NHS Halton Clinical Commissioning Group Annual Report and Accounts

Q1 2022/23

Welcome

I am incredibly proud to lead such a dedicated and committed team that is focused on improving the health and wellbeing of Halton's communities. This Annual Report further demonstrates how the people of NHS Halton Clinical Commissioning Group (CCG) continued to rise to challenges brought by the ongoing pandemic.

Despite the COVID-19 pandemic, we have continued to maintain our high standards and continued to deliver our vision and values while working closely with NHS Warrington CCG and Halton Borough Council.

We continued to support our local NHS services as they work under increasing pressures, with demand on services being much higher than is usually expected at this time of year. I would like to thank all staff for their commitment to ensuring our patients receive the highest standards of care.

Like other organisations, we've adapted to new ways of working. In line with national guidance and the lifting of restrictions, we've opened our offices to staff when it has been safe to do so while still enabling remote working where that is the preferred choice.

As we move closer to transitioning into the Cheshire and Merseyside Integrated Care System (ICS), we have continued to work on plans to ensure that transition is as smooth as possible for both staff and patients. This new way of working with partners will allow us to meet health and care needs across Halton, and coordinate services so we can improve population health and reduce health inequalities. You can read more about this in the Performance Overview.

We have continued to work closely with our patient participation groups, making use of their invaluable insight and experience. I'm extremely grateful for their contributions and for giving up their time.

Everything we achieve is a result of our teams working extremely hard and going above and beyond. I am proud to work alongside such a committed group of professionals.

Highlights and Achievements of the Year

Core 20 Plus Connector Programme

In April 2022, NHS Halton CCG applied to be one of eight areas selected to be a Wave 2 Core20Plus5 Connectors Programme. The programme is part of the wider NHS Core20Plus5 approach to reduce healthcare inequalities. Core20Plus Connectors are members of those communities who are often not well supported by existing services, experience health inequalities, and who then help change these services to support their community better.

Along with colleagues from Halton Borough Council, One Halton, and Halton and St Helens Voluntary Community Action (VCA), we worked on a joint bid that would focus on Halton's most under-served communities. We were successful in our application and work is now underway to recruit a local Coordinator. Once in post, they will support a team of local volunteer Connectors. We will learn from the real 'lived experience' of our Connectors and then use this insight to remove the barriers that many communities face.

Halton VCFSE Mental Health Alliance

The CCG Third Sector Transformation Manager has been supporting the development of a VCFSE Mental Health Alliance. The Alliance has been developed in partnership with Halton and St Helens VCA and has already gathered wide support from across the third sector. Over 30 organisations have already signed up to the Alliance – ranging from well-established charities like Citizen's Advice Halton, to relativity new organisations like Creative Health Initiatives (CHI). The Alliance has established a monthly forum, which has become a great platform for public sector partners such as Mersey Care to engage and coproduce with voluntary sector partners.

The first two forums took place in July and August 2022. Attendance was excellent and the voluntary sector demonstrated a real desire to work with the ICS going forward. As the Forum develops, it will look to address gaps and issues within current mental health provision. One example is what role the third sector can play in supporting people back in the community after a mental health crisis. The forum is an excellent example of the 'One Halton' philosophy in action.

Case study: Support to general practice to manage challenging behaviour

General practices across Halton and Warrington raised concern about the increasing number of patients who showed challenging and abusive behaviour. The abuse experienced by staff caused significant distress and, in some cases, it resulted in staff leaving. All staff from reception to doctors who experienced such behaviour and practices asked for support with how to manage this increasing problem.

Focussed discussion

A meeting was held with the GP practices and the CCG to discuss how practices could be supported to manage this increasingly distressing situation. It was felt that having a range of options that were applied consistently across all Halton and Warrington practices would help. Two main areas of support were agreed upon – the development of a Patient Behaviour Pack and staff training.

Patient behaviour pack

The Primary Care team produced a pack offering support that practices can adopt. Its main aim is to ensure that practices manage challenging behaviour in a consistent way. The pack includes:

- a reminder of the criteria and process for putting patients on the Special Allocation Scheme
- a standard zero-tolerance policy to be displayed on practice websites and in practice waiting rooms
- zero-tolerance messages to be shared on social media and in practice waiting rooms
- formal warning letters and an acceptable behaviour agreement.

Staff training and support

Conexus Healthcare, a confederation of GP practices in the Wakefield District, had already been commissioned to deliver care navigation training. However, after discussing the issue, it was agreed to change these sessions to provide training on conflict resolution and support for staff wellbeing. Six sessions were arranged to enable 60 reception and administration staff to grow in confidence when dealing with challenging patients. The sessions provided a much-needed chance to pause and reflect on working through the pandemic and to support them to continue to do their vital role.

Security measures

Additionally, six practices successfully applied for funding to install CCTV security measures from central funding, provided as part of NHSE/I's 'Our plan for improving access for patients and supporting general practice'.

Social media

NHS Halton CCG Facebook

111 posts

1.7k fans

332 engagements
(**159** reactions, **143** shares, **30** comments)

225 clicks

NHS Halton CCG Twitter

113 Tweets

22k impressions

126 retweets

110 likes

Performance Report

This latest period has again been an incredibly challenging period for all of us as we have continued to respond to the increasing demand on services and continue to work through the challenges brought on by the COVID-19 pandemic.

I am immensely proud of the way in which we have worked collectively as a system and with the army of volunteers who stood up to these challenges. I am incredibly proud of colleagues in the CCG and across health and care partners who have continued to deliver quality health and care services and I am humbled by the commitment and dedication demonstrated each day.

As the move into the new Integrated Care Board moves closer, we have been working closely with our local authority partners, providers and third sector colleagues to make sure plans are in place for a smooth transition. Our One Halton partnership has continued to go from strength to strength, with oversight from the One Halton Partnership Board and the appointment of the new local Place Director, Anthony Leo.

Health inequalities remain high on our agenda, and we have continued to work closely with our Public Health colleagues to prioritise this. While so much has been achieved, we recognised there is still more to do as we move forward collectively.

The Annual Report captures the work of this period and demonstrates the mutual strength of our partnerships across the system. Inclusive partnerships between the statutory organisation and our strong voluntary, community and faith sectors. And most importantly with our patients, practices, and communities.

Mr Graham Irwin

Graham Urwin

Chief Executive
NHS Cheshire & Merseyside
29.6.2023

Note: All CCG websites will be archived soon after the transfer to NHS Cheshire and Merseyside Integrated Care Board on 1 July 2022. Information relating to Halton will then be available on the NHS Cheshire and Merseyside website.

Statement of purpose and activities of the CCG

What we do

We are NHS Halton Clinical Commissioning Group (CCG), and we are responsible for the commissioning of NHS services used by our residents. With a £267 million budget allocation in 2021/22, we work to get the best health outcomes we can for the 129,759 people who live in our borough, across Runcorn and Widnes.

Reporting to NHS England and NHS Improvement (NHSE/I), we are a clinically led membership organisation, comprised of local 14 local general practices and accountable to local people. We maintain our authorisation by demonstrating to NHSE/I how we are meeting our responsibilities through a detailed assurance process.

We commission providers such as Warrington and Halton Teaching Hospitals NHS Foundation Trust (WHHFT), St Helens and Knowsley Teaching Hospitals NHS Trust (STHK), Mersey Care NHS Foundation Trust (formerly North West Boroughs Healthcare NHS Foundation Trust), and Bridgewater Community Healthcare NHS Foundation Trust (BCHFT) – as well as specialist services further afield. Services that we buy include:

- Elective hospital care
- Rehabilitation care
- Urgent and emergency care
- Most community health services
- Mental health and learning disability services
- GP services (from 1 April 2015).

We pay for these services on behalf of Halton residents and monitor providers to make sure they are delivering the right care at the right price. We study their figures, look at patient feedback and carry out checks. We also provide assurance to NHSE/I that quality and performance standards are met and in line with national healthcare policy. We work closely with Halton Borough Council to make sure health and social care are linked together whenever possible for the benefit of our communities. Everything we do has the people we serve at its centre. We actively seek out the views and experiences of the people of Halton to shape our work.

Case study: Engagement and Involvement Group… our 'sounding board'

The Engagement and Involvement (E&I) Group is our strategic engagement forum and sounding board that has a clear line of communication with the Governing Body. The group reports directly to NHS Halton CCG Quality Committee.

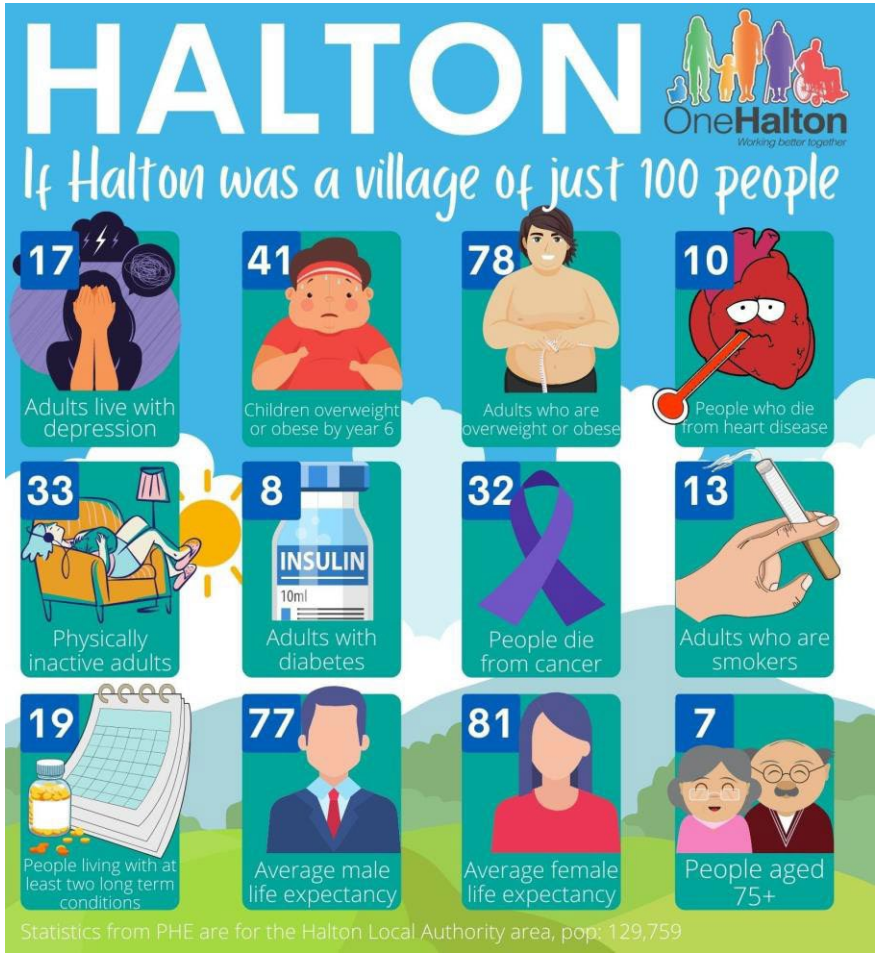
The E&I Group continued to meet virtually in 2021/22, following the amended ground rules and online meeting etiquette. The Group remained extremely supportive of the local NHS services and the continued priority and focus of COVID-19 – they continually thank not only NHS Halton CCG, but all involved in the NHS.

During 2021/22 the governance reporting of the E&I Group changed, as committees were affected because of the pressures of COVID-19 and the transfer to the Integrated Care Board (ICB). However, the patient voice remained an integral part of NHS Halton CCG's work and the forum feedback and when not reporting directly back to the Quality Committee, the Forum reported to the relevant commissioner for action.

The main highlight of the year was the agreement for two patient representatives from the E&I Group to sit on the Quality Committee to ensure the patient voice is central to the discussions.

Patient Participation Groups (PPG) and the PPG Plus (PPGP)

We have continued to support the practices to hold virtual Patient Participation Groups by offering to supply Microsoft Teams links, guides and support. The PPG Plus meetings continue to share best practice across PPGs, offer support and advice to newly formed ones and be updated on CCG and PCN developments.



If Halton was a village of 100 people…

Halton has a population of 129,759 people. This graphic uses statistics from Public Health England to show how many people in Halton would have certain health conditions if it was a village of just 100 people.

Organisational structure

Our organisational structure is integrated with NHS Warrington CCG. We have strong joint working arrangements, enabling us to share our skills with one another. Many staff continue to work from home as part of our new agile way of working and are also able to work from the new single premises for both CCGs at Lakeside.

* Chief of Corporate Services – on a two-year career break from 1 January 2021

** Director of Transformation – on secondment to the Cheshire and Merseyside Health Care Partnership from 1 February 2018 *** Chief Commissioner (Halton) – position is vacant from 1 April 2022

**** Chief Nurse – position is vacant from 1 April 2022

NHS Halton CCG and NHS Warrington CCG have worked collaboratively together for several years and have shared posts for the statutory positions of Clinical Chief Officer, Chief Finance Officer and Chief Nurse. These roles form part of an Integrated Management Team arrangement that has been in place since June 2018 with lead officers and portfolios as detailed below in line with the CCGs statutory duties and work priorities. Integrated teams now work across both CCGs to deliver organisational priorities.

The CCG staffing structure works across teams that have responsibilities in the areas of commissioning, quality, finance, contracts and performance, communications and engagement, information technology and corporate services (including risk and governance). Clinical expertise to commissioning activities is provided from a group of clinical leads, each with a defined remit and focus.

Strategic objectives, visions and values

The visions and values of an organisation provide direction for everything that happens.

They:

- keep everyone focused on where the organisation is going and what it is trying to achieve
- encompass all our work: how we work with our staff, our patients and our partners
- should reflect all teams, all levels of governance and management and how we work both externally and internally
- contribute to the shared culture of NHS Halton CCG and NHS Warrington CCG
- bind people together as one team
- provide people with a common language
- contribute to the vitality and performance of NHS Halton CCG and NHS Warrington CCG.

Our values are everything we do from how we treat and engage with our staff, how we work with our partners and providers, and how we expect patients to be treated and cared for.

The ‘message house’ diagram on the next page shows the vision of NHS Halton CCG as the roof, supported by the strategic objectives, and underpinned by the values.

Our priorities and strategies

In March 2021, NHS England (NHSE) issued the 2021/22 Priorities and Operational Planning Guidance. This document sets out the annual planning expectations of the NHS for 2021/22. As the local system leaders, NHS Warrington and NHS Halton CCGs produced a plan in response.

This plan was produced by the Commissioning team leads with support from the Programme Management Office (PMO) and the engagement of local stakeholders including, healthcare providers, the Health Forum, the two borough councils, and Primary Care.

Progress against the plan was assessed monthly at our Commissioning and Service Development Group (CSDG) and reported to the Governing Body on a quarterly basis.

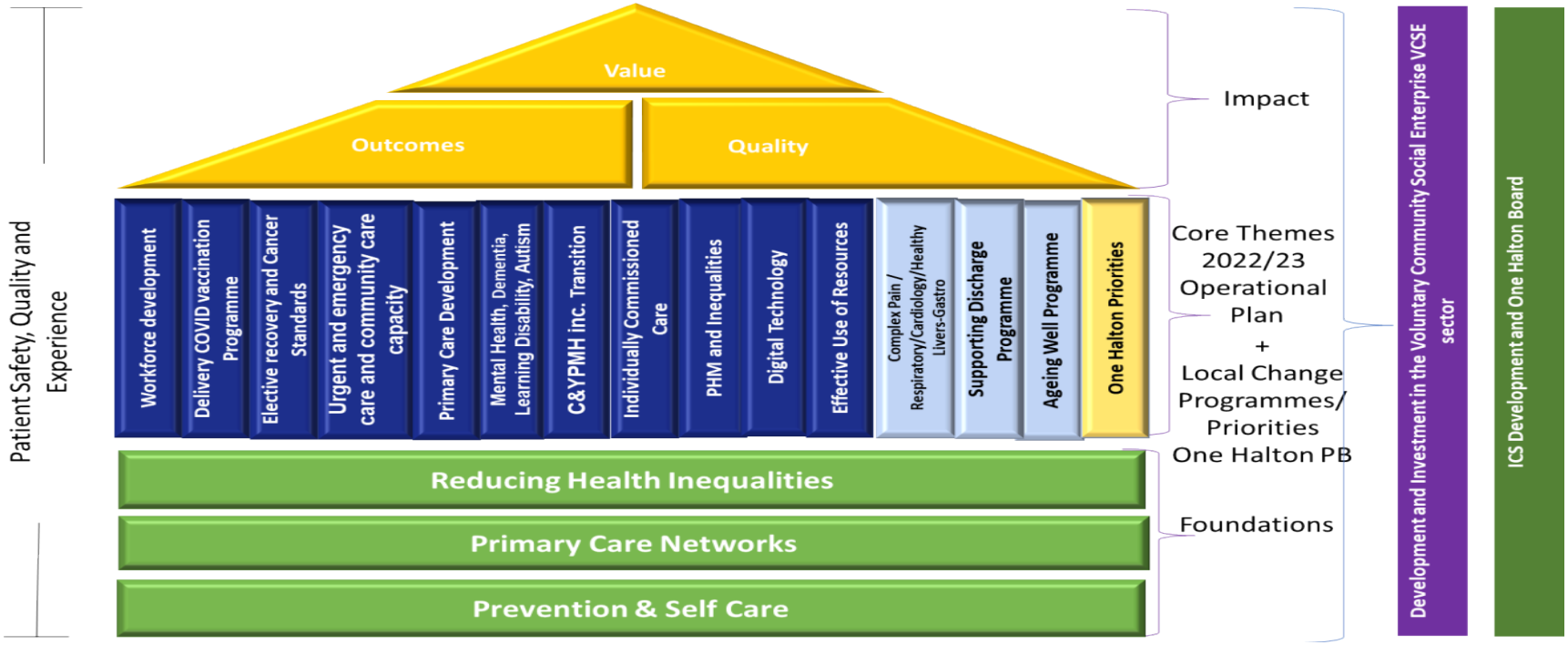
This section of the Annual Report will set out the key commissioning elements of the operational plan.

Background

A House of Care has been developed previously and is updated according to each year's operational guidance to visually illustrate the commissioning priorities.

The 'foundations' of the House of Care set out the underpinning principles and expectations for

health care delivery. These are crucial in supporting the delivery of and maximising the impact of our commissioning activities.



The 'pillars' of the House of Care are the NHSE operational requirements. Key local change programmes have been developed to address significant unwarranted variations in activity, quality, and outcomes for people.

Each commissioning priority was assigned a lead commissioner to take responsibility for delivering the national requirements. Action plans and milestone targets were developed for each area as a means of ensuring delivery.

The action plans are live documents and are reviewed by the Chief Commissioner and the relevant lead commissioners on a regular basis throughout the year.

NHS Warrington CCG and NHS Halton CCG receive progress updates each quarter through the joint Programme Management Office and these are monitored via a Joint Commissioning Oversight Group (JCOG) with clinical oversight from a Commissioning and Service Development Group (CSDG). The CSDG reports key issues to the Governing Body via the Chief Commissioner's report.

The CSDG and JCOG also report to:

- the Integrated Management Team
- Quality and Finance Committees
- Performance Committees
- and/or to the integrated agenda of the joint Quality and Finance and Performance Committee.

One Halton and the Health and Wellbeing Board

In 2017, the Health and Wellbeing Board published a 'One Halton Health and Wellbeing Strategy'. The Strategy was jointly developed after extensive consultation with a wide range of partners and stakeholders across the borough, including GPs, partners, providers, patients and public. It was supported by a strong evidence base.

The CCG has been a key partner in the Health and Wellbeing Board and has supported the development of the Health and Wellbeing Strategy. The strategy has influenced local commissioning priorities and transformation programmes, and forms the basis of the developing One Halton Partnership Board.

The purpose of the strategy is to improve the health and wellbeing of the population of Halton by empowering and supporting local people from the start to the end of their lives by preventing ill-health, promoting self-care and independence, arranging local, community-based support whenever possible and ensuring high-quality hospital services for those who need them.

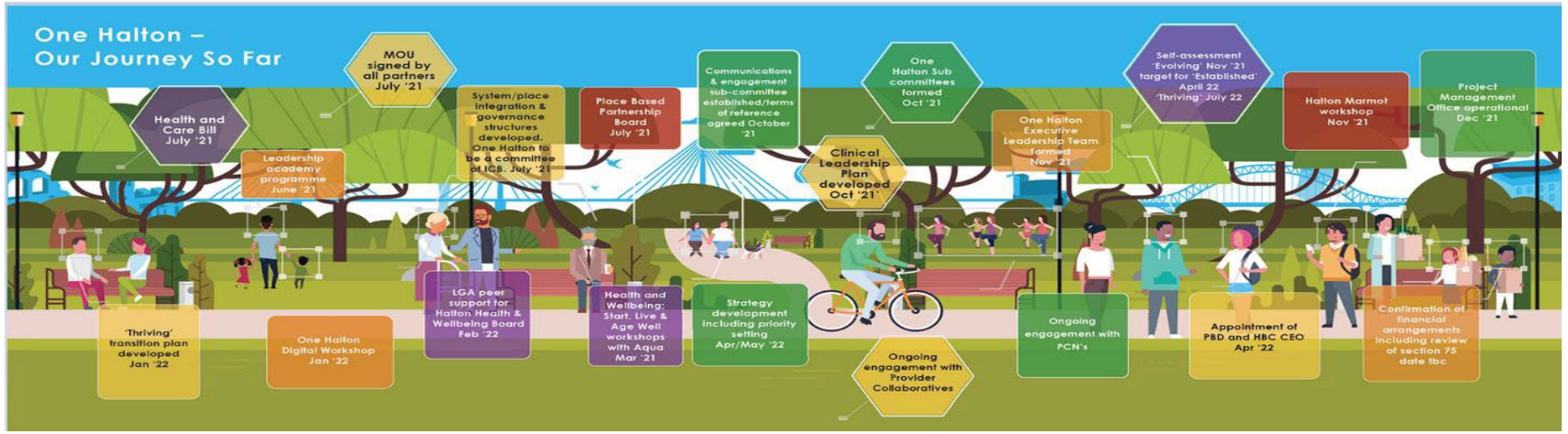
The strategy sets the framework for the commissioning of health and wellbeing services in Halton with a particular emphasis on prevention and early intervention. It does not replace existing strategies, commissioning plans and programmes, but influences them.

The strategy identified six priorities for Halton:

	**Generally well:** increased levels of physical activity and healthy eating and reduction in harm from alcohol		**Mental health:** improved prevention, early detection and treatment
	**Long-term conditions:** reduction in levels of heart disease and stroke		**Cancer:** reduced level of premature death
	**Older people:** improved quality of life.		**Children and young people:** improved levels of early child development

These priority areas formed part of the One Halton Five Year Plan 2019-24. These priorities take a life course approach and have a strategic fit with the NHS Long Term Plan and the NHS Operational Plan.

One Halton Place Based Partnership



Ambitions for One Halton Place Based Working

- Make a real difference for the population we serve through integrated working, tackling inequalities and improving outcomes, and population Health Management
- Life course approach, Marmot the wider determinants, Start, Live and Age Well
- Developing a co-designed and co-produced five-year strategy for implementation
- Creating and maintaining a resilient workforce
- Continued focus on restoration and recovery
- Ensuring financial resilience and a break-even position
- Visible senior leadership (clinical care leadership).

As part of the development of the One Halton Place Based Partnership, further development work has taken place to review and refresh the previous place priorities, this has included a review of the Joint Strategic Needs Assessment (JSNA).

The diagrams on the following page outline the emerging priorities alongside an additional focus on the management of hospital discharge.

One Halton Place Based Partnership priority areas:

Tackle reduction of premature deaths, cancer, COPD, heart disease and stroke **Improve lives** **Complex families MH / LDD**	**Elective restoration (reduced waiting times)**	**Utilisation of ARRS and the Primary Care contract (additional resources and improved access including weekends)**	**Out of Area placements to be managed appropriately**
Improved position on no right to reside, discharges, trusted assessor and home first model of care	**Continuous improvement in older people's services (e.g. care closer to home)**	**Virtual wards and digital inclusion** **Improved access to health and care**	**Strengthened local place-based governance – Section 75 (BCF and pool) and greater integration**

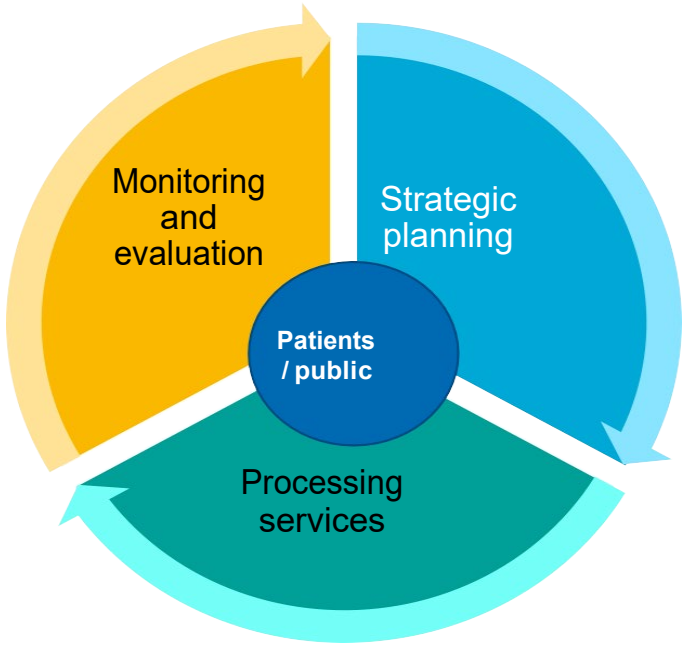
Halton Discharge Management and Super-stranded:

Continued expansion of the HiCaFs – Urgent Community Response Service	**Continuation of the falls and respiratory cars**
Delivery of the Ageing Well programme for UCR, EHCH and planning for anticipatory care	**Stable intermediate care bed-based facility**
Block purchase of additional domiciliary care hours – potentially 750 hours per week	**Utilisation of Lilycross transitional beds if required during six-month extension**

The commissioning cycle

The commissioning cycle is an ongoing process that has patients and the public at its heart and is made up of a range of activities including quality assurance and monitoring. In line with our legal duty, we ensure the public is involved in the planning of services and the development and consideration of proposals for changes and decisions which, if implemented, would have an impact on service.

We are fully committed to involving and engaging our patients and the public, not only to ensure we are meeting our legal duties but so we can be assured we have the best healthcare services that meet the needs of our diverse community. We have worked with our Engagement and Involvement (E&I) Group and PPG Plus to listen to their feedback and use this insight to inform change



NHS Cheshire and Merseyside Integrated Care Board

We all want the very best health and wellbeing for our families, friends, communities and for ourselves. And when we need to access health and care services, we want these to provide us with the best care and the best outcomes.

Before the COVID-19 pandemic, we engaged extensively across our partnership to understand the key health and wellbeing issues for our people and communities.

This engagement reinforced that we need to address several significant and well-documented challenges. These are not unique to Cheshire and Merseyside, although some problems are worse for us locally.

Stroke, suicide, alcohol-related harm, and death from violent crime were all identified for targeted whole system action, together with better access to services in deprived communities.

To achieve our vision, we will need to make some tough decisions. But we must be resolute in our ambition to collaborate to deliver improved health and wellbeing for the 2.7 million people of all ages living across our communities.

We have seen that it can be done. Throughout the pandemic, a shared purpose has enabled us all to fully appreciate each partner's contribution. It's vital to build on this as we consider our future ways of working.

