NHS
St Helens
Clinical Commissioning Group

NHS St Helens Clinical Commissioning Group

Annual Report and Accounts

1 April – 30 June 2022

Welcome

From Mark Palethorpe, CCG Accountable Officer

Welcome to our annual report and accounts for NHS St Helens Clinical Commissioning Group (CCG) which covers the first quarter of 2022 (1 April – 30 June) – our final three months as the CCG before our Place Based Partnership known as St Helens Cares begins to deliver health and care at place level as an integrated partnership on 1 July 2022 as part of NHS Cheshire and Merseyside Integrated Care Board.

This report provides an overview of our achievements and challenges as we work with our people and our partner organisations beyond simply health and social care to join up services, manage demand and improve the outcomes of people in St Helens whilst creating a healthier borough.

From 1 July 2022, the wider Integrated Care Partnership and Integrated Care Board in Cheshire and Merseyside will be the statutory body commissioning services at system level – though we expect the majority of work to be carried out at place level, close to our residents.

Such a change, while clearly bringing benefits at scale, has brought with it challenges for all CCGs while we continue to tackle the issues that a second year of the Covid-19 pandemic has brought – impacting on delivery of services at acute level, planned care, primary care and further exacerbating inequalities. Transitioning to the Integrated Care Board means a 'lift and shift' process for our staff while laying the groundwork for day 0 on 1 July and ensuring that for our patients and residents, the move is seamless and that we dually establish the Integrated Care Board whilst safely closing down the CCG so that patients see no impact on how their care and treatment is delivered.

Transformation has been the word this year and we are fortunate that our integrated way of working, already established as St Helens Cares, stands us in good stead for the new world ahead. However, transformation also brings with ita number of challenges and risks. The Health and Care Act means significant change for the NHS, CCGs and local government and we have had to manage this whilst tackling the backlog of non-Covid care, getting back to business as usual, continuing to manage the ongoing pandemic and keeping on track with our priorities of mental wellbeing, healthy weight and resilient communities.

We have to tackle these challenges with the added pressures of workforce gaps, issues around finance and relationships with provider collaboratives.

We look forward to the future working in a clear integrated partnership as the place of St Helens and despite the many challenges we know lie ahead, I remain confident that health and care services in the borough are in a good place and that our residents benefit from the close joined up work we do that is described in this report.

Mark Palethorpe
Accountable Officer, NHS St Helens CCG

NHS St Helens Clinical Commissioning Group (CCG)

NHS St Helens CCG is responsible for planning and commissioning healthcare services for a registered population of more than 198,000 people in St Helens. We commission hospital services, community services, children's services and mental health services on behalf of the local community and have delegated responsibility from NHS England to commission and contract for the provision of primary health care including GP practices.

We had a total allocated budget of £100.7 million for April-June 2022. How we spent this budget is shown on page 53.

About us, our community and how we work

The CCG organisational structure can be seen on the CCG website[1] and includes three clinical directorates:

- Quality
- Medicines Management
- Safeguarding

And six non-clinical directorates:

- Primary Care
- Finance
- Corporate Governance/Engagement and Involvement
- Contracting
- Integrated Adults Commissioning
- Children's Integrated Commissioning.

Our Governing Body consists of the seven required roles of a CCG including a (Lay) Chair, Accountable Officer, Chief Finance Officer, Secondary Care Consultant, Chief Nurse, Lay Member for Audit, Finance & Governance and a Lay Member for Patient and Public Involvement.

In addition, we have the following additional members; four GPs as of August 2021 (elected members), Director responsible for Social Care (St Helens Borough Council); Director of Public Health (St Helens Borough Council) and Director of Commissioning, Primary Care and Transformation.

Our Accountable Officer performs a dual role as the Accountable Officer of the CCG and Executive Director of the Integrated Health and Social Care Services. Our lead GP performs the role of health oversight as Medical Director and our Lay Chair undertakes a role that is very different to other CCGs – which includes playing a key role within our place partnership - and serves as the Vice Chair of Cheshire and Merseyside CCGs Joint Committee which is supporting the transition from CCG to the new Cheshire and Merseyside Integrated Care System.

We are a clinically led membership organisation made up of our 31 local GP practices. Our GP Members' Council, comprising one GP clinical lead from each practice, meets regularly throughout the year to discuss strategic issues and share best practice.

The GP Members' Council is also a formal committee of the CCG. It ensures a clinical voice in relation to our commissioning strategies and plans and holds our Governing Body to account.

[1] https://www.sthelensccg.nhs.uk/about-us/

We ensure that our local population and patients are actively involved in the decisions which impact them.

We are accountable to our members, local people and NHS England and we demonstrate this accountability in a number of ways: including holding our Governing Body meetings, Primary Care Committee meetings, St Helens Place Partnership Board and Annual General Meetings in public.

You can find out more about our roles and responsibilities and view our papers and minutes from our Governing Body and Primary Care Committee on our website.[2]

The CCG is part of the Integrated Health and Social Care Directorate of St Helens Borough Council which further enables the integrated commissioning and delivery of health and social care. Our Lay Chair is the Deputy Chair of the St Helens People's Board – which carries out the statutory functions of the Health and Wellbeing Board and the community safety partnership and provides 'democratic stewardship' with a wide membership across public services and the voluntary and community sector.

This is our final three months as NHS St Helens Clinical Commissioning Group and on 1 July 2022 (following the government's Health and Care Bill receiving royal assent), the responsibility for the commissioning of services will transfer to the Cheshire and Merseyside Integrated Care System and Integrated Care Board. The CCG and its staff will become one of nine place-based partnerships in this system.

This health and social care transformation[3] focuses on integration arrangements at place level as well as at system level across Cheshire and Merseyside and aims to accelerate better integration across the whole system in primary care, community health, adult social care, acute, mental health, public health and housing services which relate to health and social care.

[2] https://www.sthelensccg.nhs.uk/about-us/

[3] https://www.gov.uk/government/publications/health-and-social-care-integration-joining-up-care-for-people-places-and-populations/health-and-social-care-integration-joining-up-care-for-people-places-and-populations

Our Place Based Partnership – St Helens Cares

ST HELENS
CARES

We work with a range of partners – beyond simply health and social care – to join up services, manage demand and improve the outcomes of people in St Helens. This place-based partnership is known as St Helens Cares and includes ourselves – the CCG – as well as local NHS provider trusts, St Helens Borough Council, Torus, Healthwatch, Halton and St Helens Voluntary Community Action, Merseyside Fire and Rescue Service, Merseyside Police and the Probation service.

The vision for St Helens Cares is:

One Place, One System, One Ambition:
Improving people's lives in St Helens together

We have established the St Helens Place Partnership Board which meets monthly and comprises the leaders of all partner organisations and. The output from this board is overseen by the St Helens People's Board and focuses on three key workstreams and the key goals to be achieved by 2027 under the following priorities:

Mental Wellbeing

- Support people who are at risk of self-harm
- Reduce alcohol dependency
- Improve personal wellbeing

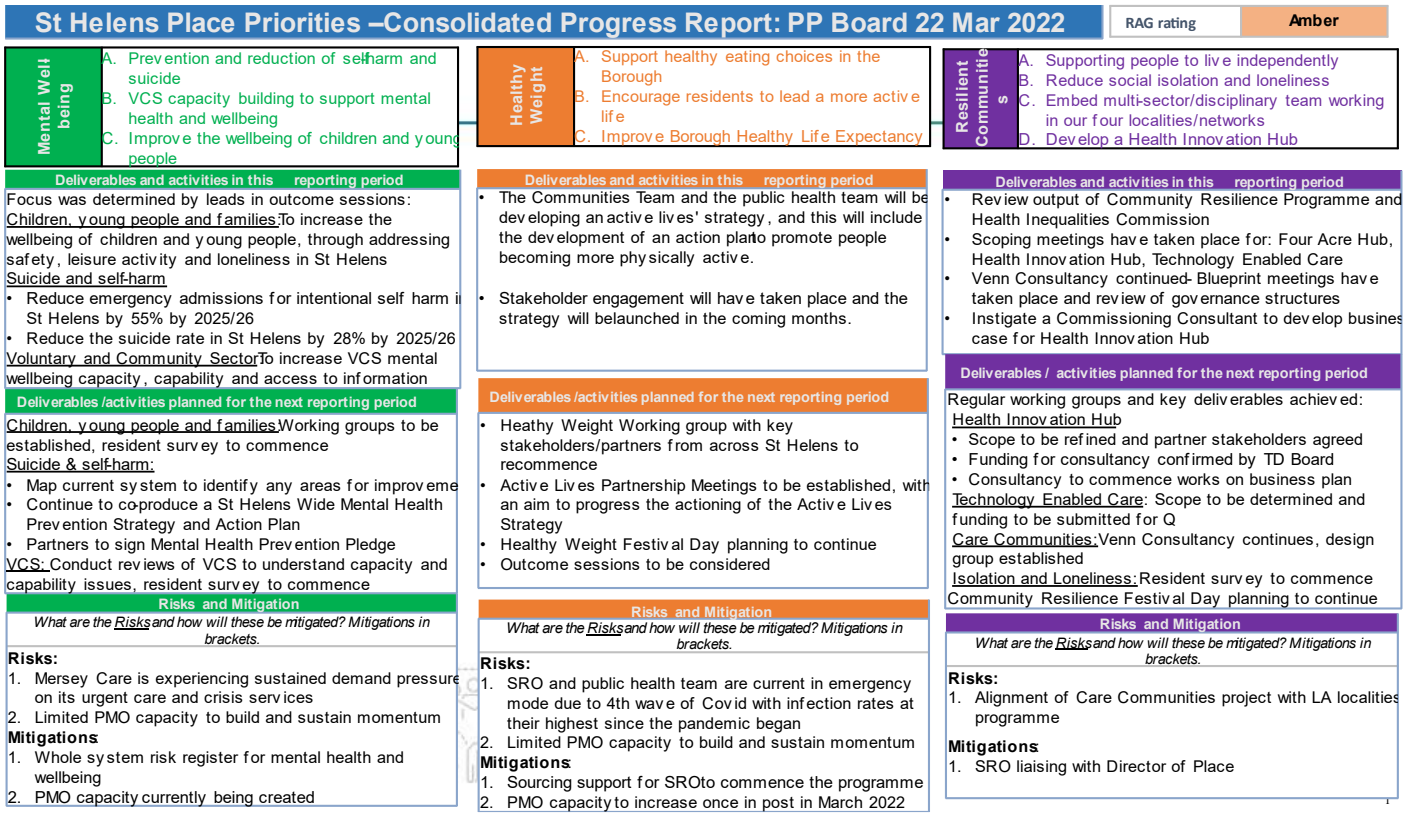
Healthy Weight

- Support healthy eating choices in the borough
- Encourage residents to lead a more active lifestyle
- Improve healthy life expectancy in the borough

Resilient Communities

- Support people to live independently
- Reduce social isolation and loneliness
- Embed multi-sector working in the borough's four localities and networking.

Our St Helens Cares 'plan on a page' which contains specific actions and outcomes for the three priorities was agreed at the Place Partnership Board on 22 March 2022 and can be seen below:



The last three months of 2022 has been very much focused on our transition from CCG to place based partnership within Cheshire and Merseyside. This has brought with it many new challenges as we prepare the way for 1 July 2022. Our focus has been on St Helens as a 'place' within the ICS for Cheshire and Merseyside and how we work as a system – which demonstrates our performance at 'place' level.

Along with our system partners, we published an updated five-year St Helens People's Plan[4] in June 2022 which will link in with the five-year aspirations of the ICS[5] which will provide system stewardship to ensure that St Helens and the other eight 'places' work together to achieve these aspirations. This plan serves as our operating model for health and social care in St Helens. It is a blend of national and local priorities all focused on delivering outcomes across the system, reducing the complexity and duplication and striving to reduce cost and demand and has been co-produced with stakeholders and communities in the borough.

We work with our partners in Cheshire and Merseyside Health and Care Partnership and neighbouring CCGs on the Cheshire and Merseyside CCGs Joint Committee[6] to identify key areas where we strategically commission services across Cheshire and Merseyside. Geoffrey Appleton, our Lay Chair, was appointed as the Vice Chair of this committee in May 2021.

