent and if it was no longer needed. This enabled significant capacity to be freed up to deal with the waiting list of patients which had built up during the first lockdown and to help with clinical prioritisation of those still needing to be seen.

As set out earlier in the report, the PCNs have been at the heart of the Norfolk and Waveney vaccination service, often working long days and over weekends. With our largely rural and dispersed population, it made sense to deliver the majority of our vaccination programme through our networks of GP practices and we saw seven of our PCN sites going live before Christmas 2020, which was quite exceptional compared to other systems.

PCN sites continue to see very high uptake rates among eligible cohorts and have also operated small pop up clinics in more remote locations to enable more vulnerable patients to attend. The PCNs have continued to encourage those individuals and communities which are harder to reach, and while the majority of patients in cohorts 1-9 were vaccinated before the end of March, numbers continue to slowly increase as clinicians encourage people to overcome vaccine hesitancy. This often entails an individual conversation with a patient. Through the CCG's health inequalities work, PCNs are working with system colleagues to take an integrated approach to improving uptake among more hesitant groups.

Sustainable Development

As an NHS organisation, and as a spender of public funds, we have an obligation to work in a way that has a positive effect on the communities we serve. Sustainability means spending public money well, the smart and efficient use of natural resources and building healthy, resilient communities. By making the most of social, environmental and economic assets we can improve health both in the immediate and long term even in the context of rising cost of natural resources. Spending money well and considering the social and environmental impacts is enshrined in the Public Services (Social Value) Act (2012).

As a CCG we acknowledge this responsibility to our patients, local communities and the environment by working hard to minimise our footprint.

As a commissioning and contracting organisation, the CCG has effective contract mechanisms to deliver its ambitions for sustainable healthcare delivery. The NHS policy framework already sets the scene for commissioners and providers to operate in a sustainable manner. Crucially, evidence of this commitment is provided in part through contracting mechanisms.

As a part of the NHS, public health and social care system, it is our duty to contribute towards the level of ambition set in 2014 of reducing the carbon footprint of the NHS, public health and social care system by 34% (from a 1990 baseline) equivalent to a 28% reduction from a 2013 baseline by 2020. The health and care system in England is responsible for an estimated 4-5% of the country's carbon footprint. The Covid-19 pandemic has created a natural reduction in mileage during the year.

The use of digital technology is a major element within the NHS Service Model and is an organisation driver for the CCG during 2020/21, this continues to be a focus for the CCG and has had a significant impact on the way we work. Our focus is to continue to develop a digitally enabled workforce and to transform our ways of working. The increased use of digital technologies and social media including Microsoft Teams has greatly impacted the need for staff travel.

Health and wellbeing of our people

There is substantial evidence showing that happy, motivated people who enjoy their jobs are less likely to leave. The more engaged people are the better and safer the care they deliver and the less likelihood

of them being absent or leaving their roles. One of the four aims of our #WeCareTogether People Plan for 2021-25 is promoting good health and wellbeing for our people, and there has never been a greater time to ensure we meet this than since the start of the pandemic. To help support this work, the CCG has appointed Dr Hilary Byrne, Healthcare Professional member of the Governing Body as the Wellbeing Lead.

Our teams were proactive with a focus on reducing the immediate risk to staff through implementing robust risk assessments and securing PPE, for which adequate and equitable supply across all health and social care organisations was a challenge. The risk assessment process enabled organisations and individuals to make informed choices regarding place of work for all staff. Where necessary, redeployments were made both out of high risk areas into lower risk and home working, as well as moving people into high risk areas where we needed specialist staff for example critical care. The purpose of the risk assessment process was to safeguard staff against infection, however what we saw emerging were additional health and wellbeing complications for some. We saw a number of instances of medical guilt and moral injury particularly with some of our clinical workforce who were forced to shield and therefore unable to support their colleagues on the front line. Some staff also declined risk assessments initially for fear that this would pull them from the front line or affect their employment status. As time went on and people were able to return to work, new feelings of guilt presented, and support was required to help reintegrate people back into the workforce.

External strains on people's family and friends including furlough, home schooling, and some cases abuse, brought additional pressure for our workforce. The impact of financial hardship was not underestimated, and we committed to ensure that people were not financially disadvantaged as a result of the pandemic. We also provided line managers with the tools and resources to support staff to work flexibly and manage home working. As a system we worked collaboratively to ensure that our whole workforce had access to national and locally designed resources and offers of support focusing on people's physical, mental, social/family, and financial wellbeing. We established a Norfolk and Waveney Health and Wellbeing Network which remains in place and is currently developing its plan for 21/22 which will focus on emerging themes for recovery.

Personal impact and resilience

As we move through the stages of the pandemic, we are learning more about the impact on people's resilience as well as on their physical and mental health. The post Covid-19 assessment service led by NCHC covers the whole of Norfolk and Waveney. Here we are seeing presentations with more than the initial effects of loss of taste, smell, and energy. Long term conditions including respiratory, fatigue (most common), brain fog and short term memory or concentration, joint pain, low mood anxiety and issues with menstrual cycles are emerging. The assessment service provides initial assessment and signposting people to additional resources and support for people to rehabilitate, accept and adapt to their condition.

The Norfolk and Suffolk Mental Health Hub launched this year with investment from NHSEI and is providing COVID specific support to Health, Social Care, care Sector and Voluntary Agencies across Norfolk and Suffolk in partnership with Suffolk MIND. So far the team have identified support needs around anxiety, bereavement, and trauma for our workforce. It is too early to identify cases of post-traumatic stress disorder (PTSD), but this is likely. With the launch of the vaccination programme we have also seen an increase in people seeking support for needle phobias and anxieties about vaccinations driven by the anti-vax movement.

Anecdotally, and as evidenced in a thematic analysis undertaken by the University of East Anglia (UEA) in response to our #WeCareTogether photo documentary of the pandemic we have recognised the strength and resilience shown by our workforce in the last 14 months. Our staff have worked collaboratively, shown kindness and support to others, and have been energised by the need to act and respond in the moment from people working on the front line; to procuring equipment and PPE; to

delivering food, drinks and hygiene products; and to our people working remotely to develop new infrastructures including surge sites and vaccination centres.

The additional support and joint working with our VCSE and local communities was fundamental in keeping people energised. We recognise that this resilience and energy is not sustainable, and organisations are working closely with staff to ensure people seek respite, take unused annual leave, and return to a more settled pace of working to prevent burnout and illness. Our workforce are signposted to the post Covid-19 assessment service and mental health hub as well as embedded occupational health services, and our resilience planning will focus on returning to a 'new normal' to help people get back into their substantive roles where possible and to settle back into work following periods of redeployment and heightened stress.

Impact on workforce

We still do not know the full impact of the pandemic on our workforce and what this means in terms of retaining our people. We know that the things that support people to be happy, motivated and enjoy their jobs have been tested during the pandemic and will continue to do so well into the future. If people feel unable to provide quality care, burn out, lack of supervision and ill health as a result of contracting Covid-19 make the retention of staff even more difficult for our system. However, the pandemic has provided us with the opportunity to make improvements with a significant number of our workforce enjoying new approaches to flexible and home working which support their work/life balance; a greater focus on belonging and empowerment for change through our EDI and staff networks; and better use of technologies to enhance delivery of services and access to education and training being a few examples of retention initiatives.

Performance Summary

Operational performance summary

For the CCG, as it has been for the NHS and the nation, 2020-21 has been the year of Covid-19. Everyone hopes that the successful national vaccination programme will bring to an end the cycle of rising infections, hospital admissions and lockdowns of the wider economy and civil society.

However, despite all that has been done to keep services running it is clear that primary and secondary care now face unprecedented levels of unmet patient need as a consequence of the pandemic. Covid has directly led to very significant increases in the number of patients waiting for operations and other procedures beyond the 18-week target. The table below describes the change in the number of patients waiting for procedures in N&W over the 12 months from February 2020-21. This is a legacy that will require significant extra resources and quite probably many years to recover.

N&W CCG	February 2020	February 2021
Total number patient waiting list	79,370	88,822
Total waiting over 18 weeks	18,172	40,431
Total waiting over 52 weeks	40	11,976

Source NHS England: Statistics » Consultant-led Referral to Treatment Waiting Times (england.nhs.uk)

Financial performance summary

As a result of the NHS response to the Covid-19 pandemic the 2020/21 financial regime changed significantly, in line with the commitment from Government that financial constraints would not get in the way of the pandemic response. This resulted in fixed block contract payments, set by NHSEI, being

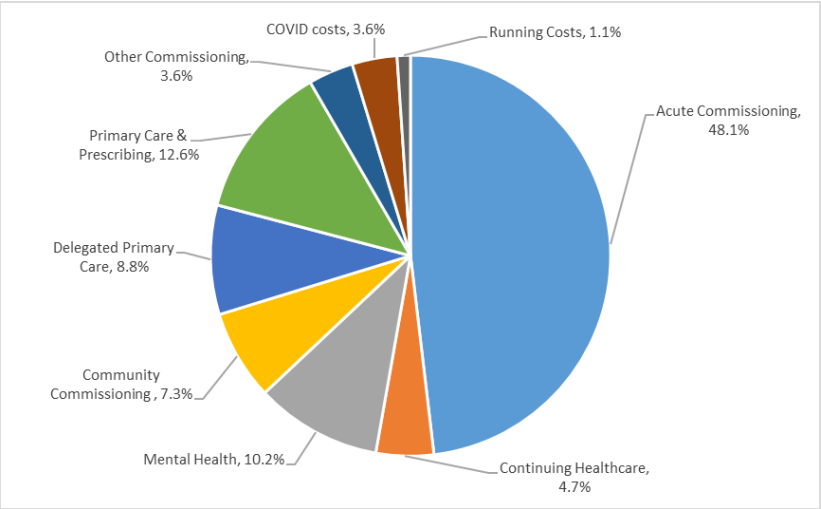
made to NHS providers, together with significant amounts of non-recurrent funding to cover the costs of the NHS in providing a fast and effective response.

This is also the first year of operation for the single Norfolk and Waveney CCG, an organisation representing the amalgamation of five legacy CCGs (Norwich CCG, North Norfolk CCG, Great Yarmouth and Waveney CCG, West Norfolk CCG and South Norfolk CCG), therefore, any figures for 2019/20 in this section are the sum of these five organisations which gives a more representative comparison.

The total amount of money allocated to the CCG was £1,904.9m (2019/20: £1,629.1m). Of this £243.1m was allocated non-recurrently.

This total allocation was split, £1,884.6m (2019/20: £1,606.4m) for commissioning health care and £20.3m (2019/20: £22.7m) for the CCG running costs.

This is how the CCG spent its total budget during 2020/21. 98.5% related to "programme" costs – the proportion of its budget devoted to commissioning healthcare for the patients of Norfolk and Waveney. Only 1.5% related to the costs of running the organisation.



	2020/21	2019/20
Acute Commissioning	£907.4m	£804.5m
Continuing Healthcare	£87.8m	£66.9m
Mental Health	£192.5m	£162.9m
Community Commissioning	£136.9m	£130.3m
Delegated Primary Care	£166.3m	£154.6m
Primary Care & Prescribing	£236.9m	£214.2m
Other Commissioning	£68.7m	£73.0m
Covid-19 costs	£68.6m	£0.0m
Running Costs	£20.3m	£21.7m

As noted in the table above the CCG has seen a significant increase in the Acute, Community and Mental Health areas of expenditure compared to the previous year, resulting from nationally set block contracts with NHS providers which were designed to bring the Provider organisations to a break-even position together with additional expenditure in Continuing Healthcare, Primary Care, Prescribing and separately specific Covid-19 expenditure resulting from the response to the Covid-19 pandemic.

Running costs have decreased by £1.4m as a result of the benefits of the merger of five legacy CCGs into a single organisation together with the reduction in costs following remote working as a result of the pandemic.

As a result of the changes to financial regime the ability for the CCG to make efficiency savings which reduce the cost base have been restricted. The CCG has, however, achieved efficiency savings of £1.0m within its running costs (2019/20 total efficiency savings: £59.8m).

At the end of the year, the CCG delivered an in-year surplus of £0.6m, against the planned deficit of £4.9m. This movement from plan resulted predominantly from lower independent sector activity which had been planned to recover activity levels but did not crystallise due to the second wave over the winter period.

Conclusion

This Performance Overview synopsis of the CCG's activities during 2020-21 replaces the Performance Analysis section in-line with the GAM 2020-21 guidelines.

Melanie Craig
Accountable Officer
11 June 2021

ACCOUNTABILITY REPORT

Corporate Governance Report

This is the first Accountability Report for NHS Norfolk and Waveney Clinical Commissioning Group (the CCG) as the CCG was established with effect from 1 April 2020. Prior to this date there were five CCGs in Norfolk and Waveney and these all ceased to exist on 31 March 2020.

Members' report

The CCG's Constitution came in to effect on 1 April 2020 and provides for the establishment of a Council of Members to ensure that membership is involved, engaged and that communication is effective and appropriately maintained. The Constitution also provides that each member practice has a Member Practice Representative who represents their practice in its dealings with the CCG. Member Practice Representative responsibilities include selecting four Nominated Practice Representatives to represent them on the Council of Members on behalf of their locality. The CCG has five localities made up of West Norfolk, Norwich, South Norfolk, North Norfolk and Great Yarmouth and Waveney.

Due to Covid-19 the CCG paused the roll out of the Council of Members so that member practices' focus is on addressing the pandemic. It has therefore not been possible to confirm the Nominated Practice Representatives and the CCG has not held a Council of Members meeting during 2020/21.

Member profiles and practices

The CCG has 105 member GP practices in Norfolk and Waveney. For an interactive map showing the name and location of the member GP practices please see *https://www.norfolkandwaveneyccg.nhs.uk/about-us/our-members*.

Composition of Governing Body - The members of the Governing Body are as follows:

Dr Anoop Dhesi
Chair

Melanie Craig
Accountable Officer

John Ingham
Chief Finance Officer

Kathy Branson
Registered Nurse

Rob Bennett
Lay Member for Audit and Financial Management

Hein van den Wildenberg
Lay Member Financial Performance

Doris Jamieson
Lay Member Primary Care

Mark Jeffries
Lay Member Patient and Public Involvement

Dr Clare Hambling
Healthcare Professional

Dr Hilary Byrne
Healthcare Professional

Dr Ardyn Ross
Healthcare Professional

Tracy Williams
Healthcare Professional

Dr Peter Harrison
Secondary Care Specialist

Committees of the Governing Body

The Audit Committee provides financial scrutiny and assurance of good governance. Audit Committee members are Rob Bennett, Mark Jeffries, Hein van den Wildenberg and Dr Clare Hambling. The CCG's Chief Finance Officer, Associate Director of Corporate Affairs and ICS Development, Director of Commissioning Finance, Associate Director of Financial Management, Head of Corporate Governance and representatives from internal auditors, external auditors and counter fraud also attend meetings.

The Chair of the Audit Committee is Rob Bennett.

The Remuneration Report contains details of the membership of the Remuneration Committee.

The Annual Governance Statement provides details of all other Governing Body Committees.

Register of Interests

The Register of Governing Body Interests can be found here: https://www.norfolkandwaveneyccg.nhs.uk/publications/declarations-of-interest**.** More information on how the CCG manages interests can be found in the 'Annual audit of conflicts of interest management' section on page 45.