You can find out more about the ICB's visions and objectives and the benefits of integrated working on the Cheshire and Merseyside Healthcare Partnership website. Transition to the ICB takes place on 1 July 2022.

Key issues and risks

The Corporate Risk Register is a joint register held across both NHS Halton CCG and NHS Warrington CCG. Identified risks are either place-based risks for Halton or joint risks across both CCGs.

As of 31 March 2022, there are several highly-rated risks facing the CCG. In addition to the continuing impact of the COVID-19 pandemic and the CCG's capacity to respond to manage the adverse effects on the local population, an additional risk has been managed to ensure the due diligence, safe transition and close down of the CCG.

The high-rated operational risks identified, managed and mitigated throughout the year are as follows:

- Potential breach of contract caused by an immediate closure of a GP practice, resulting in reduced patient experience. Work was completed to ensure relevant arrangements were in place to monitor and oversee potential issues
- Possible risk to the delivery of CCG objectives in terms of patient and public engagement, because of changes to the commissioning landscape and transition to Integrated Care Systems (ICS). Work is ongoing to mitigate this risk, particularly in respect of work at place-bases
- Risk of loss of financial authority as a result of temporary financial arrangements. This risk has been closed in-year following the establishment of robust arrangements including the development of a financial strategy and plan
- Long-term absence has created a risk to the delivery of the CCG statutory function in relation to safeguarding. This risk remains open and under close surveillance and has been acknowledged to be a wider issue across CCGs in the Cheshire and Merseyside area
- The recovery of elective activity to address lengthy waiting lists, following the declaration of the pandemic has increased the risk of avoidable harm and deterioration in patient conditions. This risk has been closed in-year as is now closely monitored via relevant contract and quality group meetings with performance data regularly reported to the relevant committees
- There is a continuing risk that there will not be sufficient capacity to support the CCG-related business with an ability to recruit and retain staff due to the transition from CCG to the Integrated Care Board (ICB). This risk remains open and is actively monitored and reported on
- A potential risk exists relating to data errors or misinformation for staff on the Electronic Staff Record (ESR). This risk remains open and is being reviewed and managed as part of the transition and close- down arrangements in the CCG.

The Governing Body regularly reviews key risks and assurances on how those risks are being mitigated. All risks are monitored via various management tiers, including committees and the Governing Body.

The risks are described in more detail in the Governance Statement.

System sustainability

As previously reported, lead partners from across the health system in Halton and Warrington submitted a shared system recovery plan to NHS England in August 2019. This recovery plan set out an agreed approach and suite of activities the system had committed to redressing the health economy's financial challenge over the next five years. The plan aimed to deliver clinically and financially sustainable healthcare services for the population of Halton and Warrington by 2023/24.

The original document set out revised arrangements for commissioners and providers to collaborate in recommending the overall strategic direction for the integration of health and care services for the Halton and Warrington population. The ethos of partnership working will underpin the programme of work, recognising that on occasion, difficult decisions may be required to benefit the Halton and Warrington population.

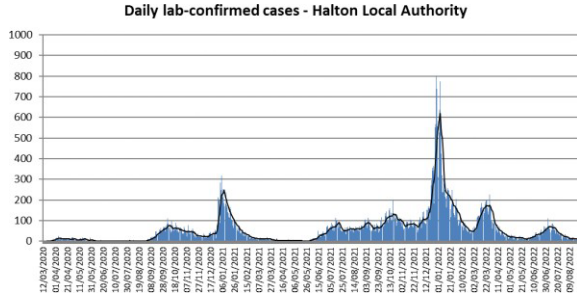
Response to COVID-19

COVID-19 vaccination programme

These graphs show the number of COVID-19 vaccinations which have been administered in Halton up to August 2022. This data has been provided by the National Immunisation Management Service (NIMS) within the reporting period.

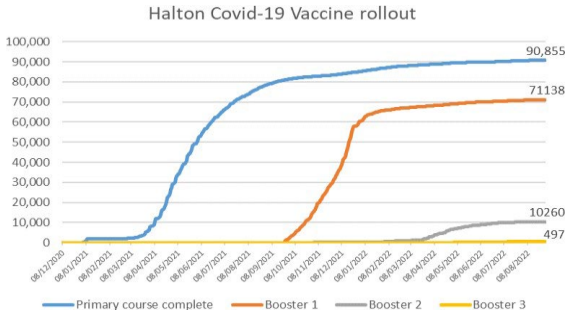
As of 23 August 2022, there were 52,477 lab-confirmed COVID-19 cases in Halton.

Daily lab-confirmed COVID-19 cases in Halton



For statistics on the COVID-19 vaccination uptake, visit the NHS England website.

COVID vaccinations in Halton at 30 August 2022



COVID vaccinations in Halton at 22 August 2022

Dose	Number (%)
At least 1 dose (aged 12+)	97,061 (87.8%)
At least 2 doses (aged 12+)	92,582 (83.8%)
At least 3 doses (aged 16+)	72,467 (69.8%)

Performance Overview

Financial performance summary

As of 30 June 2022, NHS Halton CCG delivered a break-even position against its notified allocations for the period. This was delivered against the 2022/23 control totals (break-even) agreed with the Cheshire and Merseyside ICB. This position is reported following the allocation of non-recurrent funding to support the planned deficit for 2022/23 and the CCG's underlying financial position remains challenging.

Whilst it is too early to report on annual compliance against the Mental Health Investment Standard (MHIS), expenditure plans have been developed, in collaboration with the Cheshire and Merseyside ICB, to deliver against the expectation for the 2022/23 financial year.

Operational performance summary

This performance overview provides information about who we are, what we do, our achievements this financial year and how well we have performed in addition to detailing our key risks and how we manage them.

The report includes several key statements supporting the financial year-end reporting and the annual accounting requirements for the whole of the NHS and is subject to audit review.

As covered elsewhere in this report, we have continued to work closely with our local Primary Care Networks, local authority partners, providers and third sector colleagues to the evolving challenges and priorities of the COVID-19 pandemic.

Contract Performance Notices

During the period April to June 2022, there were no contract performance notices issued by NHS Halton CCG.

Duty to reduce health inequalities

Reduction of inequalities under section 14T of the Health and Social Care Act 2012 has been challenging for the NHS both nationally and locally whilst working within the restraints of a global pandemic. There continues to be significant pressure on our health and social care system and a challenging financial position. However, we continue to work to reduce health inequalities and ensure NHS services are fit for the long term.

The Preventing Ill Health and Reducing Inequalities area of the NHS Oversight Framework includes oversight metrics to demonstrate that we are improving the health and wellbeing of our population and addressing health inequalities, where appropriate with our partners.

We are focussed on reducing health inequalities in all aspects of our commissioning processes. There is the requirement to consider the impact on health inequalities much clearer in its business cases. The Quality Impact Assessment and Equality Impact Assessment processes are now firmly embedded in our commissioning cycle and governance arrangements.

NHS Halton CCG actively uses data to identify any inequalities in access, provision, or outcomes. NHS Halton CCG has been a key partner in the review and refresh of the Joint Strategic Needs Assessment (JSNA). This has outlined several key themes and priorities.

The emerging key priorities for the Health and Wellbeing Board are children and young people, generally well, long-term conditions, mental health, cancer and older people.

NHS Halton CCG has further developed work around Population Health Management (PHM). A variety of data sources are used to outline key transformation strands where outcomes locally are significantly below the national average. Key areas of transformation are respiratory, healthy livers/gastro, frailty (now expanded to wider ageing well), cardiovascular disease (CVD) and coronary heart disease (CHD), and complex pain. Right Care data has been used to support this enabling us to outline new pathways to improve provision, access and outcomes.

NHS Halton CCG supported work to protect the most vulnerable from COVID-19, with enhanced data analysis and community engagement. This helped mitigate the risks associated with relevant protected characteristics and social and economic conditions, and better engaged those communities who need the most support.

As well as continuing to respond to the pandemic, we have continued to put plans in place for a smooth transition into the Cheshire and Merseyside Integrated Care System (ICS). This new way of working with partners will allow us to meet health and care needs across Halton, and coordinate services so we can improve population health and reduce health inequalities. To support this, Population Health Management (PHM) is a key element in the developing One Halton Place Board.

Building on analysis of local inequalities data, the Halton and Warrington Communication and Engagement system group has worked collaboratively to extend the reach of communication and engagement activities

across the community. The priority was to ensure that messages around COVID-19 were accessible and shared with more vulnerable and harder-to-reach communities. For COVID-19 vaccinations specifically, a Health Inequalities Plan was developed to ensure all citizens could easily access vaccines.

To complement the data, NHS Halton CCG has been collaborating with local authority partners and third-sector organisations. We appointed Community Champions to work with specific communities to understand their concerns and barriers to accessing the vaccination programme.

We have undertaken health inequalities training with CCG staff to strengthen the importance and understanding of health inequalities and the impact when commissioning services. To support the training, a document was produced with the support of our CSU provider colleagues. This was called 'Knowing Our Patch' – exploring our local demographics and health inequalities data.

Dr Andrew Davies, Clinical Chief Officer is our named executive board member. In addition, three GP representatives from our Governing Bodies sit on the Northwest Regional BAME (Black, Asian, and Minority Ethnic) Strategic Advisory Board. Our Governing Body has undertaken equality and inclusion training, and an action plan has been developed with regards to a five-year plan to achieve BAME representation at Board and Senior level.

Equality, diversity and human rights commitment

Promoting equality is at the heart of our core values, ensuring that we commission services fairly and that all communities are involved and engaged in the changes that are made to health services to meet the challenges the NHS faces, as outlined in the Five Year Forward View and NHS Long Term Plan.

We will continue to work internally, and in partnership with our providers, community and voluntary sector, and other key organisations to ensure that we advance equality of opportunity and meet the requirements of the Equality Act 2010 and the Public Sector Equality Duty (PSED).

NHS Halton CCG's Engagement and Involvement (E&I) Group is the 'sounding board' for patient and public engagement, reporting directly to NHS Halton CCG's Joint Quality Committee, which is a subcommittee of the Governing Body. The E&I Group membership includes representation from the community, third sector, and voluntary groups, in addition to Healthwatch Halton and public governors from the main provider organisations. This group strengthens our model for engagement, involvement, and consultation, and provides more robust scrutiny of our work and management of risks.

Due regard to the Equality Act 2010

We are required to pay 'due regard' to the Public Sector Equality Duty (PSED) as defined by the Equality Act 2010. Failure to comply has legal, financial, and reputational risks.

The key functions that enable us to make commissioning decisions, and monitor the performance of our providers, must demonstrate that the needs of protected groups have been considered in:

- commissioning processes
- consultation and engagement
- procurement functions
- contract specifications
- quality contract and performance schedules
- governance systems.

We are required to meet our PSED across a range of protected characteristics, including age, disability, gender, gender reassignment, race, sexual orientation, religion/belief, marital/civil partnership status and pregnancy/maternity status. We also consider other characteristics such as homelessness, carers, low income, and military veterans.

'Due regard' is a legal requirement and means that the decision-makers of NHS Halton CCG must give advanced consideration to issues of 'equality, inclusion, and discrimination before making any commissioning decision or policy that may impact people who share protected characteristics. It is crucial to consider equality implications as integral to all the work and activities across NHS Halton CCG, particularly during these difficult and challenging times.

We continue to carry out equality impact assessments (EIAs). These assessments test the proposal and say whether it meets PSED and ultimately complies with the Equality Act 2010. Failure to carry out equality considerations could be grounds for judicial review and may result in poor outcomes and widen health inequalities. There have been 17 Equality Impact Assessments undertaken this year on our services.

Equality and Inclusion mandatory training

In 2021 our target was to increase the compliance rate for Equality and Inclusion training to 85%. We have exceeded this and our completion rate for staff is currently 88.7%. In addition, staff members have had access to Equality Impact Assessment training, Invisible Disability training and Unconscious Bias training. Equality and Inclusion are also addressed in the support, supervision, and appraisals for staff.

Workforce Race Equality Standard (WRES)

NHS Halton CCG has completed WRES reporting to NHS England and published our WRES action plans. The data is reported to NHS England, which combines with larger data sets across England to analyse representation and experiences across NHS organisations – including CCGs. Due to relatively low numbers of staff employed by NHS Halton CCG, the data sets on staff are potentially identifiable and therefore we are unable to publish this. We are able to publish our WRES action plan for 2021/22 which provides the direction for improving our equality performance for our workforce.

The main highlights are:

- Ongoing support to staff via risk assessments and agile working checklists
- Staff Survey questions had a focus on equality and inclusion
- Health Inequalities and Unconscious Bias training undertaken.

Equality Delivery System (EDS2)

Due to the transition to the ICB, NHS Halton CCG has produced an EDS2 closing-down report. The report provides a summary and progress of the EDS2 activity and gradings as part of the closure of NHS Halton CCG. This will then transfer to the ICB for their consideration. EDS3 will be launched by NHS England in 2022.

Accessible Information Standard (AIS)

The Accessible Information Standard aims to make sure that people who have a disability, impairment, or sensory loss can access information they can understand, along with any communication support they need from health and care services. NHS Halton CCG has produced its AIS Compliance Report for 2021/22. The report aims to give assurance regarding:

- All NHS Halton CCG employees with specific responsibility for producing accessible information are well- informed about the Accessible Information Standard and their roles and responsibilities
- Provider organisations are aware of the standard and meet the requirements of the standard in the provision of healthcare services to members of the public living in the NHS Halton CCG area
- NHS Halton CCG is aware of how well its resources and website complies with the Accessible Information Standard and Web Accessibility Guidelines and can identify any areas for improvement.

Equality objectives

The Quality Committee and the Governing Body at NHS Halton CCG approved the Equality Objectives Plan (2019-23) in April 2019.

NHS Halton CCG's equality objectives are to:

- make fair and transparent commissioning decisions
- improve access and outcomes for patients and communities who experience disadvantage
- improve the equality performance of our providers through robust monitoring and collaboration
- empower and engage our workforce.

Key progress and highlights against our equality objectives over the past year include:

- continuing to monitor and drive improvements in equality and public law
- compliance across all key NHS providers through the quality contract schedule.

The key highlights are listed on the following pages.

Military veterans

We are proud that NHS Halton CCG has signed the Armed Forces Covenant and has now been awarded the silver level of the Employer Recognition Scheme. The Defence Employer Recognition Scheme (ERS) encourages employers to support defence veterans and inspire others to do the same. The scheme encompasses bronze, silver, and gold awards for employer organisations that pledge, demonstrate or advocate support for the defence and armed forces communities, and align their values with the Armed Forces Covenant.

A small task and finish group worked on the application for the silver award, which was awarded in June 2022. A staff Microsoft Teams channel was created so that veterans, serving personnel and family members have a place to discuss anything relevant to their or their families' service. An example of the silver award criteria is below:

- The employer must proactively demonstrate that service personnel/armed forces community are not unfairly disadvantaged as part of their recruiting and selection processes
- Employers should employ at least one individual from the AFC category that the nomination emphasises. For example, an employer nominated to support reserves must employ at least one reservist
- The employer must actively ensure that their workforce is aware of their positive policies towards defence people issues. For example, an employer nominated for support to the reserves must have an internally publicised and positive HR policy on reserves
- Within the context of reserves the employer must have demonstrated support to mobilisations or have a framework in place. They must demonstrate support to training by providing at least five days' additional unpaid/paid leave (but wherever possible not to reservist employees' financial disadvantage)
- The employer must not have been the subject of any negative PR or media activity.

Equality Champions

The main responsibility of an Equality Champion is to raise the profile of equality and diversity and to act as a driver to enable positive action on equality issues within NHS Halton CCG. Champions will be a catalyst to improve services or a specific area of equality. Equality Champions are involved in completing EIAs and raising the profile of E&I in their teams.

Each year, our Quality team reviews provider quality indicators in relation to equality and human rights. These are aligned to the NHS Contract and ensure that providers meet their statutory duties in relation to equality reporting.

The Quality team also ensures the following standards are adhered to:

- Accessible Information Standard
- Equality Delivery System
- Workforce Race Equality Standard
- Disability Workforce Equality Standard.

We will continue to address health inequalities within our commissioning, our partnership work, decision-making and improvement planning.

Improving quality – quality assurance

NHS Halton CCG, while supporting the system, has worked with all providers of commissioned services to ensure quality, safe and effective provision to meet needs. The burden of COVID-19 and its impact on services has led to a backlog of waiting lists. The Quality team has supported our acute and community providers in completing Clinical Harm Reviews on all cases and embedded the Cheshire and Merseyside agreed Quality Principles in all contracts.

All clinical quality and performance meetings of commissioned services continued in virtual form and we worked across the system to ensure quality, safety, and a high-standard patient experience.

We place quality at the core of the way we commission and monitor services. We do this by making clear and measurable expectations and then monitoring these standards closely.

The Quality team is working to the agreed CQC Quality and Safeguarding Strategy and we have five key elements that drive this work:

Patient safety	Patient experience	Clinical effectiveness	Responsiveness	Being well led

Performance against Care Quality Commission standards

Organisations from which we commission care must meet essential standards of quality and safety, as defined by the Care Quality Commission (CQC).

The current CQC ratings for NHS hospital and community provider trusts are as follows:

NHS Trust	Inspection date	Domain results	Overall inspection rating
St Helens and Knowsley Hospitals NHS Foundation Trust	July-August 2018	Safe – Good Effective – Good Caring – Outstanding Responsive – Good Well Led – Outstanding	**Outstanding**
Warrington and Halton Teaching Hospitals NHS Foundation Trust	March-May 2019	Safe – Good Effective –Good Caring – Good Responsive – Good Well Led – Good	**Good**
Mersey Care NHS Foundation Trust	February 2020	Safe – Good Effective – Good Caring – Good Responsive – Good Well Led – Outstanding	**Good**
Bridgewater Community Healthcare NHS Foundation Trust	September 2018	Safe – Requires Improvement Effective – Good Caring – Good Responsive – Good Well Led – Requires Improvement	**Requires Improvement**

The current CQC rating for Primary Care GP services are as follows:

Runcorn Primary Care Network	
Brookvale Practice	Outstanding
Castlefields Health Centre	Good
Grove House Practice	Good
Murdishaw Health Centre	Good
Tower House Practice	Good
Weaver Vale Practice	Good

Widnes Primary Care Network	
Fir Park Medical Centre	Good
Beeches Medical Centre	Good
Bevan Group Practice	Good
Hough Green Health Park	Good
Newtown Surgery	Good
Oaks Place Surgery	Good
Peelhouse Medical Plaza	Good
Upton Rocks	Good

Full inspection reports can be viewed on the CQC website.

The CQC introduced the Emergency Support Framework – an interim measure to be used in all health and social care settings registered with CQC during the pandemic with a new framework being developed for a period afterwards. This continues whilst the new CQC Framework is implemented, as this is a whole-system change. Our Deputy Chief Nurse has remained in continuous contact with the CQC inspectors (via six-weekly video conferencing meetings) to ensure that we can discuss and have oversight of any concerns. This has provided an opportunity to gather information and continue a transparent dialogue to ensure quality and safety oversight is maintained.

We have developed a Quality Surveillance and Improvement Framework 2020-24. This is in line with the NHS Long Term Plan (Chapter 3), which sets out a clear vision for how the quality of services and outcomes is expected to improve over the next decade.

Across our system, we strive to consistently commission a high level of service provision and delivery. The quality of services received by our local population and the experience of service-users are important factors in how we operate. With increasing pressure on health and social care services nationally it is crucial to ensure high standards of care are maintained and improvements are evidenced.

As well as framing the process for routine quality assurance and improvement, the Quality Surveillance and Improvement Framework describes the process for managing and escalating quality concerns and risks, usually associated with decreasing assurance. It also outlines the necessary steps to follow where providers of concern are identified.

The framework sets out the drivers and our statutory duties regarding continuous quality improvement and ensures we are improving quality under Section 14R of the Health and Social Care Act 2012. It also sets out the governance process that will be required for routine quality surveillance and enhanced quality surveillance, through the contract quality meetings, collaborative forums, NHS Halton CCG's Quality Committee, Governing Body, and system oversight via the Cheshire and Merseyside Quality Surveillance Group.

The Chief Nurses across the Halton and Warrington commissioning and provider system have worked hard to establish a shared vision of quality, safety, effectiveness, and experience and have an open dialogue approach to improvement.

In addition, for all commissioned services, quality, safety, and patient experience are key components of all service specifications. To achieve this quality, equality and privacy impact assessments are undertaken regarding any material service changes. In many cases, we set quality standards for our providers that are above these essential requirements and use the quality schedule and key performance indicators to improve standards of care. We work closely with our acute, mental health, community, and Primary Care services throughout the year to ensure that they meet these standards as well. This includes requesting assurance where the care provided is not as expected.

We have implemented the 2021 updated Host Commissioner guidance for the independent providers and have developed a quality schedule and reporting arrangements. This has been challenging due to the complex commissioning arrangements for individual patients, however positive progress has been made.

This experience is being shared at a regional and national level to influence the new model going forward. During the pandemic, we commissioned a new service to deliver consistent and equitable stoma care across the Cheshire and Merseyside footprint. The provider was supported to produce safe and robust policies and

protocols, including incident and safeguarding pathways with the rollout of the service completed on 5 November 2021. The service is monitored monthly, and the initiation phase has highlighted the high quality and safe delivery to the Halton and Warrington population.

We also found there was a need to review and change the method of service delivery. One example of this is the British Pregnancy Advisory Service (BPAS), which implemented the Pills by Post scheme. The scheme had no serious incidents identified locally and has produced positive feedback from service users.

NHS Halton CCG is committed to supporting our providers to minimise patient safety incidents and drive improvements in safety and quality. As directed by the NHS Patient Safety Strategy 2019, NHS Halton CCG has identified two Patient Safety Specialists who are collaborating and supporting colleagues across the Halton and Warrington system with the implementation of the strategy's various features.

The need for Patient Safety education and training formed part of the NHSE Patient Safety Strategy 2019. It stated that other high-risk industries teach their workforce about safety and the NHS should do the same and, if successful, this will have more impact than any other action within the Strategy.

The first two levels of training were released on the Health Education England e-learning platform on 27 October 2021. It is intended that every member of staff, regardless of role or level, will complete level one.

Halton and Warrington Places took a proactive approach with the Patient Safety Specialist raising awareness of the pending training requirements, both internally and externally, prior to its release. On publication, swift collaborative work took place to assign specific staff members to level two and to upload the modules to ESR. The training went live in our Places within four weeks of national release.

A national Scoping Study exercise into training compliance rates led to contact from Professor Peter Spurgeon, Academy of Medical Royal Colleges, who commented that our reported results were "impressive and higher than many other organisations". Health Education England was keen to understand what approach we took to encourage completion of the training in the hopes that they can encourage other organisations to do the same. We have outlined to them what approach we took and updated them that, at the time of writing, our overall compliance across both levels is over 80% for both Places.

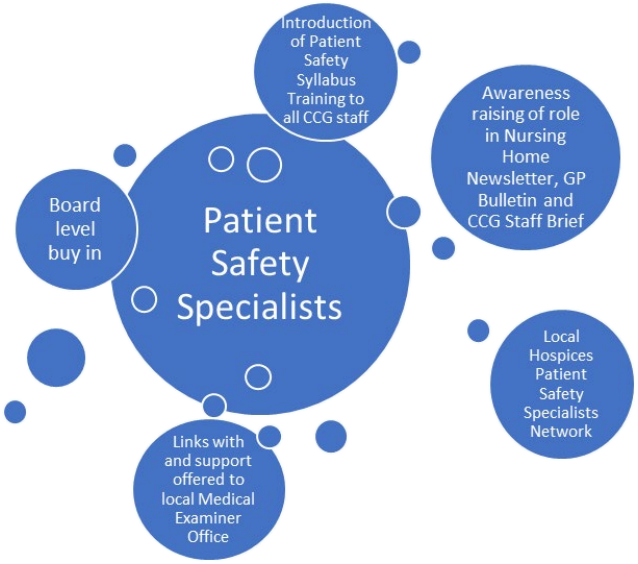
Alongside this Patient Safety Training, the CCG worked with Medical Examiners to support the rollout of work across Primary Care and wider. The introduction of Medical Examiners is part of the NHSE Patient Safety Strategy 2019 as examining the care patients received at the end of their lives can provide crucial safety insight.

Following the Health and Care Act 2022 receiving Royal Assent in April 2022, the Government set out its intention to make the medical examiner system statutory from April 2023. In July 2022, NHSE wrote to all NHS healthcare providers and Integrated Care Boards setting out what local health systems needed to do to prepare for the statutory system. Within Warrington and Halton CCGs, work was already underway to prepare for expansion into the hospices and GP practices; the former of which was achieved prior to publication of the letter.

Collaborative work between the CCG Patient Safety Specialist, Clinical Lead for Quality, our local Lead Medical Examiner and one of our Primary Care Networks, along with strong communications, has culminated in the launch of a pilot scheme. This will test the referral and records access processes that are crucial to the success of the system. Any issues will be addressed prior to the wider roll-out, therefore ensuring successful implementation ahead of the statutory requirement and the provision of significant opportunities to improve care and learning.

A quarterly Primary Care patient safety bulletin collates themes and trends from reported incidents to allow for anonymised lessons to be shared across NHS Halton CCG localities, including all commissioned services and the wider system. As the new serious incident reporting framework is developed nationally, it will be incorporated into practice locally.

We have enhanced quality improvement within individually commissioned care by investing in two Quality Improvement Nurses, who work closely with local authority partners. Furthermore, we established a Care Quality Network across Halton and Warrington. The aim of the network is to provide a forum for sharing information, good practice, and improving quality of care provision for people in residential homes, their own homes, or in supported living settings.



Bridgewater Community Healthcare Foundation Trust has had a consistent monthly Clinical Quality Performance Group (CQPG) due to its CQC rating. The team has engaged positively following the identification of several pressure ulcers that had identified themes for learning. A reduction and improvement plan has had a significant impact with improved assessment and practice and a reduction is now being reported. Quality Impact Assessments have been completed for all services where staff have been redeployed to ensure patient and staff safety is maintained.

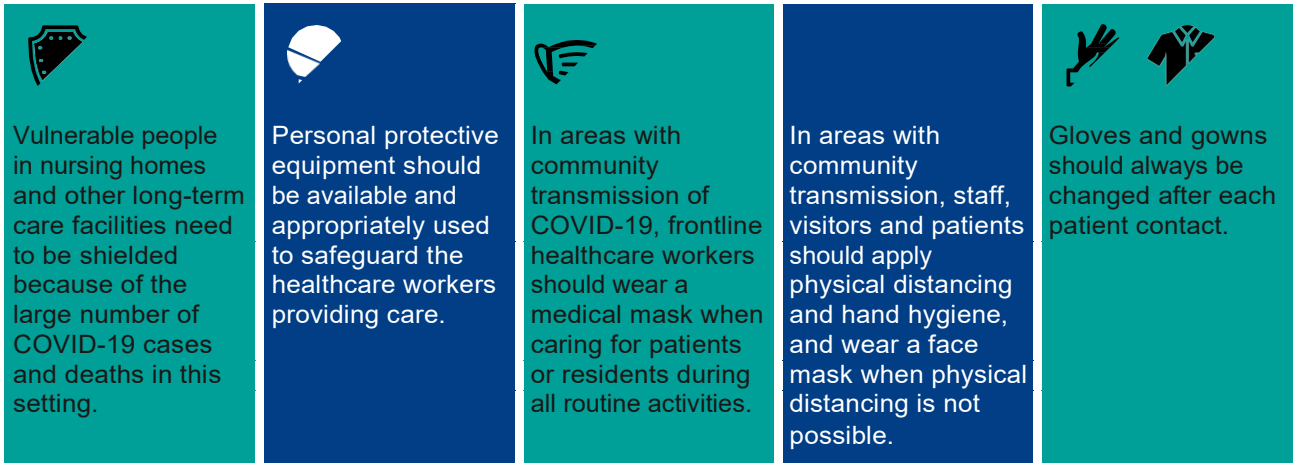
Infection prevention and control

Infection prevention and control (IPC) has been a considerable challenge during the COVID-19 pandemic. We have worked with our providers of services to ensure staff training has continued a rolling programme as we learned how the COVID-19 virus affected the population in areas such as:

- Use of personal protective equipment (PPE)
- 'Hands, face and space' measures
- Environmental adjustments
- Communication materials in different formats and languages
- COVID-19 vaccinations
- COVID-19 testing.