In anticipation of future legislation and the establishment of a Cheshire and Merseyside Integrated Care System (ICS), the St Helens Integrated Care Partnership (St Helens Cares) was renamed the St Helens Place Partnership Board to avoid confusion. Our St Helens place partnership structure consists of:

[4] https://www.sthelensccg.nhs.uk/media/4693/final-st-helens-peoples-plan-21-26.pdf
[5] https://www.cheshireandmerseysidepartnership.co.uk/wp-content/uploads/2021/01/Our-purpose.pdf
[6] https://www.sthelensccg.nhs.uk/about-us/ccg-committee-structure/

- St Helens Cares Place Partnership Board (previously St Helens ICP)
- System Resources Group
- Programme Delivery Group
- Stakeholder Forum.

In March 2022, our Accountable Officer, Mark Palethorpe, was appointed to the role of Place Director Designate for St Helens Cares and will continue to lead this integrated work in St Helens.

Mark will continue his role as Executive Director of Integrated Health and Social Care at St Helens Borough Council and will jointly report to the Council and the Cheshire and Merseyside Integrated Care Board. Our staff will also transition to the Integrated Care Board in a 'lift and shift' process on 1 July 2022.

CCG vision and values

As commissioners we continue to embed the values of the organisation:

- *Integrity* – we will be honest and transparent when making difficult decisions, always aiming to do the right thing by the people in St Helens and treat everyone fairly

- *Compassion and respect* – we will show care and compassion to all people, finding time for our staff, patients and the public without waiting to be asked, and valuing every patient and member of staff

- *Working together* – we will aim for better connected health and social care, working differently to improve integration, involve our staff and the people of St Helens, working collaboratively across teams and organisations, working together to constantly improve health and social care in St Helens

- *Making a difference every day* – we will improve the lives of people in St Helens, learning from everything that we do, constantly seeking to be innovative and improve, engaging with staff and people in St Helens and using this to drive improvement.

Underpinning all of this is our commitment to value for money and our aim to spend our budget wisely in an efficient and sustainable way.

As we cease be a CCG after 30 June 2022, we are currently in the process of developing a series of values-based principles for our place-based partnership, St Helens Cares, co-produced with our workforce, partners and stakeholders which will supersede the CCG values outlined above.

In June 2022, we held a week-long 'festival' of learning for the St Helens Cares workforce and stakeholders and was preceded by a warmup event focusing on staff health and wellbeing on 24th-26th May.

As we move to becoming a 'place' within the wider Cheshire and Merseyside Integrated Care System, we know it is vital that our staff, partners and volunteers – and subsequently our patients and residents - understand what 'St Helens Cares' is and its purpose in delivering joined up health and social care for our residents. The purpose of the festival was to bring together all staff (paid & volunteers) who work in St Helens borough across all our partners supporting health and social care.

As part of the festival we also 'launched' the *St Helens Cares Way of Working* to create common understanding. This was to give frontline staff the opportunity to share their stories of working within our community and with our residents, as well as hearing from residents about how integration and working with staff across different organisations and agencies in St Helens has benefited them so far. We also ran a workshop with attendees to help co-produce our St Helens Cares values which will be used going forward.

Performance Overview – April - June 2022

Our performance overview highlights our key programmes of work, service transformation and performance during the first quarter (Q1) of 2022 and explains how we work – with our partners and the people of St Helens – to deliver excellent health and care services in our borough.

Following a very difficult year following the pandemic which has remained a constant, we have continued to work to reduce backlogs of patients waiting to be seen – both in primary and secondary care as a result of Covid.

The passion and commitment of staff who work in the NHS however has continued despite the pressures and we continue to be proud of what we have been able to achieve, despite the issues the pandemic has brought.

As we move on from dealing with the response to Covid and instead adopt a 'living with Covid' approach, we have continued to make progress in a number of areas.

Key Achievements:

- Continuing to deliver the Covid-19 vaccination programme across various system partners including our GPs, St Helens and Knowsley Teaching Hospitals NHS Trust and local pharmacies
- Continuing to develop our local place plans for health and care going forward as we prepare for the abolition of the CCG on 30th June 2022
- Delivery of the St Helens Cares Festival for all system partners and recognition award scheme in preparation for the move to place based partnership
- Maintaining the strong focus on quality
- Continued success of the Covid Oximetry@Home pathway and Long Covid service working in partnership with the respiratory network
- Preparing for go-live of two-hour urgent community response service
- Preparing for go-live of Stadium View transitional tenancy flats
- Preparing for Targeted Lung Health checks programme go-live
- Preparing for the mobilisation of services at the Children and Families Hub at Lowe House Health Centre.

Transforming Care Services

Q1 of 2022 continued to be very difficult for the NHS as it concentrated on the recovery of services.

The vaccination programme continued to operate successfully, keeping people out of hospital and supporting the country in lifting restrictions as far as possible. We have also set up several new services relating to the ongoing management of Covid-19.

In addition, we continued to develop and transform services in the borough, working closely with all our NHS and social care partners throughout the year to improve services and improve lives of people in St Helens.

Covid Response

Vaccinations

We have worked with many system partners, including our Primary Care Networks, St Helens and Knowsley Teaching Hospitals NHS Trust and community pharmacies, to deliver around 400,000 vaccines to our residents since the beginning of the programme.

As of 30th June 2022, 82.4% of the registered eligible population) and 103,747 were fully vaccinated with a booster or third dose (65.97% of the registered eligible population).

For those aged over 50, 92.83% of the population are now fully vaccinated with two doses and 86.69% are fully vaccinated plus booster. Promotion of booster vaccines and vaccines for children continues to be a priority and we are working closely with Public Health to facilitate this.

We have performed consistently in terms of vaccination delivery and have been one of the highest places for vaccine uptake thanks to the close partnership working and continued public health promotion of vaccination against Covid infection. Our Chief Nurse also played a key role at Cheshire and Merseyside level in the vaccination rollout providing leadership and oversight.

Other Covid-19 Related Services

We have continued to support primary care by commissioning additional acute visiting capacity from our GP practice partner, GP Rota. This has extended to additional urgent care appointments to cover the winter period at a time when demand was at its highest due to the Omicron variant.

Our **Covid Oximetry@Home** service consistently has one of the highest uptakes across Cheshire and Merseyside. The service monitors some basic information from those with Covid who are most vulnerable and acts as an early warning indicator if the person is deteriorating, before they may have physical symptoms of deterioration. This allows for earlier medical input which reduces the need for hospitalisations, or where hospitalisation is needed, it is done earlier so the patient has the best chance of recovery.

We also worked with several provider partners and neighbouring CCGs to implement a **Long Covid Service**. This consists of a hospital-based service at Liverpool University Hospital, for those suffering very badly, and a community-based service for those with ongoing and complex needs but are not severe enough to need the hospital-based service. The service was developed in conjunction with Liverpool CCG, Knowsley CCG, South Sefton & Formby CCGs and St Helens CCG with the contract awarded to Mersey Care NHS Foundation Trust. St Helens have developed their hub in conjunction with Mersey Care NHS Foundation Trust, St Helens and Knowsley Teaching Hospitals NHS Trust and local wellbeing services. The service has been awarded a further years' funding for 2022/23.

We also established a **Covid virtual ward** at St Helens and Knowsley Teaching Hospitals NHS Trust. These are well utilised by the trust with referrals to the virtual wards being one of the highest levels in Cheshire and Merseyside. More recently a Covid respiratory ward has also been set up. These allow patients to receive the same level of care that they would on a hospital ward but without having to stay in hospital.

Finally, a **monoclonal antibody treatment** in the community established with partners continues to be rolled out. This is a treatment option for those with Covid who are most vulnerable, carried out as an intravenous (IV) therapy service.

Non Covid related developments

Primary Care

Primary care continues to balance the continued demand with access into primary care through online, telephone, video and face to face consultations.

As people spent many months not accessing services to the same extent as prior to the pandemic, primary care has also seen an increased demand from people with exacerbations of routine conditions, and as some routine services were stepped down to support the vaccination programme, they also face a backlog in routine care.

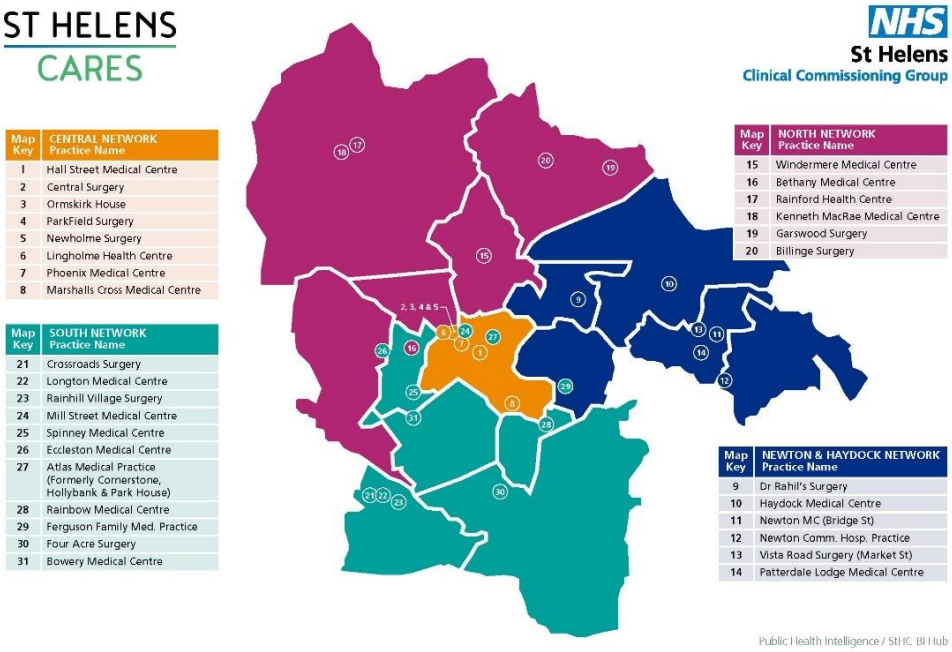
We have worked with several practices where access has been a specific issue and developed plans to enhance this, such as additional administrative staff to answer calls and resolving IT issues that create access problems.

Access to GPs and nursing workforce remains a problem for many GP practices that is the picture nationally. Our four Primary Care Networks have developed their workforce significantly to include additional roles such as social prescribers, mental health practitioners, podiatrists and first contact practitioners (similar to physiotherapists). The primary care model going forward will be less about always seeing a GP in your own practice, but about seeing a specialist practitioner in a practice across a network of practices and GPs are working on developing this model going forward.

A particularly positive initiative this year has been the development of **frailty teams within Primary Care Networks** (PCNs) who will take on proactive care of a network's frailest patients, and mental health practitioners, who will work with GP practices to provide additional clinicians to see patients with mental health issues from the familiar surroundings of a GP practice.

We continue to work with the PCNs on developing **'Care Communities'**, where the whole needs of the patient are addressed rather than just their health need. The frailty teams are a good example of this type of working, where the teams in primary care link in with secondary care, community services, mental health services and social care to ensure a smoother journey for the patient. Similarly mental health practitioners may look at not only the presenting need but the cause of a problem e.g. debt, housing etc and will work with social prescribers to address these issues.

We have worked with our Primary Care Networks to ensure that the area has 100% geographical coverage so that no patients or practices are disadvantaged and that they are able to deliver a number of national service specifications.



Mental Health

We continue to demonstrate strong partnership working to support children's mental health and also maternal mental health.

We have implemented and launched the new **Positive Behaviour Support Service** and have implemented and launched a coaching model of support into schools. We also launched a second **mental health support team** based in schools but also working alongside primary care.

The **PATHS Social and Emotional Learning programme** roll out continues to additional primary schools with 13 primary schools now delivering in class, lessons on emotions, emotional regulation and social skills. One of our primary schools, Holy Spirit Catholic Primary, also received a prestigious SEL Worldwide® Model School award for dedication to children's wellbeing – one of only four schools in England to receive this. This continued rollout is essential in supporting children from a young age to engage with their emotions and emotional health and continues to be a priority for St Helens.