Personal data related incidents

During the year 2020 to 2021 and up to the submission of the Annual Report and Accounts there were no data security breaches that have been reported to the Information Commissioner.

Statement of Disclosure to Auditors

Each individual who is a member of the CCG at the time the Members' Report is approved confirms:

so far as the member is aware, there is no relevant audit information of which the CCG's auditor is unaware that would be relevant for the purposes of their audit report

the member has taken all the steps that they ought to have taken in order to make him or herself aware of any relevant audit information and to establish that the CCG's auditor is aware of it.

Modern Slavery Act

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

Melanie Craig
Accountable Officer
11 June 2021

Statement of Accountable Officer's Responsibilities

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

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

- The propriety and regularity of the public finances for which the Accountable Officer is answerable,
- For keeping proper accounting records (which disclose with reasonable accuracy at any time the financial position of the Clinical Commissioning Group and enable them to ensure that the accounts comply with the requirements of the Accounts Direction),
- For safeguarding the Clinical Commissioning Group's assets (and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities).
- The relevant responsibilities of accounting officers under Managing Public Money,
- Ensuring the CCG exercises its functions effectively, efficiently and economically (in accordance with Section 14Q of the National Health Service Act 2006 (as amended)) and with a view to securing continuous improvement in the quality of services (in accordance with Section14R of the National Health Service Act 2006 (as amended)),
- Ensuring that the CCG complies with its financial duties under Sections 223H to 223J of the National Health Service Act 2006 (as amended).

Under the National Health Service Act 2006 (as amended), NHS England has directed each Clinical Commissioning Group to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of the Clinical Commissioning Group and of its income and expenditure, Statement of Financial Position and cash flows for the financial year.

In preparing the accounts, the Accountable Officer is required to comply with the requirements of the Government Financial Reporting Manual and in particular to:

- Observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- Make judgements and estimates on a reasonable basis;
- State whether applicable accounting standards as set out in the Government Financial Reporting Manual have been followed, and disclose and explain any material departures in the accounts; and,
- Prepare the accounts on a going concern basis; and
- Confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and take personal responsibility for the Annual Report and Accounts and the judgements required for determining that it is fair, balanced and understandable.

As the Accountable Officer, I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that Norfolk and Waveney CCG's auditors are aware of that information. So far as I am aware, there is no relevant audit information of which the auditors are unaware.

I also confirm that:

- as far as I am aware, there is no relevant audit information of which the CCG's auditors are unaware, and that as Accountable Officer, I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the CCG's auditors are aware of that information.

Melanie Craig
Accountable Officer
11 June 2021

Governance Statement

Introduction and context

NHS Norfolk and Waveney Clinical Commissioning Group (the CCG) is a body corporate established by NHS England on 1 April 2020 under the National Health Service Act 2006 (as amended).

The CCG's statutory functions are set out under the National Health Service Act 2006 (as amended). The CCG's general function is arranging the provision of services for persons for the purposes of the health service in England. The CCG is, in particular, required to arrange for the provision of certain health services to such extent as it considers necessary to meet the reasonable requirements of its local population.

As at 1 April 2020, the CCG is not subject to any directions from NHS England issued under Section 14Z21 of the National Health Service Act.

From 1 April 2021, Norfolk and Waveney as a system was formally recognised as an Integrated Care System (ICS). Accordingly, Norfolk and Waveney has established an interim ICS Partnership Board. More details can be found on page 42.

Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the clinical commissioning group's policies, aims and objectives, whilst safeguarding the public funds and assets for which I am personally responsible, in accordance with the responsibilities assigned to me in Managing Public Money. I also acknowledge my responsibilities as set out under the National Health Service Act 2006 (as amended) and in my Clinical Commissioning Group Accountable Officer Appointment Letter.

I am responsible for ensuring that the clinical commissioning group is administered prudently and economically and that resources are applied efficiently and effectively, safeguarding financial propriety and regularity. I also have responsibility for reviewing the effectiveness of the system of internal control within the clinical commissioning group as set out in this governance statement.

Governance arrangements and effectiveness

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

Covid-19 and Reducing the Burden Guidance

The impact of Covid-19 during 2020/21 has been significant and has affected all aspects of the NHS where the focus has been on delivering care for patients and reducing infection rates. This resulted in the CCG redeploying many staff from across departments in to new roles to focus on support for primary and secondary care and delivery of PPE. To support NHS organisations to refocus work on key areas, NHS England and Improvement (NHSE&I) wrote to system leaders in March 2020 in a letter titled 'Reducing burden and releasing capacity at NHS providers and commissioners to manage the Covid-19 pandemic'.

The letter set out NHSE&I's support for providers and commissioners to reduce the burden on maintaining some aspects of business as usual and freeing up as much capacity as possible to prioritise the workload so that it was focused on doing what is necessary to manage the response to Covid-19. This included standing down some meetings such as Council of Members meetings so that primary care could focus on addressing the pandemic, streamlining other meetings including those of the Governing Body, reducing the requirement for corporate reporting to NHSE&I, as well as pausing some internal processes and digital submissions.

As the Covid-19 pandemic continued and the focus nationally moved to vaccination, the CCG ensured that there was sufficient staff to support the strategic direction and delivery of the vaccination programme. Work continues to be paused during this time to ensure continued focus on addressing the pandemic.

The CCG Governance Framework

The CCG's Constitution and Governance Handbook

The CCG's Constitution is based on the model Constitution Framework produced by the NHS Commissioning Board (known as NHS England and NHS Improvement) in 2018 and agreed by member practices.

The Constitution sets out the way in which the CCG observes the principles of good governance in the way it conducts its business including the highest standards of propriety, good governance standards for public services, the Nolan Principles, the principles set out in the NHS Constitution, the Equality Act and the standards for Members of NHS Governing Bodies in England.

The CCG's standing orders, together with the CCG's overarching scheme of reservation and delegation are contained within the Constitution. The CCG's Governance Handbook contains the detailed scheme of reservation and delegation and the and the prime financial policies. Together they provide a procedural framework within which the CCG discharges its business. The CCG's Constitution also sets out how the CCG discharges its statutory functions via its governing structure. Terms of reference for statutory committees are contained in the Constitution, whilst those for non-statutory committees are set out in the Governance Handbook. Together with the CCG's Standards of Business Conduct and Conflicts of Interest Policy contained in the Governance Handbook, the Constitution sets out how the CCG manages conflicts of interest. It puts in place processes to follow if a conflict of interest means that a meeting is not quorate to make a decision and ensures that key principles of selflessness, honesty and integrity are upheld.

Council of Members

The Constitution makes clear that the CCG is a Clinical Membership organisation. It clearly sets out the composition and function of the Council of Members which was agreed with the Membership. Each Member Practice has a nominated lead Healthcare Professional who is known as the Member Practice Representative and whom represents the practice in its dealings with the CCG. One of the roles of a Member Practice Representative is to select Nominated Practice Representatives for their locality. The CCG has five localities, North Norfolk, South Norfolk, West Norfolk, Great Yarmouth and Waveney, and Norwich. Each locality has four Nominated Practice Representatives.

This means that there are 20 Nominated Practice Representatives that represent their localities on the unified Council of Members. Governing Body members are not eligible to be Nominated Practice Representatives.

Due to the Covid pandemic the CCG has not held a formal Council of Members meeting from 1 April 2020 up to the date of submission of the annual report on 15 June 2021. The powers listed below were reserved to the Council of Members:

1. Calling a Council of Members meeting
2. Attending and contributing to the Council of Members meetings
3. A Healthcare Professional of any Member Practice to put themselves forward for election to the Governing Body
4. A Healthcare Professional of any Member Practice to put themselves forward to be a Member Practice Representative or a Nominated Practice Representative
5. In accordance with the requirements of the Constitution, approval of changes to it

6. Support the CCG in taking forward plans to develop and improve primary care services within the geographical area covered by the CCG
7. Hold the Governing Body to account for delivery of its functions, duties duty and roles
8. Receive the CCG's Annual Report and Accounts.
9. Subject to regulatory requirements, approval of arrangements for:
    1. Appointment and removal of Healthcare Professionals from Member Practices to represent the CCG's membership on the Governing Body

During the year there were no issues requiring a decision or action by the Council of Members.

Governing Body

The Governing Body comprises of 13 members, including five positions elected by the Membership one of whom is the Chair, four Lay Members, a Secondary Care Specialist doctor, a Registered Nurse, the Accountable Officer and the Chief Finance Officer.

The CCG is a clinically led organisation with the Constitution providing that to be quorate a minimum of seven members must be present. This must include either the Accountable Officer or the Chief Finance Officer, four clinicians and two lay members. There is provision for emergency decision making in the Constitution.

There was one change to the membership of the Governing Body from 1 April 2020 up to the date of submission of this Annual Report on 15 June 2021 as follows:

Doris Jamieson was appointed to the role of Lay Member for Primary Care on 4 May 2020.

Meetings

The CCG held seven Governing Body meetings in public between 1 April 2020 and 31 March 2021.

Due to the Covid-19 pandemic meetings have been held in public virtually to ensure that good governance principles of openness are adhered to. Initially this was via 'YouTube' and from July 2020 Microsoft Teams was the platform used. Details on how to access public meetings is available on the CCG website with a recording available after each meeting on the CCG's YouTube channel. Each meeting has been well attended and quorate. Members of the Executive Management Team also routinely attended meetings.

Membership and 'voting' attendance is recorded in the table below:

Member	Name	Attendance
GP Member (Chair)	Dr Anoop Dhesi	7 out of 7 meetings (100%)
Accountable Officer	Melanie Craig	7 out of 7 meetings (100%)
Chief Finance Officer	John Ingham	*7 out of 7 meetings (100%)
Healthcare Professional	Dr Ardyn Ross	7 out of 7 meetings (100%)
Healthcare Professional	Dr Hilary Byrne	7 out of 7 meetings (100%)
Healthcare Professional	Tracy Williams	7 out of 7 meetings (100%)
Healthcare Professional	Dr Clare Hambling	4 out of 7 meetings (57%)
Secondary Care Specialist	Dr Peter Harrison	6 out of 7 meetings (86%)
Registered Nurse	Kathy Branson	6 out of 7 meetings (86%)
Lay Member	Rob Bennett	7 out of 7 meetings (100%)
Lay Member	Hein van den Wildenberg	7 out of 7 meetings (100%)
Lay Member	Doris Jamieson	**6 out of 6 meetings (100%)
Lay Member	Mark Jeffries	7 out of 7 meetings (100%)

**The Director of Commissioning Finance attended one meeting to deputise*
***Appointed from 4 May 2020.*

The minutes of Governing Body meetings are available at:
https://www.norfolkandwaveneyccg.nhs.uk/about-us/our-governing-body/governing-body-meetings

Additional private meetings were held throughout the year to discuss matters where the wider public interest or commercial confidentiality clearly required it.

The Governing Body approved the Constitution and Governance Handbook in April 2020. These documents contain the overarching scheme of reservation and delegation and the detailed scheme of reservation and delegation respectively.

The Governing Body has a number of functions conferred on it by the Health and Social Care Act 2012 (the "Act"). The main function is to ensure that the CCG has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with good governance. The Governing Body also leads on setting the vision and strategy of the organisation. The Act also requires the Governing Body to determine the remuneration, fees and other allowances including any pension scheme payable to employees or other persons providing services to the CCG. The Governing Body has established a Remuneration Committee to review these matters and make recommendations to the Governing Body.

The CCG's Constitution sets out the responsibilities delegated to the Governing Body. These include providing assurance of strategic risks, ensuring registers of interest are reviewed regularly, and that financial reports including details about allocation and financial variances against plan are reviewed. These matters are standing agenda items at each Governing Body meeting.

The Governing Body frequently discusses the following topics at its meetings:

- System pressures
- Covid-19 vaccination programme
- Restoration and planning for 2021/22
- Clinical threshold policy recommendations
- Drug & therapeutic recommendations
- Financial reporting
- Risk reporting
- Reports from Committees

The Governing Body completed a self-assessment of its own performance and effectiveness during March 2021. This was discussed at a Governing Body meeting on 30 March 2021. The findings from the self-assessment were that the Governing Body was effective during 2020/21 and no significant issues were raised.

Governing Body Committees

The Governing Body has appointed six committees and these are detailed below.

Primary Care Commissioning Committee

The role of this Committee is to carry out the functions relating to the commissioning of primary medical services except those that relate to individual GP performance management which have been reserved to NHS England.

Since 1 April 2020 and up to 31 March 2021 the Committee met nine times.

The Constitution provides that membership of this Committee is as follows:

- Lay Member who leads on primary care who is the Chair
- Lay Member who leads on financial performance

- Chief Finance Officer or the Director of Commissioning Finance
- Registered Nurse

Membership of the Primary Care Commissioning Committee together with the attendance record is provided in the table below

Member	Name	Attendance
Lay Member (Chair)	Ms Doris Jamieson	9 out of 9 meetings (100%)
Lay Member Financial Performance	Mr Hein van den Wildenberg	8 out of 9 meetings (88%)
Registered nurse	Kathy Branson	8 out of 9 meetings (88%)
Chief Finance Officer/ Director of Commissioning Finance	Mr John Ingham Mr Jason Hollidge	8 out of 9 meetings (88%)

Some of the highlights of the work of the committee in 2020/21 include:

- Review of NHS England primary care budgets
- Review and monitoring of the Primary Care Risk Register
- Provide input to and approves the Primary Care Committee Future Plan
- Review of the response to Covid-19 and the roll-out of the vaccination programme
- Review of practice issues
- Approval of support programmes, e.g. GP Resilience funding and support for practices
- Monitoring CQC outcomes
- Receiving regular reports on GP practice prescribing especially in relation to opiates and dependence forming drugs
- Review of procurement and commissioning decisions e.g. translation services, incentive schemes for GP practices.
- Offer of support to practices, if required

Audit Committee

The Audit Committee provides the Governing Body with an independent and objective view of the CCG's assurance processes. This is achieved by reviewing financial systems, the risk management structure and ensuring compliance with the laws, regulations and directions that govern the CCG.

The Audit Committee is comprised of:

- The Lay Member with a lead role in overseeing financial management and audit, who is also the Chair;
- The Lay Member with a lead role in championing Patient and Public Involvement;
- The Lay Member who leads on financial performance
- A Healthcare Professional Governing Body member drawn from Member Practices

The Chair of the Audit Committee is Rob Bennett who is the Lay Member with a lead role in overseeing financial management and audit and also the CCG's Conflicts of Interest Guardian.

Since 1 April 2020 the Audit Committee met six times up to the 31 March 2021. Each meeting was well attended and quorate.

Membership of the Audit Committee together with the attendance record is provided in the table below:

Member	Name	Attendance
Lay Member Audit (Chair)	Mr Rob Bennett	6 out of 6 meetings (100%)
Lay Member PPI	Mr Mark Jeffries	6 out of 6 meetings (100%)

Lay Member Finance	Mr Hein van den Wildenberg	6 out of 6 meetings (100%)
Healthcare Professional	Dr Clare Hambling	*3 out of 5 meetings (60%)

**appointed to the Committee in May 2020*

The Committee is supported by regular attendance of the CCG's Chief Finance Officer, Associate Director of Corporate Affairs and ICS Development, and Director of Commissioning Finance. In addition, the Chair of the CCG and the Accountable Officer also attended a meeting in line with the Committee's terms of reference.

The primary role of the Audit Committee is to review the establishment and maintenance of an effective system of integrated governance, risk management and internal control across the CCG's activities supporting the achievement of the CCG's objectives.