Infection prevention and control in healthcare settings

Healthcare facilities should apply several types of measures to minimise the risk of transmission of COVID-19:



Adapted from information at: www.ecdc.europa.eu/en/publications-data/infographic-infection-prevention-and-control-primary-care

Together, NHS Halton CCG and the system have demonstrated improvements in infection rates with performance against Clostridium Difficile and E Coli both being under trajectory which is positive. The CCG-led Halton and Warrington system has focussed on IPC and has refreshed the action plan to focus on prevention from a public health perspective through to actual healthcare practice.

A major success in 2021/22 is leading on the development of a Catheter Passport for Cheshire and Merseyside with a successful implementation across all local providers. An action plan is in place to support all work and to continue to promote best practice.

E Coli and Clostridium Difficile cases in Halton

E Coli

22 cases in first quarter of 2022/23

Clostridium Difficile

15 cases in first quarter of 2021/22
Target = 11 cases

What we have been committed to:

- A reduction of gram-negative bloodstream infections (BSI) by 50% by 2024. We aim to continue to reduce infection by following our action plan and work with the Cheshire and Merseyside E Coli bacteraemia group on evidence-based practice. It is important that this continues to be addressed across the system health economy
- Reduction in the incidence of Clostridium Difficile infection by working closely with NHS Halton CCG's Medicines Management Team (MMT) and providers to reduce inappropriate antimicrobial prescribing
- A reduction of incidence of methicillin-resistant staphylococcus aureus (MRSA) bacteraemia by continuing education with all healthcare professionals regarding standard infection control precautions when dealing with clients
- Continued implementation of the NHS Halton CCG and NHS Warrington CCG system gram-negative BSI action plan, which has been presented to the Cheshire and Merseyside Anti-Microbial Resistance (AMR) Board and recognised as good system practice.

Incidents and serious incidents monitored across partner organisations including Primary Care

Serious incident monitoring of commissioned services continues with a root cause analysis being completed to ensure learning and changes in practice. Following this, we encourage good practices to be shared alongside themes and trends. This open and transparent approach creates a culture of learning and results in positive improvements for Halton patients.

Areas identified in the first quarter of 2022/23 have included pressure ulcers within BCHFT and community equipment issues. Action plans for improvement are in place and progress reports to CQPG continue.

Safeguarding

In the reporting period 2021/22, NHS Halton CCG Safeguarding team has worked with multi-agency partners to continue to ensure services are equipped and responsive to abuse. There was a noted surge in demand for safeguarding services during the initial COVID-19 lockdown, but during 2021/22 this has decreased as children and adults at risk are more visible to services.

To support the identification and responsiveness to abuse, NHS Halton CCG has maintained GP safeguarding leads meetings over a virtual platform and provided regional and national updates as required. Training has been provided through this forum on Prevent, Channel, ICON (information about infant crying and how to cope) and PIPOT (persons in a position of trust).

Safeguarding training opportunities for Primary Care practitioners has been delivered through several 'lunch and learn' workshop sessions. A range of contemporaneous safeguarding issues have been covered, including perplexing illness and fabricated illness (including the new Pan-Cheshire and Mersey Guideline), child sexual abuse awareness, and learning from Safeguarding Children Practice Reviews. The knowledge and expertise of local Designated Leads have been utilised to facilitate these sessions.

We have also provided access to a Named Nurse to support Primary Care in Halton with the safeguarding children agenda, and delivery of their statutory requirements. This was a new provision for the Halton area. This has included training and development opportunities.

NHS Halton CCG previously identified that it would work with colleagues, to ensure the workforce is competent and confident to respond to the challenges presented by the increasing Complex Safeguarding agenda. To support this, NHS Halton CCG has:

- provided updates via GP safeguarding leads meetings
- shared information on a regular basis to Primary Care to ensure the increasing complexity and ever- evolving safeguarding agenda is communicated
- shared Halton Safeguarding Adults Board (HSAB) and Halton Children and Young People Safeguarding Partnership (HCYPSP) multi-agency training programmes with Primary Care.

NHS Halton CCG has prioritised the Implementation of Mental Capacity (Amendment) Bill to support Primary Care and has disseminated resources and updates to GP safeguarding leads from NHSE/I and the Regional Liberty Protection Safeguards Forum.

To drive quality and gain assurance, NHS Halton CCG has included safeguarding indicators into the Primary Care Quality framework which is reported on by each practice to support contractual assurance. Primary Care completed and submitted a Section 11 Audit in December 2021.

A provider-led safeguarding enquiry process has been implemented across Primary Care to support reporting on safeguarding enquiries back to Halton Borough Council. This includes a set format and response timescales.

'Safe children, safe adults, safe families, safe staff'

The Safeguarding team works collaboratively with key stakeholders to oversee safeguarding arrangements of commissioned health services to respond to adults and children who have been harmed or are at risk of harm.

The team has a fundamental role in NHS Halton CCG's commissioning, assurance and contractual processes. They support and advise the Governing Body and the CCG Executive Leadership team and provide regular safeguarding reporting through the internal governance structure.

The Safeguarding team seeks assurance from providers regarding their safeguarding arrangements through contractual processes.

Safeguarding as Cheshire and Merseyside Integrated Care System

NHS Halton CCG will continue to work collaboratively with Governing Body, partner agencies and patient groups to achieve our ambitious safeguarding work plan and ensure we work towards embedding a sound safeguarding assurance function with the ICS in readiness for July 2022.

- The target operating model for safeguarding for Cheshire and Merseyside has been developed
- A steering group is in place to progress the safeguarding model and develop key workstreams
- Designated nurses are actively supporting the development through the steering group, designated network and collaborative working groups.

Statutory partnerships

NHS Halton CCG is a statutory partner on the local safeguarding adults board and children's partnership, and has collaborated in the following workstreams within 2021/22:

Halton Safeguarding Adults Board

A review of the structure for Halton Safeguarding Adults Board (HSAB) has recently taken place.

NHS Halton CCG, as a statutory partner of HSAB, was an active partner in the review process. This partnership was key to ensuring the voice of the health service was heard and priorities were reflected in the redesign. We remain a committed statutory partner to the Board, ensuring alignment in relation to the Board's priorities and effective leadership and scrutiny of the health contribution.

Key workstreams for this year include:

- Developing a multi-agency audit process
- Learning from SARs
- Reviewing multi-agency policies and procedures
- Developing an assurance framework for HSAB.

Halton Children and Young People Safeguarding Partnership

NHS Halton CCG is a committed statutory partner to Halton Children and Young People Safeguarding Partnership (HCYPSP). We lead and enable the delivery of the partnership's key priorities and scrutiny of the health contribution:

- Implementation of the Neglect Strategy
- Develop an all-age contextual safeguarding strategy
- Multi-agency audit
- Case reviews and learning.

National Safeguarding Adults Week

NHS Halton CCG worked alongside Halton Borough Council to coordinate internal and external messaging for this awareness week. We shared the daily themes across social media channels and with CCG staff.

Our Safeguarding team highlighted key safeguarding issues and facilitated conversations amongst CCG staff, Primary Care colleagues and stakeholders. We worked with health partners across the local system to raise adult safeguarding awareness throughout the week.

Themes across the week included:

- Creating safer cultures
- Adult grooming
- Emotional abuse
- Digital safeguarding.

Designated Professionals Network

Cheshire and Merseyside designated safeguarding professionals from across the NHS to meet regularly under the facilitation of NHSE/I to cooperate on the delivery of any national/regional safeguarding priorities, escalate risks to the National Safeguarding team, and provide peer support. These meetings are utilised to share learning and good practice across the health economy.

Liberty Protection Safeguards

The Mental Capacity (Amendment) Act 2019 received Royal Assent on 16 May 2019. Further regulations and the Code of Practice are awaited which will set out the detail on how the new Liberty Protection Safeguards will work. NHS Halton CCG has completed readiness audits, and NHS Halton CCG is working closely with commissioned health services, NHSE/I, and Halton Borough Council to prepare for the implementation.

The safeguarding roles and functions delivered by NHS Halton CCG Safeguarding team are highlighted below, however, this is not an exhaustive list and will flex in line with local and national priorities.

PREVENT counter terrorism	**Domestic abuse**	**Child deaths**	**Fabricated or induced illness (FII)**
Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS)	**Child sexual abuse**	**Learning Disabilities Mortality Review Programme (LeDeR)**	**Safeguarding Adult Reviews (SARs)**
Local Child Safeguarding Practice Reviews (LCSPRs)	**Neglect, self-neglect and hoarding**	**Domestic Homicide Reviews (DHRs)**	**Child Criminal and Sexual Exploitation (CSE)**
Safeguarding assurance and contract review monitoring	**Safeguarding supervision and support**	**Allegations against healthcare professionals**	**Human trafficking and modern-day slavery**

Medicines management and optimisation

In 2022, the NHS Halton CCG Medicines Management team (MMT) has provided essential pharmaceutical oversight and clinical support to the vaccination programme, embedding high standards of quality to ensure the vaccine is safe and effective for our local population.

The MMT has continued to support all GP practices to ensure safe, high-quality and cost-effective management of medicines for our population. This included support around controlled drug monitoring, clinical incidents, STOMP/STAMP, antimicrobial stewardship, end-of-life prescribing, as well as a dedicated care home and domiciliary support.

The MMT has also continued to work to deliver QIPP savings. The work has included cost-effective prescribing interventions, the practice medicines co-ordinators programme, maintenance of GP system prescribing support software and reduction of medication wastage.

Additional key areas of focus during 2022:

- Safe prescribing of high dose opioids and medications of potential abuse
- Reviews to ensure safe prescribing of oral anti-coagulants
- Sustainability work around low carbon 'greener' inhalers
- Launch of a Medicines Management Dietetic Service.

Staff engagement

Our people are our most valuable assets, and our staff remains at the centre of what we do. During the year we have strengthened our staff engagement processes to support staff wellbeing during the pandemic and with the transition to the ICB.

A virtual whole-CCG staff brief continues to take place weekly, led by the Clinical Chief Officer, where staff members receive an update from the Integrated Management Team, in addition to the latest COVID-19 related information, place updates and team updates.

A weekly staff e-bulletin is also produced to keep everyone informed and includes the Integrated Management Team update and key updates in terms of policies, guidelines and other key information.

All staff continued to work from home until February 2022, when NHS Halton CCG's new hybrid model was launched. The model offers flexible working to support work-life balance.

Occupational health services are key in supporting staff when needed and all staff have access to a full range of occupational health support and other wellbeing packages.

As well as NHS Halton CCG initiatives, staff have been supported by the Cheshire and Merseyside HCP We Are One activities, including live staff briefs with questions and answers, staff bulletins, Connect newsletter and a staff hub.

NHS Halton CCG is actively included in the workforce and OD workstream and the wellbeing and OD subgroup to ensure consistency across the CCG and to ensure that staff wellbeing is considered with the transition.

The Audit Committee has a focus on staff engagement and staff wellbeing with monthly reports.

NHS People Plan

Preserving and protecting the health, safety, and wellbeing of our staff has been critical whilst responding to the COVID-19 outbreak and in the new phase of recovery.

We recognise the importance of supporting the physical and mental wellbeing of our staff and our aim is to enable all staff to stay healthy and protect themselves, colleagues, patients, and families as we continue to deliver services through this challenging period. It is also important that staff, whilst working from home, continue to feel part of their team and NHS Halton CCG.

Our Staff Engagement Group has been vital in ensuring that staff engagement and their health and wellbeing is maintained, as well as the already established communication mechanisms.

We developed a staffing plan in response to the pandemic with the aim of ensuring:

- all HR management is taken into consideration and staff at risk are considered and protected
- staff members feel supported to be able to continue to do their job to the best of their ability, whilst recognising that these are unprecedented times and ensuring no additional pressure is put onto staff
- all members of staff are included in engagement and communication work as effectively as possible, especially considering the new working arrangements of being a dispersed team
- staff health and wellbeing is taken seriously, with mechanisms for staff to feel involved, valued, and listened to – staff should be able to share happy and funny moments together
- that when we return to normal working arrangements and are business as usual, there is a recovery and wellbeing plan in place for staff.

With the ongoing commitment of the ‘We are the NHS: People Plan 2020/21 – action for us all’, and the publication of the NHS Health and Wellbeing Strategic Overview, we are committed to developing and building on the 2019/20 actions to support transformation across the NHS. We will continue to ensure we look after each other and foster a culture of inclusion and belonging.

Looking after our people – with quality health and wellbeing support for everyone

In quarter one of 2022/23, wellbeing activities included:

- Ongoing virtual wellbeing activities
- Staff Development Sessions with a focus on wellbeing, resilience, and self-compassion
- Continued Health and Wellbeing Conversations for all staff every six months
- The Staff Engagement and Wellbeing Microsoft Teams channel continues to be used for support information including occupational health information, and local and regional mental health and wellbeing support
- Continued promotion of our Mental Health First Aiders. We built on this to reflect the working across Cheshire and Merseyside from 1 July 2022 by bringing together a group of Mental Health First Aiders from across Cheshire and Merseyside
- Encouraged staff to undertake the working from home checklist – a review of staff home working environment to assess health and safety factors, implications, and actions, to ensure that staff members are still safe whilst working from home
- Introduction of a Carers Passport to support any staff with caring responsibilities.

In July 2021, we undertook a staff survey across both NHS Halton CCG and NHS Warrington CCG, there was a response rate of more than 50%. The feedback was overwhelmingly positive with staff feeling supported and engaged.

From November 2021, NHS Halton CCG agreed to use the HCP staff survey as their main mechanism for staff feedback. Five staff surveys were carried out from November 2021 to the end of June 2022. Actions that were implemented due to feedback included:

- Rolling out our six-monthly Health and Wellbeing Conversations to all staff, including our Carers Passport to ensure carers are supported in the workplace. Included in the conversations is a reminder about the importance of staff self-reporting on the Electronic Staff Record

- Focusing on wellbeing and resilience in monthly staff development sessions (facilitated by the HCP). Sessions included feedback from the previous staff surveys to show the importance of wellbeing and resilience
- Review of our Health and Wellbeing conversation template and our new starter forms to include more information about resilience and an I resilience questionnaire
- Health and wellbeing support, resources and information are included as a standard item in our weekly staff bulletin (including HCP support).

Belonging in the NHS – with a focus on tackling the discrimination that some staff face

Belonging in the NHS actions, very much relate to NHS Halton CCG Workforce Race Equality System (WRES). Below are the highlights of the activities we have undertaken from our WRES action plan:

- Ongoing support for staff via risk assessments and agile working checklists
- Staff Survey questions had a focus on equality and inclusion
- Health Inequalities training rolled out
- Unconscious Bias training was rolled out to all staff.

New ways of working and delivering care and growing for the future

Our staff have risen to the challenge and have been flexible and adaptable, with many staff continuing to work outside their normal scope of practice and new teams created around people's experience and capabilities rather than their traditional roles.

There is an ongoing Personal Development Review (PDR), one-to-one and a health and wellbeing conversation to ensure that all staff members are supported in their roles and their skills are being used effectively.

Performance management

In recent years, it has become increasingly clear that the best way to manage NHS resources to deliver high- quality, sustainable care is to focus on organising health at both system and organisational levels. This has led to

the implementation of a new single oversight framework monitoring performance across the system. NHS Halton CCG operational performance continues to be monitored using the NHS England Single Oversight Framework.

We are committed to ensuring performance against constitutional measures and outcomes is consistently and rigorously maintained. However, during 2021/22, NHS Halton CCG's normal regime of performance management continued to be suspended in line with national guidance, due to the NHS' focus on responding to the COVID-19 pandemic.

Formal contract monitoring meetings were suspended for a large part of the year except for clinical quality meetings, which were maintained to ensure that the safety and quality of commissioned services were not compromised. The exception to this was primary medical services where contract meetings were maintained.

Performance in terms of serious incidents, infections, and mixed-sex accommodation (MSA) continued to be monitored and quantified.

Reset and recovery: Protect the most vulnerable from COVID-19

Health and wellbeing priorities:

Significant communication activity has taken place throughout the year to provide up-to-date, accurate information to our local communities. To ensure all activity was co-ordinated and effective as possible locally, a Halton and Warrington communications system working group was established with NHS providers and local authorities which met on a regular basis virtually.

Activities included:

- NHS Halton CCG's dedicated vaccination webpage was promoted via social media, partner websites and local media
- Regular social media posts were issued promoting national and local messages for patients and the public
- Regular press briefings and releases were issued to the media.

Long COVID

The National Institute for Health and Care Excellence (NICE) describes 'post COVID-19 syndrome' or 'long COVID' as a set of persistent physical, cognitive and/or psychological symptoms that continue for more than 12 weeks after illness and which are not explained by an alternative diagnosis.

To support the recovery of this cohort of patients, Cheshire and Merseyside Respiratory Network developed an assessment pathway following national guidance. In January 2021, a clinical model was developed utilising Liverpool University Hospitals NHS Foundation Trust as a lead provider. To support this work, NHS Halton CCG appointed a GP Clinical Lead.

For a small number of patients across Cheshire and Merseyside suffering from long COVID, the specialist clinic in Liverpool has managed to deliver a bespoke service that has treated their symptoms such as chronic fatigue. In 2021, an ongoing review of the service offer has been evaluated and local options with place-based provision are being explored.

Restore NHS services inclusively

Health and wellbeing priorities:

The outbreak of the COVID-19 pandemic in March 2020 resulted in a significant reduction in NHS operational capacity due to the infectious nature of the disease on both patients, and health and care staff. During the initial waves of the pandemic, clinical services were required to operate under infection, prevention and control measures, and suspend services when it was anticipated that there would be a greater risk to patients than benefit to be seen.

Promote prevention

Health and wellbeing priorities:

The NHS Long Term Plan aims to support people to live longer, healthier lives by helping them to make the right lifestyle choices and treating illness at an early stage. Our aim is to work with our partners to prevent disease or injury before it occurs.

Vaccines are the most effective way to prevent infectious disease, they prevent up to three million deaths worldwide each year. Immunisations have been maintained through COVID-19, and uptake rates are maintained due to continued promotion and signposting appropriately. There is a cohort of individuals who have declined the vaccination programme consistently. Working in collaboration with local authorities, acute trust, community pharmacy and wider support agencies ideas and initiatives have been suggested, discussed and promoted with the continued option for individuals to access appropriate eligible vaccinations.

Collaborative working across the system

Health and wellbeing priorities:

Individual commissioned care

Building on the work started in 2019/20, we have continued to work collaboratively with Halton Borough Council and NHS Warrington CCG. Working in this way improves resilience and access to clinical expertise while providing opportunities for professional growth and development. Work to align systems and processes for social care and other key stakeholders is being strengthened through regular proactive and positive operational engagement.

The Individual Commissioning team received more than 406 patient referrals during 2021/22. Assessment and case management has continued to be carried out in a timely, effective, person-centred way, ensuring compliance with the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care.

In addition, the team worked with Halton Borough Council to ensure that the 381 patients who were supported out of hospital in line with the Discharge to Assess model, were afforded an assessment of their care needs in the community setting. For those determined eligible for NHS-funded care following a robust assessment, the team continues to support the commissioning of quality care that is safe, cost-effective and appropriate to meet the individual's assessed needs.

Primary Care

Primary Care Networks

All 14 practices continue to be members of a Primary Care Network (PCN). PCNs and their constituent member practices have commenced delivery of their new national contract arrangements which include the updated PCN Direct Enhanced Service (DES) specification and Quality Outcome Framework.

Primary Care Commissioning Committee (PCCC), NHSE/I and Governing Body have been kept fully appraised of the implementation and actions linked to core Primary Care, the PCN DES and the ongoing COVID-19 response.

Antimicrobial stewardship and resistance

Health and wellbeing priorities:

During COVID-19, overall antimicrobial prescribing fell significantly but in the last 12 months has started to increase again in line with national antimicrobial prescribing.

In 2022, the Antimicrobial Resistance (AMR) joint system working has been restarted. Key antimicrobial stewardship focus areas for the Medicines Management team are:

- Antimicrobial prescribing in paediatrics

- Antimicrobial prescribing in recurrent urinary tract infections
- Launch of practice prescribing quality initiative that supports Halton practices to have antimicrobial stewardship action plans in place
- Monthly practice level antimicrobial dashboards to benchmark practice level antimicrobial prescribing and progress against national targets.

Screening Programmes

Health and wellbeing priorities:

Screening has been maintained into the first quarter of 2022/23, but rates across NHS Halton CCG have seen a slight decline which is consistent across Cheshire and Merseyside localities. Work continues to support signposting individuals who may have missed their screening opportunities during the pandemic.

All practices have received either a physical or virtual quality and contracting team joint visit. The best practice is being collated and shared across the locality to support gold standard care and delivery. The collaboration of teams have enhanced the collaborative understanding and working to allow for best practice delivery for the populations we serve and support delivery of care too.

Care home support

Health and wellbeing priorities:

We have continued to work in partnership with Halton Borough Council in supporting the residents and care homes to ensure quality and safe care is maintained during the pandemic and onwards. Our partnership working with the local authority and other stakeholders informs areas of improvement and further development of support required across the care homes.

Our Quality Improvement Nurses support quality visits and this has strengthened links in working across NHS Halton CCG, community services and local authority to improve quality surveillance and oversight, and provide professional support to nurses working within care homes.

Quality site visits have recommenced in 2022 and the introduction of virtual access has been supported throughout COVID-19 and continues to be a priority in relation to supporting patient wishes of where they want to be cared for as Virtual Wards develop.

Liaison between NHS Halton CCG and local authority has been developed and consolidated following identified concerns, and working together has proved beneficial to the residents and the care homes that deliver care and services. Involvement and support regarding quality requirements has ensured enhanced relationships between NHS Halton CCG and local authority and monthly CQC discussions have also ensured robust, open, and transparent relationships with the regulators.

Additional support provided to care home partners was facilitated through:

- access to training to support care homes in their use of electronic devices and through establishing links and workshops with Barclays ‘Digital Eagles’
- maintaining support for equipment purchased by NHS Halton CCG
- providing access to NHS secure mail for 100% of care homes and home care services in the borough

- the continued promotion and roll-out of the RESTORE2 tool to a number of providers which will support homes in their identification of deterioration in their residents and provide them with the communication tools to support clinical decision-making when liaising with Primary Care and other health clinicians
- access to a package of health and wellbeing resources to support care home staff during and post- pandemic – recognising many have experienced bereavement inside and outside the work environment
- developments within the NECS Capacity Tracker system enabled a robust response to deliver the COVID-19 vaccination for care home residents and staff through having access to live data, which provided a greater level of intelligence to offer mutual aid to care homes who may require it
- the data available supported Primary Care in managing the flu and booster vaccination programmes
- the alignment of all care homes to GP practice and PCNs, has strengthened relationships and communication through the establishment of regular ward rounds and MDTs in line with the implementation of the Enhanced Health in Care Homes Framework Primary Care Directed Enhanced Service (DES).

The Applause Newsletter (pictured) – which was initially developed at the onset of the pandemic by the Quality Improvement Nurses – has continued to develop in content and is now a key communication tool with social care partners.

The bi-monthly newsletter is produced in partnership with contributions from the wider Quality team and colleagues from Bridgewater Care Home Support team and the local authority. Its content is agreed upon by a small editorial team and aims to promote quality improvement initiatives and share best practice in subject areas such as patient safety, medicines management and safeguarding, highlighting information on community services, clinical skills and training.

The content is targeted at care homes, but it is also circulated to the wider community as many of the articles are relevant to other social care settings and therefore supports sharing of best practice and learning across the local care system. We continue to raise the profile of Applause and its worth within all forums. The feedback has been overwhelmingly positive as this key collaborative communication tool grows in stature and reach.

Medicines Management Care Home support

In 2022, the dedicated Medicines Management (MM) Care Home team continued to support ward rounds and MDTs with a renewed focus on care homes for people with learning disabilities. Support also included complex medication reviews, homely remedies, bulk prescribing, proxy ordering, training, audit, reduction of waste and improving ordering, support for incident management and quality improvement.

Community response

Health and wellbeing priorities:

On 6 December 2021, the Halton Intermediate Care and Frailty service (HICFS) went live, as a culmination of the redesign work across all the main health and care providers. This was to bring together intermediate care, reablement, falls and frailty services into a collaboration that allows referral from all health and care partners through a single point to access a comprehensive clinical triage, assessment and care provision for patients with signs of complexity or deterioration that may result in an avoidable hospital admission.

The service will provide a rapid response service within two hours in their own home, for those with the greatest needs, as well as same-day and next-day responses for those that need additional assessment and care to allow them to remain in their own home.

The aim is to operate the service 12 hours a day, seven days a week from April 2022 – and continue to identify additional opportunities to enhance the service to support patients outside of hospital to maintain or improve their conditions. This includes looking to increase transfer from the NHS 111 and 999 clinical hubs and ambulance services by inclusion in the directory of services and clinical pathways systems.

Urgent care

Within Halton there are two fully designated urgent treatment centres (UTCs) offering services from 8am to 9pm, seven days a week, serving the two towns of Runcorn and Widnes, plus additional activity from neighbouring boroughs.

The capacity in the centres has been planned to meet the anticipated need of the population and expanded during the last winter to support the excess demand that did present.

Residents in Halton who need urgent – but not emergency care – are now being asked to contact NHS 111 first before travelling to hospital, and where appropriate an appointment at the UTC can be booked directly by the call centre for the patient.

Both UTCs have remained available throughout the pandemic, and both are operating as walk-in facilities to support the public with prompt responsive access to care for their urgent conditions.

High-intensity user services

High-intensity user (HIU) services have been extended and are currently commissioned to the end of March 2023. Additional work is underway to extend referral routes into the services. Whilst it was agreed that the services could be extended , it was a requirement for the extra time to be used to engage with system partners regarding the longer-term future of the HIU service concept, to fully explore all potential options.

24/7 Mental Health Crisis Response

Health and wellbeing priorities:

Halton has an All-Age Mental Health Crisis Line (freephone 0800 051 1508) in place. It provides urgent mental health for people of all ages, including children and young people 24 hours a day, seven days a week. It has continued to be accessed by patients that have had no previous contact with mental health services and by patients that are known to the mental health services.

Halton has a 24/7 free confidential text service that people who are struggling to cope can access. It can be used by children, young people and adults by texting the word REACH to 85258. The main conversations people texted about in the first quarter of 2022/23 related to suicide, depression and sadness, stress and anxiety, relationships, isolation and loneliness.

Park House is a 24/7 crisis house based in Warrington that continues to welcome Halton people in mental health crisis.