Additionally, we have devised and delivered new ways of working for our children's mental health providers known as **'Thoughtscape – First Stop for Your Mental Health'**. Thoughtscape is a collaborative service offer for emotional wellbeing, resilience and mental health support for children and young people in St Helens. This offer results in easier, early access to support when a child or young person is struggling with their emotional health or wellbeing. The collaborative approach means there will be no 'wrong front door' to the support they need as providers and services will work together to deliver the best and most appropriate support when it's needed, regardless of who they initially seek the support from. We are also proud that the name and strapline for this collaboration were created and selected by the children and young people of St Helens.

In addition to increasing the service offer available to children and young people, we worked to bid for monies and commission services to provide training to professionals working with children and young people across health, social care and education. This includes training on giving support to children and young people who have experienced domestic violence or domestic abuse and who have experienced bereavement. We've also invested

money into coaching training and toolkits into education settings to support our education colleagues to in turn support pupils in their institutions.

We have recruited a nurse to support practices in achieving the serious mental illness **(SMI) health checks** for adults, who works with practices on how best to achieve this aim.

Maternal and Perinatal Mental Health

This year we have had a particular focus on perinatal mental health and following extension of the contract for the NCT **Parents in Mind** service continued to promote the serivce that supports mental health of new parents and parents to be.

Dads/partners in St Helens benefit from specially tailored resources to help with any parenting struggles through their own 'padlet' – a website with the podcasts, specially tailored clips, links, signposting and resources aimed at them[7].

Unique to this site is the 'Being Dad' podcasts[8] hosted by two local fathers chatting to other dads and male carers who share their experiences. One episode links with national charity 'Rugby League Cares', as our hosts interview Halifax player Kevin Larroyer. We hope that these chats will normalise the challenges fatherhood presents and encourage dads in the area to talk openly about their wellbeing.

Through Mersey Care NHS Foundation Trust we have recruited a nurse to support practices in achieving the serious mental illness (SMI) health checks who works with practices on how best to achieve this aim.

We are rated green achieving well above the target set by NHS England on the number of women accessing specialist community perinatal mental health services (7.9% against a target of 5.9%).

[7] https://padlet.com/nctparentsinmind/vh2adimhm6fhtoko
[8] https://youtu.be/PbGHlXCYLBA

Learning Disabilities and Autism Spectrum Conditions (ASC)

The target for **learning disability health checks** was met this year due to real focused working with GP practices and networks working together on developing plans for how to increase delivery of these checks. We continue to work with practices to keep improving in this area.

We have recruited mental health practitioner posts at Mersey Care NHS Foundation Trust for our PCNs, and we have established consistent pathways that they will work within. These will allow more people to be seen and treated at a local GP practice rather than having to access secondary mental health services.

We received a significant sum of money to spend on mental health last year and are hopeful that these schemes will prove successful enough that we can support longer term. Such schemes include:

- Enhancing the care home liaison team - this team will start to link with the primary care frailty teams to develop integrated care for care home patients with mental health conditions.
- Enhancing post diagnostic support for adults with ASC
- Providing awareness raising for staff and students on mental health problems and resilience building with follow-up IAPT services at the local college for those who feel they need more help.

Transforming Care

We continue to support the transforming care agenda for those residents with a learning disability or diagnosis or autism. We work closely with Mid-Mersey commissioners to support this work which provides economies of scale ensuring the services we commission are efficient and effective. This year we have been able to support the following initiatives:

- Increased funding to the **Autistic Spectrum Diagnostic (ASD) service**. This has allowed a service redesign which has produced a significant reduction in waiting times, it was expected that by the end of December wait times for a diagnosis would be within national guidelines, however, this trajectory has changed to challenges caused by the pandemic and a significant increase in referrals.
- Additional funding was provided to the ASD service to allow the development of a post-diagnostic service, this serves several purposes:
    - It provides follow-up and education for those people who are newly diagnosed which provides techniques on how to adapt their lives to better support manage their condition
    - For those people who are already diagnosed but are struggling to adapt and manage their condition, this has supported inappropriate admissions to adult acute mental health wards
    - Allows the team to support the ward when someone is admitted and supports and facilitates discharge
- Recurrent funding provided as reinvestment to the **learning disability intensive support team** who provide support in the community to people on the dynamic database who are identified with behaviours which are becoming more challenging and escalating. This ensures any issues are addressed early with wraparound community support and helps prevent unnecessary admissions
- Further bids have been made to the Transforming Care fund to increase the community offer for both these services.

Community Services

Community services refers to the services that support people with multiple, complex health needs who depend on many health and social care services to meet those needs. These work closely with other parts of the health and care system, such as GPs, hospitals, pharmacies and care homes. Much work in the community during the past year has focused on respiratory services including:

- Review of the **chronic obstructive pulmonary disease (COPD) service** review with partners to improve access and develop a wider respiratory community service to maximise admissions avoidance
- A **pulmonary rehab** review with the key aim of improving uptake
- Go live of **telemedicine pilot for both heart failure and COPD** with evaluation planned to inform future models of care
- Commissioning of a **respiratory car** for the winter period.

Other schemes continue to support admissions avoidance such as the expansion of **'St Helens Avoidance Car'** which is now operational seven days a week.

A St Helens-led review has commenced in respect of the present community ophthalmology pathway. The aim is to look at present performance and to seek opportunities to enhance and widen community pathways and community optician's skill sets with a view to avoiding the need to refer to a hospital where possible.

A key focus throughout the year for community services has been supporting people to be discharged home as soon as possible, which became critical over winter with the levels of Omicron seen, as hospital admissions started to rise. Contact Cares has continued to be a huge support to the system and has been managing discharges from St Helens and Knowsley Teaching Hospitals NHS Trust. For more information on this, see the section on 'Integrated Services' on page 27.

A Cheshire and Merseyside 'out of hospital cell' meets regularly to ensure consistent approaches to out of hospital pathways with St Helens CCG represented on this group.

Acute Care

The pandemic has resulted in significant challenges in the delivery of hospital-based care. Elective waits for inpatient, day case and outpatient procedures and diagnostics have increased drastically over 2 years. These challenges have come about due to:

- Initial cancellations of all non-urgent elective activity at the start of the pandemic, whilst hospitals managed the pandemic
- Reduced capacity due to additional infection control measures implemented over 2 years
- Staffing and workforce challenges due to increased staff absences as a result of the pandemic.

Whilst business as usual has now resumed in hospitals, the backlog that has arisen as a result of all of those challenges cannot be resolved quickly and are being managed across Cheshire and Mersey by a collaboration of providers working together to maximise capacity. The CCG continue to support local efforts for clearing the backlog of patients awaiting planned surgery, working closely with St Helens and Knowsley Teaching Hospitals NHS Trust and the independent sector to maximise capacity available and to ensure the Trust has strong clinical governance processes to manage patients safely whilst they face potentially long waits for surgery. This includes funding a 'pre-habilitation' programme of health coaching for the coming year for long waiters as identified by primary care.

We are also working on schemes to manage patients in the community rather than to attend hospital, where appropriate, using technology to its maximum effect, and to support clinical advice and guidance to primary care to avoid the need to refer unless absolutely necessary.

On the NHS Constitutional Framework, **we failed to meet the measure for diagnostic wait less than 6 weeks from referral (17.6% for Q1 against a target of below 1%)**. However, St Helens Hospital has now been assigned as a regional diagnostic hub which means that additional activity will be available at the site for a range of activities to reduce waiting lists and improve diagnostic turnaround times.

We continue to support local efforts for elective recovery, working closely with St Helens and Knowsley Teaching Hospitals NHS Trust and the independent sector to maximise capacity available and to ensure the Trust has strong clinical governance processes to manage patients safely whilst they face potentially long waits for surgery. This includes funding a 'pre-habilitation' programme of health coaching for the coming year for long waiters as identified by primary care.

We failed to meet two further referral-to-treatment (RTT) measures on the NHS Constitutional Framework:

- 52-week waiters – 2,021 for Q1 incomplete pathways against a target of 0.
- 18 week waits –72.32% for Q1 against a target of 92%

The implementation of the new **St Helens dermatology app** in primary care is about to conclude, which supports the transfer of images from primary care to acute services. The app improves referral optimisation and quality. This app is being piloted by a number of GPs.

Improvements within diabetes care are ongoing and a new pilot of **continuous glucose monitoring** pumps has started with St Helens and Knowsley Teaching Hospitals NHS Trust. The pumps will improve the quality of diabetic care for some patients.

In addition, we are part of a wider elective transformation programme that brings CCGs and providers of care together on a range of priority specialities to support improved service provision. Performance against constitutional standards is overseen weekly and led through the provider collaborative governance via an elective restoration group. In addition to the core restoration group and transformation group, a diagnostic group and independent sector group has also been established to drive forward the plans for community diagnostic hubs and ensuring the NHS is effectively commissioning and utilising independent sector capacity to reduce waiting times. These are all key priorities in recovering waiting lists.

All trusts have developed recovery trajectories in line with national expectation for recovery. Restoration targets have been met some months but not in others - this is reported nationally as a Cheshire and Merseyside position. Our main local hospital trust for St Helens, St Helens & Knowsley Teaching Hospitals NHS Trust, has performed comparatively well across specialities and benefits from the St Helens Hospital site for ongoing diagnostic capability and facilities for outpatients.

<u>Urgent Care</u>

We **failed to meet the A&E four hour wait target** on the NHS Constitutional Framework (83.7% against the 95% target). Urgent care remains challenging but this figure has improved on the past year and achieved 89% in May 2022 and with further initiatives such as the introduction of the 2 Hour Urgent Community Response, it is hoped will continue to improve.

In Q1 we met the Cat 1 ambulance calls (responding to 90% of all incidents within 15 minutes) – having narrowly failed the target last year.

We missed both targets for category 2 (within 40 minutes), 3 (within 2 hours) and 4 (within 3 hours) calls.

Data for Cat 4 ambulance calls (non-urgent problem that requires assessment and possibly transport) was not published by NWAS for April and May, however in June 2022 this stood at 18 hours and 26 minutes against a target of 3 hours.

We continued to work closely with partners to manage ongoing system pressures and facilitated some key developments in urgent care to support admissions avoidance at A&E, such as:

- Direct booking into primary care, urgent treatment centres and A&E from NHS 111 as part of the national plan in relating to 111 services
- Booking into primary care from A&E where patients turn up with a primary care need
- Development of same day emergency care pathways and working with NWAS and acute teams to implement alternatives to A&E for patients in support of increasing 'same day' assessment and treatment e.g. into dedicated frailty units
- Redesign of the pathways such as DVT is in progress to avoid admission to hospital from A&E.

St Helens Two Hour Urgent Community Response Service

We have continued on our work to implement a 2-hour crisis response service due to go fully live in October 2022 following recruitment of workforce. The service provides assessment, treatment and support to patients in their usual place of residence who are experiencing a health or social care crisis and who might otherwise be admitted to hospital.

A range of materials including a video promoting and explaining the service to GPs, care homes and other health professionals who can refer to the service have been produced and an additional option is operational on the Contact Cares single point of contact telephone number to get straight through to the team.

Cancer Services

In the first quarter of the year, we met most of the national cancer waiting time standards with the exception of the Cancer 2 week wait target. St Helens and Knowsley Teaching Hospitals NHS Trust one of the best performing trusts in England and Wales for cancer treatment. However, the ongoing pandemic has impacted on the service, particularly on its ability to deal with waits into treatment.

In Q1 we met 5 out of 9 measures on the NHS Constitutional Performance Framework - narrowly missing the Cancer 31 days wait except where subsequent treatment is surgery, and the Cancer 62 day wait (except from urgent GP referral) in what continues to be a challenging start to the year.

We continue to see an increase in 2 week wait referrals (including suspected breast cancer) to above pre-pandemic levels, with a similar situation facing most trusts across the region.

GPs and cancer services have seen a proportion of people reluctant to attend appointments due to Covid risks. As a result, national and local campaigns were run to ensure that patients knew that hospitals and GPs were open for business as usual despite Covid, to encourage people not to delay seeking medical advice. This resulted in significant increased demand into services which has then impacted on 2 week waits and 62-day treatment standards, as referral levels rose above pre pandemic levels.

Surgical capacity has been impacted due to elective care stoppages and full staffing has been challenging in primary care and acute services.

An example is radiology, with a present national shortage of radiologists. The lack of radiologists continues to impact on diagnostic waiting in some areas and NHS Cancer screening services are not yet back to full capacity.