The Audit Committee reviewed the adequacy and effectiveness of:

- Internal control systems;
- Risk and control related disclosure statements prior to endorsement by the CCG;
- Principal risks and policies for ensuring compliance with regard to regulatory, legal, code of conduct requirements and self-certification;
- Policies and procedures for work related to fraud and corruption and information governance.

The Committee primarily utilises the work of Internal Audit and External Audit but is not limited to these sources. It also seeks reports and assurances from directors and managers as appropriate. The Committee concentrates on the overarching systems of integrated governance, risk management and internal control.

The Audit Committee is also responsible for ensuring that arrangements are in place for countering fraud and reviews the work of the counter-fraud specialist.

Key areas of work of the Audit Committee in 2020/21 included:

- Monitoring the work of Internal Audit, External Audit and Counter Fraud
- Reviewing the Risk Management Framework and Governing Body Assurance Framework providing assurance to the Governing Body
- Reviewing financial and contractual management processes
- Reviewing Information Governance work to provide assurance to the Governing Body
- Reviewing the Annual Report and Accounts

Remuneration Committee

The Remuneration Committee is accountable to the Governing Body. The Committee makes recommendations to the Governing Body about the pay and remuneration for employees of the CCG and others who provide services to it.

The Governing Body has delegated the function of reviewing and determining the remuneration for elected Governing Body members excluding pension arrangements which are for the determination of the Governing Body.

The Remuneration Committee is comprised of:

- Lay Member with a lead role in championing patient and public involvement who is the Chair
- Lay Member with a lead role in overseeing financial performance
- The Secondary Care Specialist
- The Registered Nurse

- A Healthcare Professional Governing Body member drawn from Member Practices

Since 1 April 2020 the Remuneration Committee has met six times up to 31 March 2021. Each meeting was well attended and quorate. Meetings were supported by the Associate Director of Corporate Affairs and ICS Development and the Head of Human Resources Business Partners for Arden & Greater East Midlands, Commissioning Support Unit.

Membership of the Remuneration Committee together with the attendance record is provided in the table below

Member	Name	Attendance
Lay Member PPI	Mr Mark Jeffries	6 out of 6 meetings (100%)
Lay Member Finance	Mr Hein van den Wildenberg	6 out of 6 meetings (100%)
Registered Nurse	Ms Kathy Branson	6 out of 6 meetings (100%)
Secondary Care Doctor	Dr Peter Harrison	6 out of 6 meetings (100%)
Healthcare Professional	Dr Ardyn Ross	6 out of 6 meetings (100%)

Highlights of the Remuneration Committee's work in 2020/21 included:

- Reviewing and determining the remuneration for Healthcare Professional members of the Governing Body
- Reviewing and agreeing recommendations to the Governing Body on executive level pay
- Reviewing the Committee's terms of reference

Quality and Performance Committee

The Quality and Performance Committee is accountable to the Governing Body. The Committee provides the Governing Body with assurance in relation to the quality and safety of its commissioned services and the internal process to support safe, effective, and continuous improvement in services.

The membership of the Committee is as follows:

- The Registered Nurse, who is the Chair of the Committee
- Accountable Officer
- Two Healthcare Professional Members of the Governing Body
- Lay Member with a lead role in patient and public involvement
- Secondary Care Specialist, who is the Deputy Chair of the Committee
- Chief Nurse
- Director of Strategic Commissioning

Since 1 April 2020 the Quality and Performance Committee met eight times up to 31 March 2021. The Committee reviewed and amended its terms of reference during the year including membership. This was agreed at the Committee meeting in November 2020 and applied them from this date. The revised membership of the Quality and Performance Committee together with the attendance record is provided in the table below

Member	Name	Attendance
Registered Nurse	Kathy Branson	8 out of 8 meetings (100%)
Accountable Officer*	Melanie Craig	4 out of 8 meetings (50%)
Healthcare Professional	Dr Ardyn Ross	5 out of 8 meetings (62.5%)

Healthcare Professional	Tracy Williams	7 out of 8 meetings (87.5%)
Lay Member	Mark Jeffries	7 out of 8 meetings (87.5%)
Secondary Care Specialist	Dr Peter Harrison	6 out of 8 meetings (75%)
Chief Nurse	Cath Byford	6 out of 8 meetings (75%)
Director of Strategic Commissioning**	John Webster	6 out of 7 meetings (85%)

**Note: Due to prioritising the pandemic response it was not possible to attend all meetings.*
***Note: John Webster commenced a secondment to Norfolk Community Health and Care NHS Trust on 22 March 2021*

A key role of the committee is to monitor the quality and safety of providers through soft intelligence and patient feedback. The Committee uses this information to identify themes and provides assurance to the CCG Governing Body. The Committee also receives and reviews quality and performance reports and agrees any recommended actions for potential and known clinical and performance risks. It will ensure all such risks are documented within the directorate or operational risk register for the Committee and where relevant escalated to the Governing Body Assurance Framework. The Committee identifies learning and improvement opportunities and communicates them appropriately. Where appropriate it provides reports to external bodies.

The Quality and Performance Committee discusses regular reports on Nursing and Quality, Patient and Public Involvement, Quality in Care and System Performance. This provides a consistent overview of clinical quality and effectiveness across services, with escalation of exceptional issues requiring additional oversight and mitigation. Issues emerging over 2020-2021 have included:

- Children and Young People's Mental Health
- 'All Age' Neurodevelopmental Disorder Pathway
- System Pandemic Impact and Elective Care Recovery
- Eating Disorder Service Provision and Medical Monitoring in Primary Care
- IC24 Local Assurance Review
- National 'Ockenden Report' Maternity Review

The Quality and Performance Committee continues to provide constructive feedback on CCG policies and reports that impact on clinical quality and patient safety. Documents reviewed and ratified by the Committee during 2020-2021 include:

- CCG Complaints Policy
- CCG Safeguarding Children Policy
- CCG LeDer Review Annual Report and Governance Framework
- Local Maternity and Neonatal System Governance Framework
- CCG Adult Safeguarding Policy Update

Finance Committee

The Finance Committee supports the Governing Body in scrutinising and tracking delivery of key financial and service priorities, objectives and targets as specified in the CCG's Strategic and Operational Plans. The Committee also submits information as appropriate to the Audit Committee and provides advice to the Governing Body on strategic financial matters.

From 1 April 2020 the Finance Committee membership comprised of:

- Lay Member with a lead role in Financial Performance
- Lay Member with a lead role in Primary Care
- Accountable Officer

- Chief Finance Officer
- Director of Strategic Commissioning (or deputy)
- Chief Nurse
- Secondary Care Specialist
- Two Healthcare Professional Members of the Governing Body

The Finance Committee met ten times from April 2020 up to 31 March 2021. Each meeting was well attended and quorate. Membership of the Finance Committee together with the attendance record is provided in the table below

Member	Name	Attendance
Lay Member (Chair)	Mr Hein van den Wildenberg	9 out of 10 meetings (90%)
Lay Member	Ms Doris Jamieson	9 out of 10 meetings (90%)
Accountable Officer	Ms Melanie Craig	6 out of 10 meetings (60%)
Chief Finance Officer	Mr John Ingham	9 out of 10 meetings (90%)
Director of Strategic Commissioning (or deputy)	Mr John Webster*	7 out of 10 meetings (70%)
Chief Nurse	Ms Cath Byford	6 out of 10 meetings (60%)
Secondary Care Specialist	Dr Peter Harrison	6 out of 10 meetings (60%)
Healthcare Professional	Dr Clare Hambling	8 out of 10 meetings (80%)
Healthcare Professional	Dr Hilary Byrne	9 out of 10 meetings (90%)

*Note: *John Webster commenced a secondment to Norfolk Community Health and Care NHS Trust on 22 March 2021*

Key pieces of work undertaken to secure assurance include:

- Review of the membership, terms of reference, and remit of the Committee;
- Review annual budgets and detailed plans for approval by the Governing Body;
- Monitor the CCG's financial standing in-year and recommend corrective action to the Governing Body should year-end forecasts suggest that the financial plan will not be achieved;
- Receive detailed reports at each meeting concerning the CCG's financial performance, to incorporate narrative relating to key variances from plan;
- Receive contracting performance reports (covering activity and cost) for each of the CCG's main areas of programme expenditure
- Scrutinise the Finance Directorate's Risk Register;
- Monitor implementation of any recommendations arising from the internal audit of finance functions;
- Receive briefings on the financial position of the wider Norfolk & Waveney Health & Care Partnership to understand the context within which the CCG is operating;
- Review impact of Covid-19 on the CCG financial performance.
- The committee's work dovetails with that of the Audit Committee in order to provide assurance to the Governing Body that the robust management of finance is in place.

Conflicts of Interest Committee

The committee is established to make decisions on issues where there is a conflict of interest for example, but not limited to, where a decision is required that affects Healthcare Professional members of the Governing Body in their capacity as providers of services to the CCG.

- Membership of this committee consists of the following:
- Lay member with a lead role in overseeing financial management and audit who is the Chair and also the Conflicts of Interest Guardian

- Lay member with a lead role in primary care;
- Registered Nurse
- Chief Finance Officer or nominated deputy

The Committee has met two times up to 31 March 2021. The Committee reviewed and amended its terms of reference during the year including membership. This was agreed at the Committee meeting in September 2020 and applied them from this date. The revised membership of the Conflicts of Interest Committee together with the attendance record is provided in the table below

Member	Name	Attendance
Lay Member (Chair)	Mr Rob Bennett	2 out of 2 meetings (100%)
Lay Member	Ms Doris Jamieson	2 out of 2 meetings (100%)
Chief Finance Officer	Mr John Ingham	2 out of 2 meetings (100%)
Registered Nurse	Kathy Branson	2 out of 2 meetings (100%)

The Committee is authorised to make decisions on behalf of the Governing Body with regard to issues which could not be decided by the Governing Body due to conflicts of interest.

Some of the highlights of the Committee during 2020/21 are:

- Review of contract arrangements to understand where potential conflicts of interest exist;
- Considering the approach to discussing private agenda items;
- Review of conflicts of interest training compliance;
- Review of the Committee's terms of reference.

Executive Management Team Meeting

The Executive Management Team (EMT) is a CCG meeting comprising the Accountable Officer, Chief Finance Officer and the Executive Directors of the CCG (as set out in the Remuneration report) as well as a representative from NHS England & Improvement (NHSE/I) and the Sustainability and Transformation Partnership Director of Workforce. It is the operational forum for exercising the Accountable Officer and Chief Finance Officer's authority under the CCG's Scheme of Reservation and Delegation. It is not, however, a formal committee of the Governing Body.

The EMT meets weekly and monitors the operational discharge of statutory duties, approved corporate contracts and oversees HR and organisational development and establishment control and monitors budgets. The EMT reports relevant items to the Governing Body via the Accountable Officer's report.

During Covid-19 the EMT met as Strategic Command at least weekly, and during the height of pandemic it was meeting on a daily basis. Strategic Command directs and commands the response of NHS resources during an incident by ensuring NHS service delivery for both the incident and normal services.

The CCG established a Senior Managers Team (SMT) meeting to address a range of corporate issues and to allow more time for the EMT to focus on strategic matters. The SMT reviews internal operational matters and work includes policy review, estate matters, overseeing the discharge of the CCG's duties with regard to equality and diversity. The SMT also reviews the Governing Body Assurance Framework and updates the document for oversight by the EMT.

The SMT meets weekly and comprises of a core team of senior managers. It has no formal decision making authority and reports on its work to the EMT. SMT is chaired by the Director of Commissioning Finance.

ICS Partnership Board

Health and care systems nationally are moving from working in a Sustainable Transformation Partnership to Integrated Care Systems (ICS). A white paper has been produced which proposes to put ICSs on to a formal legal basis from April 2022. The Norfolk and Waveney interim ICS Partnership Board is Chaired by the Right Honourable Patricia Hewitt and was established in April 2021. Whilst the Partnership Board has no direct authority it will achieve its remit through forging strong partnership working based on mutual trust and respect and use its collective influence to bring about transformation and improvement Meeting details can be found here: https://www.norfolkandwaveneypartnership.org.uk/about-us/interim-partnership-board/interim-partnership-board-meetings.html

UK Corporate Governance Code

NHS Bodies are not required to comply with the UK Code of Corporate Governance.

Discharge of Statutory Functions

In light of recommendations of the 1983 Harris Review, the clinical commissioning group has reviewed all of the statutory duties and powers conferred on it by the National Health Service Act 2006 (as amended) and other associated legislative and regulations. As a result, the clinical commissioning group is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions.

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

Risk management arrangements and effectiveness

The CCG Risk Management Framework

The CCG's integrated risk management strategy and framework set out the CCG's approach to risk management.

In accordance with the framework, risks are evaluated in terms of the likelihood and consequence using an organisational risk matrix. Scores for likelihood and consequence are given out of 5 and multiplied together. The results give one of four categories of risk grading as follows:

Serious risk - immediate action required by a director

High risk – urgent senior management attention needed with action plan

Moderate risk - responsibility for assessment and action planning allocated to a named individual

Low risk – normal risks which can be managed by routine procedures

The CCG developed a Risk Management process to ensure that risks were identified throughout the organisation. This is supported by a staff handbook to ensure that the process is clearly understood.

The Audit Committee reviews the risk management framework. Risk is reviewed regularly by the Senior Management Team and also the Executive Management Team with risks assessed, rated and agreed for either escalation or removal from the GBAF (Governing Body Assurance Framework). The Audit Committee reviews the risk register to ensure that matters are appropriately reported and that action plans are robust and progress is being made. Through these mechanisms the CCG's risk appetite is assessed and regulated.

The Governing Body meets in public every other month. Members of the public are able to see Governing Body papers including the GBAF ahead of the meetings and they are able to ask questions at the meeting or raise queries via the website in advance.

During the year and in line with NHSE&I guidance, the CCG streamlined its approach to governance and administrative tasks so that as much time as possible could be focused on the response to the pandemic, which was the single biggest risk being faced by the NHS. Accordingly, normal practices around risk management were suspended. However, the Governing Body felt it was important still to consider broader risks as far as it was able. Accordingly, strategic risks were reviewed by the Governing Body at each of its public meetings from September 2020 onwards.

The CCG has various controls to address its risks. These are set out clearly for each risk in the assurance framework and include internal as well as external controls.

The CCG's control mechanisms are used to protect financial assets, operational systems and ensure that important laws and regulations are complied with. The table below sets out some of the internal controls used and the benefits they provide:

Management of current risks	CCG Governing Body Assurance Framework; Regular assurance and finance reports to the Governing Body. This year the assurance reporting focussed on the Covid-19 Pandemic; Identification of risks associated with the provision of services to patients. These are mitigated though the work of the quality team and contract management of provider contracts via the contract with the CSU and in house commissioning staff; A robust programme of counter fraud and anti-bribery activity supported by the Anti-Crime Specialist whose annual plan is scrutinised by the Audit Committee.
Prevention of Risk	Through the processes mentioned above the CCG regularly horizon scans to identify potential areas of risk. In addition, the CCG uses its experience of and learning from adverse events to ensure that lessons are learnt. Preventative measures include: Policy development; Identifying and ensuring that staff comply with mandatory training requirements; Establishing risk-sharing agreements; Root cause analysis of incidents; Mandating limits to decision making authority; and Ensuring secure access to IT systems.
Deterrent to risks arising	Developing risks are managed through a number of systems and include: Risk review by Committee and Governing Body meetings as well as senior management team meetings; Finance reports to the Governing Body; In this year reports on the Covid-19 pandemic; Robust programme of counter fraud and anti-bribery supported by the Anti-Crime Specialist.