System-wide transformation programmes: Service reviews and change programme

Health and wellbeing priorities:

Lead partners from across the health system in Halton and Warrington submitted a shared system recovery plan to NHS England in August 2019. This recovery plan set out an agreed approach and suite of activities the system has committed to implement to redress the health economy's financial challenge over the next five years. This Halton plan is aimed to deliver clinically and financially sustainable health care services for the borough by 2023/24.

Maternity/community children's services

Health and wellbeing priorities:

Maternity services

Halton Community Midwifery Service was transferred in November 2021 from Bridgewater Community Healthcare NHS Foundation Trust (BCHFT) to Warrington and Halton Teaching Hospitals NHS Foundation Trust (WHHFT) and St Helens and Knowsley Teaching Hospitals NHS Foundation Trust (STHK).

The local maternity service reflects the national requirements including those identified within the Ockenden Report (2020), the aspirations of the Cheshire and Mersey Local Maternity Services Network and identified local needs.

Both WHHFT and STHK continued to develop their continuity of carer model this year and work is underway to further enhance the community services – particularly within the Halton locality.

The new arrangements, which are in line with the new national guidance (continuity of carer), improve the experience of our local women and their families to ensure it will enable more women in Halton to receive care from a named midwife (working within a small team) throughout their pregnancy, antenatally, during birth and their post-natal care.

Community children's services

NHS Halton CCG employs a Commissioning Manager for Children and Young People. They support excellence for the communities served and continue to improve outcomes through the operation of a joint health and social care panel process for children and young people in Halton. This ensures a clear and consistent pathway for referrals and decision making, and supports safe and appropriate commissioning. Work also continues to ensure the CCG is appropriately discharging all its duties for children and young people eligible for Section 117 Aftercare or requiring a Care, Education and Treatment Reviews (CETRs) in line with national guidance.

The introduction of the Deputy Designated Clinical Officer role in 2021/22 in NHS Halton CCG has continued to ensure that we meet our statutory duties for children and young people with Special Educational Needs and/or disability (SEND) aged 0 to 25 years and making sure The Code of Practice (2015) is delivered across the locality with our providers and with the local authorities, offering expert advice, information and guidance on matters relating to SEND for the CCG, local authority, health care providers and other local agencies and organisations. The role also works to enable the implementation of CETRs for children and young people.

The provider-led Children in Care team within BCHFT has developed during the year due to capacity and demand. This provides a caseload approach to managing children in care from five to 18 years, ultimately providing children and young people with consistency and a real-time plan to meet their needs.

Statutory health assessments and caseload management for children aged 0 to 5 years are also provided by the same Trust to ensure a seamless service. All elements of children in care health provision have routine reviews and robust quality assurance systems in place which are monitored regularly by the Designated Nurse for Children in Care and by the Quality and Safeguarding team. This enables direct work to advise and support the commissioning process, ensuring that NHS Halton CCG is meeting our statutory obligations and supporting best practices regionally and nationally.

We continue to sustain safeguarding at the core of health and demonstrate our priorities that support NHS Halton CCG's commitment and responsibility to seeking assurances of effective safeguarding from across the health partnership. The Safeguarding Children legislative reforms (Children Act 2004) and enactment of statutory guidance Working Together (2018) have progressed the local safeguarding children partnership as the Halton Safeguarding Children and Young People's Partnership which is now fully operational.

NHS Halton CCG's Chief Nurse is a member of the executive group, whilst the Deputy Chief Nurse, Designated Doctor and Nurse Chair support other partnership activities. NHS Halton CCG supports the Partnership at all levels to support safeguarding developments locally. We support a learning culture and a candid approach to the identification of shortfalls.

We also work collectively with the partnership to routinely complete multi-agency audits, review cases and undertake statutory reviews to ensure learning is identified. During the year we have disseminated key learning from these audits and local and national reviews.

New services

The Halton Mental Health Support Team service (MHST) was launched in January 2022 within 12 schools across a range of primary and secondary school settings as part of a staged rollout to 45 Halton schools. The teams complement the school wellbeing offer and deliver evidence-based interventions for mild-to-moderate mental health issues. They support children and young people to receive the right support and to stay in education.

The service engaged with the remaining schools during the first quarter of 2022/23 to prepare for rolling the service out to the remaining 33 schools in the cohort in September 2022.

Child neuro-developmental pathway

During 2021/22, there has been a significant increase in the number of children and young people being referred for a neurodevelopmental assessment. NHS Halton CCG successfully bid for additional funding to support additional capacity to meet demand during this year. Service demand has continued to be monitored throughout the first quarter of 2022/23.

The Feeding Halton Network

The Feeding Halton Network has been developed by Halton Borough Council in partnership with the Feeding Britain charity. NHS Halton CCG helped to initiate the network through Well Halton seed funding. The network now has more than 20 organisations involved and has opened four 'social supermarkets' across Halton. The social supermarkets are managed by local partners such as Halton Veterans Legion, The Four Estates Charity and Halton Adult Disability team. The supermarkets offer high-quality food at highly reduced rates, in easily- accessible community venues.

Holiday Activity Fund

NHS Halton CCG has continued to be a key partner and steering group member of the Halton Borough Council Holiday Activity Fund. The aim of the fund is to ensure that children who receive free school meals during term- time are provided with meaningful activities and healthy meals during the school holidays.

Over the last year, the funding has been distributed to 47 VCFSE providers. This equates to more than 6,000 attendances at projects and more than 10,000 meals distributed to local children. The summer holidays of 2022 are set to see the programme grow, with over 50 organisations offering services to approximately 2,000 children.

All-age mental health and learning disabilities

Mental health services have been under tremendous pressure with people presenting with increased anxiety and depression. We are proud that our commissioned mental health services quickly adapted in response to COVID- 19 and adopted safe ways of working to ensure they continued to support the population of Halton.

Work has commenced with NHSE/I to develop safeguarding assurance processes for independent mental health and learning disability providers where patients are placed using individual funding. Both primary and secondary care mental health services have stayed open throughout, and we want to encourage people to seek mental health support when they need it.

We invested in two additional mental health clinical roles, who alongside the lead for mental health and learning disabilities, focus in part on reviews for people with mental health needs, including Section 117 aftercare, in line with Host Commissioner guidance. This ensures that people who are in out-of-area placements are reviewed regularly and supported to move back into their home area where appropriate.

NHS Halton CCG has completed a multi-organisational root cause analysis for three serious incidents reported for patients with a learning disability, culminating in the development of 13 recommendations for the commissioning and provider landscape. This learning is being implemented across the local health economy but is also being shared on a Cheshire and Merseyside footprint with key learning disability standards being developed.

We are working closely with the third sector, NHS England and Halton Borough Council to find long-term housing solutions such as settled accommodation for people with learning disabilities and autism.

Learning disability annual health checks

People with learning disabilities are known to often have poorer physical and mental health than other people and may die younger. We are committed to annual health checks, as many of these deaths are avoidable and not inevitable.

An annual health check can identify undetected health conditions early. They ensure the understanding of, and appropriateness, of ongoing treatments and establish trust and continuity of care. GPs and practice nurses in collaboration with learning disability community teams have the skills to help people with learning disabilities get timely access to increasingly complex health systems. In 2021/22, the national target for the percentage of learning disability annual health checks undertaken increased from 67% to 70%.

As part of their contract, Primary Care has the requirement to provide annual health checks. The number of health checks undertaken is monitored throughout the year. Outcomes and achievements as well as dilemmas in delivery have been discussed in Quality and Contracting reviews that have taken place throughout the past six months.

Work has commenced in 2022/23 to improve the quality of the Halton learning disability (LD) annual health checks which is reviewing the processes and templates in place for invitation as well as the care quality delivered during the review. Additionally, we will be participating in a NHSE pilot to review the existing Halton LD Primary Care registers.

Learning disability and autism peer review

In December 2021 Halton took part in a national peer review programme run by the Local Government Association (LGA). It involved a detailed examination of Halton's strategy and service provision to meet the needs of those with learning disabilities and autism across the borough. The LGA met with more than 90 stakeholders including patients, carers, family members, providers, and commissioners.

The peer review highlighted areas that are working well (for example, the strategic partnership working with Halton Borough Council) and where improvements have been made (for example, to the neurodevelopmental pathways for children and young people where post-diagnosis services are now available) and informed an action plan to further develop services. The action plan will be implemented throughout 2022/23.

Halton Key Worker Children and Young People Learning Disability and/or Autism Project

A Halton Key Worker Group has been set up to develop a model that will support a Halton Key Working approach. The project will support children and young people with learning disability and/or autism with the most complex needs.

Learning Disabilities Mortality Review Programme (LeDeR)

Any death, irrespective of the circumstances, is a sad event for the families and the carers of the person who has passed away. NHS Halton CCG is committed to robust local learning to understand how to help people with learning disabilities live longer lives, with good experiences of health and care services, so that they and their families have positive outcomes.

Since 2019, NHS Halton CCG and NHS Warrington CCG have agreed to take a combined approach to the delivery of the LeDeR programme. We have implemented a panel multi-agency approach to the completion of the LeDeR reviews.

Since implementation, the panel methodology has worked well with reviews being completed within the expected timeframe, subject to robust review and local learning identified. Engagement in the panel and information sharing for the reviews by local partners has been good.

Local learning is shared and progressed via a quarterly Learning into Action Forum, and national/regional learning is supported through membership of the Cheshire/Merseyside LeDeR steering group. We are currently working with the local advocacy service to develop a video for people with a learning disability to raise awareness of the importance of regular health checks.

As we move into new arrangements in the NHS through 2021 and into 2022, local integrated care systems (ICSs) will become responsible for the delivery of LeDeR and local learning to reduce health inequalities and premature mortality. For Cheshire and Merseyside ICS, a delivery model for LeDeR has been agreed and governance arrangements are in development. We have actively supported the transition work and are a member of the implementation group.

- Sarah was supported at home throughout her illness with lots of positive input from the Community team and MacMillan
- Fred was 75 years old and had a diagnosis of a learning disability. Fred previously lived in an institution and when this closed, he was supported in a specialist home for people with a learning disability. Fred received services from the Learning Disability team which included, psychiatry, occupational therapy, speech and language therapy, physiotherapy, and nursing. Fred was a very sociable man and would let people know if he was not happy about something and would express his wants and needs very well.

Stopping the over-medication of people with a learning disability, autism or both (STOMP) and supporting treatment and appropriate medication in paediatrics (STAMP)

As part of our continuing commitment to the now updated STOMP-STAMP initiative, NHS Halton CCG's Medicines Management team has been working on an audit to collect data for all (adult and paediatric) patients registered with Halton GP practices who are on the learning disability register and/or have autism, and the psychotropic drugs they are prescribed.

The aim of the review has been to identify prescribing trends and highlight areas of focus, specifically:

- Evidence of patient-level review of psychotropic drugs in line with STOMP- STAMP guidance in the last 12 months (in primary or secondary care)
- Compare prescribing at practice and CCG level with previous audit and reaudit data
- The impact of the COVID-19 pandemic on prescribing psychotropic drugs to patients on the learning disability register.

The audit is currently underway, and will be collated once completed in all practices.

Cancer and End of Life

Health and wellbeing priorities:

Experience-Based Design is a methodology for working with patients, families, carers and staff to improve services, this was embedded into our engagement and involvement work to redesign end of life and palliative care services. An 18-month experience-based design method of engagement was started in 2020/21 to co- design an improved pathway and patient journey for those people at end of life and their families. This work continued into 2021/22.

Following on from the engagement activities that were started in 2020/21 a co-design event was held in April 2022 to bring together the themes and experiences. The event brought together staff, clinicians, patients, the public, carers and third sector organisations to start to co-design a new service model for end of life and palliative care. From this, task and finish groups were set up, with the involvement of patient representatives. This work is ongoing and will continue into 2022/23.

Targeted lung health checks

The national pilot for targeted lung health checks commenced in Halton just before Christmas, with the first four Runcorn GP practices offering invitations to their patients to be participants in the programme.

Targeted lung health checks are a national screening programme offered to residents between the age of 55 and 75, who have ever smoked. If there are concerns following an assessment of respiratory disease, a CT scan is arranged to detect or rule out lung cancer.

The programme will continue throughout 2022, with invitations in March for patients in the first practices in Widnes and later in the new financial year for the remaining practice populations for both Runcorn and Widnes.

The outcome of the pilot that is being undertaken at sites across the country, and now including five CCG areas in Merseyside, will determine the national strategy and roll out of the scheme to the whole of the country in future years.

Faecal Immunochemical Test (FIT)

Halton GPs have continued to work in partnership with the local hospitals for the implementation of the FIT diagnostic programme for patients presenting with symptoms with a low or high risk of bowel cancer.

FIT allows patients to undertake a simple home test by collecting a small sample of poo and sending it to the hospital laboratory for analysis, rather than undergo a day case procedure for scope to examine the bowels.

Diabetes

The Halton Community Diabetes Service

The Halton Community Diabetes Service is in the final stages of implementation and roll out of the service early in 2022 and fully operational from April. The service will provide all Halton general practices allocated Community

Diabetes Specialist Nurse (DSN) slots to select which of their adults with type 2 diabetes are seen in their practice by the Community DSN.

The selection will be based on individual requirements such as diabetes complexity (medications), personal circumstances (housebound) and treatment target results (HbA1c, Cholesterol, BP).

The aim of the service is to:

- improve achievement of the three treatment targets (HbA1c, BP, Cholesterol) in Halton's type 2 diabetic population
- support Primary Care in managing individuals with type 2 diabetes more effectively and reducing variation
- enable Primary Care to manage a higher level of disease complexity and increase the knowledge and competency of Primary Care clinicians
- reduce avoidable Halton type 2 diabetes secondary care emergency admissions and referrals
- improve ability for individuals with type 2 diabetes to self-manage their condition
- improve medicines optimisation for this patient cohort and as such improved safety, quality, and cost- effective use of treatments in line with the locally-agreed pathways and formulary.

Hypertension – BP@Home

The Cheshire and Merseyside ICS BP@Home programme has successfully procured blood pressure monitors and cuffs to further scale up the monitoring and management of hypertension across the region.

The additional machines will:

- help improve blood pressure (BP) control in patients – preventing heart attacks and strokes can also help to reduce emergency presentations adding to winter pressures
- support local delivery against a national and local long-term conditions priorities
- support delivery against the recently launched Primary Care Network Cardiovascular disease Prevention and Inequalities programme
- help to scale-up implementation in Hypertension Accelerator CCGs.

Each CCG in Cheshire and Merseyside has been allocated additional BP equipment based on several factors to tackle inequalities. The total number includes a targeted offer of 60 machines to practices that are outliers in their control of BP to target figures. For Halton, this is an additional 1,398 monitors and cuffs (+250 additional cuffs) that have been allocated to the GP practices for use in home and self-care management.

My MHealth

The My MHealth project commenced before the COVID-19 pandemic and will continue during 2022/23. My MHealth is a multi-morbidity digital health platform providing a population-scale solution for the long-term conditions that have the most impact on patients, clinicians, and healthcare providers.

The project aims to:

- promote self-care and self-management for patients
- provide a digital offer of education to patients
- increase capacity for pulmonary/cardiac rehabilitation and diabetes education services across Halton
- increase uptake of diabetes education
- achieve efficiency savings and improved healthcare outcomes in Primary Care through the streamlining of the annual review processes
- improve data collection of service activity by clinical teams
- improve outcomes for patients living with a long-term condition
- improve patient satisfaction of service access
- improve clinician satisfaction of service delivery
- improve the digital skills of staff
- improve efficiency and productivity, freeing-up time for direct patient care.

Bariatric and weight management services

The North West Bariatric Services procurement process to establish new contracts for tier four bariatric surgery was delayed by the COVID-19 pandemic. The tender will now be completed in the first quarter of 2022/23, with mobilisation and commencement of the new contract in the third quarter of 2022/23.

Sustainable development

The CCGs' sustainable development plans were put on hold due to the COVID-19 pandemic. However, staff are able to continue to work from home in line with our agile working arrangements, thus reducing carbon emissions.

The CCG will contribute as part of the Cheshire and Merseyside sustainable development programme to further enhance this work. This includes CCG staff taking part in the Cheshire and Merseyside Carbon Literacy Training programme.

Going Concern

The Public Audit Forum issued guidance, late in 2020, on how auditing standards should be applied in the Public Sector. This updated guidance, approved by the Financial Reporting Council, explains that where the applicable financial reporting framework provides that the anticipated continued provision of services is a sufficient basis for ongoing concerns, then this should determine the extent of the auditor's procedure's ongoing concerns. This is the case in the NHS, with the Department of Health and Social Care (DHSC) Group Accounting Manual (GAM), where this definition applies.

This means that, for the 2020/21 year-end onwards, while management in NHS bodies still needs to document their basis for adopting the 'going concern' basis, this assessment should solely be based on the anticipated future provision of services in the public sector.

The basis of assessment for the CCG has been outlined as per the following, and this is recommended for inclusion with the reported financial statements: The CCG's financial accounts are prepared under a direction issued under the National Health Service Act 2006 (as amended).

On 12 February 2021, the Government issued a White Paper proposing legislative change that would lead to the restructuring of the NHS and the abolition of Clinical Commissioning Groups (CCGs). On 1 July 2022, the services undertaken and commissioned by NHS Halton CCG, together with the assets, liabilities, and staff transferred to a new NHS organisation, the NHS Cheshire and Merseyside Integrated Care Board, that absorbed its statutory duties. Public sector bodies are assumed to be going concerns where the continuation of the provision of services in the future is anticipated, as evidenced by the inclusion of financial provision for that service in published documents. When a CCG ceases to exist, it considers whether its services will continue to be provided (using the same assets, by another public sector entity) in determining whether to use the concept of 'going concern' for the final set of financial statements. If services will continue to be provided the financial statements are prepared on the going concern basis.

The CCG has produced, alongside NHS Cheshire and Merseyside Integrated Care Board, a financial plan for 2022/23 that considers how the system will work collaboratively, and collectively, to manage the system position into sustainable financial balance. The transitional arrangements have also been considered within this financial plan, which has been endorsed by NHS North West.

For non-trading entities in the public sector, the 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, is normally sufficient evidence of going concern.

Therefore, based on the above, the accounts will be prepared on a going concern basis, recognising that:

- healthcare services will continue to be provided for residents of Halton
- NHS Cheshire and Merseyside Integrated Care Board produced a collective financial plan, in collaboration with partners, that was endorsed by NHS North West
- the CCG has received its financial allocation in the first quarter of 2022/23.

Accountability Report

Corporate Governance Report

The purpose of the Corporate Governance Report is to explain the composition and organisation of NHS Halton CCG's governance structures and how they support the achievement of NHS Halton CCG's objectives.

Members' report

Members profiles

David Merrill, Interim Chair

David is a qualified accountant (CIPFA), and spent his entire working career in Local Government, latterly with Halton Borough Council. Following his retirement, David has held various non-executive roles within the housing and health sectors. He was appointed as a Lay Member, Audit Committee Chair and Vice-Chair of NHS Halton CCG in 2013 and became Interim Chair of NHS Halton CCG in 2019.

Dr Andrew Davies, Clinical Chief Officer

Andy worked as a GP in Warrington for more than 10 years. He has worked in GP practices in Warrington and Runcorn since graduating from Liverpool University in 1997. Andy holds a joint Clinical Chief Officer role across both NHS Halton CCG and NHS Warrington CCG. Andy is the Vice Chair of the Urgent and Emergency Care work programme, in support of the Cheshire and Merseyside Health and Care Partnership.

David Cooper, Chief Finance Officer

David was appointed as Chief Finance Officer in March 2015. He is a full member of the Chartered Institute of Management Accountants (CIMA). Prior to joining NHS Halton and NHS Warrington CCGs, David had worked in the NHS across both provider and commissioning organisations and has accrued over 20 years' experience of working in different roles in NHS finance.

Dr Claire Forde, GP member representative, Grove House Partnership/Runcorn PCN

Claire graduated from the University of Liverpool where she completed her GP training. After a period of time working as a GP locum in the Merseyside area, she joined the GP workforce in Halton in 2007 as a salaried GP in Runcorn where she is now a GP partner at Grove House Partnership. She was appointed as a Clinical Governing Body Member for NHS Halton CCG in 2012 and prior to that had been involved in Practice-Based Commissioning in Halton. Claire has been the Prescribing Clinical Lead for Halton since 2017 and chairs the Medicines Management Working Group. Claire was also Chair of the Clinical Advisory Group in Halton from 2018 to 2020.

Julie Langton, Secondary Care Doctor

Julie Langton was a consultant obstetrician and gynaecologist at St Helens and Knowsley NHS Trust. She retired in 2015 from clinical practice and took up the role of secondary care doctor initially at NHS Halton CCG. The role is now a joint role across both NHS Halton CCG and NHS Warrington CCG.

Dr Latha Meda, GP member representative, Oaks Place Surgery/Widnes PCN

Latha qualified as a GP in 2005 having completed basic medical school training in India. Latha has worked in Runcorn for eight years as a salaried GP before moving to Oaks Place Surgery, Widnes as a single-handed GP partner in 2013. Latha has also undertaken the Membership of Royal College of General Practitioners (MRCGP) exams as a part of her GP training. She has a special interest in diabetes and has completed Primary Care diabetes training.

Dr David Wilson, GP member representative, Grove House Partnership/Runcorn PCN

David has been a GP Partner at Grove House Partnership, Runcorn for more than 35 years, holding an executive role for more than 30 years in running this practice. He is passionate about developing Primary Care services and as the Chair of a local GP Federation brings a focus on securing the long-term, sustainable, and high-quality General Practice for the people of Halton.

David has a clinical interest in dermatology and held various roles with local commissioning organisations including the Local Health Authority, Runcorn PCG, Halton PCT, and more lately with NHS Halton CCG. David is also the locality lead and treasurer for the Mid-Mersey LMC (Local Medical Committee). David is the clinical lead for IMT with NHS Halton CCG.

Nick Atkin, Lay Member

Nick is a Yorkshire man but has been a Warrington resident who has made the town his home for the last 24 years. After 14 years as the Chief Executive at Halton Housing Nick joined Yorkshire Housing, as Chief Executive in 2019. Nick has a track record of leading organisations through transformational change, driving performance improvement, with a focus on maximising the untapped potential from businesses and people. Nick has driven the transformational change of Yorkshire Housing to enable it to be best placed to meet the future opportunities and challenges.

Ifeoma Onyia, Acting Director of Public Health and Public Protection

Ifeoma is a Fellow of the Faculty of Public Health and took up the Director of Public Health role in August 2021. She originally studied medicine in Nigeria and trained in general practice across Yorkshire and Cheshire and Merseyside, before completing her public health training also in Cheshire and Merseyside. She has worked as a Consultant in Public Health for the NHS in Wirral and Stoke-on-Trent before joining Halton in 2013, leading on Healthcare Public Health, Intelligence and Governance. Ifeoma also has an NIHR-funded role to build public health research capacity in local authorities.

Ruth Austen-Vincent, Lay Member

Ruth is Lay Member for engagement and has worked to support patient voice and develop diversity and inclusion in services throughout her working life, having started out in youth and community work. Currently in addition to the NHS Warrington CCG role, Ruth works for the Multiple Sclerosis Society across a large part of the UK including Cheshire and Mersey and co-chairs the Cheshire and Merseyside Neurological Alliance.

Dilys Quinlan, Lay Member

Dilys is a Lay Member with a particular focus on Primary Care – having spent 20 years as an NHS Senior Manager working in diverse roles in and across primary and secondary care. Since leaving the NHS in 2011, she has steadily brought together a portfolio of discrete roles which includes non-executive work for several local CCGs, criminal justice public appointments at HMP Liverpool, is a voluntary Independent Advocate to Looked After Children for Sefton MBC and currently Director at Healthwatch St Helens. Dilys chairs the Primary Care Commissioning Committee.

Joanne Cripps, Practice Manager representative

Joanne Cripps has worked at Grove House Practice for over 14 years, with the last five years as the Business Practice Manager. Her background of customer service and operational management has brought skills and experience has helped develop services to serve over 14,500 patients. Joanne enjoys speaking directly with patients and staff to understand their needs in March 2020 achieved her Advanced Practice Management Diploma.

Gareth Hall, Lay Member

Gareth is a recently retired Chartered Banker with some 40 years' experience in Commercial Finance and Compliance, with the latter five years exclusively within the healthcare sector. Gareth has also worked for the NHS, in a non-executive capacity, for approximately 14 years. Following retirement, Gareth has built up his portfolio of complementary roles that support the resident service users' voices across the health and social care sectors.

Kath Parker, Healthwatch Halton

Kath qualified as a Registered General Nurse in 1980 and after a long career in Nursing, including working for the Royal College of Nursing, she retired in 2015. Having lived in Halton her entire life she then volunteered and became a volunteer for Widnes and Runcorn Cancer Support Group . In 2017 she took the role of Chair for Healthwatch Halton and attends the Halton CCG Governing Body as a non-voting member.

Member practices

NHS Halton CCG is a membership organisation. All practices which provide primary medical services for a registered list of patients under a General Medical Services, Personal Medical Services, or Alternative Provider Medical Services contract in our area are eligible for membership of NHS Halton CCG. The practices which make up the membership of NHS Halton CCG are listed below:

Practice name	Address
Bevan Group Practice	Bevan Way, Widnes, WA8 6TR
Beeches Medical Centre	20 Ditchfield Road, Widnes, WA8 8QS
Brookvale Practice	Hallwood Health Centre, Hospital Way, Runcorn, WA7 2UT
Castlefields Health Centre	The Village Square, Castlefields, Runcorn, WA7 2HY

Fir Park Medical Centre (previously Appleton Village Surgery)	Lanark Gardens, Upton Rocks, Widnes WA8 9DT
Grove House Partnership	St Paul's Health Centre, High Street, Runcorn, WA7 1AB
Hough Green Health Park	Hough Green Road, Widnes, WA8 4NJ
Murdishaw Health Centre	Gorsewood Road, Murdishaw, Runcorn, WA7 6ES
Newtown Health Care Centre	Widnes HCRC, Oaks Place, Caldwell Road, Widnes, WA8 7GD
Oaks Place Surgery	Widnes HCRC, Oaks Place, Caldwell Road, Widnes, WA8 7GD
Peelhouse Medical Plaza	Peelhouse Lane, Widnes, WA8 6TN
Tower House Practice	St Paul's Health Centre, High Street, Runcorn, WA7 1AB
Upton Rocks Primary Care	Widnes RUFC Car Park, Heath Road, Widnes, WA8 7NU
Weavervale Practice	Health Centre, Hospital Way, Runcorn, WA7 2UT

Membership engagement

In 2022/34, NHS Halton CCG's Place Directors have led monthly meetings with all member practices via Microsoft Teams. The meetings include an update for Primary Care commissioning and where required or requested an educational or training element. These updates will continue for the foreseeable future. The calls provide an opportunity to ask direct questions to the Place Directors and to contribute to actions.

Each of our places have separate events to minimise any system pressures that may result in practices being closed. Protected learning is essential for member practices and their teams to remain up to date with statutory and mandatory training. These are being coordinated in collaboration with Clinical Leads and Place teams.

Composition of Governing Body

NHS Halton CCG is made up of our member practices and the Governing Body is accountable to our members. NHS Halton CCG is legally required to have a Governing Body in place and our Governing Body provides the necessary challenges and assurance that our accountabilities are being met effectively, efficiently, and economically, and in accordance with NHS Halton CCG's principles of good governance.