St Helens and Knowsley Teaching Hospitals NHS Trust has action plans in place to address these issues which are regularly monitored through the CCG Assurance Committee and on a day-to-day basis with the trust. Despite Covid-19 and all the challenges described, the trust continues to make every effort possible to maintain cancer appointments and expects to return to its excellent previous performance unless unforeseen new Covid challenges arise in the present year.

Cancer Service restoration is being led by our providers and the Cheshire and Merseyside Cancer Alliance, however, we remain fully linked in to the system.

We were successful in our bid to be included in Phase 3 of the **targeted lung health check (TLHC) programme** in the coming year. Targeted lung health checks aim to help diagnose lung cancer at an earlier stage when treatment may be more successful. Invitations are being sent to eligible participants with the service starting in October 2022 and will include a staffed screening service with designated CT scanner provision.

St Helens was selected as one of several places within Cheshire and Merseyside to take part in the world's largest trial of a revolutionary new blood test that can detect more than 50 types of cancer before symptoms appear. This testing scheme known as **NHS Galleri** commenced in St Helens in November 2021 and aims to see whether the test finds cancer earlier, when combined with standard cancer testing, in people who don't have any symptoms of cancer. People aged 50-77 who had not had a diagnosis of cancer were invited to participate in the voluntary trial.

A Pinpoint test pilot is also in the process of roll out in the near future. This is **a blood test which measures specific features in a patient's blood and the results of the test, combined with basic patient information, can indicate with very high accuracy a patient's chance of having cancer.** St Helens will be the first pilot area designated in Cheshire and Merseyside.

We continue to support the '**Could it be Cancer?' telephone helpline** in conjunction with St Helens and Knowsley Teaching Hospitals NHS Trust. The line consisted of staff in the hospital giving advice and information to patients

who had concerns about possible cancer symptoms. The service was recently mentioned at the government's Health and Social Care Committee and was also featured in an article in the Daily Telegraph in February 2022.

Earlier diagnosis of cancer is a priority nationally and **Rapid Diagnostic Centre (RDS) pathways** are being developed in partnership with St Helens and Knowsley Teaching Hospitals NHS Trust. The aim of RDS is to diagnose or rule out cancer, within 28 days of GP or dental referral. RDS pathways include prostate, bladder, head and neck and non-specific symptoms.

Children's Care

We continue to focus on children's services during the year. As noted above, significant progress in mental health has been made.

We created a dedicated children's/young people/families and maternity section on our website[9] helping to signpost practitioners and families, and with the aim of improving communication to clinicians and families needing to access services. This will move across to our place website and close working will continue with the Council's Children's Services coming under the remit of the Accountable Officer (Place Director Designate) from September 2022 – and a new Directorate name People's Services.

The Children and Families Community Hub at Lowe House Health Centre continues to be developed involving partnership working and moving clinical activity from hospital to community sites during Covid with opening due in the autumn of 2022.

Lowe House Health Centre in St Helens

Establishment of a birthing unit at Lowe House, delayed due to the pandemic, is now expected to open later in 2022, giving expectant mothers more choice where they want to give birth outside of a hospital setting. We continue to support the St Helens Maternity Voices Partnership to engage with women to inform the development of community midwifery services.

We have implemented a General Practitioner with Extended Remit (GPwER) for Paediatrics to support continued to support out of hospital activity.

[9] https://www.sthelensccg.nhs.uk/local-services/services-for-children-and-young-people-and-families/

We have implemented a revised Tics/Tourette's pathway following the ceasing of the service at Alder Hey Children's NHS Foundation Trust. This has involved the development of joint assessment clinics between acute paediatrics and child and adolescent mental health services CAMHS) to support children and young people.

Our CCG children's commissioning team are fully integrated with St Helens Borough Council and have undergone a successful tender and award of the 0-19 Healthy Child Programme during the year. Whilst not a CCG commissioned service, it is important that we work together to deliver this service to ensure seamless and integrated care for 0-19s.

Continuing Healthcare (CHC)

Continuing Healthcare refers to a package of care for adults aged 18 or over which is arranged and funded solely by the NHS. In order to receive this funding, people have to be assessed by the CCG according to a legally prescribed decision-making process to determine whether the individual has a 'primary health need'. Our CHC services continue to work hard to clear backlog assessments and resume business as usual.

In Q1 of 2022/23 a decision about eligibility was made in 77% of cases within 28 days against a national target of 80% - this slight drop was accounted for due to a focus on review cases in Q1. A plan has been put together to bring reporting back over 80% for Q2.

0% of assessments were completed in a hospital setting against the national target of 15% or less.

This has been achieved through the integrated approach, eliminating the risk of challenge against each other's organisation at any stage of the process.

In Q1 2022 we continued to:

- Embed quality in practice through routine assurance reviews on applications
- Deliver the attainment of the national KPI of no longer than 28 days from checklist to eligibility decision to deliver personal health budgets (PHB) to patients for continuing healthcare to all newly eligible patients living in their own home
- Support independent review of continuing healthcare eligibility decisions for NHS England and refocused and reviewed our local resolution process on the back of patient/family experiences.
- Be a key partner in the steering group looking at a transition of services in the Cheshire and Merseyside Integrated Care Board, with the ambition to reduce variation of delivery and performance across the region.

Research and Development

Our research and development strategy[10] sets out how we meet our statutory obligation as a CCG to promote and support research activity and the aims and objectives for research and development (R&D) within the CCG and how these targets will be achieved.

The strategy is also intended to support the transition work to ICS, supporting research in the place of St Helens, and the implementation of the NHS Long Term Plan in St Helens. It also closely aligns with the NIHR (National Institute for Health Research) Clinical Research Network Primary Care Strategy[11] which focuses on addressing previous barrier to primary care research, including the lack of academic opportunities for GPs, increase in workload and inadequate research funding.

Regular meetings continue with PCN Clinical Directors to help identify local healthcare priorities and ensure expressions of interest for NIHR portfolio studies align with these. To support the PCNs in future, approval has been given from Health Education England for innovative GP Plus posts based in St Helens linked with the NIHR Northwest Coast Clinical Research Network. These posts provided funded time for GP trainees to undertake work supporting the delivery of research locally across the PCNs during the previous year.

Integrated Services

We have achieved a number of key successes in the borough throughout the pandemic as a result of our integrated working. Key highlights are listed below:

Contact Cares

Contact Cares continues to be instrumental in our pandemic response and supporting discharges from hospital. It is the 'front door' to a broad range of multi-disciplinary health and care services that focus on integrated health and care activity under one roof. This operates in three different tiers: initial contact and assessment over the phone and then onward referral; face to face assessment with onward short-term interventions and service provision such as transitional tenancies, intermediate care beds, reablement and the hospital avoidance car to support people who have fallen.

Contact Cares has proved extremely effective in supporting our residents to leave hospital in a timely manner, which is beneficial not only for our residents who avoid unnecessary delays, but also helps St Helens and Knowsley Teaching Hospitals NHS Trust by ensuring that beds are used efficiently and not blocked by patients who are medically well and no longer in need of an acute hospital bed.

The Contact Cares team works across primary, secondary and community care, mental health services and social care to ensure the maximum effectiveness. It will also be instrumental in the new Two Hour Urgent Community Response service that will go live in October 2022 referenced on page 18.

Covid Vaccinations

The vaccination programme has been – and continues to be - a huge success and has reflected the benefits of our integrated working in St Helens.

[10] https://www.sthelensccg.nhs.uk/about-us/research-and-development/

[11] https://www.nihr.ac.uk/documents/nihr-clinical-research-network-primary-care-strategy/29999

We continue to work very closely with St Helens Borough Council and the Director of Public Health to ensure that we focus delivery of our vaccine programme in the right areas going forward – this includes delivery of the upcoming autumn booster campaign.

Care Homes and Domiciliary Care

The support we provided to care homes throughout 2021/22 continues. This has included ongoing support for vaccinations of residents and staff, ongoing support in management of outbreaks and support provided in interpreting and implementing guidance.

We continue to work collaboratively to improve care quality in St Helens care homes alongside adult social care. We work closely with the Care Quality Commission (CQC) and inspection findings are reviewed and discussed as part of a collective, multidisciplinary team approach within the CCG and Local Authority. If needed, the service is placed on a level of surveillance whereby quality monitoring and clinical support is stepped up, with a view to ensuring that safety and quality is maintained. Of the 32 care homes inspected by CQC, one has an 'outstanding' rating, 26 are rated 'good' and five are rated as 'requires improvement'. Those rated as requiring improvement are subject to action plan monitoring by both organisations.

Processes to monitor quality in our care homes have been adapted in response to Covid-19 and the need to reduce footfall in our care homes as far as possible. Working alongside the Quality Monitoring team from the local authority, our CCG Quality and Safety Nurse provides clinical support to nursing homes based on themes drawn from quality monitoring concerns, safeguarding enquiries, complaints and CQC findings. We hold multi-agency, bi-weekly safeguarding and quality assurance meetings to enable timely identification of concerns in order that we target our limited clinical resource most effectively.

We remain actively involved in Cheshire and Merseyside initiatives such as the Care Home Collaboration and the Cheshire and Mersey Pressure Ulcer Collaborative and are working closely with the Innovation Agency on various quality improvement programmes and even featured in their annual report[12] in recognition of working together.

Some of the integrated work we did this year to continue to support our care homes includes:

- Aligning all care homes to GP Practices, to support quality and continuity of patient care
- Working with practices to plan for autumn booster vaccinations
- Continuation of our "TOGETHER" initiative – a quarterly clinical forum chaired by the care home quality and safety nurse, aiming to empower nursing home staff, promote resilience and provide peer support, advice and guidance
- All St Helens care homes are now registered onto the national capacity tracker and the system is embedded in day-to-day practice with local support is in place from the CCG system champion.
- The national Safeguarding Adults Protocol[13] regarding pressure ulcers and interface with safeguarding enquiry is now used across the borough to support care home staff to recognise when a safeguarding referral is required in relation to pressure ulceration

https://www.innovationagencynwc.nhs.uk/case-studies/study/32

[12] https://www.innovationagencynwc.nhs.uk/case-studies/study/32

[13] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/756243/safeguarding-adults-protocol-pressure-ulcers.pdf

Integrated Urgent Care

Achievement of the 4-hour A&E standard remains unmet for the majority of areas across England and this includes St Helens. The reasons are multi-factorial, from staffing, to bed capacity, Covid implications and ensuring community services are sufficiently resourced and used. Achievement of this standard was a challenge pre-Covid and has only been further exacerbated due to the impact of the pandemic. Therefore, tackling this requires a wider strategic approach to the challenges across all partners in an integrated way.

The Urgent Care Operation Group brings partners together in the planning and delivery of priorities which continues to include:

- further development of the crisis response service across health and social care
- wider NHS 111 plans for interoperability of organisational systems in the sharing of information to improve responsiveness and quality of care
- communications with the public focusing upon promotion of NHS 111 to support awareness of options and ensuring patients are referred to the appropriate service
- introduction of more integrated care pathways for patients i.e same day emergency care alternatives to maximise alternatives to admission to hospital
- improving discharge processes, IT systems and capability for patients requiring some additional support at home before they are discharged, to those patients who require more longer term and support e.g. needing care in a residential or nursing home
- use of additional funding to increase capacity in teams in joint efforts with the local authority
- regular reviews of data and insight into delays and the causes to support improvement conversations
- representation at local and Cheshire and Merseyside wide collaborative meetings to support assurance and mutual aid conversations.

The St Helens Frailty car which has a role in supporting community falls has also been expanded across Halton and Knowsley enabling NWAS to have a wider reach in the use of this important resource. The establishment of the direct access pathways as part of the wider NHS 111 First and Same Day Emergency Care Programme aims to further support with ambulance turnaround times. Data is regularly reviewed at A&E Board and the Urgent Care Operational Group to generate further improvement ideas in addition to the formal contract monitoring. The aim is that further development of the crisis response model will improve access to alternative pathways of care for some patients and we continue to work with NWAS on making this a reality and improve further the 'see and treat' numbers. A benchmarking of good practice audit has also been undertaken across Cheshire and Merseyside to support improvement plans further.

Additional investment into the service to support staffing and additional vehicles, including 111 capacity was also put in place led via the lead commissioners as part of the regional plans to support future service capability and ongoing improvement in line with the NHS Long Term Plan.