Risk Assessment Framework

The CCG's Integrated Risk Management Strategy and Framework supports a positive staff attitude to risk management, encouraging staff to identify, assess and report risks. Staff are clear about their personal accountability and responsibilities through the Risk Management Staff Handbook, appraisal, induction and on-going training. Support is given to risk owners by the Corporate Affairs Team.

As set out above the process followed with regard to risk management was amended in light of the extra burden placed on the CCG's teams due to Covid-19. From September 2020 Governing Body Assurance Framework risks were reviewed monthly by the senior management including SMT and EMT. At these meetings risks are further discussed and escalated as appropriate on to the Governing Body Assurance Framework. This ensures that changes to risk registers are debated and agreed at the SMT and EMT before being put on to the register.

To provide further assurance the Audit Committee reviews the overarching Risk Management Framework which incorporates the Integrated Risk Management Strategy and Framework and the Staff Handbook, this having been approved by the Governing Body.

The CCG continues to learn and develop its approach to risk management, drawing on best practice and recommendations from the internal auditors.

The CCG will continue to follow guidance as to "reducing the burden" and will reinstate full processes in accordance with the CCG's framework when it is appropriate to do so given the burdens placed on the CCG currently.

Risk Assessment

Risk is assessed using a standardised organisational risk matrix, looking at risk based on likelihood and consequence. Guidance in the form of a staff handbook has been produced setting out a formal process for risk identification and evaluation.

The key risks identified as part of this process include:

- Risk that the Norfolk and Waveney system may be overwhelmed by Covid-19 - impact on quality and safety of patient care and failure to deliver targets
- Risk of significant system pressures during periods of increased patient demand such as winter and insufficient provider capacity either through peaks in demand or continued high activity - impact on quality and safety of patient care and failure to deliver targets
- Risk that the CCG will not achieve the national requirement to ensure all patients discharged with NHS Funded care have been assessed for eligibility
- Financial control risk that the CCG will not deliver its statutory duty of breakeven
- Risk that system providers in special measures do not meet the required standards
- Failure to improve early diagnosis and treatment of cancer
- Risk of access to general practice due to the impact of Covid-19 and workforce constraints
- Failure to implement mental health transformation, collaboration, improved capacity and outcomes
- Risk of widening health inequalities

A newly identified risk during 2020/21 was the risk of staff burn-out with increasing pressures and workloads and activity increasing across the whole system. This could lead to poor physical and mental wellbeing and an increase in staff absence rates which in turn would lead to a significant impact on CCG services.

The emergence of the Covid-19 outbreak as the CCG came in to existence created new and unprecedented challenges. The NHS declared a major incident in March 2020 and the CCG was required to establish an emergency Incident Control Centre (ICC) as part of our obligations under the Civil Contingencies Act as the CCG is a category 2 responder. The ICC is a key function to support the command, control and communication arrangements which resulted in staff being redeployed as necessary to support key services.

Other sources of assurance

Internal Control Framework

A system of internal control is the set of processes and procedures in place in the clinical commissioning group to ensure it delivers its policies, aims and objectives. It is designed to identify and prioritise the risks, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

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

The Governing Body assures itself that the organisation has effective control via regular reporting of the highest red rated risks to the Governing Body and delegating to its Audit Committee the review of the assurance framework. In addition, the Audit Committee has the role of reviewing the establishment and maintenance of an effective system of integrated governance, risk management and internal control across the CCG's activities.

The CCG established the Quality and Performance Committee to seek assurance that robust clinical quality is in place. This Committee regularly reports to the Governing Body.

Internal Audit provides regular reports to the Audit Committee on key areas as set out in its audit plan. This plan was agreed by the Audit Committee in July 2020 and updated during the year.

As the external auditor for the CCG's predecessor organisations, BDO supported the CCG during the first Audit Committee meetings. Following a procurement process during the year, Ernst and Young were appointed as the CCG's External Auditor to examine its financial statements and accounting records from January 2021.

Other control mechanisms included:

- Financial Plan and Reporting;
- The Serious Incident (SI) process for reporting and investigating serious incidents
- Adoption and review of various policies
- The Quality and Performance Committee monitors provider serious incidents and risks
- The Finance Committee reviews finance performance and risk
- The Information Governance team including the Senior Information Risk Owner, Data Protection Officer and Caldicott Guardian, review data protection and confidentiality compliance, implementation of privacy by design and default, information and cyber security, management of information risk, which is evidenced by the CCG's annual Data Security Protection Toolkit submission.
- The work of the Anti-Crime Specialist

Annual audit of conflicts of interest management

The revised statutory guidance on managing conflicts of interest for CCGs (published June 2016) requires CCGs to undertake an annual internal audit of conflicts of interest management. To support CCGs to undertake this task, NHS England has published a template audit framework.

The CCG's Internal Auditors completed the conflicts of interest audit in November 2020. The finding from this audit was that reasonable assurance could be provided on the CCG's management of Conflicts of Interest. The CCG was fully compliant regarding decision making processes and contract monitoring, reporting concerns and identifying and managing breaches and non-compliance. Areas that were partially compliant concerned processes and registers for declaring interests, gifts, hospitality and procurement decisions.

As part of conflicts of interest management the CCG maintains Registers of Interests for Governing Body and Committee members, all staff and member practice GP partners. The registers are usually updated throughout the year. Due to the impact of Covid-19, however, and with the re-deployment of staff into key roles to support the pandemic it has not been possible to fully maintain the Registers this year. This means that the Registers for Governing Body and Committee members is maintained, but the Registers for GP partners and staff is not up to date. However, there were no decisions taken in year by the Council of Members so no such conflicts arose.

Declarations of interest are a standing item on all CCG Committee and formal sub-committee agendas. A Declaration of Interest form is also completed by all candidates as part of the recruitment process, and by all parties involved in any procurement evaluation process. Parties involved in procurement evaluation processes are those people (typically only CCG employees) that are part of the evaluation team. Evaluation team members will typically be requested to contribute to evaluating specific aspects of a proposal or tender based on their area of expertise such as finance, quality etc.

The CCG also ensured that staff and Governing Body members complete conflicts of interest training. The CCG's Conflicts of Interest Guardian is Rob Bennett, the Lay Member for governance and audit and who is also the Audit Committee Chair and the Conflicts of Interest Committee Chair.

Data Quality

The CCG recognises the need to provide accurate, timely and clear information. Papers for the Governing Body are provided one week in advance of the meeting. This gives members time to read and adequately prepare in advance of the meeting so that they can fully contribute to it. Papers are also reviewed by senior management prior to distribution to ensure that they are clear and complete. Papers for the Council of Members would normally be circulated 20 days in advance of the meeting, however, due to the impact of Covid-19 no Council of Members meeting has taken place during the year.

Governing Body members also considered the following statements in relation to the quality of data as part of their annual self-assessment in March 2021as follows:

- Are agendas and reports circulated in good time for Governing Body Members to give them due consideration?
- Are the minutes and actions circulated in good time for Governing Body Members to give them due consideration?

Members responded positively to the above questions that they considered the information was circulated in good time for due consideration.

Information governance

The NHS Information Governance Framework sets the processes and procedures by which the NHS handles information about patients and employees, in particular personal identifiable information. The NHS Information Governance Framework is supported by an information governance toolkit and the annual submission process provides assurances to the clinical commissioning group, other organisations and to individuals that personal information is dealt with legally, securely, efficiently and effectively.

We place high importance on ensuring there are robust information governance systems and processes in place to help protect patient and corporate information. We have established an information governance management framework and have developed information governance processes and procedures in line with the Data Security and Protection toolkit. We have ensured all staff undertake annual information governance (IG) training and have implemented a suite of guidance documentation and an online IG intranet to ensure staff are aware of their information governance roles and responsibilities.

There are processes in place for incident reporting and investigation of serious incidents.

The CCG is pleased to report that there were no Serious Untoward Incidents in relation to data security breaches during 2020-21. To demonstrate best practice, and ensure that staff learn from the management of incidents, the CCG continues to record low level or near miss breaches within an IG Breach Log, which is subsequently reported to the IG Working Group. The mitigation of incidents is used to inform staff awareness bulletins, policy revisions and training.

The IG team have developed an information risk identification, assessment and management procedure through the use of Data Protection Impact Assessments (DPIAs), to establish a fully embedded data protection by design and default culture throughout the organisation. In addition, the CCG has adopted an Information Risk Register, capturing operational information risks which are reviewed by the Senior Information Risk Owner, Caldicott Guardian and their deputies on a regular basis via the IG Working Group. The Information Risk Register and associated policy mirrors the CCG's Risk Management Assurance Framework, which facilitates a process for escalation and de-escalation of risks where necessary.

In 2020-21 the following key risks were identified and managed:

- Management of our IT Estate through consistent patching, installation of anti-virus and encryption of all endpoint devices, servers and removable media
- Appropriate use of patient confidential information in accordance with the Notice under Regulation 3(4) of the Health Service Control of Patient Information Regulations 2002 (COPI Notice)
- Information asset management aligned to new ways of working.

The Data Security and Protection Toolkit (DSPT) is an online self-assessment tool that enables organisations to measure their performance against the National Data Guardian's 10 data security standards. The CCG met the required standards receiving a substantial assurance audit and is compliant with requirements.

The CCG places high importance on ensuring there are robust information governance systems and processes in place to help protect patient and corporate information. The CCG has established an information governance management framework and developed information governance processes and procedures in line with the DSPT. The CCG ensures all staff undertake annual information governance training and has implemented a staff information governance handbook to ensure staff are aware of their information governance roles and responsibilities.

There are processes in place for incident reporting and investigation of serious incidents. The CCG has developed information risk assessment and management procedures and a programme to fully embed an information risk culture throughout the organisation against identified risks.

Business critical models

The CCG reviewed the Macpherson report and concluded that it did not operate business critical models. The CCG's approach to quality assurance is to ensure there is transparency, periodic review and staff competency to ensure processes and information that feed into decision-making are of suitable quality. Processes and systems to ensure good version control, testing and scrutiny of systems, as well as internal and external audits, as appropriate, are in place. Where possible, the CCG uses standard NHS approaches to ensure that every process can be audited.

Third party assurances

The CCG relies on third party providers for a number of services. Assurances are provided in the form of Service Auditor Reports (SARs). The following SARs have been provided to the CCG:

Provider and Services Delivered	Comment
NHS Shared Business Services: Finance and Accounting SAR	*Qualified Opinion.* In PWC's opinion, in all material respects, except for the matter described in the 'Basis for qualified opinion' paragraph above, based on the criteria described in the Service Organisation's management statement in Section I: • the description in Sections III and IV fairly presents the Service Organisation's Finance and Accounting Services as designed and implemented throughout the period 1 April 2020 to31 March 2021. • the controls related to the control objectives stated in the description were suitably designed to provide reasonable assurance that the specified control objectives would be achieved if the described controls operated effectively throughout the period 1 April 2020 to 31 March 2021 and the customers applied the complementary controls referred to in the scope paragraph of this assurance report: and • the controls tested, which, together with the complementary user entity controls referred to in the scope paragraph of this assurance report, if operating effectively, were those necessary to provide reasonable assurance that the control objectives stated in the description were achieved, operated effectively throughout the period 1 April 2020 to 31 March 2021.
NHS Shared Business Services: Prescription Payments SAR for the period 1 April 2020 to 31 March 2021	*Qualified Opinion.* In our opinion, in all material respects, except for the matters described in the 'Basis for qualified opinion' paragraph above, based on the criteria described in the Service Organisation's management statement in section I: • the description in sections III and IV fairly presents the Service Organisation's prescriptions payments services as designed and implemented throughout the period 1 April 2020 to 31 March 2021; • the controls related to the control objectives stated in the description were suitably designed to provide reasonable assurance that the specified control objectives would be achieved if the described controls operated effectively throughout the period 1 April 2020 to 31 March 2021 and the user entities applied the complementary controls referred to in the scope paragraph of this assurance report; and • the controls tested, which, together with the complementary user entity controls referred to in the scope paragraph of this assurance report, if operating effectively, were those necessary to provide reasonable assurance that the control objectives stated in the description were achieved, operated effectively throughout the period 1 April 2020 to 31 March 2021.
NHS Digital: GP Payments to providers of General Practice services in England	*Qualified Opinion.* In PWC's opinion, in all material respects, except for the matters described in the 'Basis for qualified opinion' paragraph above, based on the criteria described in the Service Organisation's management statement in Section I: • the description in Section IV and V fairly presents the Service Organisation's General Practitioners Payment Services as designed and implemented throughout the period 1 April 2020 to 31 October 2020 and its Extraction and Processing of General Practitioner Data services as designed and implemented throughout the period 1 November 2020 to 31 March 2021; • the controls related to the control objectives stated in the description were suitably designed to provide reasonable assurance that the specified control objectives would be achieved if the described controls operated effectively throughout the periods 1 April 2020 to 31 October 2020 and 1 November to 31 March 2021 and the users of the Services applied the complementary controls referred to in the scope paragraph of this assurance report; and • the controls tested, which, together with the complementary user entity controls referred to in the scope paragraph of this assurance report, if operating effectively, were those necessary to provide reasonable assurance that the control objectives stated in the description were achieved, operated effectively throughout the periods 1 April 2020 to 31 October 2020 and 1 November 2020 to March 2021.
Capita Services Ltd	*Qualified Opinion.*

Primary care support services to NHS England and delegated CCGs.	In Mazar's opinion, in all material respects, except for the matters discussed in their report: a) The description fairly presents the controls systems as designed and implemented throughout the period from 1 April 2020 to 31 March 2021; b) The controls related to the control objectives stated in the description were suitably designed throughout the period from 1 April 2020 to 31 March 2021; and c) The controls tested, which were those necessary to provide reasonable assurance that the control objectives stated in the description were achieved, operated effectively throughout the period from 1 April 2020 to 31 March 2021.
AGEM CSU Financial Ledger Accounts Payable Accounts Receivable Financial Reporting Treasury & Cash Management Payroll	In Deloitte's opinion, in all material respects, based on the criteria including specified control objectives described in the directors' statement on pages 7 and 8: i) the description in Sections 3 and 4 fairly presents the service organisation activities that were designed and implemented throughout the period from 1 April 2020 to 31 March 2021; ii) the controls related to the control objectives stated in the description on pages 13 to 22 and pages 28 to 73 were suitably designed to provide reasonable assurance that the specified control objectives would be achieved if the described controls operated effectively throughout the period from 1 April 2020 to 31 March 2021; and iii) the controls that we tested were operating with sufficient effectiveness to provide reasonable assurance that the related control objectives stated in the description were achieved throughout the period from 1 April 2020 to 31 March 2021.
Whittington Hospital NHS Trust Payroll and pension services to the CCG.	From an internal audit report dated 29 April 2019 the findings were that overall, the Trust's controls are appropriately designed and are operating effectively for the period under review, however, one or more areas have been identified where control design and operating effectiveness could be improved. There were 2 Low priority weakness in the design and operating effectiveness of controls in place to ensure business objectives are achieved. Based on the work performed, the Trust's system of internal control for Payroll Processing achieved significant assurance with improvement required.
NHS Electronic Staff Record Programme Provides NHS organisations with integrated payroll and HR service system	*Qualified Opinion* In PWC's opinion, in all material respects, except for the matters described in the 'Basis for qualified opinion' paragraph, based on the criteria described in the Service Organisation's and the included Subservice Organisation's management statements in Section 2: • the description in Section 5 and 6 fairly presents the Service Organisation's provision of the ESR system, and the IT and payroll printing services provided by the included Subservice Organisation to the Service Organisation, as designed and implemented throughout the period 1 April 2020 to 31 March 2021; • the controls related to the control objectives stated in the description were suitably designed to provide reasonable assurance that the specified control objectives would be achieved if the described controls operated effectively throughout the period 1 April 2020 to 31 March 2021 and entities that use the ESR system applied the complementary controls referred to in the scope paragraph of this assurance report; and • the controls tested, which, together with the complementary user entity controls referred to in the scope paragraph of this assurance report, if operating effectively, were those necessary to provide reasonable assurance that the control objectives stated in the description were achieved, operated effectively throughout the period from 1 April 2020 to 31 March 2021.