The Governing Body members are:

Name	Role
David Merrill	Chair (interim)
Nick Atkin	Lay Member
Ruth Austen-Vincent	Lay Member
David Cooper	Chief Finance Officer
Lisa Ellis	Interim Chief Nurse
Joanne Cripps	GP Practice Manager representative
Dr Andrew Davies	Clinical Chief Officer
Dr Claire Forde	GP member representative
Gareth Hall	Lay Member
Julie Langton	Secondary Care Doctor
Dr Ifeoma Onyia	Interim Director of Public Health (Halton)
Dr Latha Meda	GP member representative
Kath Parker (non-voting member)	Healthwatch Halton

Dilys Quinlan	Lay Member
Dr David Wilson	GP member representative

Others in regular attendance include:

Name	Role
Maria Austin	Chief of Public Affairs and Engagement
Pam Broadhead	Chief Primary Care Officer
Rebecca Knight	Head of Assurance and Risk

Committees, including Audit Committee

NHS Halton CCG is required by statute to have an Audit Committee and Remuneration Committee as a minimum. NHS Halton CCG is also required to establish a Primary Care Commissioning Committee, due to having delegated commissioning responsibility for Primary Care commissioning.

NHS Halton CCG has, whilst not required by legislation, established additional committees to deliver its objectives and provide an appropriate level of assurance and scrutiny.

Following the declaration of the COVID-19 pandemic in March 2020, CCGs were asked by several letters up to January 2022 to reduce burden and release capacity for NHS providers and commissioners to manage the response to the pandemic.

As a result of this request, the CCG stood down its Quality Committee and Finance and Performance Committee and established an Urgent Issues Committee for urgent decision-making and assurance purposes. During 2021/22, the Urgent Issues Committee met on two occasions in April and May 2021, prior to the Quality Committee and Finance and Performance Committee being re-established.

At the Governing Body meetings held on 10 November and 8 December 2021, the Governing Body agreed to the recommendation to delegate all duties and functions to the Joint Committee of CCGs in Cheshire and Merseyside other than those which cannot legally be delegated and any CCG specific arrangements. In addition,

it was agreed that sub-committees of the Joint Committee would be established and that the assurance committees at CCG level would be stood down.

The committees that have been in place include:

- Audit Committee
- Remuneration Committee
- Primary Care Commissioning Committee
- Legacy Issues Committee (meetings held between 27 April and 25 May 2022)
- Joint Committee of the Cheshire and Merseyside CCGs (first public meeting held on 28 September 2021. The three sub-committees are Finance and Resource, Performance, and Quality).

The membership of the Audit Committee is as follows:

Name	Role
Gareth Hall	Lay Member, Committee Chair
Ruth Austen-Vincent	Lay Member
Nick Atkin	Lay Member
Dilys Quinlan	Lay Member

Further information, including the functions of the committee and a summary of the committees' work can be found later in this report.

Register of Interests

The CCG Standards of Business Conduct including Conflicts of Interest Policy was updated and approved in March 2020. It is a joint policy across NHS Halton CCG and NHS Warrington CCG.

As a publicly-funded organisation, we have a duty to set and maintain the highest standards of conduct and integrity. We expect the highest standards of corporate behaviour and responsibility from Governing Body members and all officers. As a commissioner of healthcare services, CCGs are committed to managing conflicts of interest in a way that demonstrates transparency, probity, and accountability.

All staff are required to make declarations in the following circumstances:

- On appointment with the CCG
- When staff move to a new role or their responsibilities change significantly
- At the beginning of a new project or piece of work
- As soon as circumstances change and new interests arise (for example, in a meeting when interests staff hold are relevant to the matters in discussion).

We review all committee papers prior to them being circulated, to ensure that they are not shared inappropriately with committee members, by allowing any advantage to influence any decision, because of a declared interest. We have continued with the requirement for all staff to undertake the full suite of e-learning modules available relating to conflicts of interest, in addition to decision-making staff.

The Register of Interests can be requested from cmicb-war.halccgregisterofinterest@nhs.net.

The Standards of Business Conduct including Conflicts of Interest Policy can be found on the website, as well as details of any breaches that have been found. To further strengthen scrutiny and transparency of the CCG's decision-making processes, we have a Conflicts of Interest Guardian. This role is undertaken by Gareth Hall, Lay Member and Audit Committee Chair.

Modern Slavery Act

NHS Halton 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.

Personal data related incidents

Our arrangements for Information Governance are described in the Governance Statement.

There were no confidentiality breaches during the first quarter of 2022/23.

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 Mr Graham Irwin to be the Accountable Officer of NHS Halton 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 NHS Halton 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 NHS Halton 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
- Prepare the accounts on a going concern basis
- 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.

Disclosures

As the Accountable Officer, I confirm that there was adequate and sufficient handover from the previous Accounting Officer to provide me with the assurances required to make these statements. I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the 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

Mr Graham Urwin

Graham Urwin

Chief Executive
NHS Cheshire & Merseyside ICB

29.6.2023

Governance Statement

NHS Halton CCG is a corporate body established by NHS England (now NHS England and NHS Improvement on 1 April 2013 under the National Health Service Act 2006 (as amended).

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

As at 1 April 2019, the Clinical Commissioning Group is not subject to any directions from NHS England issued under Section 14Z21 of the National Health Service Act 2006.

Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the 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 CCG Accountable Officer Appointment Letter.

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

Governance arrangements and effectiveness

The main function of the Governing Body 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.

NHS Halton CCG is accountable to its members, the public, its stakeholders and NHS England and NHS Improvement. NHS Halton CCG demonstrates its accountability through its statutory requirements and through

holding regular engagement events, working alongside Mid-Mersey LMC, Healthwatch and the Health and Wellbeing Board and providing information to the public at large.

As a membership organisation, it is vital that we engage with our member practices; not only those GPs who are members of our Governing Body but also our clinical leads and our Primary Care staff, including practice nurses and practice managers.

NHS Halton CCG updated its Constitution early in 2020, in line with the model Constitution. The Governing Body recommended the updated Constitution for approval in March 2020, prior to submission to NHSE/I. The update followed extensive engagement with member practices about any proposed amendments. However, as a direct result of the declaration of the COVID-19 pandemic, the updated Constitution was not taken forward for final approval at that time and was not progressed for approval by NHSE/I until January 2021 following further engagement with member practices and the LMC.

Further communication from NHSE/I confirmed that approval of Constitutions was not taking place, unless it is considered to be business critical. NHSE/I has confirmed that the updated version is not considered to be business critical. An audit log of governance issues has been developed to capture such decisions.

The CCG members retain decision-making powers in relation to the strategic direction of the CCG and the composition of the membership. Powers in relation to investment decisions, managing performance and other commissioning issues have been delegated to the Governing Body up to end November 2021 whereby a decision was made to delegate those duties and functions to the Cheshire and Merseyside Joint Committee of CCGs. These decision-making powers are set out in the CCG's Scheme of Reservation and Delegation.

Governance arrangements during the COVID-19 pandemic

Following the declaration of the COVID-19 pandemic in March 2020, NHSE/I wrote to all NHS trusts and CCGs on 28 March 2020. The letter outlined the need to reduce the burden on and release capacity for NHS providers and commissioners to manage the response to the pandemic.[1]

Areas identified in the letter which were implemented immediately including the following:

[1] Letter template (england.nhs.uk)

- Both CCGs continued to hold Governing Body meetings but streamlined papers, focused agendas and held virtually not face-to-face
- Membership engagement was limited to COVID-19 purposes
- While having regard to their constitutions and agreed internal processes, an Urgent Issues Committee was established to allow timely and effective decision-making. The usual assurance committees were stood down with all business taking place via the Urgent Issues Committee
- Guidance issued regarding Constitution standards was implemented
- Data reporting to NHS Digital was suspended
- Enactment of business-critical roles as per the Business Continuity Plan.

Arrangements during the first quarter of 2022/23 have flexed depending on service needs. Committees have continued to meet virtually in the main, as have engagement forums. Further information can be found in the Committees section later in this statement.

Members of the Governing Body, committees and senior managers

The members of the Governing Body are listed in the Corporate Governance section of this report.

The Governing Body has met two times in public session and once in private.

NHS Halton CCG has an ongoing requirement to review the CCG's governance arrangements to ensure they reflect the principles of good governance. In the first quarter of 2022/23, the CCG continued to monitor its joint working arrangements with NHS Warrington CCG and also with the Cheshire and Merseyside Joint Committee of CCGs. This included scrutinising the arrangements for identifying and managing conflicts of interest and ensuring that all decisions made are in accordance with the Scheme of Reservation and Delegation.

Committees

The CCG Governing Body established a number of committees to deliver its objectives and provide an appropriate level of assurance and scrutiny. The CCG Governing Body has delegated responsibility to a number of committees, as per its Scheme of Reservation and Delegation. In November 2021, duties and functions were

delegated (where possible), in line with other CCGs, from the Governing Body to the Cheshire and Merseyside Joint Committee.

The Audit Committee and Remuneration Committee were established as Committees in Common aligned with NHS Warrington CCG at the end of 2019/20. The Primary Care Commissioning Committee remains as a place- based committee in Halton.

The table below provides an illustration of the committees in place during the first quarter of 2022/23.

<table>
<tr><th colspan="2">NHS Halton CCG Governing Body</th><th>Cheshire and Merseyside Joint Committee of CCGs</th></tr>
<tr><td>Audit Committee</td><td>Remuneration Committee</td><td>Finance and Resources Sub-Committee (Operational from 9 December 2021)</td></tr>
<tr><td rowspan="2">Primary Care Commissioning Committee</td><td rowspan="2">Legacy Issues Committee (Operational from 26 January 2022)</td><td>Performance Sub-Committee (Operational from 21 December 2021)</td></tr>
<tr><td>Quality Sub-Committee (Operational from 7 December 2021)</td></tr>
</table>

Each committee regularly reports to the Governing Body for assurance purposes. These Key Issue Reports are available in each Governing Body agenda.

Audit Committee

The Audit Committee plays a key role in supporting the Governing Body by critically reviewing and reporting on the relevance and robustness of the governance structures and assurance processes on which the Governing Body places reliance.

Membership of the committee includes four lay members. The Chair is also the Conflict-of-Interest Guardian. The purpose of the committee is to receive assurance on the following areas:

- Risk management, including the Assurance Framework and cyber risk
- Integrated governance
- Internal control
- Internal and external audit
- Financial reporting
- Counter fraud
- Procurement arrangements
- Whistleblowing and freedom to speak up arrangements
- Conflicts of interest arrangements
- Due Diligence, Transition and Close Down Assurance in readiness for the Integrated Care System, which was be implemented on 1 July 2022.

The Audit Committee met three times during the first quarter of 2022/23.

Remuneration Committee

The Remuneration Committee has the function of making recommendations to the Governing Body about the exercise of its functions in relation to:

- determining the remuneration, fees and allowances payable to employees (non-agenda for change employees) of the CCG and to other persons providing services to it
- determining allowances payable under pension schemes established by the CCG.

Membership of the committee includes two Lay Members, Secondary Care Doctor and a Governing Body GP member. The committee is chaired by a Lay Member. The Committee is operated under a Committees in Common model in collaboration with NHS Warrington CCG.

Remuneration Committee met once during the first quarter of 2022/23.

Primary Care Commissioning Committee (PCCC)

As the CCG has delegated responsibility for Primary Care commissioning, it is required to have a PCCC. The functions being exercised by the Committee are NHSE/I functions, which means that they cannot be
further delegated, and they cannot be delegated to a joint committee.

The Committee enables members to make collective decisions on the review, planning and procurement of Primary Care services in Halton.

Membership of the committee includes two Lay Members, Clinical Chief Officer (or deputy), Chief Finance Officer (or deputy), Chief Nurse (or deputy), two clinicians (GPs and Secondary Care Doctor). The committee is chaired by a Lay Member.

The purpose of the committee is to:

- take decisions on the commissioning of primary medical services in the CCG's geographical area
- receive information on the quality of commissioned Primary Care medical services and identify any actions needed to address concerns
- plan, including needs assessment, Primary Care medical services, in the geographical area
- undertake reviews of the Primary Care medical services in the geographical area
- co-ordinate a common approach to the commissioning of Primary Care medical services
- manage the budget of the commissioning of Primary Care medical services.

The Primary Care Commissioning Committee met once during the first quarter of 2022/23.

Joint Quality Committee

The Joint Quality Committee provided assurance to the Governing Body on all aspects of service quality, within the remit of the CCG. This includes clinical effectiveness, safety and service user experience. The Committee had delegated authority from the Governing Body to secure continuous improvements in the quality of commissioned services.

The committee was established as a Joint Committee in collaboration with NHS Halton CCG in September 2020. Terms of reference were updated, approved and implemented in September 2020.

The Quality Committee then operated from 30 June to 24 November 2021. From 25 November 2021 to 30 June 2022, its responsibilities were passed to the Cheshire and Merseyside Quality Sub-Committee or to Legacy Issues Committee (where decisions related to Halton only).

Joint Finance and Performance Committee

The Joint Finance and Performance Committee provided assurance to the Governing Body on all aspects of finance and performance within the remit of each CCG. This includes CCG finances, delivery of CCG operational performance and the performance of commissioned services.

The Joint Finance and Performance Committee then operated from 30 June to 24 November 2021. From 25 November 2021 to 30 June 2022, its responsibilities were passed to the Cheshire and Merseyside Quality Sub- Committee or to Legacy Issues Committee (where decisions related to Halton only).

The Legacy Issues Committee

The Legacy Issues Committee was established to support transitional arrangements arising from the closedown of both CCGs. The Quality Committee and Finance and Performance Committee had been disestablished following approval by each Governing Body to delegate duties and functions to the Joint Committee of CCGs.

The Legacy Committee supports any urgent decision making or oversight not covered by the Joint Committee of CCGs or groups established at the place base in either Halton or Warrington.

Membership includes all Lay Member representatives (one of whom will chair the meeting), one GP Governing Body Member (Halton), one GP Governing Body Member (Warrington), Secondary Care Doctor, Chief Finance Officer (or nominated deputy), Chief Nurse (or nominated deputy), and one other member of the Integrated Management Team.

The Legacy Issues Committee met twice during the first quarter of 2022/23.

Joint Committee of Cheshire and Merseyside CCGs

The overarching role of the Joint Committee is to enable the Cheshire and Merseyside CCGs to work effectively together and make binding decisions on agreed service areas, for the benefit of the both the resident population and population registered with a GP practice in Cheshire and Merseyside.

Decisions will be taken by members of the Joint Committee in accordance with the delegated authority granted to them from each of their respective CCGs. As Joint Committee Members, individuals will represent the whole Cheshire and Merseyside population and make decisions in the interests of all patients.

The membership of the Joint Committee includes, per CCG – one member with statutory duties (either the Accountable Officer or Chief Finance Officer), one Chair, one Vice Chair, four Clinical Leads, one Secondary Care Doctor, one Registered Nurse, one Lay Member – audit and governance, one Lay member – PPI, and one Quality Lead. The representatives for NHS Halton CCG and NHS Warrington CCG are Dr Andrew Davies, and David Cooper.

The Joint Committee of Cheshire and Merseyside CCGs met three times during the first quarter of 2022/23 and all meetings were quorate.

Quality Sub-Committee

The Quality Sub-Committee will provide assurance that effective quality, safety and experience arrangements underpin all services provided and commissioned on behalf of the CCGs. The Sub-Committee will ensure that all regulateblory requirements are being met and patient safety is continually improved to deliver a better patient experience.

In particular, the Sub-Committee will provide assurance to the Cheshire and Merseyside CCGs Joint Committee and the CCGs' Governing Bodies:

- that effective quality arrangements underpin all services provided and commissioned on behalf of the CCGs. The Sub-Committee will ensure that all regulatory requirements are met and quality and patient safety is continually improved to deliver a better patientexperience
- that commissioning decisions are based on evidence of clinical effectiveness and influenced by patient experience, feedback and need; and in so doing, promote patient safety and a positive patient experience, in line with the principles of the NHS Constitution, the CCGs' values and the requirements of the Care Quality Commission.

- the CCGs will seek assurance from providers, raise formal queries and refer issues to the Joint Committee where there are significant concerns, which may compromise quality and patient safety
- that CCGs will ensure that a clearly defined escalation process is in place for safety and quality measures, taking action as required to ensure that improvements in quality are implemented where necessary
- that CCGs can satisfy themselves that children, Looked After Children, special educational needs and disability (SEND) requirements and adult's safeguarding duties are being met and that robust actions are taken to address concerns.

The Sub-Committee Membership will be composed of, as a minimum, at least one Cheshire and Merseyside CCG Accountable/Chief Officer, at least one CCG Chair, at least one secondary care doctor, Chief
Nurses/Executive leads for Quality and Safeguarding from all Cheshire and Merseyside CCGs (or nominated deputies), at least three Independent Governing Body Members and at least three Governing Body GP representatives.

The Quality Sub-Committee met three times during the first quarter of 2022/23 and all meetings were quorate.

Finance and Resources Sub-Committee

The Sub-Committee will provide a focus on financial performance and delivery of financial recovery plans to ensure delivery of the Cheshire and Merseyside CCGs' strategic and operational plans are achieved within financial allocations. It provides a focus on financial performance and delivery of financial recovery plans and will support the development of reporting across a number of footprints.

In particular, the Sub-Committee will provide assurance to the Cheshire and Merseyside CCGs Joint Committee and the CCGs Governing Bodies on the delivery of:

- duty as to effectiveness and efficiency
- workforce performance and dashboards for respective CCGs.

The Sub-Committee Membership will be composed of, as a minimum, at least one lay member (as sub- committee chair), at least one CCG Chair, Cheshire and Merseyside CCG Accountable/Chief Officer, executive

leads/Directors of Finance and Contracting, at least three Independent Governing Body Members, and at least three Governing Body GP representatives.

The Finance and Resources Sub-Committee met three times during the first quarter of 2022/23 and all meetings were quorate.

Performance Sub-Committee

The Sub-Committee will support the Cheshire and Merseyside CCG's Joint Committee by ensuring there remains a robust performance management framework in place across the system demonstrating that constitutional targets are met and there is compliance with regulatory requirements.

In particular the Sub-Committee will:

- review and scrutinise the integrated performance reports for each CCG area
- ensure that contract performance is monitored appropriately
- explore and test explanations for significant variations of KPIs
- test the appropriateness and robustness of any correcting actions
- ensure that actual and forecast contract over-performance or under-performance is quantified in both financial and activity terms
- benchmark recovery plans against trajectories
- ensure implantation of priorities as set-out in the operational plan
- oversee that the delivery of procurements in line with statutory requirements
- undertake 'deep dive' reviews when required.
- As a minimum, the membership will include a Chair, at least one Cheshire and Merseyside CCG Accountable/Chief Officer, at least one CCG Chair, Executive leads/Director for Performance and/or Contracting, at least three Independent Governing Body Members and at least three Governing Body GP representatives.

The Performance Sub-Committee met three times during the first quarter of 2022/23 and all meetings were quorate.

UK Corporate Governance Code

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

Discharge of statutory functions

In light of recommendations of the 1983 Harris Review, the CCG has reviewed all of the statutory duties and powers conferred on it by the National Health Service Act 2006 (as amended) and other associated legislative and regulations. As a result, I can confirm that the CCG 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 the Clinical Commissioning Group's statutory duties.

Risk management arrangements and effectiveness

The CCG Risk Management Policy, Process and Toolkit is a shared policy with NHS Warrington CCG. This was fully updated and ratified by each Governing Body in March 2019.

The Policy describes the CCGs approach to risk management as recognising that a key factor in driving its' priorities is to ensure that effective risk management arrangements are in place and embedded in the organisations' practices and processes. Effective risk management arrangements will, in addition to helping ensure goals and objectives are met, help ensure compliance with statutory, mandatory and best practice requirements.

Every activity that the CCG undertakes or commissions others to undertake, brings with it some element of risk that has the potential to threaten or prevent the CCG from achieving its strategic objectives.

A sound system of internal control is required to support the achievement of the CCG policies, aims and objectives, whilst safeguarding public funds and assets.

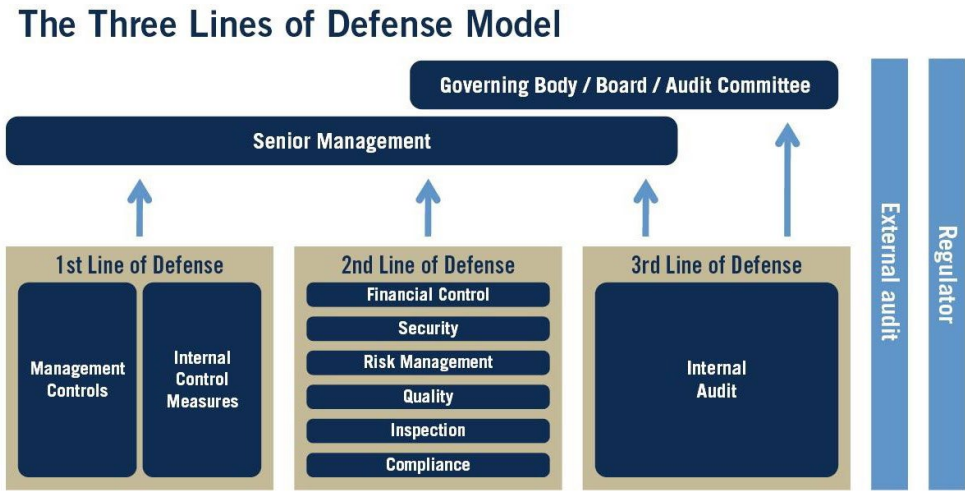
The processes for management of risk, risk registers and Assurance Framework (AF) reflect the risk management principles from International Organisation for Standardisation (ISO) 31000 and also adopt the 'three lines of defence model' (see next page) including local management, monitoring and compliance and internal audit. The CCG uses a risk grading matrix that gives equal weighting to both the impact and likelihood of the risk occurring (based on a five x five scoring system). This provides a qualitative and quantitative analysis of the risk and is used to assess the severity of the risk from all sources.

Risk reports are presented to each 'assurance' committee to reflect the risks aligned to the committee and to ensure they reflect the relevant business associated with the committee. They also provide oversight of the management of the risk and to identify any challenges or areas of escalation that need further scrutiny.

The Corporate Risk Register is presented to the Integrated Management Team (IMT) on a monthly basis for further review and scrutiny as an additional control. The register is then presented to Audit Committee on at least an annual basis for assurance purposes.

The AF is presented to each Audit Committee for scrutiny prior to being presented to the Governing Body. The Governing Body receives assurancefrom the Audit Committee that the risk management process is operating effectively.

The CCG aims tocreate an environment in which risk is considered as a matter of course, appropriately identified and controlled by elimination, orreduction to an acceptable level and at an acceptable cost. The CCG has developed its risk appetite using the matrix developed by the Good Governance Institute.



Adapted from ECIIA/FERMA *Guidance on the 8th EU Company Law Directive, article 41*

The overall opinion for the period 1 April 2022 to 30 June 2022 is:

High Assurance can be given that there is a strong system of internal control which has been effectively designed to meet the organisation's objectives, and that controls are consistently applied in all areas reviewed.
Substantial Assurance can be given that that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.
Moderate Assurance can be given that there is an adequate system of internal control, however, in some areas weaknesses in design and/or inconsistent application of controls puts the achievement of some of the organisation's objectives at risk.
Limited Assurance can be given that there is a compromised system of internal control as weaknesses in the design and/or inconsistent application of controls impacts on the overall system of internal control and puts the achievement of the organisation's objectives at risk.
No Assurance can be given that there is an inadequate system of internal control as weaknesses in control, and/or consistent non-compliance with controls could/has resulted in failure to achieve the organisation's objectives.

Capacity to handle risk

As Accountable Officer, I have overall responsibility for risk management and the arrangements to support this are clearly articulated to all staff through the AF and Risk Management Framework.

The management of governance and risk is delegated to the Corporate Governance team, under the management of the Head of Assurance and Risk, reporting to the Chief Finance Officer. However, the management of risk is embedded throughout the organisation and leadership is secured by review of the risk register and AF as previously described, including at Governing Body and senior management level.

Staff are trained in risk management where required and are equipped to manage risk appropriate to their authority and duties. The CCG operates an open, learning culture and all staff are encouraged to openly discuss and share concerns and examples of good practice that may relates to risks, incidents and near misses.

Risk assessment

The arrangements for leadership of the risk management process are set out in the Risk Management Policy, Process and Toolkit. The CCG has identified its risk appetite within the Policy.

The CCG has successfully managed its finances throughout 2021/22 and met all financial duties and targets. This position was supported by non-recurrent central resource to fund the local response to the COVID-19 pandemic through the Hospital Discharge Programme. All risks associated with finance have been monitored by the Joint Finance and Performance Committee, Joint Urgent Issues Committee, Joint Legacy Issues Committee, Joint Audit Committee, Joint Governing Body, and Cheshire and Merseyside Finance and Resources Sub- Committee.

As at 31 March 2022, there are several highly-rated risks facing the CCG. In addition to the continuing impact from the COVID-19 pandemic and the CCG's capacity to respond to manage the adverse effects on the local population, an additional risk has been managed to ensure the due diligence, safe transition and close down of the CCG.

The high rated operational risks identified, managed and mitigated throughout the year are as follows:

- Potential breach of contract caused by an immediate closure of a GP practice, resulting in reduced patient experience. Work was completed to ensure relevant arrangements were in place to monitor and oversee potential issues
- Possible risk to the delivery of CCG objectives in terms of patient and public engagement, as a result of changes to the commissioning landscape and transition to Integrated Care Systems (ICS). Work is ongoing to mitigate this risk, particularly in respect of work at place-bases
- Risk of loss of financial authority as a result of temporary financial arrangements. This risk has been closed in year following the establishment of robust arrangements including the development of a financial strategy and plan
- Long-term absence has created a risk to the delivery of the CCG statutory function in relation to safeguarding. This risk remains open and under close surveillance and has been acknowledged to be a wider issue across CCGs in the Cheshire and Merseyside area
- The recovery of elective activity to address lengthy waiting lists, following the declaration of the pandemic has increased the risk in avoidable harm and deterioration in patient's conditions. This risk has been closed in year as is now closely monitored via relevant contract and quality group meetings with performance data regularly reported to the relevant committees
- There is a continuing risk that there will not be sufficient capacity to support the CCG-related business with an ability to recruit and retain staff due to the transition from CCG to the Integrated Care Board (ICB). This risk remains open and is actively monitored and reported on
- A potential risk exists relating to data errors or misinformation for staff on the Electronic Staff Record (ESR). This risk remains open and is being reviewed and managed as part of the transition and close- down arrangements in the CCG.

The Governing Body has strong reporting lines from each of its 'assurance' committees via a key issues report, including the reporting and escalation of key risks. This, along with robust governance processes and other reporting arrangements, ensures that the CCG Governing Body has the appropriate degree of rigour and oversight of the CCG's management of risk.

Other sources of assurance

Internal Control Framework

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

As described in the Policy, the CCG uses a consistent five x five scoring matrix with equal weighting being given to both the impact and the likelihood. Both qualitative and quantitative analysis is used to assess the severity of risk which considers the existing score, with any existing controls and assurances and the target score following mitigating action. All identified risks are owned, scored and assigned to a strategic objective.

Local or project risk registers are maintained by the Project Management Office (PMO) where risks are escalated to the Corporate Risk Register, should they become wider than the local project.