Covid related services

We continue to work with our partners in an integrated way, putting in place the following services:

- Additional acute visiting capacity from our GP practice partner, GP Rota
- Covid Oximetry@Home Service with one of the highest uptakes across Cheshire and Merseyside
- Hospital-based Long Covid service at Liverpool University Hospital and a community-based service for those with ongoing and complex needs
- Covid virtual ward and Covid respiratory ward established at Whiston Hospital
- Monoclonal antibody treatment in the community has been established with partners.

Maternity services

Although building work on the Maternity Health Hub at Lowe House has been delayed due to Covid, we have progressed with the planning and development for services which will be based at Lowe House, bringing services together to develop more integrated provision. The building work is due to be completed in summer 2022 and will be the start of delivering an improved offer for women in St Helens. We have focused on antenatal provision and centralising maternity services, engaging with women to help to shape the service offer.

Children's services

The Children's Health Hub has begun to operate, and this has involved some hospital activity moving into the community, namely Consultant outpatient appointments and children's phlebotomy. For children's bloods this is the first time that they have been provided on a non-hospital site which is a massive step forwards in bringing care closer to home. The feedback from families has been excellent and we have already increased the number of days which these services are offered.

We have supported community teams to restore service provision following the early waves of covid and provided funding to implement some new initiatives such as QB testing for attention deficit hyperactivity disorder (ADHD) which helps to provide clinicians with an objective tool to diagnose ADHD.

The Children's Commissioning team also undertook a service user survey with 16–25-year-olds across St Helens, the focus of which was on generic health services and how this cohort which are classed as 'young adults and adolescents' (YAA) access and receive services that meet their young adult needs, considering reasonable adjustments and diversity. The findings can be categorized into three areas of improvement that were identified by the YAA which are improved waiting times and appointments; improved Mental Health Services and Support / Advocacy Services / Age-appropriate pitch of speaking. The results have been shared with relevant services to help shape and improve their service delivery.

SEND (Special Educational Needs and Disability)

We have an integrated children's commissioning team who jointly commission integrated services across education, health and social care - working closely with children, young people and their parents and carers, to ensure that individual needs are identified and met without unnecessary bureaucracy or delay. Further details on the number of children with SEND and category of need can be seen in the St Helens SEND Strategy 2021-2024[14].

This joint team works closely with our children and young people through the 'Big Chat' group and parent/carer forum 'Listen 4 Change'. We have attended several keeping in touch meetings to ensure there are regular updates on service issues and changes, and through these forums we welcome the feedback and family experiences that help us develop and improve services. We produce regular newsletters for parents and professionals with service updates and have also held question and answer sessions with parent/carers through Listen 4 Change with all paediatric services attending to give an overview of their service offers and listen to parent experiences.

We continue to work closely with local parents and colleagues in Alder Hey Children's NHS Foundation Trust to develop a specialist and local model for children and young people with Tourette's and tics. We recognise that

[14] http://moderngov.sthelens.gov.uk/documents/s110577/Appendix%201.pdf

this remains a challenge to work with other regional commissioners to ensure a Cheshire and Merseyside-wide model is made available and we continue to champion this approach to the ICS.

We have provided additional funding to the services supporting the neurodevelopmental pathway, including the co-ordination function, community paediatrics and speech and language therapy, along with our third sector partner, ADDvanced Solutions which provides invaluable awareness raising, training and family support. This has resulted in waiting times decreasing and the number of children assessed has increased. We recognise that there remains an ever-increasing demand for this service, and we continue to work with colleagues in St Helens Council to address the gap in their educational psychology provision which is an essential component of this pathway and MDT working.

We have continued to work closely with the CCG's designated clinical officer to ensure that commissioned children's services meet the statutory timescales for the provision of health advice and planning as part of the education and health care plan (EHCP) process. Alongside this we work with services to ensure there is equity of offer to those children and young people with SEND and are active partners within the development and delivery of the St Helens SEND strategy.

We have continued to meet our responsibilities under the Transforming Care programme by delivering timely care, education and treatment reviews (CETRs), regular MDT meetings to ensure wrap around community provision for children and young people with a learning disability or autism spectrum disorder who are at risk of inpatient admission, and we continue to hold the dynamic support database.

The team has also continued to work with social care colleagues to provide timely packages of support under the children's continuing care framework and complex needs panel.

Children and Young People's Mental Health

Q1 of 2022 continues to be incredibly challenging year for all services and providers across health, including children's mental health. With our local providers we continue to work to improve access and availability of support throughout the i-THRIVE framework.

One of the ways in which we have improved access is through the commissioning of new resilience teams delivered by Barnardo's based within all secondary schools in St Helens. The practitioners in these teams work across all our secondary schools including our additional needs schools with over 100 of the young people supported having a special educational need or disability (SEND). The impact of the additional services we commissioned in 2021/22 has also had a positive impact on our local CAMHS (Child and Adolescent Mental Health Service) provider due to a breadth of earlier, more accessible support being available to the children and young people of St Helens. We have seen a sustained improvement in wait times for the CAMHS service which means those children and young people that need the more specialist support available through CAMHS are able to get it sooner.

The impact of the Covid-19 pandemic on children and young people's emotional wellbeing and mental will be seen for many years to come and we have been reactive to the current needs this year. This included a focus on improving and delivering timely crisis support, which includes commissioning additional resources through the volunteer sector. It also included addressing the increased prevalence and levels of need of children and young people presenting with an eating disorder. This was addressed through additional recurrent funding to the pan-borough (mid-Mersey) Children's Eating Disorder Service which enabled them to broaden the offer of support to cope with the increased referrals and levels of need of the young people being referred.

The pandemic has also disproportionately impacted on our most complex children with co-morbid health, mental health, social and educational needs. We acknowledged that there was a gap in service provision across St Helens for a routinely available and commissioned Positive Behaviour Support Service (PBSS) and through competitive bid processes successfully secured funding to pilot a St Helens PBSS. Recruitment into this highly specialist provision is a national challenge and the start date for this launch has been delayed due to this. However, we are aiming for the service to be live within the 2022/23 financial year.

Outside of commissioning new services we have also been dedicated to improving the communication and relationships between interdependent services across children's services. This includes continued local MDT meetings as well as building new relationships with inpatient mental health services (Tier 4). St Helens is on track to be the first area in Cheshire and Merseyside to trail new 'gateway meetings' between local services and the Tier 4 inpatient service.

The amalgamation of the effort from all service that has gone into commissioning new services, improving existing processes and procedures, and establishing strong working relationships has resulted in a more accessible, more holistic, and a higher quality offer of wellbeing and mental health services for the children and young people of St Helens.

This was evidenced in the December spotlight review by St Helens elected members under the Children's Scrutiny Panel. The CCG and services came together to present a true reflection of the current picture of mental health services which was positively received.

Adult Mental Health

Q1 of 2022 has still seen significant increase in demand for mental health services across all ages.

Pre-pandemic there were significant changes planned for adult mental health services with the introduction of the new Community Mental Health Framework which has replaced the Care Programme Approach (CPA). To support the new framework funding has been awarded in several key areas:

- Introduction of registered primary care mental health workers
- Complex care for people who may be reluctant or feel unable to engage with services, and as a result may access several services but are unable to gain any stability in their lives
- Eating disorder services.

Despite the challenges of the past year, we have still been able to achieve the following in support of the wider mental health transformation plans:

- Introduction and ongoing funding for all age 24/7 crisis line and further transformation money to support core fidelity for the agreed regional crisis model
- Provided alternatives to crisis by working with other Mid-Mersey commissioners via Mersey Care NHS Foundation Trust to provide six step-down beds at Making Space in Warrington. The Safe Haven, which is a virtual crisis café offered via Mersey Care subcontracted to Minds Matter
- We committed to having eight primary care mental health (PCMH) practitioners and recruitment is ongoing. Recruitment for clinical mental health pharmacy support to primary care as part of the transformation is also underway. Further plans to include voluntary sector to support ongoing community mental health transformation is underway and work with Mersey Care NHS Foundation Trust to develop a locality model for the borough on the basis of the Life Rooms will take place over the remainder of the financial year.

- We have funded the appointment of a serious mental illness (SMI) physical health nurse to work with primary care to increase physical health checks. People with a severe mental illness (SMI) are likely to die prematurely and there is an expectation that they receive an annual health check to try to identify preventable and treatable conditions early. We have successfully bid with Public Health colleagues to provide more support for this vital work and will be recruiting a health care assistant and health trainer to work alongside the SMI nurse to increase quality, access and uptake of the health checks.

Stadium View

We have jointly commissioned with St Helens Borough Council and Torus two crisis flats provided at Stadium View, formerly Cross Meadow Court, expected to open in autumn 2022.

On the same site are several other apartments developed for supported tenancy for those living with severe and enduring mental health problem to support their community rehabilitation. A care provider has been commissioned who is working with the identified service users in their current placements to get ready to move to the new premises as soon as this opens.

Stadium View on the Peasley Cross site undergoing refurbishment

Mild/moderate mental health support - Think Wellbeing (IAPT) & Qwell

- Ongoing investment in IAPT continues to support increased access. Wait times are now in line with national requirements
- Non-recurrent funding for 18–25 year olds has been utilised with St Helens College and the IAPT team to support young people and education provided to the college pastoral team to support wellbeing
- Offer made to primary care for IAPT clinics to be held in surgeries and IAPT links identified to liaise with PCNs
- Qwell online resource and therapy for over 25's (provided by same company as KOOTH for young people 0-25yrs).

Dementia

We continue to be able to support the following with investment from NHS England/Improvement:

- Development of a mental health care home liaison team and a multi-disciplinary team (MDT) working pilot with the primary care frailty service which started in early 2022 in Newton & Haydock Primary Care Network

- Review of the dementia diagnosis pathway and expectations on primary care pre-referral underway to ensure that diagnosis can be provided as soon as possible following referral
- Non-recurrent funding utilised with a local voluntary sector provider to develop an older people's strategy for the borough - this will include extensive engagement with service users, carers and key stakeholders
- Non-recurrent money made available to support care homes and nursing homes to provide 1:1 support if needed to prevent hospital admission, alongside utilising the expertise of the Care Home Liaison Team and the primary care frailty service.

Safeguarding Children and Adults

We continued to work closely with the Safeguarding Adult Board and Safeguarding Children Partnership to ensure communication and governance processes are in place. Our integrated working with the local authority facilitates a truly collaborative approach to safeguarding adults and children (including Looked after Children) across St Helens and via our multi-agency policy and procedures and our partnership approach, we focus on evidencing improved outcomes for adults and children at risk and continual improvement to safeguarding practice.

The ongoing challenges are a result of the Covid-19 pandemic during the reporting year – however, the safety and welfare of children and adults within the borough have remained a priority. Our three Designated Nurses who have statutory functions for safeguarding adults, safeguarding children and Looked after Children have continued to work innovatively with commissioned services and partner agencies to ensure their statutory duties have been undertaken with regards to safeguarding and that safeguarding support and activity is a significant feature.

Key achievements that have continued into Q1 2022 include:

- Continued support of the Health Forum to deliver the action plan and key messages from the Safeguarding Adult Board and Safeguarding Children Partnership.
- Continued to strengthen partnership working with the Council, Healthwatch St Helens and the Care Quality Commission to identify any thematic concerns in care homes, in order that focussed clinical quality support can be provided by the CCG Quality Team.
- Revision of the Pressure Ulcer Safeguarding Protocol with the Council's Safeguarding Unit and with St Helens and Knowsley Teaching Hospitals NHS Trust to improve the prompt care and appropriate responses to those individuals who developed pressure ulcers.
- Working collaboratively with the Council's Safeguarding Unit, to redesign the enquiry process to improve professional input and provide a rapid response to safeguard individuals
- Delivery of bespoke training sessions to Primary Care on the recognition and management of patients presenting with Self-Neglect.
- Continued partnership working with the CHANNEL/PREVENT and MAPPA panels to safeguard individuals and protect the public.
- Supporting the Domestic Abuse Partnership Board with the introduction of a Primary Care IDVA to support victims of Domestic Abuse
- Continues to support the quality assurance framework as part of the Integrated Children's Safeguarding Unit.
- Continued implementation of the ICON (infant crying is normal) programme within the 0-19 service, maternity services and Primary Care. Compliance with ICON touchpoints are currently being measured.