The qualification findings do not impact the CCG's control environment, annual report or statement of accounts.

Control issues

The control issues identified by the CCG and the mitigating actions are:

Quality and Performance – Access to Services and Capacity

There has been a substantial impact on performance of most commissioned services due to the Covid 19 Pandemic. This has led to non-delivery of constitutional standards in a range of areas including Referral to Treatment, Emergency Department, Cancer, Operations, A&E and Children and Adolescent Mental Health Services waiting times.

Finance, Governance and Control

The 2020/21 financial framework was significantly different to the arrangements normally in place, to reflect the Government's commitment that financial constraints should not be an obstacle to the pandemic response. Within this framework, the CCG achieved a surplus of £0.6m, therefore delivering the statutory duty to break even.

As a CCG in line with guidance we have paused elements of governance in year. For example, we have taken a light-touch approach to risk management, so that we can focus on the immediate operational priorities and the key overarching risk of managing the pandemic response. We continue to follow national guidance with regard to "reducing the burden" and we understand new guidance on this is expected during the early months of 2021/22.

There was one internal audit during 2020/21 with limited assurance. This was the assurance review of equality and diversity inclusion. The review looked to establish if there are effective controls in place to ensure that the CCG manages equality inclusion and diversity appropriately. Whilst areas of good practice were identified further work was required. Further information on the limited assurance report is given below:

The CCG received a 'limited assurance' opinion for the Assurance Review of Equality and Diversity Inclusion. The main areas of weakness are listed below:

- The CCG does not have an Equality, Inclusion and Diversity Group. It was recommended that such a group be established with appropriate membership. The CCG has now established this group.
- Ethnicity information was not recorded for all CCG staff. The recommendation to ensure that this information is captured for all staff has been actioned and is now in place.
- It was recommended that an equality, inclusion and diversity strategy be developed as this will help the CCG to be able to meet its responsibilities under the Equality Act 2010. The draft strategy has been reviewed by the Staff Involvement Group (SIG) and is being finalised

The CCG has since made significant progress in addressing these recommendations.

As part of the internal audit process the CCG responds to audit recommendations and findings and agrees the actions it will take to secure improvement in its processes.

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

In line with other NHS organisations the CCG has experienced a very different financial regime in 2020/21 as a result of the Covid-19 pandemic. This has not prevented a planned and controlled use of its financial allocation in line with guidance from NHS England and Improvement and aligned to its strategy and intentions to the operational plans where possible. Services have been procured through robust processes in line with Covid-19 guidance and contract management has taken place in-year where appropriate. The Governing Body received reports of the work of the CCG as to the pandemic and also regular reports on progress with the vaccination programme as well as the CCG's, financial position and forecasts each month. The Chief Finance Officer was responsible for ensuring that proper procedures were in place to enable regular checking of the adequacy and effectiveness of the control environment in line with the response to the pandemic. The Finance Committee scrutinised the financial reports and held the Chief Finance Officer to account for financial performance. This

committee reported to the Governing Body it's assuredness on the accuracy and transparency of the reported financial position.

The CCG is currently awaiting the final assessment rating from NHS England for 2020/21 in summer 2021. This is based on the Improvement and Assessment Framework indicators which were assessed by NHS England regularly. As this is the first year of the CCG there is no rating for previous years. Ratings for the five former Norfolk and Waveney CCGs (NHS North Norfolk CCG, NHS South Norfolk CCG, NHS Norwich CCG, NHS West Norfolk CCG and NHS Great Yarmouth & Waveney CCG) for the year 2019/20 can be found here: https://www.england.nhs.uk/wp-content/uploads/2020/11/ccg-annual-assessment-report-19-20.pdf.

External Audit provides an independent opinion on the Annual Accounts, which incorporates the Value for Money opinion; Internal Audit conducts audits into and gives its opinion on various aspects of business as directed by the work plan set by the Audit Committee as part of its delegated functions.

In 2020/21, the CCG has achieved an in-year surplus of £0.6m.

Despite the pandemic the CCG continues to use the system wide transformation and efficiency processes to identify opportunities to achieve economy, efficiency and effectiveness via the CCG project management office which works in conjunction with the system Planning and Transformation team. This will also be a key aspect of successful delivery of the system's activity restoration to ensure timely delivery of projects together with the increased capacity within this team to ensure ongoing achievement of system targets on a planned basis.

As a result of the continued Covid-19 pandemic the 2021/22 annual planning process looks very different to previous years, the first half-year representing a roll-over of the 2020/21 position with guidance on the remaining six months of the year being outstanding at the time of writing.

The central management costs for the CCG were £20.3m, this represented 1.07% of the total CCG expenditure, which was a reduction from £21.9m (1.35% of total expenditure) in the previous year due to the transition and efficiencies resulting from the move to a single Norfolk and Waveney CCG.

As with all financial plans and due to the impact of Covid-19, the CCG's 2021/22 plan has inherent risks such as not fully delivering the savings plan, unforeseen overspends and further, as yet unknown, cost pressures - all of which have the potential for leading the organisation into in-year deficit and therefore breaching the statutory break-even duty and Value for Money duty. The CCG will review the impact on the plan once the planning guidance is clear for the second half of 2021/22.

The merger of the five Norfolk and Waveney CCGs has enabled efficiency savings to be made, with the single team structure reducing duplication and ensuring that expertise and knowledge is shared. Budgets are set and approved at very senior levels in the organisation to maintain a firm grip on the CCG's financial management.

Delegation of functions

The CCG delegates functions internally. In particular:

The **Council of Members** delegates to the Governing Body decisions and activity such as approval of the arrangements to minimise clinical risk, maximise patient safety and secure continuous improvement in quality and patient outcomes;

The **Governing Body** delegates to committees of the Governing Body responsibility for ensuring the CCG exercises its functions effectively, efficiently and economically and adheres to generally accepted principles of good governance:

- the **Audit Committee** assures the Governing Body that effective systems of integrated governance, risk management and internal control are in place across the whole of the CCG's activities; both internal and external auditors attend these meetings;
- the **Finance Committee** monitors delivery of the Financial Plan and provides assurance to the Governing Body on the CCG's financial performance;
- the **Quality and Performance Committee** assures the Governing Body concerning the safety and quality of the CCG's commissioned services;
- the **Remuneration Committee** scrutinises proposals for the remuneration of employees and other people who provide services to the CCG and makes recommendations to the Governing Body taking into account national and local guidance;
- the **Conflicts of Interest Committee** is established to determine matters where the Governing Body is conflicted in commissioning decisions and to ensure the issue would be dealt with in a consistent and transparent way, avoiding conflicts of interest; and
- the **Primary Care Commissioning Committee** is established to carry out the functions relating to the commissioning of primary medical services which includes review of the response to Covid-19 and the roll-out of the vaccination programme
- and receiving regular reports on GP practice prescribing especially in relation to opiates and dependence forming drugs.

The Chair of each Committee reports to the Governing Body on the work of their respective Committees, both generally as part of the meeting and as necessary to provide further detail on Committee work.

The CCG contracts with Arden and Greater East Midlands Commissioning Support Unit (CSU) for the delivery of certain functions. These functions are subject to both service auditor reporting and internal audit review. These reports are received by the Audit Committee. The CCG's internal owners of functions are held to account by the Audit Committee for the resolution of adverse findings.

The Chief Finance Officer is responsible for the overall contract and associated performance discussions with the CSU, including scrutiny of budgetary performance.

Counter fraud arrangements

The CCG is required under the terms of the Standard NHS Contract and in accordance with the new Government Functional Standard GovS 013 Counter fraud - Counter fraud, bribery and corruption, to ensure that appropriate counter fraud measures are in place.

There is a robust programme of counter fraud and anti-bribery activity, supported by the accredited Anti-Crime Specialist (ACS) whose annual proportionate proactive work plan to address identified risks, was monitored by the Chief Finance Officer and the Audit Committee. The Chief Finance Officer is the first point of contact for any issues to be raised by the Counter Fraud Specialist. Online Fraud, Corruption and Bribery Act awareness training has been made mandatory for all CCG staff.

Counter fraud material is disseminated to staff regularly through the intranet and email. The ACS inputs to the review of various policies, including the Counter Fraud, Bribery and Corruption Policy, Standards of Business Conduct and Conflicts of Interest Policy, Freedom to Speak Up: Raising Concerns (Whistleblowing) Policy and Agile Working Policy during 2020/21 to ensure that they are up-to-date and accurate. Policies are reviewed in line with current legislation, from a best practice and counter fraud perspective. Details of all policies, procedures and key documents reviewed are reported to the Audit Committee.

The ACS attends CCG Audit Committee meetings regularly to provide progress reports and updates, as well as providing an Annual Report of the Counter Fraud Work undertaken. The Government Functional Standard GovS 013 Counter fraud - Counter fraud, bribery and corruption Return was completed by the ACS and was submitted with an overall score of Green (TBC). Appropriate action

would be taken regarding any NHS Counter Fraud Authority (NHSCFA) quality assurance recommendations.

The ACS issued NHSCFA Intelligence Bulletins and various TIAA Fraud Alerts during 2020/21 relating to subjects such as Covid-19 scams, mandate fraud, increase in phishing emails, festive fraud, parking machine scam, national insurance number scam and fake HMRC emails, which are ongoing fraud issues nationally within the NHS and the wider public sector.

Head of Internal Audit Opinion

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

1. ***Reasonable*** **assurance** *can* be given that there is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently. However, some weakness in the design and/or inconsistent application of controls, put the achievement of particular objectives at risk.

2. The basis for forming my opinion is as follows:
   i. An assessment of the design and operation of the underpinning Assurance Framework and supporting processes; and
   ii. An assessment of the range of individual opinions arising from risk-based audit assignments, contained within internal audit risk-based plans that have been reported throughout the year. This assessment has taken account of the relative materiality of these areas and management's progress in respect of addressing control weaknesses.

   Additional areas of work that may support the opinion will be determined locally but are not required for Department of Health purposes e.g. any reliance that is being placed upon Third Party Assurances.

3. There are no matters to bring to your attention which have had an impact on the Head of Internal Audit Opinion.

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

Area of Audit	**Level of Assurance Given**
Financial Management	Substantial Assurance
Governance of the Vaccination Programme	Substantial Assurance
Data Security and Protection	Substantial Assurance
Covid-19 Governance Arrangements	Reasonable Assurance
Safeguarding Children	Reasonable Assurance
Managing Conflicts of Interest	Reasonable Assurance
HR and Payroll Systems (including appointments and travel claims)	Reasonable Assurance
Procurement and Contract Register	Reasonable Assurance
Delegated Primary Care Commissioning and Governance	Reasonable Assurance
Key Financial Systems	Reasonable Assurance
Equality and Diversity	Limited Assurance
Hospital Discharge Programme	Reasonable Assurance

In addition, operational reviews were carried out on the risk management framework, benefits realisation of the merger of the five former CCGs and resilience funding.

There were no audits with no assurance. Whilst there was an audit with limited assurance, this is recognised as being an indication of a mature audit programme rather than a sign of inherent weaknesses as the internal audit resource was directed at particular areas of management concern. Further information on the limited assurance report is given above in the Control Issues section on page 49:

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

My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, executive managers and clinical leads within the clinical commissioning group who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their annual audit letter and other reports.

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

I have been advised on the implications of the result of this review by:

- The Governing Body who review the GBAF regularly at meetings in public and seek assurances on the effectiveness of controls from senior managers. This is supplemented by regular review at the Senior Management Team meeting;
- The Audit Committee who scrutinises the underpinning processes behind the GBAF and seek assurances on the effectiveness of controls from senior managers;
- Internal Audit as it provides an independent, objective opinion on systems of internal control as described above;
- The Finance Committee that scrutinises annual budgets and medium-term financial plans prior to agreement by the Governing Body and monitors delivery of financial standing in-year, including delivery of the productivity plan, to ensure that the CCG meets its financial statutory duties;
- The Quality and Performance Committee that scrutinises processes for holding providers to account for the quality and safety of their contracted services and utilises reports from regulatory bodies as appropriate;
- Reliance where possible is placed on third party assurance (Service Auditor Reports) as described above;
- The work of the Health Overview & Scrutiny Committee that provides an independent view of CCG performance; and
- Patient and public engagement events and feedback through a variety of mechanisms including complaints, compliments, Friends and Family Test and Quality Issue Reporting, which provides insight into provider services.

Conclusion
With the exception of the internal control issues that I have outlined in the Annual Governance Statement, to which appropriate actions have been or are being taken, my review confirms that a sound system of internal control was in place in NHS Norfolk and Waveney CCG for the year ended 31 March 2021 and up to the date of approval of the Annual Report and Accounts.

Melanie Craig
Accountable Officer
11 June 2021

Remuneration and Staff Report

Remuneration report

Introduction

This report gives details of NHS Norfolk and Waveney CCG's Remuneration Committee and its policies in relation to the remuneration of its senior managers which the Governing Body defined as Executive Directors and members of the Governing Body.

Details of remuneration payable to the senior managers of NHS Norfolk and Waveney CCG in respect of their services during the year ended 31 March 2021 are given in the tables within this report.

This Remuneration and Staff Report is not subject to audit with the exception of those sections specifically marked as such.

Remuneration Committee

The Remuneration Committee is a committee of the Governing Body and has responsibility, under its Terms of Reference for making recommendations to the Governing Body for the remuneration, terms of service and benefit arrangements for all staff (including the Accountable Officer and Executive Directors). The Committee also has responsibility for agreeing remuneration payable to clinical advisors that support the work of the CCG.

The Remuneration Committee is chaired by the Governing Body Lay Member for Patient and Public Involvement, Mark Jeffries. The Committee's other members are Hein van den Wildenberg (Lay Member for Financial Performance), Dr Peter Harrison (Secondary Care Specialist) and Kathy Branson (Registered Nurse).

Policy on the remuneration of Executive Directors

The salaries for the Accountable Officer (AO) and the Chief Finance Officer (CFO) of the CCG are determined by the Governing Body following recommendations from the Remuneration Committee and covered by the guidance issued by the NHS Commissioning Board which are informed by and consistent with the principles set out in the Hutton Fair Pay Review. Further, additional consideration of the pay and employment conditions of other employees is taken into account when determining senior managers' remuneration. No bonus payments were made to any Director during 2020-21.