Risk-based internal audit plan

The opinion of MIAA is underpinned by the work conducted through the risk-based internal audit plan. The outcome of these is shown below:

Compliance with statutory functions	Assurance has been provided that the CCG has continued to comply with its statutory functions pre ICB transfer
CCG Transition – System Support across Cheshire and Merseyside	
Audit Committee Engagement Events	Facilitated for committee members on CCG Transformation and ICB Establishment
SBS Project Board	MIAA has undertaken a project assurance role supporting the SBS Project Board in the implementation of the ICS ledger
Delegated Duties	Reviews undertaken of the transfer of delegated duties from CCGs to the Joint Committee of CCGs including review of the operational effectiveness and its supporting sub-committees
System Group Representation and Reporting	Attendance, contribution and ad-hoc support to the Finance Workstream Group and Governance Leads Workstream Group

SBS Ledger Implementation Project Board	Attendance at Project Board in a Project Assurance capacity
Contracting	Review of process undertaken to manage the collation of contracts across Cheshire and Merseyside CCGs and management of the transition/identification of risks associated re implied contracts etc
CCG Transition – Local Support	A number of activities undertaken including transition working group attendance, assessing the governance processes for the completion, monitoring and signoff of the CCGs Due Diligence Checklist

Three recommendations have been assessed as 'not fully implemented' and were transferred to the ICB. These were in relation to the reviews of Primary Medical Care Commissioning and Contracting, Combined Financial Systems and Conflicts of Interest and were included.

Data quality

NHS Halton CCG's Governing Body and committees, as decision making functions, rely on good data quality in order to support and inform good decision making. NHS Halton CCG takes steps to ensure that the level of data quality is acceptable through internal review, scrutiny and challenge and by holding to account those external bodies providing NHS Halton CCG with data.

Data Quality assurance is provided by Data Services for Commissioners Regional Offices (DSCRO), Arden and Greater East Midlands Commissioning Support Unit for our secondary care data reports and Midlands and Lancashire Commissioning Support Unit for our Primary Care data reports. DSCRO undertake a validation and reconciliation process of all Secondary Uses Services (SUS) and Service Level Agreement Modelling (SLAM) data against a set of control algorithms and in line with NHS Digital and the NHS standards contract requirements.

NHS Halton CCG receives alerts and monthly reports demonstrating any related data quality issues. Any significant unresolved issues identified relating to the quality of data is risk assessed and discussed at Governing Body if relevant.

Information governance

The NHS Information Governance Framework sets the processes and procedures by which the NHS handles information about patients and employees, in particularly 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 (DSPT). We have ensured all staff undertake annual information governance training and have implemented a staff information governance handbook to ensure staff are aware of their information governance roles and responsibilities.

This year, there have been no reportable information governance incidents.

Business critical models

The data and intelligence provided through NHS Halton CCG's commissioning support provider to inform needs analysis and service commissioning is subject to robust quality assurance both internally by the provider and by NHS Halton CCG. NHS Halton CCG plans and forecasts are also subject to external scrutiny and signoff by NHS England.

Third party assurances

We receive a level of commissioning support offer through Midlands and Lancashire Commissioning Support Unit. The services provided are delivered in line with a clear service specification and performance is monitored and managed through a lead manager and local managerial links. Performance reviews and communication meetings enable us to ensure the effectiveness of the provision.

Significant progress continued during 2021/22 and into the first quarter of 2022/23 to review the service offers in line with business requirements and to ensure that the arrangements are fit for purpose. This work transitioned to the Cheshire and Merseyside ICB on 1 July 2022. There were no identified issues as of 30 June 2022.

The International Standard on Assurance Engagements (ISAE) 3402 Service Audit Type II reports have been received which assess the state of the control environment for the period 1 April 2021 to 31 March 2022, which are the latest available for assessment, for the following services used by the CCG:

a. Midlands and Lancashire Commissioning Support Unit

b. NHS Shared Business Service Limited: Finance and Accounting Services

c. NHS Shared Business Service Limited: Employment Services

d. The Electronic Staff Record Programme

e. NHS Business Services Authority: Prescription Payments

f. Capita Primary Care Support Services.

All of the above reports provided assurances to the CCG of improvements within the control environments for each entity. Where qualifications were outlined, these are relevant to controls operating at the third party and not the CCG.

The Management response provided is that the ISAE3402 Service Auditor Reports have been shared with the CCG's Audit Committee prior to its cessation. Any risk highlighted within the reports were assessed for their potential impact locally. Those findings were considered alongside internal auditor's assessment of internal controls, to inform any required action plans. Such plans, where relevant, were subsequently managed using the CCG Risk Management Framework to ensure routine evaluation.

As of 30 June 2022, there were no material risk items that have been highlighted to transfer to the Cheshire and Merseyside ICB for monitoring.

Annual audit of conflicts of interest management

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

Management of conflicts of interest is taken very seriously by the CCG and we work within a robust Conflict of Interest Management Policy and Framework in undertaking our CCG Business. Assurance on this is provided quarterly to NHS England, and the CCG undertakes annual training and development with the Governing Body, members and staff.

We have an appointed Conflicts of Interest Guardian, undertaken by the Lay Member for Audit, Finance and Governance. There have been no conflict-of-interest breaches during the first quarter of 2022/23.

We recognise that failure to manage Conflicts of Interest effectively can and will result in a loss of public and partner confidence in the CCG. In addition to the Conflict-of-Interest Breaches Log, we also publish other registers on our website, all independently reviewed by Audit Committee members each year, including the Conflicts of Interest Register, Gifts and Hospitality Register, and Register of Procurement Decisions.

The above registers can be requested from cmicb-war.halccgregisterofinterest@nhs.net

Mersey Internal Audit Agency (MIAA) undertook a full audit of our Conflict-of-Interest Management policy and processes during 2021/22, as part of the Internal Audit plan. Information on this can be found within the CCG's 2021/22 Annual Report. The next audit will be carried out on NHS Cheshire and Merseyside's Conflicts of Interest processes, during the third quarter of 2022/23 and will be published in NHS Cheshire and Merseyside's Annual Report and Accounts in 2023.

Control issues

No significant control issues have been identified during the first quarter of 2022/23.

The interim CCG Chair is not clinical, as per Constitution requirements. Liaison took place with the LMC and with all member practices in 2021, who have all confirmed they are satisfied with existing arrangements.

The fourth Governing Body GP is not currently recruited to as per Constitution requirements. Liaison took place with the LMC and member practices in 2021 who have all confirmed they are satisfied with existing arrangements.

The Chief Commissioner is listed as a Governing Body member in the Constitution, but organisational change has changed the role from a voting member to a non-voting member. An amendment has not been made to the Constitution due to NHSE/I no longer approving changes to Constitutions.

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

We have in place a robust decision-making framework that enables robust review and scrutiny of the way the CCG's resource allocation is utilised. All proposals to change commissioned services or pathways are initially considered by the Commissioning Oversight Group (COG), a multi-disciplinary forum that provides a management review of the case for change, the evidence base, the link to our strategic objectives as well a critical analysis of what is being proposed. Lead commissioners develop the business case with input from the appropriate clinical leads and ensure input from all other relevant commissioning support functions (e.g. business intelligence, finance, procurement, contracting, quality and legal).

All business cases are subject to equality, quality and data privacy impact assessments. The full business case is then submitted for approval of the clinical model, to the Commissioning and Service Development Group
(CSDG), which includes multi-disciplinary clinical representation. Where investment is required and in line with the CCG Standing Financial Instructions (SFIs), depending on the level of investment the business case will then be submitted to the Finance and Performance Committee, and more recently the Legacy Issues Committee.

Within the financial limits delegated by the Governing Body, the Finance and Performance Committee is responsible for prioritising investments based on affordability and the anticipated return on investment to ensure we can secure the greatest outcomes from the limited resources available. Business cases requiring funding in excess of the Committee's delegated financial limits are reserved solely for the Governing Body.

The Finance and Performance Committee provides assurances to the Governing Body that the arrangements in place are appropriate to ensure that the CCG manages its resources in an effective manner.

NHS Halton CCG leads monthly provider contract meetings to ensure that providers are delivering as per the services specified in the contract and activity is in-line with agreed finance and activity planning schedules. In the event of unplanned overperformance, activity management plans are requested in line with contract requirements and these are routinely reported to the Cheshire and Merseyside Joint Finance Sub-Committee, the Joint Performance Sub-Committee and Governing Body for assurance and oversight.

The Governing Body also has clear oversight of performance matters through bi-monthly corporate performance reports that track our progress against NHS Constitutional Standards, the Improvement and Assessment Framework indicators, the quality of leadership assessment and other organisational priorities. This is also supported by detailed financial reports to each Governing Body meeting, along with key issues reports from each of the Governing Body's sub-committees.

Delegation of functions

Other service organisations are commissioned to carry out certain business functions on behalf of the CCG. Examples include Human Resources and Payroll service delivery. Assurance over the internal controls and procedures operated by these services is provided through a Service Auditor Report (prepared in accordance with International Standards on Assurance Engagements).

An accredited Anti-Fraud Specialist, contracted from the Mersey Internal Audit Agency (MIAA) supports the CCG with its counter-fraud duties and responsibilities. An annual plan of anti-fraud activity is agreed at the beginning of each financial year and the Anti-Fraud Specialist completes the work to meet the NHS Counter Fraud Authority (formally NHS Protect) Standards for Commissioners. The work is regularly monitored by the CCG's Audit Committee via progress reports and, at financial year-end, via the Annual Anti-Fraud Report.

Counter fraud arrangements

The CCG had anti-fraud arrangements in place in line with the NHS Counter Fraud Authority Standards for Commissioners: Fraud, Bribery and Corruption.

The key features of our arrangements included:

- An Accredited Anti-Fraud Specialist is contracted from Mersey Internal Audit Agency to undertake anti- fraud work that is proportionate to identified risks contained within the Annual Plan for the financial year
- Our Audit Committee received a report against each of the Standards for Commissioners annually. There has been executive support from the Governing Body via the Deputy Chief Finance Officer, Local Fraud Champion, for a proportionate proactive work plan to address identified risks that demonstrate corporate responsibility for tackling fraud, bribery, and corruption
- Since 2019/20, NHS Halton CCG has not had to undertake any NHS Counter Fraud Authority Quality Assurance Inspections. Therefore, there have been no recommendations outlined for implementation or review.

Head of Internal Audit Opinion: Issued by Mersey Internal Audit Agency (MIAA)

The purpose of this Head of Internal Audit Opinion is to contribute to the assurances available to the Accountable Officer and the Governing Body which underpin the Governing Body's own assessment of the effectiveness of the organisation's system of internal control. This Opinion will assist the Integrated Care Board's (ICB) Governing Body in the completion of the CCG's Governance Statement (AGS) for the 22/23 quarter 1 accounting period, along with considerations of organisational performance, regulatory compliance, the wider operating environment and health and social care transformation.

This opinion is provided in the context that the CCG was in the process of transition to an ICB and relates the internal audit work undertaken in the first quarter of 2022/23 only.

Key Area	Summary
Head of Internal Audit Opinion	The overall opinion for the period 1 April 2022 to 30 June 2022 provides **Substantial Assurance** that that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.
Planned Audit Coverage and Outputs	The Q1 2022/23 Internal Audit Plan has been delivered with the focus on transition support and the provision of your Head of Internal Audit Opinion. This position has been reported within the progress reports across the financial year. Review coverage has been focused on: • CCG Closedown/ICB Transition reviews and support • CCG compliance with statutory functions • Follow up of outstanding internal audit recommendations.
MIAA Quality of Service Indicators	MIAA operate systems to ISO Quality Standards. The External Quality Assessment, undertaken by CIPFA (2020), provides assurance of MIAA's full compliance with the Public Sector Internal Audit Standards.

Basis for the opinion

The basis for forming the opinion is as follows:

1. An assessment of the range of individual assurances arising from our risk-based internal audit

   assignments that have been reported throughout the period. This assessment has taken into account the relative materiality of systems reviewed and management's progress in respect of addressing control weaknesses identified

2. An assessment of the organisation's response to Internal Audit recommendations, and the extent to which they have been implemented.

Overall opinion

The overall opinion for the period 1 April 2022 to 30 June 2022 is:

High Assurance can be given that there is a strong system of internal control which has been effectively designed to meet the organisation's objectives, and that controls are consistently applied in all areas reviewed.
Substantial Assurance can be given that that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.
Moderate Assurance can be given that there is an adequate system of internal control, however, in some areas weaknesses in design and/or inconsistent application of controls puts the achievement of some of the organisation's objectives at risk.
Limited Assurance can be given that there is a compromised system of internal control as weaknesses in the design and/or inconsistent application of controls impacts on the overall system of internal control and puts the achievement of the organisation's objectives at risk.
No Assurance can be given that there is an inadequate system of internal control as weaknesses in control, and/or consistent non-compliance with controls could/has resulted in failure to achieve the organisation's objectives.

The commentary provides the context for our opinion and together with the opinion should be read in its entirety. The opinion is underpinned by the work conducted through the risk-based internal audit plan.

Compliance with Statutory Functions

Assurance has been provided that the CCG has continued to comply with its statutory functions pre-ICB transfer.

Scope limitations – this review focussed on overarching arrangements and detailed testing was not undertaken in line with the approved Internal Audit Plan.

CCG Transition – System Support

The following system support, covering a number of transition elements and workstreams, has been undertaken in year. This work complements and supports local transition work.

Cheshire and Merseyside

- **Audit Committee Engagement Events:** Briefing sessions facilitated for Audit Committee members on CCG Transformation and ICB Establishment
- **SBS Project Board:** MIAA have continued to undertake a project assurance role supporting the SBS Project Board in the implementation of the ICS ledger
- **Delegated Duties:** Undertook reviews of the transfer of delegated duties from CCGs to the Joint Committee of Cheshire and Merseyside CCGs and reviewed the operational effectiveness of the Joint Committee and its supporting Sub-Committees who have received the delegated duties
- **System Group Representation and Reporting:** Attendance, contribution and ad-hoc support to:
  - Finance Workstream Group
  - Governance Leads Workstream Group (including Policy Mapping, System Risk Collation etc).
- **SBS Ledger Implementation Project Board:** Attendance at Project Board in a Project Assurance capacity
- **Contracting:** Undertook a review of the process established to manage the collation of contracts across the Cheshire and Merseyside CCGs and management of the transition/identification of risks associated regarding implied contracts etc.

CCG Transition – Local Support

To enable us to comment on the processes in place regarding the adequacy of transition plans, we have continued to undertake a number of activities including:

- Transition working group attendance

- Assessing the governance processes for the completion, monitoring and sign off of the CCG's Due Diligence Checklist.

We can provide assurance that processes were established and maintained for the completion and monitoring of the Due Diligence Checklist over the period reviewed.

Note: The assurance provided above does not provide confirmation of the accuracy and completeness of the Due Diligence Checklist.

Follow-up

During the course of the year, we have undertaken follow-up reviews and can conclude that the organisation has made good with regards to the implementation of recommendations.

Three recommendations have been assessed as not fully implemented and are for transfer to the ICB. The recommendations requiring transfer are in relation to the reviews of Primary Medical Care Commissioning and Contracting: Commissioning and Procurement of Primary Medical Services, Combined Financial Systems and Conflicts of Interest and will be included in MIAA's handover document to the ICB.

Wider organisation context

This opinion is provided in the context that the Governing Body like other organisations across the NHS is facing a number of challenging issues and wider organisational factors particularly with regards to ICB transition processes. The challenges for organisations have included continuing to ensure an effective pandemic response, delivering business as usual requirements and implementing and managing a transition process for the establishment of ICBs.

During the COVID-19 response, there has been an increased collaboration between organisations as they have come together to develop new ways of delivering services safely and to coordinate their responses to the pandemic. This focus on collaboration will continue as the NHS progresses on its journey towards integrated care systems.

In providing this opinion I can confirm continued compliance with the definition of internal audit (as set out in your Internal Audit Charter), code of ethics and professional standards. I also confirm organisational independence of the audit activity and that this has been free from interference in respect of scoping, delivery and reporting

Chris Harrop
Managing Director, MIAA
June 2022

Louise Cobain
Assurance Director, MIAA
June 2022

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
- The Audit Committee
- The Remuneration Committee
- Cheshire and Merseyside Joint Committee of CCGs (and associated sub-committees)
- The Primary Care Commissioning Committee
- The Legacy Issues Committee
- The Integrated Management Team
- Internal audit
- Other explicit review/assurance mechanisms outlined in the report.

This report describes in detail the CCG's approach to its governance structure, risk management and the systems of internal control. I can also confirm:

- The Governing Body and Audit Committee have provided regular feedback on the completeness and effectiveness of the systems of internal control though the Governing Body Assurance Framework
- Internal controls are subject to review and have been included in the Internal Audit Plan for 2021/22
- The Legacy Issues Committee has joint arrangements in place with NHS Warrington CCG, with appropriate terms of reference
- An additional Due Diligence, Transition and Close Down Group has been formed jointly with NHS Warrington CCG to ensure robust due diligence and governance arrangements are in place leading up to the transition to the Integrated Care Board implementation
- The Governing Body and Primary Care Commissioning Committee meet regularly in public.

Conclusion

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

In conclusion, there are no significant internal control issues that have been identified.

- *Any hyperlinks included within the Annual Report are not audited by the auditors (Grant Thornton) unless expressly stated*

Remuneration Report

Remuneration Committee

Our Governing Body must have a Remuneration Committee drawn from the Governing Body, of whom one member should act as its chair. The Committee should not include full time employees or individuals who claim a significant proportion of their income from the organisation. Member practices should not be in the majority. The Remuneration Committee will make recommendations to the Governing Body as to the determination of remuneration, fees, pension and allowances payable to the employees of the organisation.

Our Remuneration Committee makes recommendations to the Governing Body in respect of the remuneration and terms of service for the Clinical Chief Officer, Chair, Chief Finance Officer and members of the management team to ensure they are fairly rewarded for their individual contribution to the organisation.

These recommendations are in accordance with the requirements of the nationally developed framework for Very Senior Managers. Advice to the Governing Body on such remuneration includes all aspects of salary, provisions for other benefits including pensions as well as arrangements for termination of employment and other contractual terms.

Additionally, the Remuneration Committee:

- make recommendations to the Governing Body on the remuneration, allowances and terms of service of other officer members to ensure they are fairly rewarded for their individual contribution to the organisation
- monitor and evaluate the performance of individual and other members of the senior management team
- advise on, and oversee, appropriate contractual arrangements for such staff including the proper calculation and scrutiny of termination payments taking account of such national guidance as is appropriate.

Our Remuneration Committee must always:

- observe the highest standards of propriety involving impartiality, integrity, and objectivity in relation to the stewardship of public funds and the management of the bodies concerned

- maximise value for money by ensuring that services are delivered in the most efficient and economical way, within available resources and with independent validation of performance achieved, wherever practicable
- be accountable to Parliament, to users of services, to individual citizens and to staff for the activities of the bodies concerned, for their stewardship of public funds and the extent to which key performance targets and objectives have been met
- comply fully with the principles of the Citizen's Charter and the Code of Practice on Access to Government Information, in accordance with Government policy on openness
- bear in mind the necessity of keeping comprehensive written records of their dealings, in line with general good practice in corporate governance.

The Remuneration Committee met once during the first quarter of 2022/23.

Composition and membership of the Remuneration Committee

The Terms of Reference of the Remuneration Committee were reviewed and updated by the Committee in September 2020 and approved by the Governing Body in October 2020.

The review was in line with best practice arrangements and the membership of the Committee comprises of:

- two Lay Members (in the roles of Chair and Deputy Chair)
- Secondary Care Doctor
- one Governing Body GP (who will not be the Clinical Chair).

During the first quarter of 2022/23, the members of Remuneration Committee were:

- Nick Atkin, Governing Body Lay Member (Chair of Remuneration Committee)
- Gareth Hall, Governing Body Lay Member
- Ruth Austen-Vincent, Governing Body Lay Member
- Julie Langton, Governing Body Secondary Care Doctor
- Dr Claire Forde, Governing Body GP

Policy on the remuneration of senior managers

Senior Managers (Officers) hold permanent contracts of employment and are subject to six months' notice.

Amendments to salary are recommended by the Remuneration Committee to the Governing Body. When required the Remuneration Committee can access professional advice from MLCSU's HR team and the CCG legal advisers. In setting policy for current and future years, the Committee has access to the latest guidance, best practice and benchmarking information from comparative CCGs, such as those in the 'core cities' group.

Senior Manager performance is monitored through the formal appraisal process, based on organisational and individual objectives. Senior Managers are not subject to an element of performance-related pay as part of their remuneration packages.

Remuneration of Very Senior Managers

The level of remuneration for the roles of Clinical Chief Officer and Clinical Chair has been set by the Remuneration Committee in accordance with the requirements of the DH Pay Framework for Very Senior Managers (2013) and Hay Group recommendations. The remuneration for these roles, pro-rata, exceeds
£150,000.

Senior manager remuneration 2022/23 (subject to audit)

Name	Title	Salary (bands of £5,000) £'000	Expense payments (rounded to the nearest £00) £'00	Performance pay and bonuses (bands of £5,000) £'000	Long term performance pay and bonuses (bands of £5,000) £'000	All pension-related benefits (bands of £2,500) £'000	Total (bands of £5,000) £'000
Dr A Davies	Chief Officer	20-25	0	0	0	10-12.5	30-35
G Hall	Chair	0-5	0	0	0	0	0-5
D Cooper	Chief Finance Officer	10-15	0	0	0	0	10-15
D Merrill	Deputy Chair	0-5	0	0	0	0	0-5
R Austen-Vincent	Lay Member	0-5	0	0	0	0	0-5
Dr C Forde	GP Board Member	0-5	0	0	0	0	0-5
Dr L Meda	Lay Member	0-5	0	0	0	0	0-5
Dr D Wilson	GP Board Member	0-5	0	0	0	0	0-5
Dr J Langton	Secondary Care Doctor	5-10	0	0	0	0	5-10

Notes:

1. Dr Andrew Davies was the Interim Chief Officer from 5 February 2018 to present (shared with NHS Warrington CCG for which the FTE salary is £170,000-£175,000) The Pension-related Benefits show the full benefit from NHS Warrington CCG.
2. David Cooper is the Shared Chief Finance Officer with NHS Warrington CCG. His salary is shown as the value of the recharge to NHS Halton CCG (FTE with NHS Warrington CCG £120,000-£125,000).
3. 3. M Creed left the CCG on the 31st March 2022

Information for the previous year 2021/22 is below, as required, to allow for comparison.

Senior manager remuneration 2021/22 (including salary and pension entitlements)

Name	Title	Salary (bands of £5,000) £'000	Expense payments (rounded to the nearest £00) £'00	Performance pay and bonuses (bands of £5,000) £'000	Long term performance pay and bonuses (bands of £5,000) £'000	All pension-related benefits (bands of £2,500) £'000	Total (bands of £5,000) £'000
Dr A Davies	Chief Officer	85-90	0	0	0	45-47.5	130-135
G Hall	Chair	10-15	0	0	0	0	10-15
D Cooper	Chief Finance Officer	50-55	0	0	0	0	50-55
D Merrill	Deputy Chair	10-15	0	0	0	0	10-15
M Creed	Chief Nurse	70-75	6,200	0	0	175.5-180	255-260
R Austen-Vincent	Lay Member	5-10	0	0	0	0	5-10
Dr C Forde	GP Board Member	0-5	0	0	0	0	0-5
Dr L Meda	Lay Member	10-15	0	0	0	0	10-15
Dr D Wilson	GP Board Member	10-15	0	0	0	0	10-15
Dr J Langton	Secondary Care Doctor	25-30	0	0	0	0	25-30

Notes:

1. Dr Andrew Davies was the Interim Chief Officer from 5 February 2018 to present (shared with NHS Warrington CCG for which the FTE salary is £170,000-£175,000). The Pension-related Benefits show the full benefit from NHS Warrington CCG.
2. David Cooper is the Shared Chief Finance Officer with NHS Warrington CCG. His salary is shown as the value of the recharge to NHS Halton CCG (FTE with NHS Warrington CCG £120,000-£125,000).
3. Michelle Creed is the Shared Chief Nurse with NHS Warrington CCG. Her salary is shown as the salary charge to NHS Halton CCG (FTE salary is £110,000-£115,000).

Pension benefits as at 30 June 2022

Name	Title	Real increase in pension at pension age (bands of £2,500) £'000	Real increase in pension lump sum at pension age (bands of £2,500) £'000	Total accrued pension at pension age at 30 June 2022 (bands of £5,000) £'000	Lump sum at pension age related to accrued pension at 31 March 2022 (bands of £5,000) £'000	Cash Equivalent Transfer Value at 1 April 2022 £'000	Real increase in Cash Equivalent Transfer Value £'000	Cash Equivalent Transfer Value at 30 June 2022 £'000	Employer's contribution to stakeholder pension £'000	
Dr A Davies	Accountable Officer	0-2.5	0	35-40	35-40	562	6	579	0	

Pension costs

The pension entitlement above is the total pension entitlement for each Director, is not split across other organisations and may have been partly accrued in a non-senior manager capacity.

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.

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. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities.

Therefore, the schemes are accounted as if it were a defined contribution scheme: the cost to the NHS Body in participating in each scheme is taken as equal to the contributions payable to the scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the Government Financial Reporting Manual (FreM) requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years".

An outline of these follows:

a) 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 2022, is based on valuation data as 31 March 2021 updated to 31 March 2022 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 has 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.

b) 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 to 20.6% of pensionable pay. The 2016 funding valuation was also expected to test the cost of the scheme relative to the employer cost cap that was set following the 2012 valuation. In January 2019, the government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud Case.

The Government subsequently announced in July 2020 that the pause had been lifted, and so the cost control element of the 2016 valuations could be completed. The Government has set out that the costs of remedy of the discrimination will be included in this process. Her Majesty's Treasury (HMT) valuation directions will set out the technical detail of how the costs of remedy will be included in the valuation process. The Government has also confirmed that the Government Actuary is reviewing the cost control mechanism (as was originally announced in 2018).

The review will assess whether the cost control mechanism is working in line with original government objectives and reported to Government in April 2021. The findings of this review will not impact the 2016 valuations, with the aim for any changes to the cost cap mechanism to be made in time for the completion of the 2020 actuarial valuations.

The CETV value doesn't show on reaching pensionable age.

Cash Equivalent Transfer Values (CETV)

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 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 membership of the pension scheme. This may be for more than just their service in a senior capacity to which disclosure applies (in which case this fact will be noted at the foot of the table).

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 costs. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

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

There were no compensations for loss of office in 2022/23.

Payments to past members (subject to audit)

There were no payments to past members in 2022/23.

Exit Packages

There were no exit packages in 2022/23 **(subject to audit).**

Pay multiples 2022/23 (subject to audit)

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director / member in their organisation against the 25th percentile, median and 75th percentile of remuneration of the organisation's workforce.

Total remuneration is further broken down to show the relationship between the highest paid director's salary component of their total remuneration against the 25th percentile, median and 75th percentile of salary components of the organisation's workforce. This has been completed using the Annual Salary for staff, not the 3 months to the 30th June for consistency purposes across Financial years

The banded remuneration of the highest paid member of the Governing Body in NHS Halton CCG in the financial year 2022/23 was £170,000-£175,000 (2021/22: £170,000-£175,000). The relationship to the remuneration of the organisation's workforce is disclosed in the below table.

Year	75th percentile total remuneration ratio	75th percentile salary ratio	Median total remuneration ratio	Median salary ratio	25th percentile total remuneration ratio	25th percentile salary ratio
2022/23	3.07	3.07	3.94	3.94	5.12	5.12
2021/22	5.34	5.34	4.10	4.10	3.15	3.15

The remuneration of the employee at the 75th percentile, median and 25th percentile is set out below:

	75th percentile	Median	25th percentile
2022/23	56,164	43,806	33,706
2021/22	54,764	42,121	32,306

Whilst the median has risen in 2022/23 (£43,806 from £42,121 in 2021/22), the median salary ratio has reduced between the two years. This is due to staff being shared between NHS Warrington CCG and NHS Halton CCG.