- As one of 3 key partners the CCG have strongly contributed to the Safeguarding Children Partnership agenda and priorities through the subgroups either as a member or the chair
- The CCG is one of the 3 key partners of the Safeguarding Children Partnership Board. The Chief Nurse has chaired the Board over the last year with the Designated Nurse and the Assistant Director Integrated Children's Safeguarding and Quality Assurance in attendance
- Continued working with partner agencies within the Multi Agency Safeguarding Hub to ensure that the increased health resource demonstrates value in relation to MASH and the children's contextual safeguarding component
- Increased working with Primary Care and MASH to promote coherent channels of communication and improved information sharing in relation to children at risk.

A more detailed account of our safeguarding work can be found within the St Helens CCG Annual Safeguarding Report[15] which was approved in May 2022 through appropriate governance processes.

Delivering Safe, High-Quality Services

We have continued to adapt our ways of working in Q1 2022 building on the previous year and continue to support patient safety, infection control, work with care homes and our Learning Disability Mortality Reviews which enabled us to keep a focus on improving quality in the way we commission and monitor health care services for the population of St Helens

Patient Safety

In Q1 2022 we continued to put patient safety at the forefront of our thinking and continued with our work from the previous year:

- Roll out of a patient safety training programme for all CCG staff as part of the patient safety strategy
- Continued to support and promote the use of the Ulysses incident reporting within GP practices enabling us to easily identify any trends and put plans in place to minimise the effects of these incidents
- Produce a quarterly patient safety newsletter within primary care, providing an overview of incident themes and trends reported, key messages, and good practice.
- Population of the patient safety web page outlining our commitment to patient safety, and how the management of the serious incident framework.

Serious Incidents

We are committed to support the learning from serious incidents that occur to the population of St Helens. In addition, as coordinating commissioner for St Helens and Knowsley NHS Teaching Hospitals we support the learning within the Trust.

As a commissioner we have a responsibility to assure ourselves of the quality of services we have commissioned and holding providers to account for their responses to serious incidents. We do this by quality assuring the robustness of providers' serious incident investigations and the action plan implementation. Through our monthly serious incident review group (SIRG) we evaluate investigations and gain assurance that the processes and outcomes of investigations include identification and implementation of improvements that will prevent recurrence of serious incidents. We have local acute provider participation in our SIRGs to gain important real time feedback and correspondence.

[15] https://www.sthelensccg.nhs.uk/media/1541/h-website-safeguarding-annual-report-16-17-joint.pdf

Our Quality directorate supports both established processes in large providers and less established processes in smaller providers in both the independent and primary care sectors. We provide training guidance to system and process used in St Helens for the management of incidents and serious incidents. Small providers will have serious incidents less frequently and so that extra support and guidance from the CCG is essential in establishing clear robust investigation reporting and learning of lessons.

We continue to support the focused attention of our acute providers to learn from maternity incidents, serious falls incidents and skin treatment pathway incidents and supported primary care in documentation flow incidents. We have helped in securing funding for reception staff to undertake additional training for workflow and the importance of processes in practice. We continue to create and share a patient safety newsletter quarterly with our practices in St Helens, helping to share lessons and themes across the wider footprint.

Internally we report quarterly on all incidents to the CCG Assurance Committee to ensure we have oversight. We have also been working with the Cheshire and Merseyside ICB to establish patient safety and incident reporting processes in the new organisation from 1 July 2022 onwards.

Host Commissioner

In Q1 2022 we continued to follow the national guidance in relation to the host commissioner. We have:

- Continued to complete 8 weekly quality visits in person when possible
- Updated our Quality visit format considering the Cawston Park review outcomes
- Identified sites that will benefit from additional quality oversight, and arranging quality visits
- Continued to support our host commissioner placements.

Learning from Life and Deaths Reviews (LeDeR)

The Learning from Life and Deaths (LeDeR) programme was established to support local areas to review the deaths of people with learning disabilities, identify learning from those deaths, and take forward the learning into service improvement initiatives. It was implemented at the time of considerable spotlight on the deaths of patients in the NHS, and the introduction of the National Learning from Deaths Framework in England in 2017.

The programme has developed a robust review process for the deaths of people with learning disabilities aged 4 and upwards and adults with a diagnosis of Autism. A work plan has been established based on themes and recommendations both locally and regionally, which will aim to improve our local services.

We continue to progress our business-as-usual caseload. Our performance is compliant with NHS England targeted timescales and we have implemented a system wide approach to improving the health and social care experience of patients with learning disabilities.

Agencies under the umbrella of our integrated care partnership work collaboratively via the local LeDeR Stakeholder Forum on initiatives such as increasing the uptake and quality of annual health checks. Going forward we aim to work with people with a learning disability and/or Autism, and their families/carers, to support education around key health conditions and to remove barriers to accessing health care services. We are also working to support health workers to become more confident and competent in the application of the Mental Capacity Act by increasing education. Identification of early health deterioration and escalation is underway by embedding the use of the NHS England RESTORE2 model across our care homes and supported living environments.

The St Helens CCG LeDeR Annual Report for 2021/22 was approved at our Assurance Committee in May 2022.

Infection Control

We have continued to work collaboratively with the community infection control team with a focus on a continual reduction healthcare acquired infections such as C- Diff, MRSA and E-Coli bacteraemia ensuring that the residents of St Helens have been kept safe. COVID 19 care homes outbreak management has also been supported by the CCG and Quality team with collaborative clinical support where required.
It has again been a challenging year to reduce our healthcare acquired infection (HCAI) rates due to the prioritisation of the Covid-19 responses. In August 2021, target ambitions were set for all CCGs. Below is a table of how we performed against those ambitions.

During 2021/2022, the Cheshire and Merseyside Programme Board was reinstated and implemented the key workstream priorities in the borough as well as reviving local initiatives to improve the rates of HCAIs and antibiotic prescribing. In response to this we have also reinstated a collaborative group with acute and community providers whose function is to carry out activities to reduce the incidents of Gram-Negative Bloodstream infections across the borough focusing primarily on E-coli infections.

Table 1 – Infection control performance

Healthcare Associated Infections (HCAI)	**Annual tolerance set at**	**Q1 figure**
Clostridium Difficile (C-Diff)	**70**	**14**
Methicillin- Resistant Staphylococcus Aureus (MRSA)	**0**	**0**
E-Coli Bacteraemia	**145**	**37**

Primary Care Quality

Quality review of annual health checks for people with learning disabilities

Following last year's work completing the Public Health England document 'Quality Checking Health Checks for People with Learning Disabilities: A way of finding out what is happening locally' (2017) a thematic review was completed and shared with all practices. The review identified that of the 16 practices audited, 2 received a bronze rating, 8 silver and 6 gold. Some common themes were identified across all practices that took part in the audit, with 21 areas (of the 78 questions contained within the audit) identified as likely to benefit from some improvements in 50% or more of practices that had taken part. Recommendations of improvements that practices could consider making in these areas were shared with all practices across the borough and support offered in achieving these.

Challenges brought about by the pandemic and the pressures these continued to add led to delays in phase two of the quality review of annual health checks for people with a learning disability. As these pressures are now easing and working practices begin a return to business as usual, the next phase of the audit work has begun to move forwards. A minimum of 12 practices have been selected for audit of individual patient records, looking at the quality of the checks that have been completed. This will be brought together in a review that it is hoped will benefit all practices and therefore all patients living with a learning disability across our area.

Care Quality Commission (CQC) inspections

Of the 31 GP practices in St Helens, 29 are rated as GOOD (>87%) with 3 rated as 'Requires Improvement' and 1 as 'Inadequate'. We have continued to offer support to all practices during these challenging times.

As we continue to move out of the pandemic, we increased the support we offer to practices around meeting the questions asked in each CQC inspection and more specifically the key lines of enquiry. This includes the development of a plan to offer general support in the form of written communications on a monthly basis. These will include recommendations of areas of practice to focus on, based on local intelligence. In addition, targeted support will be offered to any practice requesting this, or those identified as potentially benefitting from an increased package of support.

Practice support

Work continues in providing support to the practice teams and in particular the nursing teams, including qualified staff along with healthcare support workers and general practice assistants. Forum meetings have moved to a virtual platform and provide an opportunity for updates along with peer support. Clinical supervision (under the title of clinical reflective practice) sessions have been delivered over a video-conferencing platform with positive feedback received and nurses new to general practice are offered a video-conferencing introductory meeting when taking up employment in a St Helens GP practice. Further developments looking at how other members of the non-medical healthcare team in primary care can be included in and benefit from this support are currently under discussion.

Engaging with People and Communities

As a CCG, we have a legal duty to engage, involve and consult as set out in the Health and Social Care Act 2012. However, the work we do to keep our patients, carers, and the community at the heart of everything we do goes much further than simply fulfilling our statutory obligations.

In St Helens, we are committed to carrying out meaningful engagement and communicating effectively with the community; giving people – our patients, public and partners the opportunity to be involved in and to influence healthcare in their local community. This enables their voices to be heard and their thoughts and experiences to be taken into consideration as part of NHS decision making.

Our communications and engagement strategy, updated to take account of the Covid-19 pandemic and subsequent reset and recovery plans, gives the full view of that we do.[16]

As part of the engagement workplan, we ensure that all members of our community have the opportunity to get involved and have their say on proposed service changes, local campaigns as well as appropriate channels to provide feedback on accessing our service. We also ensure relevant engagement is carried out across the nine protected characteristics including with our ethnic minority population. In St Helens we engage with local organisations, our local mosque and colleagues from St Helens Borough Council who work with asylum seekers and refugees.

Our stakeholder forum has been established to support coproduction when developing services, plans etc and to allow organisations to share views and thoughts from the community they work with. Feedback received though this channel and other patient experience channels are collated, triangulated and shared with the relevant commissioners / services to support any service changes. Outcomes or updates are shared back through the forum to be cascaded to the community as well as other communication.

St Helens - The Place

We work with a range of partners to join up services, manage demand and improve the outcomes of people in St Helens under the following three priorities:

- **Mental Wellbeing**
- **Healthy Weight**
- **Resilient Communities**

[16] https://www.sthelensccg.nhs.uk/media/3004/comms-and-engagement-2019-2022.pdf

St Helens Cares Festival and Recognition Awards

We launched a week-long 'festival' for the St Helens Cares workforce taking place from Monday to Friday during the week of 6th June which included a range of guest speakers, who are experts in their areas, sharing their thoughts and experiences of leading organisations.

The purpose of the festival was to bring together all staff (paid & volunteers) who work in St Helens Borough across all our partners supporting health and social care. As we move to becoming a 'place' within the wider Cheshire and Merseyside Integrated Care System, it is vital that our staff, partners and volunteers – and subsequently our patients and residents - understand what 'St Helens Cares' is and its purpose in delivering joined up health and social care for our residents.

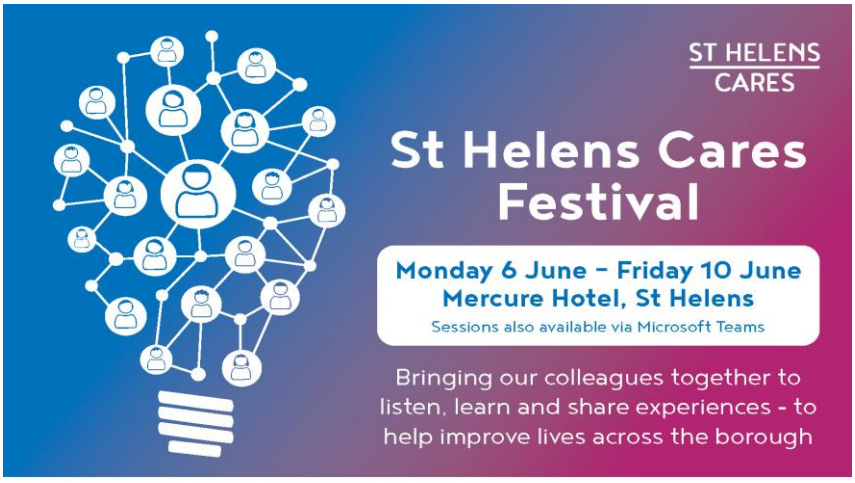
Festival sessions were hybrid - a mix of face to face and virtual to enable as many people as possible to attend and each day carried a different theme – covering the key St Helens Cares priorities, with presentations, workshops and discussions to enable

- A better future tougher in St Helens
- Building a stronger health and social care community in St Helens
- Supporting mental health and wellbeing in St Helens
- Eat right, move more
- A workforce for the future.