Direction for determining notice periods for the Accountable Officer and the Directors were laid out in the NHS Bodies Employment Contracts (Notice Periods) Directions 2008. The contractual notice period for the termination of the Accountable Officer and all other directors of the CCG is six months on either side.

Executive Directors and GP members of the Governing Body are, subject to eligibility, able to participate in the NHS Pension Scheme which provides salary-related pension benefits on a defined benefit basis.

The CCG did not apply any performance conditions or assessment methods associated with senior staff/Governing Body member reward.

All Executive Directors have rolling service contracts; the table below discloses contract start dates for the CCG:

Executive Directors in post 2020-21	Role	Position start date	Position end date
Melanie Craig	Accountable Officer	01/04/2020	n/a
John Ingham	Chief Financial Officer	01/04/2020	n/a
Jocelyn Pike	Directors Of Special Projects	01/04/2020	n/a
Catherine Byford	Chief Nurse	01/04/2020	n/a
John Webster	Director of Strategic Commissioning	01/04/2020	21/03/21 *
Mark Burgis	Locality Director Norwich, South Norfolk & North Norfolk	01/04/2020	n/a
Kathryn Ellis	Locality Director - Great Yarmouth & Waveney	01/04/2020	n/a
Howard Martin	Locality Director - West Norfolk	01/04/2020	n/a

***John Webster commenced a secondment to Norfolk Community Health and Care NHS Trust and was not replaced in the role of Director of Strategic Commissioning*

Governing Body Remuneration Policy (excluding executive members)

Remuneration for the Lay Members, the Registered Nurse and Secondary Care Specialist consists of a fee that reflects the commitment and time required to fulfil their obligations effectively. They are also eligible to be reimbursed for out-of-pocket expenses incurred on CCG business. Lay Members, the Registered Nurse and Secondary Care Specialist are not eligible to participate in the NHS Pension Scheme.

All Healthcare Professional members of the Governing Body are paid at the same sessional rate however the contracted number of sessions varies according to the portfolio of responsibilities allocated to them. Healthcare Professional members of the Governing Body that are GPs are eligible to participate in the GP Solo pension scheme.

Governing Body members (excluding executive members) during 2020-21 were as follows

Governing Body members	Role	Start date	End date
Dr Anoop Dhesi	Chair	01/04/2020	n/a
Dr Ardyn Ross	Healthcare Professional	01/04/2020	n/a
Clare Hambling	Healthcare Professional	01/04/2020	n/a
Tracy Williams	Healthcare Professional	01/04/2020	n/a
Hilary Byrne	Healthcare Professional	01/04/2020	n/a
Peter Harrison	Secondary Care Specialist	01/04/2020	n/a
Kathy Branson	Registered Nurse	01/04/2020	n/a
Rob Bennett	Lay Member	01/04/2020	n/a
Hein van den Wildenberg	Lay Member	01/04/2020	n/a
Doris Jamieson	Lay Member	04/05/2020	n/a
Mark Jeffries	Lay Member	01/04/2020	n/a

Remuneration of Very Senior Managers

Details of remuneration payable to the senior managers of NHS Norfolk and Waveney CCG in respect of their services during the year ended 31 March 2021 are given in the table below. No senior managers were paid more than £150,000 per annum.

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

2020-21						
Name & title	**Salary (bands of £5,000) £000**	**Expense Payments (taxable) to nearest £100 £00**	**Performance Pay and Bonuses (bands of £5,00) £000**	**Long Term Performance Pay and Bonuses £000**	**All Pension Related Benefits (bands of £2,500) £'000**	**Total (bands of £5,000)**
Melanie Craig - Accountable Officer	150-155	0	0	0	25-27.5	175-180
John Ingham - Chief Finance Officer	130-135	0	0	0	137.5-140	270-275
Cath Byford - Chief Nurse	110-115	0	0	0	55-57.5	170-175
Jocelyn Pike - Directors of Special Projects	110-115	0	0	0	32.5-35	140-145
John Webster - Director of Strategic Commissioning *	115-120	0	0	0	15-17.5	130-135
Mark Burgis - Locality Director Norwich, South Norfolk & North Norfolk	110-115	0	0	0	30-32.5	140-145
Kathryn Ellis - Locality Director - Great Yarmouth & Waveney	105-110	0	0	0	45-47.5	150-155
Howard Martin - Locality Director - West Norfolk	105-110	0	0	0	25-27.5	130-135
Anoop Dhesi - Chair	100-105	0	0	0	0	100-105
Ardyn Ross - Governing Body Member	60-65	0	0	0	0	60-65
Clare Hambling - Governing Body Member	60-65	0	0	0	0	60-65
Tracy Williams - Governing Body Member	60-65	0	0	0	127.5-130	190-195
Hilary Byrne - Governing Body Member	60-65	0	0	0	0	60-65
Peter Harrison - Secondary Care Doctor	15.20	0	0	0	0	15-20
Kathy Branson - Registered Nurse - Governing Body	10-15	0	0	0	0	10-15

Rob Bennett - Lay Member	10-15	0	0	0	0	10-15
Hein van den Wildenberg - Lay Member	10-15	0	0	0	0	10-15
Doris Jamieson - Lay Member *	10-15	0	0	0	0	10-15
Mark Jeffries - Lay Member	10-15	0	0	0	0	10-15

* Total in the Salary column is for part year as per dates in Executive Directors and the Governing Body members tables in post 2020-21 table.

The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less, the contributions made by the individual.

The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights.

This value does not represent an amount that will be received by the individual. It is a calculation that is intended to convey to the reader of the accounts an estimation of the benefit that being a member of the pension scheme could provide.

Pension benefits as at 31 March 2021 (subject to audit)

Name and Title	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2021 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2021 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2020	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2021	Employers Contribution to partnership pension
	£000	£000	£000	£000	£000	£000	£000	£000
Melanie Craig – Accountable Officer	0-2.5	0	40-45	75-80	676	20	729	22
John Ingham – Chief Finance Officer	5-7.5	12.5-15	50-55	135-140	864	129	1027	19
Catherine Byford – Chief Nurse	2.5-5	2.5-5	30-35	55-60	446	45	516	16
Jocelyn Pike - Director of Special Projects	0-2.5	0-2.5	25-30	45-50	378	23	422	16
John Webster - Director of Strategic Commissioning *	0-2.5	0-2.5	30-35	65-70	591	16	635	17
Mark Burgis - Locality Director Norwich, South Norfolk & North Norfolk	0-2.5	0-2.5	20-25	0-2.5	220	16	255	16
Kathryn Ellis - Locality Director - Great	2.5-5	0-2.5	20-25	50-55	268	25	311	15

Yarmouth & Waveney								
Howard Martin - Locality Director - West Norfolk	0-2.5	0-2.5	10-15	15-20	193	17	228	15
Tracy Williams - Governing Body Member	5-7.5	10-12.5	25-30	45-50	353	113	481	9

* Totals for John Webster are for part year as per dates in Executive Directors in post 2020-21 table. John has continued to accrue pensionable membership since this date.

The above tables reflect the total benefits for each individual to include benefits accrued through prior employment with other NHS organisations.

In accordance with the Disclosure of Senior Managers' Remuneration (Greenbury) 2015 guidance, no CETV will be shown for pensioners, senior managers over 60 (1995 Section) or over 65 (2008 Section).

The declaration of pension contributions in this report is made in accordance with the guidelines issued under the Greenbury Report.

The details contained in the above tables relate to those members of the Governing Body and Senior Management Team for whom pension details were available. Those not included were:

Lay members whose remuneration is not pensionable.

GPs on the Governing Body who were not members of the normal NHS Pension Scheme but did contribute to the NHS GP Solo Pension Scheme. The GP Solo Pension Scheme benefits are not included in the above table as we are unable to identify which part of that scheme relates to their work as Governing Body Members.

Cash equivalent transfer values

A cash equivalent transfer value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme.

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

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

NHS Pensions are still assessing the impact of the McCloud judgement in relation to changes to benefits in the NHS 2015 Scheme. The benefits and related CETVs disclosed do not allow for any potential future adjustments that may arise from this judgement.

Real increase in CETV

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

Compensation on early retirement of for loss of office (subject to audit)

No compensation was paid on early retirement or for loss of office.

Payments to past members (subject to audit)

There were no payments made by the CCG to past senior managers for services rendered or compensation due either in this or the previous financial year.

Pay multiples (Subject to audit)

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

The banded remuneration of the highest paid director/Member in Norfolk and Waveney CCG in the financial year 2020/21 was £150,000-155,000. This was 3.9 times the median remuneration of the workforce, which was £38,890.

In 2020/21, no employees received remuneration in excess of the highest-paid director/Member. Remuneration ranged from £18,005 to £150,000.

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

Staff report

The CCG has a highly skilled, motivated and experienced workforce of commissioning managers and support staff, during the year the average workforce was 406.7 WTE (whole time equivalent). In addition to employed staff, the CCG engaged with general practitioners and nurses from across the Norfolk and Waveney area to provide clinical expertise and input into its decision making and actively supporting the organisation in aspiring for better health, better care and better value for the population.

Staff numbers (subject to audit)

The total WTE average was 406.8 WTE and consisted of 385.4 WTE Permanent employees and 21.4 WTE Other employees.

Staff composition

As an employer we adopt the National Agenda for Change pay framework and following shows the breakdown of pay bands and gender as at year end:

The average staff WTE for all staff and Lay Members as at 31 March 2021.

		Permanent			Other		
Band	**Total**	**Female**	**Male**	**Total**	**Female**	**Male**	**Total**
Band 2	1.2	-	-	-	1.2	-	1.2
Band 3	50.1	46.0	3.2	49.2	0.5	0.3	0.8
Band 4	37.2	32.5	2.9	35.3	1.1	0.7	1.8
Band 5	33.5	29.7	3.3	33.0	0.3	0.3	0.5
Band 6	74.2	59.9	11.1	71.0	3.2	0.0	3.2
Band 7	60.8	40.8	14.8	55.7	4.4	0.8	5.2
Band 8a	47.2	29.6	13.4	42.9	2.8	1.5	4.3
Band 8b	43.8	31.9	11.8	43.7	-	0.1	0.1
Band 8c	12.3	10.3	2.0	12.3	-	-	-
Band 8d	22.8	13.0	9.2	22.2	-	0.6	0.6
Band 9	8.0	6.0	2.0	8.0	-	-	-
Very Senior Managers	9.6	4.0	5.6	9.6	-	-	-
Non-Executive Governing Body Members	2.9	-	-	-	1.7	1.1	2.9
Secondments	-6.4	-4.6	-1.8	-6.4	-	-	-
Other	9.9	3.8	5.1	8.9	0.1	0.8	0.9
Total	**406.8**	**302.8**	**82.6**	**385.4**	**15.1**	**6.3**	**21.4**

To protect staff identity, for the purpose of the report only male and female are reported, but the CCG acknowledges that this does not affect the diversity of the workforce.

The “Other” comprise of staff that are paid ‘personal salary’ amounts in accordance with the CCG’s Remuneration Framework as opposed to being on “Agenda for Change”. This includes Clinical Advisors, Primary Care Co-Commissioning Committee Practice Members, Named GPs and Designated Doctors.

Employee benefits (subject to audit)

	2020-21 Total
Employee benefits	**£’000**
Salaries and wages	19,056
Social security costs	2,039
Employer Contributions to NHS Pension scheme	3,214
Other pension costs	13
Apprenticeship Levy	28
Termination benefits	15
Gross employee benefits expenditure	**24,364**

Sickness absence data

Department of Health & Social Care (DHSC) has taken the decision to not commission the data production exercise for NHS bodies for 2020-21. The link to the NHS Digital publication series is as follows:

https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates

Staff turnover

As at 31 March 2021 the staff turnover for the CCG stood at 1.32%. (This is based on figures for a rolling 12-months staff engagement percentages

The CCG did not participate in the National Staff Survey (NSS) in 2020-21. The CCG is currently looking at participating in the next National Staff Survey along with the need and process for an indicator for 2021-22.

Staff policies

The CCG contracts with NHS Arden and Greater East Midlands Commissioning Support Unit to provide Human Resources support including the development of HR policies. All CCG HR policies are based on NHS Business Services Authority policies and as such have been agreed by Trade Unions. HR policies are also reviewed by a Staff Involvement Group (SIG) which has been established to ensure that the CCG has the opportunity to engage with and listen to the views of staff to help inform organisational decision making and planning. Where relevant HR personnel make contact with trade unions for advice and assistance

The CCG follows an Equality, Diversity and Inclusion Policy and is committed to equality of opportunity for all employees. This is about giving fair consideration to applications for employment from groups of people with particular characteristics who may otherwise face discrimination. The nine protected characteristics are age, disability, ethnic origin and race, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. The CCG gives full and fair consideration to applications for employment made by disabled persons and promotes the provision of training and guidance and the impartial application of all employment policies and procedures. Occupational health advice and support is available to all staff and specialist advice sought for disabled employees. More information on the CCG's approach to equality and inclusion can be found under 'Other employee matters' below.

The CCG has also approved a Freedom to Speak Up (Whistleblowing) Policy to encourage staff to speak out about concerns and Doris Jamieson, Governing Body Lay Member for Primary Care is the CCG's Freedom to Speak Up Guardian. The CCG has also appointed a Dr Hilary Byrne, Healthcare Professional member of the Governing Body as the Wellbeing Lead

Trade Union Facility Time Reporting Requirements

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

Relevant union officials

Total number of employees who were relevant union officials during the relevant period:

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
0	0

Other employee matters

The CCG recognises the importance of having a diverse and engaged workforce and is committed to ensuring all our employees are able to be their best.

To support this the CCG follows its Equality, Diversity and Inclusion Policy. An Equality and Diversity Strategy is also being finalised and has been developed in liaison with the SIG. An Equality, Inclusion

and Diversity Group has also been established to ensure that the CCG continues to develop opportunities for all employees ensuring that diversity is viewed positively with each individual's unique experience, knowledge and skills recognised and valued equally. More information on equality and inclusion can be found on the CCG website: https://www.norfolkandwaveneyccg.nhs.uk/get-involved/equality-and-diversity?highlight=WyJlcXVhbGl0eSIsImVxdWFsIiwiZXF1YWxseSIsImVxdWFsaXRpZXMiXQ

The CCG is committed to ensuring the health, safety and welfare of its employees and of course others who may be affected by CCG activities. The CCG takes all reasonably practicable steps to achieve this commitment and to comply with statutory obligations and to promote a positive health and safety culture throughout the organisation.

Pension liabilities

Employees of the CCG are covered by the provisions of the NHS Pension Scheme.

For information as to how pension liabilities were treated, please refer to accounting policy 1.6.2. In respect of senior managers in the CCG, pension entitlements are disclosed within this Remuneration Report.

Expenditure on consultancy

Where the CCG does not have the requisite skills or capacity within the organisation to deliver specific aspects of its obligations or to develop further the services that it would wish to provide it relies on external organisations and individuals to provide those skills or capacity.