In 2022/23, no employee received remuneration in excess of the highest-paid member of the Governing Body (2020/21: 0).

As at 30 June 2022, remuneration ranged from £0-£5,000 to £170,000-£175,000 (0% change against 2021/22: £0-£5,000 to £170,000-£175,000) based on annualised, full-time equivalent remuneration of all staff (including temporary and agency staff). Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions. There were no non-consolidated performance-related pay or benefits in kind paid in 2022/23 (2021/22: 0).

The calculation of the ratio between the remuneration of the highest paid director and the 25th percentile, median and 75th percentile remuneration of the workforce is based on full time equivalent employees in post at 31 March 2022 on an annualised basis, including staff who are paid through the payroll system and agency workers. As the CCG is not party to the actual amount earned by agency workers an estimate of their salary, based upon the charge out rate from the agency on an annualised basis using 220 working days, has been included for this calculation. The median remuneration is the total remuneration of the staff member lying in the middle of the linear distribution of the total staff, excluding the highest paid director. A median will not be significantly affected by large or small salaries that may skew an average (mean) – hence it is more transparent in highlighting whether a director is being paid significantly more than the middle staff in the organisation.

Staff Report (Subject to audit)

Staff composition

Number of senior managers

For the number of senior managers, please see the staff composition section.

As of 30 June 2022, our gender analysis is as follows:

	Headcount by Gender			
Staff Grouping	Female	Male	Unknown	Totals
Governing Body	7	6	2	**15**
Other Senior Management (Band 8C+)	2	2	0	**4**
All Other Employees	44	13	0	**57**
Grand Total	**53**	**21**	**2**	**76**

% by Gender		
Female	Male	Unknown
46.7%	40.0%	13.3%
50.0%	50.0%	0.0%
77.2%	22.8%	0.0%
69.74%	**27.63%**	**2.63%**

Unknown gender pertains to Governing Body members without an entry in the ESR System (Electronic Staff Record)

Staff Composition- Average number of people employed (subject to audit)

	2022-23			2021-22
Total	Permanently Employed Number	Other Number	Total Number	Total Number
Total	51.10	3.20	54.30	60.98
Of the above Number of Whole-time equivalent people engaged on capital projects	0.00	0.00	0.00	0.00

Senior Staff Analysis by Band (based on staffing at 30.06.2022 - Extracted from ESR 20.04.2022)

Pay Band	Headcount
Apprentice	0
Band 1	0
Band 2	0
Band 3	5
Band 4	2
Band 5	7
Band 6	11
Band 7	16
Band 8 - Range A	6
Band 8 - Range B	10
Band 8 - Range C	0
Band 8 - Range D	2
Band 9	0
Medical	6
VSM	9
Gov Body (off payroll)	2
Grand Total	**76**

Sickness absence data

Staff sickness absence 2022	2022 Number
Total Days Lost	386.86
Total Staff Years	57.18
Average Working Days Lost	6.77

The sickness absence data for the CCG in 2022 was whole time equivalent (WTE) days available of 12,866.25 and WTE days lost to sickness absence of 386.86 and average working days lost per employee was 6.77 which was managed through the absence management policy

Staff turnover percentages

CCG Staff Turnover 2022-23	2022-23 Number
Average FTE Employed 2022-23	55.79
Total FTE Leavers 2022-23	2.37
Turnover Rate	4.25%

The CCG Staff Turnover Rate for 2022/23 has been calculated by dividing the total FTE Leavers in-year by the average FTE Staff in Post during the year. The CCG's Total FTE Leavers in year was 2.37. The CCG's Average FTE Staff in Post during the year was 55.79. The CCG Staff Turnover Rate for the year was 4.25%.

Off-payroll engagements

Table 1: Off-payroll engagements longer than six months

For all off-payroll engagements as at 30 June 2022 for more than £245 per day and that last longer than six months:

	Main department	Agencies	ALBs
No. of existing engagements as at 30 June 2022	0	0	0
Of which...			
No. that have existed for less than one year at time of reporting	0	0	0
No. that have existed for between one and two years at time of reporting	0	0	0
No. that have existed for between two and three years at time of reporting	0	0	0
No. that have existed for between three and four years at time of reporting	0	0	0
No. that have existed for four or more years at time of reporting	0	0	0

Table 2: New off-payroll engagements

For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2022 and 30 June 2022, for more than £245 per day and that last for longer than six months:

	Main department	Agencies	ALBs
No. of new engagements, or those that reached six months in duration, between 1 April 2022 and 30 June 2022	0	0	0
Of which...			
No. assessed as caught by IR35	0	0	0
No. assessed as not caught by IR35	0	0	0
No. engaged directly (via PSC contracted to department) and are on the departmental payroll	0	0	0
No. of engagements reassessed for consistency / assurance purposes during the year	0	0	0
No. of engagements that saw a change to IR35 status following the consistency review	0	0	0

Table 3: Off-payroll engagements / senior official engagements

For any off-payroll engagements of Board members, and/or, senior officials with significant financial responsibility, between 1 April 2022 and 30 June 2022:

	Main department	Agencies	ALBs
No. of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year (1)	0	0	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 (2)	9	0	0

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4. Employee benefits and staff numbers

4.1.1 Employee benefits	Admin			Programme			Total			2022-23
	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000	Total £'000	
Employee Benefits										
Salaries and wages	212	13	**225**	419	-	**419**	631	13	**644**	
Social security costs	11	-	**11**	41	-	**41**	52	-	**52**	
Employer contributions to the NHS Pension Scheme	62	-	**62**	48	-	**48**	110	-	**110**	
Other pension costs	-	-	-	-	-	-	-	-	-	
Apprenticeship Levy	-	-	-	-	-	-	-	-	-	
Other post-employment benefits	-	-	-	-	-	-	-	-	-	
Other employment benefits	-	-	-	-	-	-	-	-	-	
Termination benefits	-	-	-	-	-	-	-	-	-	
Gross employee benefits expenditure	**285**	**13**	**298**	**509**	**-**	**509**	**793**	**13**	**807**	
Less recoveries in respect of employee benefits (note 4.1.2)	-	-	-	-	-	-	-	-	-	
Total - Net admin employee benefits including capitalised costs	**285**	**13**	**298**	**509**	**-**	**509**	**793**	**13**	**807**	
Less: Employee costs capitalised	-	-	-	-	-	-	-	-	-	
Net employee benefits excluding capitalised costs	**285**	**13**	**298**	**509**	**-**	**509**	**793**	**13**	**807**	

4.1.1 Employee benefits	Admin			Programme			Total			2021-22
	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000	Total £'000	
Employee Benefits										
Salaries and wages	1,133	5	**1,138**	1,446	15	**1,461**	2,579	21	**2,599**	
Social security costs	130	-	**130**	163	-	**163**	293	-	**293**	
Employer contributions to the NHS Pension Scheme	319	-	**319**	205	-	**205**	524	-	**524**	
Other pension costs	-	-	-	-	-	-	-	-	-	
Apprenticeship Levy	-	-		-	-					
Other post-employment benefits	-	-	-	-	-	-	-	-	-	
Other employment benefits	-	-	-	-	-	-	-	-	-	
Termination benefits	-	-	-	-	-	-	-	-	-	
Gross employee benefits expenditure	**1,582**	**5**	**1,587**	**1,814**	**15**	**1,829**	**3,396**	**21**	**3,417**	
Less recoveries in respect of employee benefits (note 4.1.2)	-	-	-	-	-	-	-	-	-	
Total - Net admin employee benefits including capitalised costs	**1,582**	**5**	**1,587**	**1,814**	**15**	**1,829**	**3,396**	**21**	**3,417**	
Less: Employee costs capitalised	-	-	-	-	-	-	-	-	-	
Net employee benefits excluding capitalised costs	**1,582**	**5**	**1,587**	**1,814**	**15**	**1,829**	**3,396**	**21**	**3,417**	

Graham Urwin

Chief Executive

NHS Cheshire & Merseyside 29.6.2023

Parliamentary Accountability and Audit Report

NHS Halton CCG is not required to produce a Parliamentary Accountability and Audit Report. Disclosures on remote contingent liabilities, losses and special payments, gifts, and fees and charges are included as notes in the Financial Statements of this Annual Report. An audit certificate and report are also included in this Annual Report.

Independent auditor's report to the members of the Board of NHS Cheshire and Merseyside Integrated Care In respect of NHS Halton Clinical Commissioning Group

Report on the audit of the financial statements

Opinion on financial statements

We have audited the financial statements of NHS Halton Clinical Commissioning Group (the 'CCG') for the period ended 30 June 2022, which comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Changes in Taxpayers Equity, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 15 of the National Health Service Act 2006, as amended by the Health and Social Care Act 2012 and interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2022-23.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the CCG as at 30 June 2022 and of its expenditure and income for the period then ended;
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2022-23; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006, as amended by the Health and Social Care Act 2012.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law, as required by the Code of Audit Practice (2020) ("the Code of Audit Practice") approved by the Comptroller and Auditor General. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report. We are independent of the CCG in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of matter – Demise of the organisation

In forming our opinion on the financial statements, which is not modified, we draw attention to note 1 to the financial statements, which indicates that the Health and Care Act allowed for the establishment of Integrated Care Boards (ICBs) and abolished Clinical Commissioning Groups (CCGs). The functions, assets, and liabilities of NHS Halton CCG transferred to NHS Cheshire and Merseyside ICB on 1 July 2022. When NHS Halton CCG ceased to exist on 30 June 2022, its services continued to be provided by NHS Halton CCG and Merseyside ICB from 1 July 2022.

Conclusions relating to going concern

We are responsible for concluding on the appropriateness of the Accountable Officer's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the CCG's ability to c continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify the auditor's opinion. Our conclusions are based on the audit evidence obtained up to the date of our report.

In our evaluation of the Accountable Officer's conclusions, and in accordance with the expectation set out within the Department of Health and Social Care Group Accounting Manual 2022-23 that the CCG's financial statements shall be prepared on a going concern basis, we considered the inherent risks associated with the continuation of services provided by the CCG. In doing so we have had regard to the guidance provided in Practice Note 10 Audit of financial statements and regularity of public sector bodies in the United Kingdom (Revised 2022) on the application of ISA (UK) 570 Going C Concern to public sector entities. We assessed the reasonableness of the basis of preparation used by the CCG and the CCG's disclosures over the going concern period.

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

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

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

Other information

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

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that

We have nothing to report in this regard.

Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Governance Statement does not comply with the guidance issued by NHS England or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion:

* the parts of the Remuneration and Staff Report to be audited have been properly prepared in accordance with the requirements of the Department of Health and Social Care Group Accounting Manual 2022-23; and
* based on the work undertaken in the course of the audit of the financial statements the other information published together with the financial statements in the annual report for the financial period for which the financial statements are prepared is consistent with the financial statements.

Opinion on regularity of income and expenditure required by the Code of Audit Practice

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

Matters on which we are required to report by exception

Under the Code of Audit Practice, we are required to report to you if:

* we issue a report in the public interest under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the c conclusion of the audit; or
* we refer a matter to the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the CCG, or an officer of the CCG, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
* we make a written recommendation to the CCG under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit.

We have nothing to report in respect of the above matters.

Responsibilities of the Accountable Officer

As explained more fully in the Statement of Accountable Officer's responsibilities, the Accountable Officer, is responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions, for being satisfied that they give a true and fair view, and for such internal control as the Accountable Officer determines is necessary to enable the preparation of financial statements that are free from material

misstatement, whether due to fraud or error

In preparing the financial statements, the Accountable Officer is responsible for assessing the CCG's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the CCG without the transfer of its services to another public sector entity.

The Accountable Officer is responsible for ensuring the regularity of expenditure and income in the financial statements.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to a fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists

We are also responsible for giving an opinion on the regularity of expenditure and income in the financial statements in accordance with the Code of Audit Practice.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements. Irregularities, including fraud, are instances of non-compliance with laws and regulations. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

* We obtained an understanding of the legal and regulatory frameworks that are applicable to the CCG and determined that the most significant which are directly relevant to specific assertions in the financial statements are those related to the reporting frameworks international accounting standards and the National Health Service Act 2006, as amended by the Health and Social Care Act 2012 and interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2022-23).

* We enquired of management and the audit committee, concerning the CCG's policies and procedures relating to:

  - the identification, evaluation and compliance with laws and regulations.
  - the detection and response to the risks of fraud; and
  - the establishment of internal controls to mitigate risks related to fraud or non-compliance with laws and regulations.

* We enquired of management, internal audit and the audit committee, whether they were aware of any instances of non-compliance

with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud.

* We assessed the susceptibility of the CCG's financial statements to material misstatement, including how fraud might occur, evaluating management's incentives and opportunities for manipulation of the financial statements. This included the evaluation of the risk of management override of controls. We determined that the principal risks were in relation to:

  - Large and unusual journal entries, particularly those entered around or after the period-end or reducing expenditure.

* Our audit procedures involved:

  - evaluation of the design effectiveness of controls that management has in place to prevent and detect fraud.
  - journal entry testing, with a focus on large and unusual items and those falling within identified risk criteria including journals posted by senior management, period-end journals, journals posted after 30 June 2022, period-end accruals and journals reducing expenditure at the period- end.
  - challenging assumptions and judgements made by management in its significant accounting estimates in respect of prescribing.
  - assessing the extent of compliance with the relevant laws and regulations as part of our procedures on the related financial statement item.

* These audit procedures were designed to provide reasonable assurance that the financial statements were free from fraud or error. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error and detecting irregularities that result from fraud is inherently more difficult than detecting those that result from error, as fraud may involve collusion, deliberate concealment, forgery or intentional misrepresentations. Also, the further removed non-compliance with laws and regulations is from events and transactions reflected in the financial statements, the less likely we would become aware of

* The team communications in respect of potential non-compliance with relevant laws and regulations, including the potential for fraud in revenue and expenditure recognition, and the significant accounting estimates related to the prescribing accrual.

* Our assessment of the appropriateness of the collective competence and capabilities of the engagement team included consideration of the engagement team's:

- understanding of, and practical experience with audit engagements of a similar nature and complexity through appropriate training and participation
- knowledge of the health sector and economy in which the CCG operates
- understanding of the legal and regulatory requirements specific to the CCG including:
  - the provisions of the applicable legislation
  - NHS England's rules and related guidance
  - the applicable statutory provisions.

* In assessing the potential risks of material misstatement, we obtained an understanding of:

- The CCG's operations, including the nature of its other operating revenue and expenditure and its services and of its objectives and strategies to understand the classes of transactions, account balances, expected financial statement disclosures and business risks that may result in risks of material misstatement.
- The CCG's control environment, including the policies and procedures implemented by the CCG to ensure compliance with the requirements of the financial reporting framework.

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

Report on other legal and regulatory requirements – the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception – the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the CCG made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the period ended 30 June 2022.

We have nothing to report in respect of the above matter.

Responsibilities of the Accountable Officer

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

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

We are required under Section 21(1)(c) of the Local Audit and Accountability Act 2014 to be satisfied that the CCG has made proper arrangements for recuring economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources were operating effectively during the three month period ended 30 June 2022.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor G General in January 2023. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

* Financial sustainability: how the CCG plans and manages its resources to ensure it can continue to deliver its services.
* Governance: how the CCG ensures that it makes informed decisions and properly manages its risks; and
* Improving economy, efficiency and effectiveness: how the CCG uses information about its costs and performance to improve the way it manages and delivers its services.

We have documented our understanding of the arrangements the CCG has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we have considered whether there is evidence to suggest that there were significant weaknesses in arrangements.

Report on other legal and regulatory requirements – Certificate

We certify that we have completed the audit of the financial statements of NHS Halton CCG in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Use of our report

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

Georgia Jones

Georgia Jones, Key Audit Partner for and on behalf of Grant Thornton UK LLP, Local Auditor, Liverpool

29 June 2023

Entity name: NHS Halton CCG
This year 2022-23
Last year 2021-22
Period Ended 30 June 2022
Last year ended 31-March-2022
This year commencing: 01-April-2022
Last year commencing: 01-April-2021

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Statement of Financial Position for the 3 month period to 30 June 2022

	Note	3 month period to 30 June 2022 £'000	2021-22 £'000
Non-current assets:			
Property, plant and equipment	6	241	289
Intangible assets	7	35	43
Total non-current assets		276	331
Current assets:			
Trade and other receivables	8	2,208	4,191
Cash and cash equivalents	9	608	67
Total current assets		**2,817**	4,258
Total current assets		**2,817**	4,258
Total assets		**3,093**	4,590
Current liabilities			
Trade and other payables	10	(23,252)	(22,488)
Total current liabilities		**(23,252)**	(22,488)
Non-Current Assets plus/less Net Current Assets/Liabilities		**(20,159)**	(17,898)
Assets less Liabilities		**(20,159)**	(17,898)
Financed by Taxpayers' Equity			
General fund		(20,159)	(17,898)
Total taxpayers' equity:		**(20,159)**	(17,898)

Notes 1 to 16 form part of this statement

The financial statements were approved by the Board on 29th June and signed on its behalf by:

Graham Urwin

Mr Graham Urwin
Chief Executive

NHS Halton CCG - Annual Accounts 2022-23

Statement of Changes In Taxpayers Equity for the 3 Month period ended 30 June 2022

	General fund £'000	Total reserves £'000
Changes in taxpayers' equity for 3 month period to 30 June 2022		
Balance at 01 April 2022	(17,898)	**(17,898)**
Transfer between reserves in respect of assets transferred from closed NHS bodies	0	**0**
Adjusted NHS Clinical Commissioning Group balance at 31 March 2022	**(17,898)**	**(17,898)**
Changes in NHS Clinical Commissioning Group taxpayers' equity for 3 month period to 30 June 2022		
Net operating expenditure for the financial year	(67,889)	**(67,889)**
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial year	**(67,889)**	**(67,889)**
Net funding	65,628	**65,628**
Balance at 30 June 2022	**(20,159)**	**(20,159)**

Changes in taxpayers' equity for 2021-22	**General fund £'000**	**Total reserves £'000**
Balance at 01 April 2021	(16,617)	**(16,617)**
Adjusted NHS Clinical Commissioning Group balance at 31 March 2022	**(16,617)**	**(16,617)**
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2021-22		
Net operating costs for the financial year	(270,656)	(270,656)
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial Year	**(270,656)**	**(270,656)**
Net funding	269,374	269,374
Balance at 31 March 2022	**(17,898)**	**(17,898)**

Notes 1 to 16 form part of this statement

NHS Halton CCG - Annual Accounts 2022-23

Statement of Cash Flows for the Period ended 30 June 2022	Note	3 Month period Ended 30 June 22 2022-23 £'000	2021-22 £'000
Cash Flows from Operating Activities			
Net operating expenditure for the financial year		(67,889)	(270,656)
Depreciation and amortisation	4	55	244
(Increase)/decrease in trade & other receivables	8	1,983	(379)
Increase/(decrease) in trade & other payables	10	764	1,437
Net Cash Inflow (Outflow) from Operating Activities		**(65,087)**	**(269,354)**
Cash Flows from Financing Activities			
Grant in Aid Funding Received		65,628	269,374
Net Cash Inflow (Outflow) from Financing Activities		**65,628**	**269,374**
Net Increase (Decrease) in Cash & Cash Equivalents	9	**541**	20
Cash & Cash Equivalents at the Beginning of the Financial Year		**67**	46
Cash & Cash Equivalents (including bank overdrafts) at /Period ended 30 June 2022/the End of the Financial Year		**608**	67

Notes 1 to 16 form part of this statement

NHS Halton CCG - Annual Accounts 2022-23

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 (GAM) issued by the Department of Health and Social Care (DHSC). Consequently, the following financial statements have been prepared in accordance with the GAM 2021-22 issued by the DHSC. The accounting policies contained in the GAM 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 GAM permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the CCG for the purpose of giving a true and fair view has been selected. The particular policies adopted by the CCG are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Going Concern

The Health and Care Act was introduced into the House of Commons on the 6th July 2021 and received Royal assent on 28th April 2022. The Act allowed for the establishment of Integrated Care Boards (ICB's) across England and abolished Clinical Commissioning Groups (CCGs). From 1st July 2022, ICB's took on the commissioning functions of CCGs. As a result, the functions, assets and liabilities of NHS Halton CCG transferred to NHS Cheshire and Merseyside Integrated Commissioning Board.

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 the inclusion of financial provision for that service in published documents. When the clinical commissioning group ceased to exist on 30th June 2022, the services continued to be provided (using the same assets, by another public sector entity) from 1 July 2022 by NHS Cheshire and Merseyside Integrated Care Board. Accordingly, the CCG has determined that the going concern basis of preparation for the financial statements is appropriate. The financial statements of the CCG for the three months ended 30 June 2022 have therefore been prepared on a going concern basis.

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1.2 Accounting Convention

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

1.3 Joint arrangements

"Arrangements over which the CCG has joint control with one or more other entities are classified as joint arrangements. Joint control is the contractually agreed sharing of control of an arrangement. A joint arrangement is either a joint operation or a joint venture.
A joint operation exists where the parties that have joint control have rights to the assets and obligations for the liabilities relating to the arrangement. Where the CCG is a joint operator it recognises its share of, assets, liabilities, income and expenses in its own accounts."

1.4 Pooled Budgets

"The CCG has entered into a pooled budget arrangement with Halton Borough Council in accordance with section 75 of the NHS Act 2006. Under the arrangement, funds are pooled for the provision of Adult's Learning Disability, Mental Health, Community Support Services and the Better Care Fund. The pooled budget note in the accounts provides details of the income and expenditure.
The pool is hosted by Halton Borough 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, this is shown on Note 13 of the Accounts."

1.5 Operating Segments

The CCG considers that it only has one operating segment: commissioning of healthcare services.

1.6 Revenue

"In the application of IFRS 15 a number of practical expedients offered in the Standard have been employed. These are as follows:

• As per paragraph 121 of the Standard the CCG will not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less,
• The CCG is to similarly not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date.

• The CCG is to similarly not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date.
• The FReM has mandated the exercise of the practical expedient offered in C7(a) of the Standard that requires the CCG to reflect the aggregate effect of all contracts modified before the date of initial application.

The main source of funding for the CCG is from NHS England. This is drawn down and credited to the general fund. Funding is recognised in the period in which it is received.
Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance obligation.
Where income is receive+B9d for a specific performance obligation that is to be satisfied in the following year, that income is deferred.
Payment terms are standard reflecting cross government principles.
The value of the benefit received when the CCG accesses funds from the Government's apprenticeship service are recognised as income in accordance with IAS 20, Accounting for Government Grants. Where these funds are paid directly to an accredited training provider, non-cash income and a corresponding non-cash training expense are recognised, both equal to the cost of the training funded."

1.70 Employee Benefits

1.7.1 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.

1.7.2 Retirement Benefit Costs

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

Therefore, the schemes are accounted for as if they were a defined contribution scheme; the cost recognised in these accounts represents the contributions payable for the year. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the CCG commits itself to the retirement, regardless of the method of payment.

The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year. Following the government's introduction of automatic pension enrolment, the CCG joined the government- operated National Employment Savings Trust (NEST) pension scheme in July 2017. Since July 2017, a minority of CCG employees (less than 5%) have joined the scheme. As a defined contribution scheme, the cost to the CCG of participating in the NEST scheme is taken as equal to the contributions payable to the scheme for the accounting period."

1.8 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.

1.9 Grants Payable

Where grant funding is not intended to be directly related to activity undertaken by a grant recipient in a specific period, the CCG recognises the expenditure in the period in which the grant is paid. All other grants are accounted for on an accruals basis.

1.10 Property, Plant & Equipment

1.10.1 Recognition

Property, plant and equipment is capitalised if:
It is held for use in delivering services or for administrative purposes;
It is probable that future economic benefits will flow to, or service potential will be supplied to the CCG; It is expected to be used for more than one financial year;
The cost of the item can be measured reliably; and,
The item has a cost of at least £5,000; or,

Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates,
anticipated to have simultaneous disposal dates and are under single managerial control; or,

Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.
Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives. **1.10.2 Measurement**
All property, plant and equipment is measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.
Assets that are held for their service potential and are in use are measured subsequently at their current value in existing use. Assets that were most recently held for their service potential but are surplus are measured at fair value where there are no restrictions preventing access to the market at the reporting date

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

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

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value.
Assets are re-valued and depreciation commences when they are brought into use.
IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful economic lives or low values or both, as this is not considered to be materially different from current value in existing use.

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

revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Net Expenditure.

1.10.3 Subsequent Expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses. **1.11 Intangible Assets**

1.11.1 Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the CCG's business or which arise from contractual or other legal rights. They are recognised only: When it is probable that future economic benefits will flow to, or service potential be provided to, the CCG;

- Where the cost of the asset can be measured reliably; and,
- Where the cost is at least £5,000.

Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised but is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- The technical feasibility of completing the intangible asset so that it will be available for use;
- The intention to complete the intangible asset and use it;
- The ability to sell or use the intangible asset;
- How the intangible asset will generate probable future economic benefits or service potential;
- The availability of adequate technical, financial and other resources to complete the intangible

asset and sell or use it; and The ability to measure reliably the expenditure attributable to the intangible asset during its development.

1.11.2 Measurement

Intangible assets acquired separately are initially recognised at cost. The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at current value in existing use by reference to an active market, or, where no active market exists, at the lower of amortised replacement cost or the value in use where the asset is income generating . Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances. Revaluations and impairments are treated in the same manner as for property, plant and equipment.

1.11.3 Depreciation, Amortisation & Impairments

Freehold land, properties under construction, and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the CCG expects to obtain economic benefits or service potential from the asset. This is specific to the CCG and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over the shorter of the lease term and the estimated useful life.

At each reporting period end, the CCG checks whether there is any indication that any of its property, plant and equipment assets or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve. **1.11 Leases**

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

1.12.1 The CCG as Lessee

A right-of-use asset and a corresponding lease liability are recognised at commencement of the lease.
The lease liability is initially measured at the present value of the future lease payments, discounted by using the rate implicit in the lease. If this rate cannot be readily determined, the prescribed HM Treasury discount rates are used as the incremental borrowing rate to discount future lease payments.

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

"Lease payments included in the measurement of the lease liability comprise

- Fixed payments;
- Variable lease payments dependent on an index or rate, initially measured using the index or rate at commencement;
- The amount expected to be payable under residual value guarantees;
- The exercise price of purchase options, if it is reasonably certain the option will be exercised; and
- Payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease. "

Variable rents that do not depend on an index or rate are not included in the measurement the lease liability and are recognised as an expense in the period in which the event or condition that triggers those payments occurs. The lease liability is subsequently measured by increasing the carrying amount for interest incurred using the effective interest method and decreasing the carrying amount to reflect the lease payments made. The lease liability is remeasured, with a corresponding adjustment to the right-of-use asset, to reflect any reassessment of or modification made to the lease.
The right-of-use asset is initially measured at an amount equal to the initial lease liability adjusted for any lease prepayments or incentives, initial direct costs or an estimate of any dismantling, removal or restoring costs relating to either restoring the location of the asset or restoring the underlying asset itself, unless costs are incurred to produce inventories.
The subsequent measurement of the right-of-use asset is consistent with the principles for subsequent measurement of property, plant and equipment. Accordingly, right-of-use assets that are held for their service potential and are in use are subsequently measured at their current value in existing use.
Right-of-use assets for leases that are low value or short term and for which current value in use is not expected to fluctuate significantly due to changes in market prices and conditions are valued at depreciated historical cost as a proxy for current value in existing use.