All presentations can be found here on our St Helens Cares website

The culmination of the festival was the St Helens Cares Recognition Awards – the first time we have ever held such an event. The workforce across all partner organisations were encouraged to vote in a number of categories for a staff member or team who had gone the extra mile and could demonstrate that joined up integrated care was truly making a difference to the lives and experiences of residents.

We held the awards at the Mercure St Helens Hotel and all those nominated were invited to attend a celebration night which was warmly received by both nominees and stakeholder guests as a chance to shine a light on everyone's efforts during the pandemic and beyond to ensure that the best care and treatment continued to be delivered to residents by all partners working closely together.




WINNER


ST HELENS
CARES
St Helens Star
Cheshire and Merseyside
St Helens Chamber
Renova
Hill Dickinson
WINNER


St Helens Cares
Recognition
Awards
WINNER

St Helens Cares Stakeholder Forum
Chaired by CCG Governing Body Lay Member for Patient & Public Engagement, the forum has continued in Q1 2022 and will continue beyond transition.

The forum continues to be instrumental in providing an opportunity for debate on key pieces of work, for example, the borough priorities, starting the conversations on coproduction of the care communities work. Regular updates are provided on issues such as changes to primary care services, Covid-19 vaccinations and new or changing services. We regularly review the membership of the forum and new members introduced if need to ensure our community continue to be represented.

Talkfest
Talkfest is our way of engaging with as many different people and communities in St Helens as possible including schools, workplaces, community, partners nd third sector and voluntary organisations and following a series of virtual Talkfest events in 2021/22 planning is underway to deliver further sessions in the autumn of 2022 on topics including:

- Primary Care - changes to how your GP and practice staff are operating
- Covid-19 national and local updates
- Winter health and staying well during cost of living crisis
- Choosing the right service for you – including introduction of the UCR service

All work we carry out ensures we include our deaf community and ethnic minority communities to ensure they can access the same information as the general population in the ways that work best for them. Representatives from these groups in St Helens are members of our Stakeholder Forum to make sure this is the case.

Social Media
Social media continues to be a vital tool to support our communication and engagement work. We continue to position ourselves as the voice of the NHS and health in St Helens and put greater emphasis on cascading national messaging around Covid-19 using these channels. Both our Twitter and Facebook channels have gained authorised status giving the public confidence in news and updates communicated by us in this way.

- We currently have over 4,200 followers on Facebook, a 20% increase from this time last year.
- We also have over 7600 followers on Twitter
- We post an average of 50 tweets and 84 Facebook posts a month
- Video posts continue to gain even greater traction and we have utilised our clinical leads to give local and national updates and advice in this way
- Engagement on our social media channels will continue as these will be renamed and rebranded as St Helens Cares from 1 July 2022.

Primary Care Network - Patient Participation Groups (PPGs)
Work continues with our colleagues in primary care to strengthen existing and develop new patient participation groups to ensure an active role in shaping primary care services. We are also working with PPGs to further develop the patient voice within Primary Care Networks.

Community involvement in our work
The team have continued to engage with our community virtually, over the phone, via social media, post and electronically this includes local residents, patients, third sector, voluntary groups, seldom heard groups, carers, professionals, partners, clinicians, and primary care colleagues in a wide range of key areas as well as this we have continually looked at ways to capture feedback from the community on the work of the CCG.

Accessible information for our communities and updates on the work we do with our seldom heard groups is available on our accessibility page here.

Newsletters and blog

Engagement newsletters are produced to keep the community up to date on the work of the CCG and the local care system. Our ENGAGE newsletter provides the community with information on opportunities/campaigns and how to get involved and the blog provides an overview of our work. The electronic newsletter is sent to our stakeholders and is also available on our website here.

Get involved

We have several ways people can get involved with the CCG; these include:
Twitter @sthelensccg
Facebook @sthelensccg
Instagram @nhs_st_helensccg
Website: www.sthelensccg.nhs.uk
Call: 01744 627596
Email: communications.ccg@sthelensccg.nhs.uk

Reducing Health Inequalities

In St Helens there are wide differences between wards in both health and wellbeing measures and indicators of the wider determinants of health.

The health of people in St Helens is generally worse than the England average. St Helens is one of the 20% most deprived districts/unitary authorities in England and about 25% (8,100) of children live in low income families. Life expectancy for both men and women is lower than the England average.

Life expectancy is around 10 years lower for me and 9 years lower for women in the most deprived areas of St Helens than in the least deprived areas.

The most recent Joint Strategic Needs Assessments can be seen on the St Helens Borough Council website[17] which put into context the work that is taking place between system partners to address and reduce inequalities in the borough**.**

Joint Health and Wellbeing Strategy

As described on page 10, we have a joint health and wellbeing strategy in St Helens - the **St Helens People's Plan**[18] to reflect the name and focus of our joint health and wellbeing board – the St Helens People's Board. We have contributed to the delivery of the joint health and wellbeing strategy across the St Helens Cares place partnership programme this year, with a focus on mental wellbeing, healthy weight, resilient communities and health inequalities.

The creation of this strategy and focus on these priorities has been a true partnership between the CCG, St Helens Borough Council Public Health, St Helens and Knowsley Teaching Hospitals NHS Trust and other St Helens place partners. Our Director of Integration leads on this and has put in place dedicated programme management support (PMO) to support and manage the delivery of this strategy in the above priority areas.

The CCG consistently engages with the People's Board and this was noted in the CCG 2021/22 Annual Assessment from NHS England/Improvement and our PMO implement the recommendations that come from the St Helens People's Board.

Covid-19 Pandemic

The Covid-19 pandemic continues to further exacerbate some of the existing inequalities in our population. Infection rates have been higher in some of our more deprived communities and communities that have had to continue working throughout the pandemic. St Helens has had a higher proportion of population in industries such as care, self-employed and essential workforces such as food distribution and packaging than the national average. These workforces have had to continue working throughout the pandemic and therefore have been more exposed to infections. This means many of our communities have been more impacted by Covid infections.

To address this, we have focused on testing in areas where rates are higher and where vaccination uptake is lowest - there remains a link between deprivation and low vaccination uptake. Together with Council colleagues,

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17 http://moderngov.sthelens.gov.uk/documents/s110595/St%20Helens%20Joint%20Strategic%20Needs%20Assessment%202020%20-%20Inequalities.pdf

18 https://www.sthelensccg.nhs.uk/media/4693/final-st-helens-peoples-plan-21-26.pdf

we set out a programme of door knocking to deliver leaflets offering advice on vaccination and offer asymptomatic testing. We also took the vaccination bus into these communities.

One of our GP leads also led a programme of vaccination for residents who were homeless and lived chaotic lives and were unlikely to attend traditional clinics or make an appointment and attended hostels to carry out vaccinations.

As we come out of the pandemic and attempt our return to business as usual, our focus is now on trying to reduce health and other inequalities in the borough.

Tackling Health Inequalities Commission

Health inequalities was decided as a priority by the St Helens People's Board and the St Helens Inequalities Commission continues to meet following its establishment in December 2021.

The commission aims to identify areas for local action and interventions to increase equality and opportunity within the population of St Helens. This includes:

- Linking in with the localities model, engage with local people and communities and involve them in the decision-making process
- Work with a range of partners look at how they are and can contribute to reducing inequalities using the six priorities as identified by Marmot
- Improve the links between health and the economy through joint work on inclusive growth
- Develop the intelligence and performance monitoring process so that as well as monitoring overall outcomes we performance monitor whether services are being targeted to those who need them most
- To identify areas for local action to increase equality, based on evidence of what contribution services, Care Communities and the business, community, voluntary and faith sector can make
- To identify where and how integrated commissioning might contribute to increasing equality
- To identify key projects and work strands that may impact upon increasing equality that are being undertaken by key strategic partnerships in St Helens
- To assess the financial consequences for health and care systems if no progress is made on reducing health inequalities
- To work with the ICS to ensure actions are joined up and learning is shared.

The Commission has partner representation similar to that of the People's Board, plus representation for the local economy and is a working group of the St Helens Cares Place Partnership Board.

The Inequalities Commission's priorities are as follows:

- Giving children the best start in life, including school readiness.
- Improving the quality of jobs and employment.
- Tackling Poverty and low pay.
- Supporting people in distress, especially people who are lonely, and people at risk of self-harm and suicide.
- Supporting people with disabilities and barriers
- Tackling inequalities between and within and between wards and localities.
- A focus on services being more focused on self-esteem and independence

- Inclusive growth.

The Inequalities Commission and Marmot community

The thematic areas of giving every child the best start in life and tackling poverty through achieving good quality employment within the borough are the initial focus. Our Inequalities Commission continues to meet every two months to plan actions.

As we continued as a place through the pandemic, we recognised an urgent need to build an inclusive economy that puts the achievement of improved health and wellbeing and health equity at the heart of its system wide strategy.

As a place, we have been engaging with the Cheshire and Merseyside Marmot Community programme and providing local quantitative data and data in the form of case studies to feed into the Cheshire and Merseyside 'Building Back Fairer' report published in May 2022.

On 1st December 2021 a virtual workshop with the St Helens Place Based Partnership was facilitated by experts from the national Marmot team. Appropriate and effective approaches and initiatives to reduce health inequalities were discussed and local priorities emerged. A set of key inequality indicators were developed and tailored to our borough to track ongoing progress and inform the future delivery of implementation plans.

At the meeting we discussed a data pack for St Helens provided by the Marmot team and how we compare to other parts of Cheshire and Merseyside:

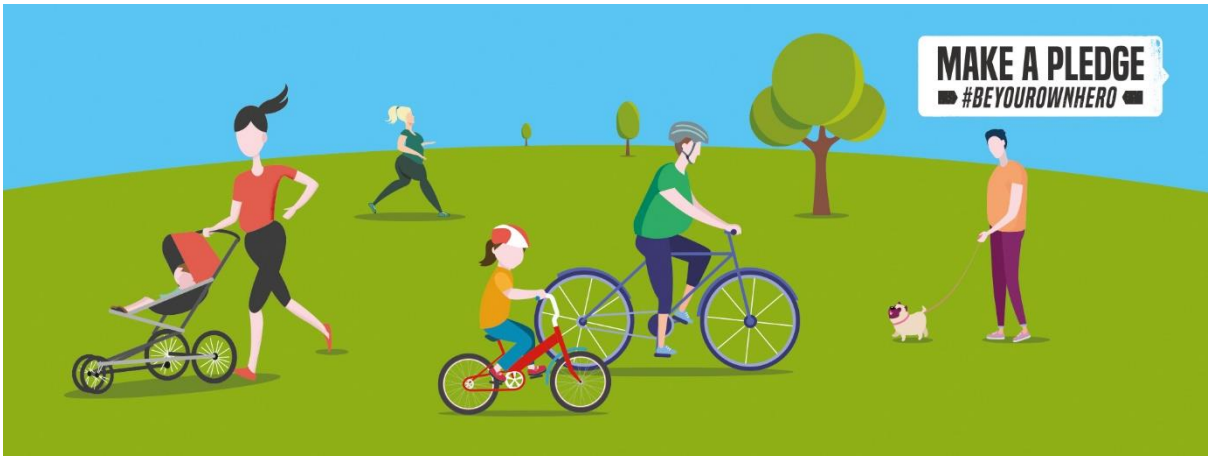
- Low income and many people not achieving the Living Wage in the borough; we have some of the lowest wages in the region
- As well as income it is about 'good work' in terms of things such as working conditions, job satisfaction, development opportunities
- High levels of people on disability and sickness benefits
- We have the highest levels of loneliness the region and we know this is an issue for young adults as well as older people
- High levels of self-harm and suicide
- School readiness and early years as the number one priority.

Some challenges regarding implementing action against health inequalities emerged from the Marmot event. These included:

- how best to engage with local businesses
- ensuring engagement with the wider workforce across the partnership so the learning is disseminated and the workforce are clear what their role is in reducing inequalities
- more integrated working in locality footprints to address silos

- engaging with residents and asking them what works well and sharing their successes
- investing locally where possible (rather than money going out of borough).