During 2020/21 the CCG spent a total of £54,810 on consultancy services as outlined below

Consultancy service	**£**
Technical Consultancy	41,550
Organisation & Change Management Consultancy	13,260
Total	**54,810**

Off-payroll engagements

Table 1: Off-payroll engagements longer than 6 months

For all off-payroll engagements as at 31 March 2021 for more than £245 per day and that last longer than six months:

	Number
Number of existing engagements as of 31 March 2021	1
Of which, the number that have existed:	
for less than one year at the time of reporting	1

Table 2: New off-payroll engagements

Where the reformed public sector rules apply, entities must complete Table 2 for all new off-payroll engagements, or those that reached six months in duration, between 1 April 2020 and 31 March 2021, for more than £245 per day and that last for longer than 6 months:

	Number
Number of new engagements, or those that reached six months in duration, between 1 April 2020 and 31 March 2021	1
Of which:	
Number assessed as caught by IR35	0
Number assessed as not caught by IR35	1

Table 3: Off-payroll engagements / senior official engagements

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

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year	0
Total no. of individuals on payroll and off-payroll that have been deemed "board members, and/or, senior officials with significant financial responsibility", during the financial year. This figure should include both on payroll and off-payroll engagements.	2

Exit packages, including special (non-contractual) payments (subject to audit)

Table 1: Exit Packages

Exit package cost band (inc. any special payment element	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed *	Cost of other departures agreed *	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s
£10,000-£25,000			1	14,596	1	14,596		
TOTALS			1	14,596	1	14,596		

Redundancy and other departure cost have been paid in accordance with the provisions of NHS Pension Scheme. Exit costs in this note are accounted for in full in the year of departure. Where the CCG has agreed early retirements, the additional costs are met by the CCG and not by the NHS Pensions Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table (£Nil).

Table 2: Analysis of Other Departures

Type of Other Departures	Agreements Number	Total Value of Agreements £000's
Contractual payments in lieu of notice*	1	15
Total	1	15

*any non-contractual payments in lieu of notice is disclosed under “non-contracted payments requiring HMT approval” below.
**includes any non-contractual severance payment made following judicial mediation, and none relating to non-contractual payments in lieu of notice.

No non-contractual payments were made to individuals where the payment value was more than 12 months’ of their annual salary.

Melanie Craig
Accountable Officer
11 June 2021

Parliamentary accountability and audit report

NHS Norfolk and Waveney CCG is not required to produce a Parliamentary Accountability and Audit Report but has opted to include disclosures on remote contingent liabilities, losses and special payments, gifts, and fees and charges in the Annual Accounts where relevant. An audit certificate and report is also included in this Annual Report at page 99.

ANNUAL ACCOUNTS

Financial Statement and Notes

CONTENTS

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

	Note	2020-21 £'000
Income from sale of goods and services	2	(12,866)
Total operating income		**(12,866)**
Staff costs	3	24,364
Purchase of goods and services	4	1,871,414
Depreciation and impairment charges	4	21
Provision expense	4	1,055
Other Operating expenditure	4	1,416
Total operating expenditure		**1,898,270**
Net operating expenditure		**1,885,404**
Net (gain)/loss on transfer by absorption	6	107,172
Total net expenditure for the year		**1,992,576**
Comprehensive expenditure for the year		**1,992,576**

Notes on pages 72 to 98 form part of this statement.

Statement of Financial Position as at 31 March 2021

	Note	2020-21 £'000	1 April 2020 £'000
Non-current assets:			
Property, plant and equipment		31	52
Total non-current assets		**31**	**52**
Current assets:			
Inventories		-	81
Trade and other receivables	8	27,691	14,432
Cash and cash equivalents	9	1,444	957
Total current assets		**29,135**	**15,471**
Total assets		**29,166**	**15,522**
Current liabilities:			
Trade and other payables	10	(165,959)	(122,149)
Total current liabilities		**(165,959)**	**(122,149)**
Total assets less current liabilities		**(136,793)**	**(106,626)**
Non-current liabilities:			
Trade and other payables	10	(435)	(546)
Provisions	11	(1,055)	-
Total non-current liabilities		**(1,490)**	**(546)**
Assets less Liabilities		**(138,283)**	**(107,172)**
Financed by taxpayers' equity:			
General fund		(138,283)	(107,172)
Total taxpayers' equity:		**(138,283)**	**(107,172)**

The notes on pages 72 to 98 form part of this statement
The financial statements on pages 68 to 71 were approved by the Governing Body on 11 June 2021 and signed on its behalf by:

Melanie Craig
Accountable Officer
11 June 2021

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

	Note	2020-21 General fund £'000
Changes in taxpayers' equity for 2020-21		
Balance at 01 April 2020		**-**
Changes in NHS CCG taxpayers' equity for 2020-21		
Net operating expenditure for the financial year	SoCNE	(1,885,404)
Transfers by absorption to (from) other bodies	6	(107,172)
Net recognised NHS CCG expenditure for the financial year		**(1,992,576)**
Net funding	SoCF	1,854,293
Balance at 31 March 2021		**(138,283)**

The notes on pages 72 to 98 form part of this statement

Statement of Cash Flows for the year ended 31 March 2021

	Note	2020-21 £'000
Cash Flows from operating activities		
Net operating expenditure for the financial year		(1,885,404)
Depreciation and amortisation	4	21
(Increase)/decrease in inventories		81
(Increase)/decrease in trade & other receivables	8	(13,259)
Increase/(decrease) in trade & other payables	10	43,699
Increase/(decrease) in provisions	11	1,055
Net cash inflow (outflow) from operating activities		**(1,853,806)**
Cash Flows from financing activities		
Net funding received		1,854,293
Net Cash inflow (outflow) from financing activities		**1,854,293**
Net increase (decrease) in cash & cash equivalents	9	**487**
Cash & Cash Equivalents at the beginning of the financial year		**957**
Cash & Cash Equivalents at the End of the Financial Year		**1,444**

The notes on pages 72 to 98 form part of this statement

Notes to the Financial Statements

1. Accounting Policies

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

1.1 CCG Merger

NHS Norfolk & Waveney CCG was approved by NHS England to operate from 1 April 2020 and was created from the merger of NHS Great Yarmouth & Waveney CCG; NHS North Norfolk CCG; NHS Norwich CCG; NHS South Norfolk CCG; and NHS West Norfolk CCG. Closing balances from the five predecessor CCGs were transferred into NHS Norfolk & Waveney CCG at 1 April 2020. The transfer of balances is detailed in note 6 of these accounts.

As Public Sector Bodies are deemed to operate under common control, business reconfigurations within the Department of Health and Social Care Group are outside the scope of IFRS 3 Business Combinations. Where functions transfer between two public sector bodies, the Department of Health and Social Care GAM requires the application of absorption accounting. Absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement of Comprehensive Net Expenditure, and is disclosed separately from operating costs.

1.2 Going Concern

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

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

The following is clear evidence that the clinical commissioning group meets the requirements highlighted above and as set out in section 4.13 of the Department of Health Manual of Accounts in that the clinical commissioning group;

- Was established on 1 April 2020 as a separate statutory body;
- Has an agreed constitution which it is operating to for the governance of its activities;

- Has a notified allocation from NHS England and NHS Improvement to September 2021, and current revenue allocations to 2023/24; and
- Has submitted a plan for 2021/22 and NHS England and NHS Improvement have agreed to provide cash funding as required.

1.3 Accounting Convention

These accounts have been prepared under the historical cost convention.

1.4 Pooled Budgets

The CCG has entered into a pooled budget arrangement with both Norfolk County Council and Suffolk County Council in accordance with section 75 of the NHS Act 2006. Under the arrangement, funds are pooled to jointly commission or deliver health and social care, known as the Better Care Fund.

The pools are hosted by Norfolk County Council and Suffolk County Council. The CCG accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement.

The CCG has exercised judgement on the accounting for pooled budgets, further details included in note 1.11.1.

1.5 Revenue

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

Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer and is measured at the amount of the transaction price allocated to that performance obligation.

Payment terms are standard reflecting cross government principles.

1.6 Employee Benefits

1.6.1 Short-term Employee Benefits

Salaries, wages and employment-related payments, including payments arising from the apprenticeship levy, are recognised in the period in which the service is received from employees, including bonuses earned but not yet taken.

The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

1.6.2 Retirement Benefit Costs

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

For early retirements other than those due to ill health the additional pension liabilities are funded by the scheme. The full amount of the liability for the additional costs is charged expenditure at the time the CCG commits itself to the retirement, regardless of the method payment.

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

1.7 Other Expenses

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

1.8 Cash & Cash Equivalents

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

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the CCG's cash management.

1.9 Financial Assets

Financial assets are recognised when the CCG becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

All financial assets are recorded at amortised cost.

1.9.1 Financial Assets at Amortised cost

Financial assets measured at amortised cost are those held within a business model whose objective is achieved by collecting contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most trade receivables and other simple debt instruments. After initial recognition these financial assets are measured at amortised cost using the effective interest method less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset to the gross carrying amount of the financial asset.

1.1 Financial Liabilities

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

Financial liabilities are initially recognised at fair value.

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method, except for loans from Department of Health and Social Care, which are carried at historic cost. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

1.11 Critical Accounting Judgements and Key Sources of Estimation Uncertainty

In the application of the CCG's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

1.11.1 Critical Accounting Judgements in Applying Accounting Policies

The following are the judgements, apart from those involving estimations, that management has made in the process of applying the CCG's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

Better Care Fund

The CCG has entered into a partnership agreement and a pooled budget with both Norfolk County Council and Suffolk County Council in respect of the Better Care Fund. This is a national policy initiative and the funds involved are material in the CCG accounts. Having reviewed the terms of the partnership agreement, the Department of Health and Social Care Group Accounting Manual (DHSC GAM) and the appropriate financial reporting standards, the CCG has determined that there are three elements to the Better Care Fund and they are accounted for as follows:

(1) The major part is controlled by both Norfolk County Council and Suffolk County Council which commissions services from various non-NHS providers. Whilst the services are determined in partnership, the risks and rewards of the contracts remain wholly with the council. The CCG accounts for this on a lead commissioner basis as healthcare expenditure with the local authority.

(2) The second part is controlled by the CCG which commissions various services from NHS and non-NHS providers. The risks and rewards of these contracts are the responsibility of the CCG, which considers itself to be acting as a lead commissioner for those services on behalf of the partnership. The CCG accounts for these costs as healthcare purchased from NHS and non-NHS providers.

(3) The final part of the BCF is an integrated community equipment store. Norfolk County Council acts as the host body for this service which is provided by a third party. Each partner is however wholly responsible for their own share of the expenditure and this is accounted for as a joint operation.

Otherwise there were no critical judgements, apart from those involving estimations (see below) that management has made in the process of applying the CCG's accounting policies that have the most significant effect on the amounts recognised in the financial statements.

1.11.2 Sources of estimation uncertainty

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

Prescribing liabilities:
NHS England actions monthly cash charges to the CCG for prescribing contracts. These are issued approximately 6 weeks in arrears. The CCG uses information provided by the NHS Business Authority as part of the estimate for full year expenditure. For 2020-21 an accrual of £31,609,129 (2019-20: £28,319,744) was included for February and March anticipated expenditure, this figure is not believed to represent a significant level of uncertainty.

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

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

- IFRS 16 Leases – The Standard is effective 1 April 2022 as adapted and interpreted by the FReM.
- IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.

The application of IFRS 16 and IFRS 17 is not anticipated to have a material impact on the accounts.

1.13 Provisions

Provisions are recognised when the clinical commissioning group has a present legal or constructive obligation as a result of a past event, it is probable that the clinical commissioning group will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties.

1.14 Contingent Liabilities

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the clinical commissioning group, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

1.15 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

1.15.1 The Clinical Commissioning Group as Lessee

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

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

2. Other operating revenue

	2020-21 Total
	£'000
Income from sale of goods and services (contracts)	
Non-patient care services to other bodies	1,933
Other contract income	10,933
Total Income from sale of goods and services	**12,866**
Total operating income	**12,866**

3. Employee benefits and staff numbers

3.1 Employee benefits

	Permanent Employees £'000	Other £'000	Total 2020-21 Total £'000
Employee Benefits			
Salaries and wages	18,596	460	19,056
Social security costs	2,039	-	2,039
Employer Contributions to NHS Pension scheme	3,214	-	3,214
Other pension costs	13	-	13
Apprenticeship Levy	28	-	28
Termination benefits	15	-	15
Total employee benefits excluding capitalised costs	**23,903**	**460**	**24,364**

Further analysis of employee benefits is shown in the remuneration and staff report on pages 55 to 64.

3.2 Average number of people employed

	Permanently employed Number	Other Number	2020-21 Total Number
Total	385	21	**407**

Further information in respect of staff numbers is included from page 60 of the annual report.

3.3 Exit packages agreed in the financial year

	2020-21 Compulsory redundancies		2020-21 Other agreed departures		2020-21 Total	
	Number	£	Number	£	Number	£
£10,001 to £25,000	-	-	1	14,596	1	14,596
Total	**-**	**-**	**1**	**14,596**	**1**	**14,596**

	2020-21 Departures where special payments have been made	
	Number	£
£10,001 to £25,000	-	-
£25,001 to £50,000	-	-
£50,000 to £100,000	-	-
Total	**-**	**-**

Analysis of Other Agreed Departures

	2020-21 Other agreed departures	
	Number	£
Mutually agreed resignation (MARS) contractual costs	**-**	**-**
Contractual payments in lieu of notice	1	14,596
Total	**1**	**14,596**

3.4 Pension costs

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

These schemes are unfunded, defined benefit schemes that cover NHS employers, General Practices and other bodies allowed under the direction of the Secretary of State in England and Wales. The schemes are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities.

Therefore, the schemes are accounted for as though they were defined contribution schemes: the cost to the clinical commissioning group of participating in a scheme is taken as equal to the contributions payable to the scheme for the accounting period.

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

The employer contribution rate remained at 20.6% in line with 2019-20. The rate increase in April 2019 from 14.3%, with the additional costs being paid being paid by NHS England on the CCGs behalf. The full cost and related funding has been recognised in these accounts.

3.4.1 Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2021, is based on valuation data as 31 March 2020 updated to 31 March 2021 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.
The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

3.4.2 Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 which the Department of Health and Social Care confirmed Scheme Regulations of employer contribution rate at 20.6% of pensionable pay from this date.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

For 2020-21, employers' contributions of £3,214,000 were payable to the NHS Pensions Scheme at the rate of 20.6% of pensionable pay.

4. Operating expenses

	2020-21 Total £'000
Purchase of goods and services	
Services from other CCGs and NHS England	12,969
Services from foundation trusts	992,032
Services from other NHS trusts	147,514
Services from Other WGA bodies	89
Purchase of healthcare from non-NHS bodies	298,044
Purchase of social care	11,645
Prescribing costs	186,347
GPMS/APMS and PCTMS	177,955
Supplies and services – clinical	992
Supplies and services – general	17,898
Consultancy services	84
Establishment	8,893
Transport	9,646
Premises	3,231
Audit fees	215
Other professional fees	2,852
Legal fees	362
Education, training and conferences	649
Total Purchase of goods and services	**1,871,414**
Depreciation and impairment charges	
Depreciation	21
Total Depreciation and impairment charges	**21**
Provision expense	
Provisions	1,055
Total Provision expense	**1,055**
Other Operating Expenditure	
Chair and Non-Executive Members	343
Grants to Other bodies	346
Research and development (excluding staff costs)	609
Inventories consumed	81
Other expenditure	37
Total Other Operating Expenditure	**1,416**
Total operating expenditure	**1,873,907**

4.1 - Limitation on Auditor's liability

The limitation on auditors' liability for external audit work is £2m.