Other than leases for assets under construction and investment property, the right-of-use asset is subsequently depreciated on a straight-line basis over the shorter of the lease term or the useful life of the underlying asset. The right-of-use asset is tested for impairment if there are any indicators of impairment and impairment losses are accounted for as described in the 'Depreciation, amortisation and impairments' policy.
Peppercorn leases are defined as leases for which the consideration paid is nil or nominal (that is, significantly below market value). Peppercorn leases are in the scope of IFRS 16 if they meet the definition of a lease in all aspects apart from containing consideration.
For peppercorn leases a right-of-use asset is recognised and initially measured at current value in existing use. The lease liability is measured in accordance with the above policy. Any difference between the carrying amount of the right-of-use asset and the lease liability is recognised as income as required by IAS 20 as interpreted by the FReM.
Leases of low value assets (value when new less than £5,000) and short-term leases of 12 months or less are recognised as an expense on a straight-line basis over the term of the lease.

1.13 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.

1.14 Provisions

Provisions are recognised when the CCG has a present legal or constructive obligation as a result of a past event, it is probable that the CCG 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.
Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rate as follows:
All general provisions are subject to four separate discount rates according to the expected timing of cashflows from the Statement of Financial Position date:

- A nominal short-term rate of 0.47% (2020-21: -0.02%) for inflation adjusted expected cash flows up to and including 5 years from Statement of Financial Position date.

• A nominal medium-term rate of 0.70% (2020-21: 0.18%) for inflation adjusted expected cash flows over 5 years up to and including 10 years from the Statement of Financial Position date.

• A nominal long-term rate of 0.95% (2020-21 1.99%) for inflation adjusted expected cash flows over 10 years and up to and including 40 years from the Statement of Financial Position date.

• A nominal very long-term rate of 0.66% (2020-21: 1.99%) for inflation adjusted expected cash flows exceeding 40 years from the Statement of Financial Position date.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

A restructuring provision is recognised when the CCG has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with on-going activities of the entity.

1.15 Clinical Negligence Costs

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

1.16 Non-clinical Risk Pooling

The CCG participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the CCG pays an annual contribution to the NHS Resolution and, in return, receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses as and when they become due. **1.17 Carbon Reduction Commitment Scheme**

The Carbon Reduction Commitment scheme is a mandatory cap and trade scheme for non-transport CO2 emissions. The clinical commissioning group is registered with the CRC scheme, and is therefore required to surrender to the Government an allowance for every tonne of CO2 it emits during the financial year. A liability and related expense is recognised in respect of this obligation as CO2 emissions are made.

The carrying amount of the liability at the financial year end will therefore reflect the CO2 emissions that have been made during that financial year, less the allowances (if any) surrendered voluntarily during the financial year in respect of that financial year.
The liability will be measured at the amount expected to be incurred in settling the obligation. This will be the cost of the number of allowances required to settle the obligation.
Allowances acquired under the scheme are recognised as intangible assets.

1.18 Contingent liabilities and contingent assets

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 CCG, 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.
A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the CCG. A contingent asset is disclosed where an inflow of economic benefits is probable.
Where the time value of money is material, contingent liabilities and contingent assets are disclosed at their present value.

1.19 Financial Assets

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

Financial assets are classified into the following categories:

- Financial assets at amortised cost;
- Financial assets at fair value through other comprehensive income and;
- Financial assets at fair value through profit and loss.

The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.

1.19.1 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.

1.19.2 Financial assets at fair value through other comprehensive income

Financial assets held at fair value through other comprehensive income are those held within a business model whose objective is achieved by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest.

1.19.3 Financial assets at fair value through profit and loss

Financial assets measure at fair value through profit and loss are those that are not otherwise measured at amortised cost or fair value through other comprehensive income. This includes derivatives and financial assets acquired principally for the purpose of selling in the short term.

1.20 Impairment

For all financial assets measured at amortised cost or at fair value through other comprehensive income (except equity instruments designated at fair value through other comprehensive income), lease receivables and contract assets, the CCG recognises a loss allowance representing the expected credit losses on the financial asset. The CCG adopts the simplified approach to impairment in accordance with IFRS 9, and measures the loss allowance for trade receivables, lease receivables and contract assets at an amount equal to lifetime expected credit losses. For other financial assets, the loss allowance is measured at an amount equal to lifetime expected credit losses if the credit risk on the financial instrument has increased significantly since initial recognition (stage 2) and otherwise at an amount equal to 12 month expected credit losses (stage 1).

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds and Exchequer Funds assets where repayment is ensured by primary legislation. The CCG therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's lengths bodies and NHS bodies and the CCG does not recognise allowances for stage 1 or stage 2 impairments against these bodies. For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an impairment gain or loss.

1.21 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.

1.20.1 Financial Guarantee Contract Liabilities

Financial guarantee contract liabilities are subsequently measured at the higher of:

· The premium received (or imputed) for entering into the guarantee less cumulative amortisation; and,

The amount of the obligation under the contract, as determined in accordance with IAS 37: Provisions, Contingent Liabilities and Contingent Assets.

1.20.2 Financial Liabilities at Fair Value Through Profit and Loss

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial liabilities at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in the CCG's surplus/deficit. The net gain or loss incorporates any interest payable on the financial liability.

1.20.3 Other Financial Liabilities

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.

1.21 Value Added Tax

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

1.22 Foreign Currencies

The CCG's functional currency and presentational currency is pounds sterling and amounts are presented in thousands of pounds unless expressly stated otherwise. Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. At the end of the reporting period, monetary items denominated in foreign currencies are retranslated at the spot exchange rate on 31

March. Resulting exchange gains and losses for either of these are recognised in the CCG's surplus/deficit in the period in which they arise.

1.23 Third Party Assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the CCG has no beneficial interest in them.

1.24 Critical accounting judgements and key sources of estimation uncertainty

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

1.24.1 Critical accounting judgements in Applying Accounting Policies

The CCG has made no critical judgements in applying accounting policies

1.24.2 Sources of Estimation and uncertainty

The CCG has no sources of estimation uncertainty

1.25 Adoption of new standards

On 1 April 2022, the CCG adopted IFRS 16 'Leases'. The new standard introduces a single, on statement of financial position lease accounting model for lessees and removes the distinction between operating and finance leases.

Under IFRS 16 the group will recognise a right-of-use asset representing the group's right to use the underlying asset and a lease liability representing its obligation to make lease payments for any operating leases assessed to fall under IFRS 16. There are recognition exemptions for short term leases and leases of low value items.

In addition, the group will no longer charge provisions for operating leases that it assesses to be onerous to the statement of comprehensive net expenditure. Instead, the group will include the payments due under the lease with any appropriate assessment for impairments in the right-of-use asset.

Impact assessment

The CCG has applied the modified retrospective approach and will recognise the cumulative effect of adopting the standard at the date of initial application as an adjustment to the opening retained earnings with no restatement of comparative balances.

IFRS 16 does not require entities to reassess whether a contract is, or contains, a lease at the date of initial application. HM Treasury has interpreted this to mandate this practical expedient and therefore the group has applied IFRS 16 to contracts identified as a lease under IAS 17 or IFRIC 4 at 1 April 2022.

"The group has utilised three further practical expedients under the transition approach adopted:

a) The election to not make an adjustment for leases for which the underlying asset is of low value.

b) The election to not make an adjustment to leases where the lease terms ends within 12 months of the date of application.
c) The election to use hindsight in determining the lease term if the contract contains options to extend or terminate the lease."
The most significant impact of the adoption of IFRS 16 has been the need to recognise right-of-use assets and lease liabilities for any buildings previously treated as operating leases that meet the recognition criteria in IFRS

16. Expenditure on operating leases has been replaced by interest on lease liabilities and depreciation on right- of-use assets in the statement of comprehensive net expenditure.
The group has assessed that there is no significant impact on its current finance leases due to the immaterial value on the statement of financial position and no significant impact on the limited transactions it undertakes as a lessor because IFRS 16 has not substantially changed the accounting arrangements for lessors.
The following table reconciles the group's operating lease obligations at 31 March 2022, disclosed in the group's 21/22 financial statements, to the lease liabilities recognised on initial application of IFRS 16 at 1 April 2022.

Operating lease commitments at 31 March 2022
Impact of discounting at 1 April 2022 using the weighted average incremental borrowing rate of 0.95%
Operating lease commitments discounted used weighted average IBR

Add: Finance lease liabilities at 31 March 2022
Add: Peppercorn leases revalued to existing value in use
Add: Residual value guarantees
Add: Rentals associated with extension options reasonably certain to be exercised
Less: Short term leases (including those with <12 months at application date)
Less: Low value leases
Less: Variable payments not included in the valuation of the lease liabilities
Lease liability at 1 April 2022

1.36 New and revised IFRS Standards in issue but not yet effective

- IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1

January 2021. Standard is not yet adopted by the FReM which is expected to be April 2023: early adoption is not therefore permitted.

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2. Employee benefits and staff numbers — **3 Month period ended 30 June 2022**

2.1.1 Employee benefits

	Total			2022-23		
	Permanent Employees £'000	Other £'000	Total £'000	Permanent staff	Other	Total
Employee Benefits						
Salaries and wages	631	13	644			
Social security costs	52	0	52			
Employer Contributions to NHS Pension scheme	110	0	110			
Gross employee benefits expenditure	793	13	807	51.10	3.20	54.30

2.1.2 Employee benefits

	Total			2021-22		
	Permanent Employees £'000	Other £'000	Total £'000	Permanent staff	Other	Total
Employee Benefits						
Salaries and wages	2,579	21	2,600			
Social security costs	293	0	293			
Employer Contributions to NHS Pension scheme	524	0	524			
Gross employee benefits expenditure	3,396	21	3,417	57.75	3.23	60.98

3.1 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

3.1.2 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 2022, is based on valuation data as 31 March 2021, updated to 31 March 2022 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.

3.1.3 Full actuarial (funding) valuation

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

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The 2016 funding valuation also tested the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. There was initially a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

HMT published valuation directions dated 7 October 2021 (see Amending Directions 2021) that set out the technical detail of how the costs of remedy are included in the 2016 valuation process. Following these directions, the scheme actuary has completed the cost control element of the 2016 valuation for the NHS Pension Scheme, which concludes no changes to benefits or member contributions are required. The 2016 valuation reports can be found on the NHS Pensions website at https://www.nhsbsa.nhs.uk/nhs-pension-scheme-accounts-and-valuation-reports.

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4. Operating expenses	3 Month period ended 30-Jun-22 2022-23 Total £'000	2021-22 Total £'000
Purchase of goods and services		
Services from other CCGs and NHS England	224	588
Services from foundation trusts	27,416	108,601
Services from other NHS trusts	15,389	59,452
Purchase of healthcare from non-NHS bodies	8,969	35,791
Purchase of social care	3,027	11,734
Prescribing costs	5,805	25,931
GPMS/APMS and PCTMS	5,543	21,828
Supplies and services – general	110	537
Establishment	8	76
Premises	15	261
Audit fees	62	62
Other non statutory audit expenditure		
· Other services	3	12
Other professional fees	41	101
Education, training and conferences	1	11
Total Purchase of goods and services	**66,612**	**264,985**
Depreciation and impairment charges		
Depreciation	47	272
Amortisation	8	(28)
Total Depreciation and impairment charges	**55**	**244**
Other Operating Expenditure		
Chair and Non Executive Members	-	97
Grants to Other bodies	414	1,907
Other expenditure	1	6
Total Other Operating Expenditure	**415**	**2,010**
Total operating expenditure	**67,083**	**267,239**

The audit fees for Q1 2022-23 total £62,200 (2021-22: £62,200).
'Other non statutory audit expenditure - other services' is in relation to the Mental Health Investment Standard (MHIS) and includes the CCG's share of the 2022/23 fee.

In accordance with SI 2008 no.489, The Companies (Disclosure of Auditor Remuneration and Liability Limitation Agreements) Regulations 2008, where a CCG contract with its auditors provides for a limitation of the auditor's liability, the principal terms of this limitation must be disclosed. The CCG's contract with it's external auditor does contain a limitation of liability clause with the absolute liability of both parties being capped at £2 million. This is in line with the standard Consultancy One approach and the external auditor's standard terms and conditions.

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6 Property, plant and equipment

Period ended 30 June 2022	Buildings excluding dwellings £'000	Plant & machinery £'000	Information technology £'000	Total £'000
Cost or valuation at 01 April 2022	329	31	925	1,285
Cost/Valuation at 30 June 2022	**329**	**31**	**925**	**1,285**
Depreciation 01 April 2022	132	31	834	997
Charged during the year	16	0	31	47
Depreciation at 30 June 2022	**148**	**31**	**865**	**1,044**
Net Book Value at 30 June 2022	**181**	**(0)**	**60**	**241**
Purchased	181	(0)	60	241
Total at 30 June 2022	**181**	**(0)**	**60**	**241**
Asset financing:				
Owned	-	(0)	60	60
Held on finance lease	181	-	-	181
Total at 30 June 2022	**181**	**(0)**	**60**	**241**

6.1 Economic lives

	Minimum Life (years)	Maximum Life (Years)
Buildings excluding dwellings	0	1
Plant & machinery	1	1

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6 Property, plant and equipment

2021-22	Buildings excluding dwellings £'000	Plant & machinery £'000	Information technology £'000	Total £'000
Cost or valuation at 01 April 2021	329	31	925	1,285
Cost/Valuation at 31 March 2022	**329**	**31**	**925**	**1,285**
Depreciation 01 April 2021	44	30	651	725
Charged during the year	88	1	183	272
Transfer (to)/from other public sector body	-	-	-	-
Cumulative depreciation adjustment following revaluation	-	-	-	-
Depreciation at 31 March 2022	**132**	**31**	**834**	**997**
Net Book Value at 31 March 2022	**197**	**0**	**91**	**289**
Purchased	197	**30**	91	319
Donated	-	-	-	-
Government Granted	-	-	-	-
Total at 31 March 2022	**197**	**30**	**91**	**319**
Asset financing:				
Owned	-	(0)	91	91
Held on finance lease	197	-	-	197
On-SOFP Lift contracts	-	-	-	-
PFI residual: interests	-	-	-	-
Total at 31 March 2022	**197**	**(0)**	**91**	**289**

Economic lives	Minimum Life (Years)	Maximum Life (Years)
Buildings excluding dwellings	3	4
Plant & machinery	0	1
Information technology	0	3

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7 Intangible non-current assets

Period ended 30 June 2022	Computer Software: Purchased £'000	Total £'000
Cost or valuation at 01 April 2022	153	**153**
Cost / Valuation At 30 June 2022	**153**	**153**
Amortisation 01 April 2022	110	**110**
Charged during the year	8	**8**
Amortisation At 30 June 2022	**118**	**118**
Net Book Value at 30 June 2022	**35**	**35**
Purchased	35	**35**
Total at 30 June 2022	**35**	**35**

Revaluation Reserve Balance for intangible assets

7.1 Economic lives

	Minimum Life (years)	Maximum Life (Years)
Computer software: purchased	0	1

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7 Intangible non-current assets

2021-22	Computer Software: Purchased £'000	Total £'000
Cost or valuation at 01 April 2021	153	**153**
Cost / Valuation At 31 March 2022	**153**	**153**
Amortisation 01 April 2021	138	**138**
Charged during the year	(28)	**(28)**
Amortisation At 31 March 2022	**110**	**110**
Net Book Value at 31 March 2022	**43**	**43**
Purchased	43	**43**
Total at 31 March 2022	**43**	**43**

Economic lives

	Minimum Life (years)	Maximum Life (Years)
Computer software: purchased	0	1

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8.1 Trade and other receivables	Period ended 30-Jun-22 2022-23 £'000	2021-22 £'000
NHS receivables: Revenue	427	1,370
NHS prepayments	30	36
NHS accrued income	54	45
Non-NHS and Other WGA receivables: Revenue	1,331	2,528
Non-NHS and Other WGA prepayments	177	62
Non-NHS and Other WGA accrued income	191	-
VAT	(2)	55
Other receivables and accruals	-	95
Total Trade & other receivables	**2,208**	**4,191**
Total current and non current	**2,208**	**4,191**
Included above:		
Prepaid pensions contributions	-	-

8.2 Receivables past their due date but not impaired	Period ended 30 June 2022 2022-23 DHSC Group Bodies £'000	2022-23 Non DHSC Group Bodies £'000	2021-22 DHSC Group Bodies £'000	2021-22 Non DHSC Group Bodies £'000
By up to three months	73	24	73	16
By three to six months	177	0	9	(159)
By more than six months	19	(2)	19	(2)
Total	**269**	**22**	**102**	**(144)**

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Note 10 Payables	3 Month period to 30 June 2022 2022-23 £'000	Current 2021-22 £'000
NHS payables: Revenue	74	372
NHS accruals	2,988	2,777
Non-NHS and Other WGA payables: Revenue	943	2,332
Non-NHS and Other WGA accruals	5,284	3,849
Social security costs	39	38
Tax	29	34
Other payables and accruals	13,895	13,086
Total Trade & Other Payables	**23,252**	**22,488**
Total current and non-current	**23,252**	**22,488**

Other payables include £198k outstanding pension contributions at 30 June 2022, (2021-22 180k)

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11.1 Financial assets	Period to 30 June 2022 Financial Assets measured at amortised cost 2022-23 £'000	Total 2022-23 £'000
Trade and other receivables with NHSE bodies	247	247
Trade and other receivables with other DHSC group bodies	235	235
Trade and other receivables with external bodies	1,522	1,522
Cash and cash equivalents	608	608
Total at 30 June 2022	**2,612**	**2,612**

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13 Financial instruments cont'd
13.1

	Financial Assets measured at amortised cost 2022-23 £'000	Total 2022-23 £'000
Trade and other receivables with NHSE bodies	1,348	1,348
Trade and other receivables with other DHSC group bodies	521	521
Trade and other receivables with external bodies	2,169	2,169
Cash and cash equivalents	67	67
Total at 30 June 2022	**4,105**	**4,105**

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11.2 Financial liabilities

	Period to 30 June 2022 Financial Liabilities measured at amortised cost 2022-23 £'000	Total 2022-23 £'000
Trade and other payables with NHSE bodies	690	**690**
Trade and other payables with other DHSC group bodies	2,370	**2,370**
Trade and other payables with external bodies	20,124	**20,124**
Total at 30 June 2022	**23,184**	**23,184**

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13.2 Financial liabilities

	Financial Liabilities measured at amortised cost 2021-22 £'000	Total 2021-22 £'000
Trade and other payables with NHSE bodies	826	**826**
Trade and other payables with other DHSC group bodies	2,601	**2,601**
Trade and other payables with external bodies	18,989	**18,989**
Other financial liabilities	-	-
Private Finance Initiative and finance lease obligations	-	-
Total at 31 March 2022	**22,416**	**22,416**

12 Operating segments

The CCG considers that it only has one operating segment consisting of Healthcare services.

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13 Joint arrangements - interests in joint operations

CCG Disclosure in relation to joint arrangements in line with the requirements in IFRS12 - Disclosure of interests in other entities

13.1 Interests in joint operations

			Amounts recognised in Entities books ONLY				Amounts recognised in Entities books ONLY			
			Period ended 30 June 2022				2021-22			
Name of arrangement	Parties to the arrangement	Description of principal activities	Assets £'000	Liabilities £'000	Income £'000	Expenditure £'000	Assets £'000	Liabilities £'000	Income £'000	Expenditure £'000
Integrated pool for Adult Continuing Healthcare	NHS Halton CCG/ HALTON BOROUGH COUNCIL	POOLED BUDGET ARRANGEMENTS FOR THE PROVISION OF CARE PACKAGES FOR ADULTS WHO QUALIFY FOR CHC/FNC, ARE S117 OR JOINT FUNDED	0	0	799	3101	513	513	3467	3399
Better Care Fund	NHS Halton CCG/ HALTON BOROUGH COUNCIL	POOLED BUDGET ARRANGEMENT FOR THE PROVISION OF INTEGRATED SPEND ON HEALTH AND SOCIAL CARE	0	0	3026	11431	0	0	10,891	10,891

The CCG has a joint funding arrangement with Halton Borough Council in respect of an aligned budget with a total spend of £6,687 million

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14 Related party transactions

Details of related party transactions with individuals are as follows for the period ended 30 June 2022

Name	Role in CCG	Role in Relatd party	Related Party Organisation	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
				£'000	£'000	£'000	£'000
Mr David Cooper	Chief Finance Officer	Chief Finance Officer	NHS Warrington CCG	336	(670)	0	0
Mr Andrew Davies	Chief Clinical Officer	Chief Clinical Officer	NHS Warrington CCG	336	(670)	0	0
Mr Andrew Davies	Chief Clinical Officer	Sister	Wife is employed at Fairfield Independent Hospital	35	0	3	0
Dr Claire Forde	GP Governing Body Member	GP Partner	Grove House Practice	539	0	131	0
Dr Claire Forde	GP Governing Body Member	Part Owner	St Paul's Health Centre				
Mr David Merrill	Deputy Chair	Registered with Halton Carers Centre	Halton Carers Centre				
Mr David Merrill	Deputy Chair	Close friend of Chair, Treasurer and one other Trustee.	Widnes & Runcorn Cancer Support Centre	11	0	0	0
Mr G Hall	CCG Lay Member	Audit Committee Chair	NHS Warrington CCG	336	-670	0	0
Mr G Hall	CCG Lay Member	Vice Chair	St Helens & Knowsley Hospitals Trust	13,658	0	182	0
Dr D Wilson	Chair	Senior Partner	Grove House Practice	539	0	131	0
Dr D Wilson	Chair	Locality lead	Mid Mersey LMC	14	0	0	0
Dr D Wilson	Chair	Director	GP Health Connect	215	0	45	0

The Department of Health is regarded as a related party, during the year Halton CCG had a significant number of material transactions with entities for which the department is regarded as the parent department
These include NHS England, NHS Foundation Trust and NHS Trusts

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17 Related party transactions

Details of related party transactions with individuals are as follows:

Name	Role in CCG	Role in Relatd party	Related Party Organisation	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
				£'000	£'000	£'000	£'000
Mr David Cooper	Chief Finance Officer	Chief Finance Officer	NHS Warrington CCG	1,663	4,582	318	1,047
Mr Andrew Davies	Chief Clinical Officer	Chief Clinical Officer	NHS Warrington CCG	1,663	4,582	318	1,047
Mr Andrew Davies	Chief Clinical Officer	Sister	Wife is employed at Fairfield Independent Hospital	150	0		0
Mrs Michelle Creed	Chief Nurse	Chief Nurse	NHS Warrington CCG	1,663	4,582	318	1,047
Dr Claire Forde	GP Governing Body Member	GP Partner	Grove House Practice	2,253	0	180	0
Dr Claire Forde	GP Governing Body Member	Part Owner	St Paul's Health Centre	4,231	0	295	0
Mr David Merrill	Deputy Chair	Registered with Halton Carers Centre	Halton Carers Centre	3,172	0	185	0
Mr David Merrill	Deputy Chair	Close friend of Chair, Treasurer and one other Trustee.	Widnes & Runcorn Cancer Support Centre	38	0	11	
Mr G Hall	CCG Lay Member	Audit Committee Chair	NHS Warrington CCG	1,663	4,852	318	1,047
Mr G Hall	CCG Lay Member	Vice Chair	St Helens & Knowsley Hospitals Trust	52,859	0	554	
Dr D Wilson	Chair	Senior Partner	Grove House Practice	811	0	113	0
Dr D Wilson	Chair	Locality lead	Mid Mersey LMC	544	0		0

The Department of Health is regarded as a related party, during the year Halton CCG had a significant number of material transactions with entities for which the department is regarded as the parent department

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15 Events after the Reporting Period

The Health and Care Act 2022 received Royal Assent in April 2022. As a result of this, the CCG deimised on 30 June 2022
The Assets, liabilities, operartions and services of the CCG transferred to NHS Cheshire and Merseyside ICB on 1 July 2022, as summarised below

Amounts transferred to NHS Cheshire and Merseyside Integrated Care Board from 1 July 2022	**£'000**
Non current Assets	**276**
Current Assets	**2817**
Current Liabilities	**(23,252)**
Non Current Liabilities	**0**
Net Assets/ Liabilities	**(20,159)**

There were no further events after the end of the reporting period that would have a material effect on the financial statements of NHS Halton CCG. Due to the demise of the CCG on 30 June 202 these financial statements have been prepared for the three month period 1 April 2022 to 30 June 2022. Comparative figures within the financial statements are for a full year and therefore not truly comparative with this shortened accountng period.

16. Financial Performance

	Period ended 30 June 2022			
	2022-23 Target	**2022-23 Performance**	**2021-22 Target**	**2021-22 Performance**
Expenditure not to exceed income	67,889	67,889	270,704	270,656
Capital resource use does not exceed the amount specified in Directions	-	-	-	-
Revenue resource use does not exceed the amount specified in Directions	67,889	67,889	270,704	270,656
Capital resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	-	-
Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	-	-
Revenue administration resource use does not exceed the amount specified in Directions	562	562	2,562	2,516

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4. Employee benefits and staff numbers — **Period ended 30 June 2022**

4.1.1 Employee benefits

	Admin			Programme			Total		
	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits									
Salaries and wages	212	13	**225**	419	-	**419**	631	13	**644**
Social security costs	11	-	**11**	41	-	**41**	52	-	**52**
Employer contributions to the NHS Pension Scheme	62	-	**62**	48	-	**48**	110	-	**110**
Other pension costs	-	-	-	-	-	-	-	-	-
Apprenticeship Levy	-	-	-	-	-	-	-	-	-
Other post-employment benefits	-	-	-	-	-	-	-	-	-
Other employment benefits	-	-	-	-	-	-	-	-	-
Termination benefits	-	-	-	-	-	-	-	-	-
Gross employee benefits expenditure	285	13	298	509	-	509	793	13	807
Less recoveries in respect of employee benefits (note 4.1.2)	-	-	-	-	-	-	-	-	-
Total - Net admin employee benefits including capitalised costs	285	13	298	509	-	509	793	13	807
Less: Employee costs capitalised	-	-	-	-	-	-	-	-	-
Net employee benefits excluding capitalised costs	285	13	298	509	-	509	793	13	807

4.1.1 Employee benefits — **2021-22**

	Admin			Programme			Total		
	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits									
Salaries and wages	1,133	5	**1,138**	1,446	15	**1,461**	2,579	21	**2,599**
Social security costs	130	-	**130**	163	-	**163**	293	-	**293**
Employer contributions to the NHS Pension Scheme	319	-	**319**	205	-	**205**	524	-	**524**
Other pension costs	-	-	-	-	-	-	-	-	-
Apprenticeship Levy	-	-		-	-				
Other post-employment benefits	-	-	-	-	-	-	-	-	-
Other employment benefits	-	-	-	-	-	-	-	-	-
Termination benefits	-	-	-	-	-	-	-	-	-
Gross employee benefits expenditure	1,582	5	1,587	1,814	15	1,829	3,396	21	3,417
Less recoveries in respect of employee benefits (note 4.1.2)	-	-	-	-	-	-	-	-	-
Total - Net admin employee benefits including capitalised costs	1,582	5	1,587	1,814	15	1,829	3,396	21	3,417
Less: Employee costs capitalised	-	-	-	-	-	-	-	-	-
Net employee benefits excluding capitalised costs	1,582	5	1,587	1,814	15	1,829	3,396	21	3,417