5. Better Payment Practice Code

Measure of compliance	**2020-21 Number**	**2020-21 £'000**
Non-NHS Payables		
Total Non-NHS Trade invoices paid in the Year	46,594	515,097
Total Non-NHS Trade Invoices paid within target	43,260	461,217
Percentage of Non-NHS trade invoices paid within target	**92.84%**	**89.54%**
NHS Payables		
Total NHS Trade Invoices Paid in the Year	4,695	1,172,523
Total NHS Trade Invoices Paid within target	3,969	1,145,003
Percentage of NHS trade Invoices paid within target	**84.54%**	**97.65%**
Total		
Total NHS Trade Invoices Paid in the Year	51,289	1,687,620
Total NHS Trade Invoices Paid within target	47,229	1,606,220
Percentage of all trade Invoices paid within target	**92.08%**	**95.18%**

The Better Payment Practice Code requires the CCG to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice. Target performance against these categories is at 95%.

The number of NHS Payables did not reach the target delivery of 95% achieving 84.54%. This was a result of delays in paying existing legacy Non-Contracted Acute Activity invoices transferring over to the new merged organisation at the outset of the covid pandemic in April 2020. Volumes of invoices were significantly reduced in 2020-21 due to the fact there was no Non Contract Activity or Performance invoices from the main local providers in line with the changed financial national directions from NHS England and Improvement.

The value of Non-NHS Payables did not reach the target delivery of 95% achieving 89.54%. This was a result of delays in paying ongoing and unresolved issues from the Legacy organisations. The CCG have cleared a number of these items as a targeted drive to resolve legacy issues, however this delay has had a detrimental effect on the reported Better Payment Practice Code performance.

6. Net gain/(loss) on transfer by absorption

Transfers as part of a reorganisation fall to be accounted for by use of absorption accounting in line with the Government Financial Reporting Manual, issued by HM Treasury. The Government Financial Reporting Manual does not require retrospective adoption, so prior year transactions (which have been accounted for under merger accounting) have not been restated. Absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement of Comprehensive Net Expenditure, and is disclosed separately from operating costs.

The CCG received the following balances on 1 April 2020, from the five predecessor CCG's: Great Yarmouth & Waveney CCG; North Norfolk CCG; Norwich CCG; South Norfolk CCG; and West Norfolk CCG

	Great Yarmouth Waveney CCG	North Norfolk CCG	Norwich CCG	South Norfolk CCG	West Norfolk CCG	2020-21 Total
	£'000	£'000	£'000	£'000	£'000	
Transfer of property plant and equipment	-	51	-	-	-	52
Transfer of Inventories	81	-	-	-	-	81
Transfer of cash and cash equivalents	49	102	20	709	77	957
Transfer of receivables	2,265	2,166	4,121	3,468	2,413	14,432
Transfer of payables	(28,668)	(23,014)	(26,961)	(23,960)	(20,091)	(122,695)
Net loss on transfers by absorption	**(26,273)**	**(20,695)**	**(22,820)**	**(19,783)**	**(17,601)**	**(107,172)**

7. Operating Leases

7.1 As lessee

7.1.1 Payments recognised as an Expense

	Buildings £'000	Other £'000	2020-21 Total £'000
Payments recognised as an expense			
Minimum lease payments	1,312	22	1,334
Total	**1,312**	**22**	**1,334**

7.1.2 Future minimum lease payments

	Buildings £'000	Other £'000	2020-21 Total £'000
Payable			
No later than one year	985	-	**985**
Between one and five years	297	-	**297**
After five years	-	-	-
Total	**1,282**	**-**	**1,282**

8.1 Trade and other receivables

	Note	Current 2020-21 £'000	Current 1 April 2020 £'000
NHS receivables: Revenue	i	21,768	2,206
NHS prepayments	ii	187	3,944
NHS accrued income		400	3,413
Non-NHS and Other WGA receivables: revenue		4,618	2,935
Non-NHS and Other WGA prepayments		432	310
Non-NHS and Other WGA accrued income		161	1,375
Expected credit loss allowance-receivables		-	(26)
VAT		124	233
Other receivables and accruals		1	42
Total Trade & other receivables		**27,691**	**14,432**

i. NHS Provider credits in relation to year-end Covid funding reconciliation.
ii. Cessation of NHS Provider maternity pre-payments (legacy PbR arrangement).

8.2 Receivables past their due date but not impaired

	2020-21 DHSC Group Bodies £'000	2020-21 Non DHSC Group Bodies £'000
By up to three months	1,625	114
By three to six months	114	92
By more than six months	261	2,265
Total	**2,000**	**2,471**

9. Cash and cash equivalents

	2020-21	1 April 2020
	£'000	£'000
Balance at 01 April 2020	957	1,580
Net change in year	487	(623)
Balance at 31 March 2021	**1,444**	**957**
Made up of:		
Cash with the Government Banking Service	1,442	955
Cash in hand	2	2
Balance at 31 March 2021	**1,444**	**957**

10. Trade and other payables

	Note	Current 2020-21 £'000	Non-current 2020-21 £'000	Current 1 April 2020 £'000	Non-current 1 April 2020 £'000
NHS payables: Revenue		3,606	-	8,723	-
NHS accruals	i	3,240	-	15,921	-
NHS deferred income		-	-	8	-
Non-NHS and Other WGA payables: Revenue		27,284	-	18,449	-
Non-NHS and Other WGA accruals	ii	114,440	-	68,440	-
Non-NHS and Other WGA deferred income	iii	7,572	435	324	546
Social security costs		305	-	278	-
Tax		267	-	239	-
Other payables and accruals	iv	9,245	-	9,767	-
Total trade & other payables		**165,959**	**435**	**122,149**	**546**
Total current and non-current			**166,394**		**122,695**

i. Reduction in PbR activity invoices with 2020-21 financial directions making payments to Providers on block arrangements.
ii. Increase in county council lead community services, primary care and Hospital Discharge Programme commitments.
iii. Deferred income in relation to General Practice IT investment and STP Workforce schemes beyond 2020-21.
iv. Other payables include £1,493,000 outstanding pension contributions at 31 March 2021 (1 April 2020; £1,416,000).

11. Provisions

	Note	Non-current 2020-21 £'000
Legal claims	i	219
Other	ii	836
Total		**1,055**

	Legal Claims £'000	Other £'000	Total £'000
Balance at 01 April 2020	**-**	**-**	**-**
Arising during the year	219	836	1,055
Balance at 31 March 2021	**219**	**836**	**1,055**
Expected timing of cash flows:			
Between one and five years	219	836	1,055
Balance at 31 March 2021	**219**	**836**	**1,055**

i. Legal Claim Provisions relate to ongoing Employment Tribunal cases as a result of the CCG Merger on April 1 2020.
ii. Other Provisions relate to Property Dilapidations and Unspent Staff Annual Leave.

12. Contingencies

	2020-21 £'000
Contingent liabilities	
Legal Claim	114
Net value of contingent liabilities	114

The Contingent Liability relates to ongoing employment and other legal cases, where a risk remains but is not considered either probable and/or the reliability of estimate value is poor.

13. Financial instruments

13.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities.

Because the CCG is financed through parliamentary funding, it is not exposed to the degree of financial risk faced by other business entities. This includes additional funding received throughout the Covid pandemic consistent to the nationally adopted finance direction. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The CCG has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the CCG in undertaking its activities.

Treasury management operations are carried out by the finance department, within parameters defined formally within the CCG standing financial instructions and policies agreed by the Governing Body. Treasury activity is subject to review by the CCG and internal auditors.

13.1.1 Credit risk

Because the majority of the CCG revenue comes from parliamentary funding, the CCG has low exposure to credit risk. The maximum exposures as at the end of the financial year are in receivables from customers, as disclosed in the trade and other receivables note.

13.1.2 Liquidity risk

The CCG is required to operate within revenue and capital resource limits, which are financed from resources voted annually by Parliament. The CCG draws down cash to cover expenditure, as the need arises. The CCG is not, therefore, exposed to significant liquidity risks.

13.1.3 Financial Instruments

As the cash requirements of NHS England are met through the Estimate process, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. The majority of financial instruments relate to contracts to buy non-financial items in line with NHS England's expected purchase and usage requirements and NHS England is therefore exposed to little credit, liquidity or market risk.

13. Financial instruments cont'd

13.2 Financial assets

	Financial Assets measured at amortised cost 2020-21 £'000
Trade and other receivables with NHSE bodies	4,214
Trade and other receivables with other DHSC group bodies	19,711
Trade and other receivables with external bodies	3,024
Cash and cash equivalents	1,444
Total at 31 March 2021	**28,392**

13.3 Financial liabilities

	Financial Liabilities measured at amortised cost 2020-21 £'000
Trade and other payables with NHSE bodies	2,207
Trade and other payables with other DHSC group bodies	36,505
Trade and other payables with external bodies	119,102
Total at 31 March 2021	**157,814**

14. Operating segments

The CCG consider they have only one segment: commissioning of Healthcare Services.

15. Joint arrangements - interests in joint operations

CCGs should disclose information in relation to joint arrangements in line with the requirements in IFRS 12 - Disclosure of interests in other entities.

15.1 Interests in joint operations

			Amounts recognised in Entities books ONLY 2020-21			
Name of arrangement	**Parties to the arrangement**	**Description of principal activities**	**Assets**	**Liabilities**	**Income**	**Expenditure**
			£'000	**£'000**	**£'000**	**£'000**
Norfolk County Council Better Care Fund	NHS Norfolk and Waveney CCG and Norfolk County Council	Joint Commissioning of Care services, hosted by Norfolk County Council, net accounting adopted	-	-	-	65,469
Norfolk County Council Children and Adolescent Mental Health Services	NHS Norfolk and Waveney CCG and Norfolk County Council	Joint provision of children and adolescent mental health services	-	-	-	1,768
Suffolk County Council Better Care Fund	NHS Norfolk and Waveney CCG and Suffolk County Council	Joint Commissioning of Care services, hosted by Suffolk County Council, net accounting adopted	-	-	-	9,413
Suffolk County Council Mental Health Services	NHS Norfolk and Waveney CCG and Suffolk County Council	Joint provision of mental health services	-	-	-	198

16. Related party transactions

	2020-21			
	Payments to Related Party £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	Amounts due from Related Party £'000
Governing Body Members (including General Practitioner Practice Payments)				
Dr Anoop Dhesi, The Staithe Surgery	1,566	0	0	0
Dr Hilary Byrne, Attleborough Surgery	2,725	0	22	0
Dr Clare Hambling, Bridge Street Surgery	1,371	0	12	0
Dr Ardyn Ross, Millwood and Falkland Surgery	2,781	0	19	0
Tracy Williams, Bacon Road Partnership	567	0	4	0
Tracy Williams, Castle Partnership	2,368	0	15	9

The Department of Health is regarded as a related party. During the year the CCG has had a significant number of material transactions with entities for which the Department is regarded as the parent Department. The entities with whom the value of transactions exceeded £500km are listed below:

- Bedfordshire Hospital NHS Foundation Trust
- Cambridge University Hospital NHS Foundation Trust
- Cambridge and Peterborough NHS Foundation Trust
- Community Health Partnerships
- East of England Ambulance Service NHS Trust
- East Suffolk and North East Essex NHS Foundation Trust
- Guy's and St Thomas' NHS Foundation Trust
- Health Education England
- Hertfordshire Partnership University NHS Foundation Trust
- James Paget University Hospital NHS Foundation Trust
- NHS Arden & Greater East Midlands CSU
- NHS England
- NHS Ipswich and East Suffolk CCG
- NHS Property Services
- Norfolk Community Health and Care NHS Trust

- Norfolk & Norwich University Hospital NHS Foundation Trust
- Norfolk & Suffolk NHS Foundation Trust
- North West Anglia NHS Foundation Trust
- Queen Elizabeth Hospital NHS Foundation Trust
- Royal National Orthopaedic Hospital NHS Trust
- Royal Papworth Hospital NHS Foundation Trust
- University College London Hospital NHS Foundation Trust
- West Suffolk NHS Foundation Trust

In addition, there have been further material transactions in the ordinary course of the clinical commissioning group's business with a number of other government departments, central and local government bodies as follows:

- Norfolk County Council; and
- Suffolk County Council.

17. Events after the end of the reporting period

There are no other events between the end of the reporting period and 11 June 2021 which will have a material effect on the financial statements of the CCG.

18. Financial performance targets

NHS Clinical Commissioning Group have a number of financial duties under the NHS Act 2006 (as amended).
NHS Clinical Commissioning Group performance against those duties was as follows:

	NHS Act Section	Duty Achieved?	2020-21 Target £'000	2020-21 Performance £'000
Expenditure not to exceed income	223H(1)	Yes	1,898,915	1,898,270
Revenue resource use does not exceed the amount specified in Directions	223I(3)	Yes	1,886,049	1,885,404
Revenue administration resource use does not exceed the amount specified in Directions	223J(3)	Yes	20,296	20,157

19. Going Concern

These accounts have been prepared on a going concern basis, in accordance with the definition as set out in Section 4 of the Department of Health and Social Care (DHSC) Group Accounting Manual 2020/21, which outlines the interpretation of IAS1 'Presentation of Financial Statements' as 'anticipated continuation of the provision of a service in the future, as evidenced by the inclusion of financial provision for that service in published documents'.

For non-trading entities in the public sector, the anticipated continuation of the provision of a service in the future, as evidenced by inclusion of financial provision (funding allocation) for that service in published documents, is normally sufficient evidence of going concern.

DHSC group bodies must therefore prepare their accounts on a going concern basis unless informed by the relevant national body or DHSC sponsor of the intention for dissolution without transfer of services or function to another entity. A trading entity needs to consider whether it is appropriate to continue to prepare its financial statements on a going concern basis where it is being, or is likely to be, wound up.

In carrying out its assessment, the Governing Body have taken into account the following key considerations:

NHS contracting and payment framework during 2020/21

During 2020/21 the NHS financial planning and funding arrangement landscape has been adapted as a result of the need to respond swiftly to the Covid-19 pandemic.

Therefore, instead of being issued with an annual allocation before the start of the year NHS England issued an allocation for the first four months of the year, with a further two months' allocation being issued at the end of July 2020. NHSE/I also reviewed CCG and provider positions at the end of each month and provided retrospective top up funding to cover any additional reasonable costs incurred so that at the end of the first six month period all organisations achieved financial break even.

For months 7-12 NHS England issued a fixed allocation which included a level of top up funding for the CCG and providers within the system; this funding was deemed sufficient for organisations to delivered their planned and agreed position without any further additional retrospective top ups. For NHS Norfolk and Waveney CCG, the agreed planned position was an in-year Deficit of £(4,926)k.

The CCGs final reported position was a surplus of £645.2k, with expenditure of £1,885,404k as shown in Note 18 – Financial Performance Targets.

2021/22 to 2023/24 Indicative financial planning

The CCG has been notified formally of the level of allocations it will receive from the Department of Health, through NHS England, for the years 2021/22 to 2023/24 as set out in the table below.

CCG Financial Plan	2021/22 £'000	2022/23 £'000	2023/24 £'000
CCG Planned Recurrent Allocations	1,731,113	1,804,475	1,879,198

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

Conclusion

Our considerations cover the period through to 30 June 2022, being 12 months beyond the date of authorisation of these financial statements. Taking into account these considerations and the governance structures in place both within the CCG and through the NHS E/I assurance process, the Governing Body have a reasonable expectation that the CCG will have adequate resources to continue in operational existence for the foreseeable future. For this reason, we continue to adopt the going concern basis in preparing these financial statements.