Active Lives Strategy



The St Helens Active Lives Strategy 2022-27[19] which was published in March 2022 sets out the strategic direction in St Helens to encourage more people to enjoy the benefits of physical activity in the borough over the next five years.

St Helens Borough Council have taken a lead role on this and are working with ourselves and the voluntary sector to increase levels of physical activity across the whole population of St Helens Borough, whilst maximising opportunities for people experiencing inequality to participate in activities. That can include travelling to school or work, as part of the prevention and treatment of certain health conditions, or as part of their leisure and social time.

The strategy looks at the evidence of what kind of things work to get more people active across the whole population of St Helens – focusing as well on small changes to people's lives to make a big impact.

Some of the key areas of work include:

- **Getting Active Together** – drawing on the social side of being active, being part of a campaign or event, getting involved with friends and colleagues
- **Active Professionals** – Getting advice from a GP or a nurse as part of general wellbeing or in managing a health condition to encourage activity
- **Active Environments** - Switching more journeys to active travel, walking and cycling to improve health, quality of life, as well as the environment and local economy
- **Active workplace**s – Embedding workplace physical activity programmes and policies both within the Council and CCG
- **Place Based Leadership** – Working together as a system at 'place' level with the Council embedding physical activity across their departments of public health, sport and leisure, schools, planning, transport, social care and economic development
- **Sports and Leisure Services** – Looking at is accessing these services and actively engaging those who do not.

[19] http://moderngov.sthelens.gov.uk/documents/s126107/Appendix%201.pdf

The strategy will be monitored via its action plan and via engagement with local people and community groups and refreshed every year. The overarching goal of the Active Lives Strategy is '*to work in partnership to increase levels of physical activity across the whole population of St Helens borough, whilst maximising opportunities for people experiencing inequality to participate in activities.'*

The Strategy was launched with an event aimed at all the community including groups and members of the public to showcase what activities and classes take place in the borough and how people could get involved.

Tackling Suicide

Tackling suicides and risk factors remains a significant priority in St Helens. The suicide rate of 10.8 per 100,000 population reported in 2018/2020 in St Helens was the lowest it has been since 2011 and was in line with regional (10.7) and national (10.4) averages.

However, the latest two quarters of 2021 saw an increase for the first time since 2016. The most recent calculated provisional figure shows a rolling three-year rate to the end of September 2021 as 13.6 (60 deaths) – the mental health impact and delayed death registrations due to Covid-19 will be reflected in suicide rates over the coming years.

The recent decline in suicide rate is as a result of coordinated effort of multi-agency partnerships across St Helens to increase mental health support to those that are more vulnerable to suicide and suicide risk factors. The coordinated action includes:

- Delivering training and campaigns to improve mental health, wellness, resilience, and improve suicide prevention skills and knowledge e.g. Zero Suicide Alliance suicide prevention and the Stay Alive app

• Delivering safer care by strengthening pathways to care and ensuring that people have access to the support they need in times of crisis, including urgent and emergency access to crisis care e.g. community response plan and other safeguards in place to minimise risks;
• Developing and implementing campaigns and community-based activities to increase the visibility of support, and delivering support to those bereaved and affected by suicides through a memorial event and timely intervention by various agencies.

There is a good deal of work to do to further reduce suicides in St Helens and tackle the additional challenges that the Covid-19 pandemic has presented. Work continues to strengthen partnerships which has included reviewing and re-designing existing partnerships for effective planning and delivery; a system led partnership is underway to map crisis and user pathways to achieve integration and clarification of pathways and to facilitate greater integration across prevention through to management and treatment.

This process will culminate in the production of a mental health and suicide prevention strategy and action plan that maximises local and regional assets to improve mental health and wellbeing of residents and associated risk factors in order to prevent suicides.

Equality and Diversity

Promoting equality is at the heart of our core values, ensuring that we commission services fairly and that no community or group is disadvantaged by commissioning decisions as the NHS continues to respond to the impact of the COVID-19 pandemic and deliver the requirements outlined in the NHS Long Term Plan.

As a CCG, we 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 exacting requirements of the Equality Act 2010.

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 (in an auditable manner) that the needs of protected groups have been considered in:

- Commissioning processes
- Consultation and engagement
- Procurement functions
- Service specifications
- Quality and Performance monitoring
- Governance systems

The Equality Act 2010 requires us to meet our Public Sector Equality Duty (PSED) across a range of protected characteristics, including; age, disability, gender reassignment, race, sex, sexual orientation, religion and belief, marriage and civil partnership status and pregnancy and maternity status.

'Due regard' is a legal requirement and means that our decision makers have to give *advanced* consideration (consider the equality implications of a proposal before a decision has been made) to issues of 'equality and discrimination' before making any commissioning decision or policy that may affect or impact on people who share protected characteristics. It is vitally important to consider equality implications as an integral part of the work and activities that we carry out, particularly during these difficult and challenging times.

The CCG carries out equality analysis reports – commonly known as equality impact assessments (EIAs). These reports test a service change or policy change proposal and say whether it meets PSED and ultimately complies with the Equality Act 2010. Failure to carry out equality considerations would be grounds for judicial review and may result in poor outcomes and widen health inequalities.

Our staff have continued to access support from the CCG's Equality and Inclusion service throughout the last year to develop and deliver timely and accurate equality analysis reports.

Equality Delivery Systems 2 (EDS2)

The CCG adopted the Equality Delivery System (EDS2) toolkit as its performance toolkit to support the NHS England assurance process on equality and diversity. The CCG is 'achieving' status across fourteen outcome areas and 'developing' status across the rest of the outcome areas. Caution should always apply to performance

managing equality performance as health inequalities across the north of England are poor and PSED is an anticipatory duty and always applies to us as and when we make commissioning decisions that impact on people.

Following the recent publication of the revised Equality Delivery System framework by NHS England, the CCG's Equality and Inclusion service will now work closely with commissioners and providers on a system approach to implementation.

Equality objectives

Our four-year Equality Objectives Plan 2019-2023 was originally approved by Governing Body in March 2019. Regular progress updates and further recommended inclusions to the plan have continued to be considered by the CCG's Executive Leadership Team. The latest version of the plan is published on the CCG's website[20]. The CCG's equality objectives are as follows:

- 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.

Focus over the last year has been to ensure that we continue to meet its' equality legal duties whilst responding to the COVID-19 pandemic.

Key areas of focus in Q1 2022 include:

- ✓ Continued adaptation of a COVID-19 equality briefing which highlights issues for people with protected characteristics and people who experience health inequalities, recommendations, guidance and resources for NHS organisations to consider in their response to COVID-19. The resources include for example materials to support local organisations to meet accessible information standards compliance.
- ✓ Monitoring decision making across our providers to pay 'due regard' to our Public Sector Equality Duty prior to decisions being made.
- ✓ Ensuring specific duties are met.

Key highlights against our equality objectives include:

- In collaboration with Cheshire and Merseyside NHS trusts, revisiting the original recommendations in Liverpool CCG's report following the engagement event with the Deaf community in May 2018 to ensure that organisation action plans are refreshed and incorporate COVID-19 impacts with a view to supporting our local general practices to better meet the needs of our Deaf community.
- In collaboration with Cheshire and Merseyside NHS trusts, best practice guidance has been developed in relation to reasonable adjustments for patients. All trusts have either implemented this within their own organisation, undertaken a gap analysis against their existing standard operating procedures or are progressing this through their internal governance process for implementation.
- Planned rollout of the Sefton transgender pathway across Cheshire and Merseyside.
- Working closely with our commissioned Black, Asian and Minority Ethnic community development worker service to address any barriers for people accessing healthcare services.

[20] https://www.sthelensccg.nhs.uk/get-involved/equalities-and-health-inequalities/

Our staff

We have a duty under the Equality Act 2010 in relation to workforce and organisational development. We take positive steps to ensure that our policies deal with equality implications around recruitment and selection, pay and benefits, flexible working hours, training and development, policies around managing employees and protecting employees from harassment, victimisation and discrimination.

It is mandatory for all our staff to undertake equality training, and in addition, we have a workforce equality plan. The workforce equality plan includes actions following our review of workforce race (in accordance with the Workforce Race Equality Standard), and whilst the Workforce Disability Standard is not currently mandated for CCGs, the CCG undertook a review of its workforce disability data for the first time this year. The plan also incorporates the six inclusive recruitment actions as nationally requested by NHS England.

Staff have access to various staff networks hosted by both St Helens and Knowsley Teaching Hospitals NHS Trust and NHS Liverpool CCG for the wider Merseyside CCGs.

We also have a run a dedicated health and wellbeing group for our staff and our Lay Chair, Geoffrey Appleton, took on a role as Health and Wellbeing Guardian for the organisation. This enabled Geoffrey to support staff throughout the pandemic in a leadership capacity.

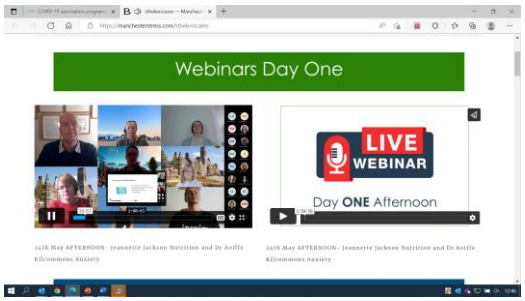
St Helens Cares Health and Wellbeing Week

Prior to the St Helens Cares Festival (page 36) we ran a virtual health and wellbeing week for all staff and volunteers within St Helens Cares which served as a warm-up to the St Helens Cares Festival, mindful of how the past two years had affected everyone in the system and the challenges of working in health and care during the Covid pandemic.

We commissioned the Manchester Stress Institute to run a three day programme of workshops which were run by experts on a range of topics including reducing stress and worry, eating well for mental health, breath work, managing money and a number of mindfulness workshops.

Over 80 staff and volunteers from partner organisations signed up to join the sessions which were extremely positively received by those who took part.

For people who were unable to attend the week, all the presentations from the Health and Wellbeing Week all remain accessible on our dedicated St Helens Cares portal: https://manchesterstress.com/sthelenscares



As part of the health and wellbeing work we commissioned, we will also run two separate 'Beat the Burnout' sessions for 30 staff members and volunteers which is a four week personal wellbeing coaching programme with private 1-1 sessions for those taking part to boost resilience, help with stress and mental wellbeing, get fitter and encourage people to feel better about themselves.

Following this, 'The Wellbeing Show' is a digital platform offering presentations from experts on resilience, mental health and nutrition. The aim is to enhance mental and physical wellbeing by offering 'active and participatory' mental and physical wellbeing sessions and workshops each month.

We are also part of a Cheshire and Merseyside Workforce Equality Focused Forum which has been focusing on:

- Developing a range of programmes, resources and shared system learning to enhance opportunities for staff
- Utilising Workforce Equality Standards to bring about change and opportunity.

The Covid-19 pandemic has had a clear impact on many people with protected characteristics and those who experience health inequalities.

Our Medical Director, Dr Michael Ejuoneatse, is a member of the Northwest Black, Asian and Minority Ethnic Advisory Group. The group was established in June 2020 in response to both Covid-19 and the Black Lives Matter

movement. The ambition is for the NHS in the North West to be anti-racist and at the forefront of challenging and tackling racism and the health inequalities face and experienced by people in our communities. Although there are currently no lay members on our Governing Body from ethnic minority groups, the make up of our board is reflective of local demographics within St Helens.

Our Governing Body has made a number of pledges[21] to taking concrete steps toward reducing inequalities, creating an atmosphere of inclusiveness in our workplaces and cultivating meaningful change for our communities and remain committed to these as follows:

OUR LEADERSHIP AND GOVERNANCE

We commit to collectively do more as leaders to increase equality and reduce inequalities, addressing honestly and head-on the concerns and needs of our BAME employees and communities:

1. We will tackle the profound lack of understanding and knowledge of leaders on the issues that BAME people face, not just at work, or in health and care settings, but in society in general
2. We will develop strategic action plans to prioritise and drive accountability around diversity and inclusion and encourage partner organisations to do the same
3. We will ensure diverse representation on key groups, boards and in decision making processes

OUR WORKFORCE

We commit to cultivating working environments where diverse perspectives and experiences are welcomed and respected and where employees feel comfortable and encouraged to discuss equality, diversity and inclusion:

4. We will encourage our staff to positively challenge when they see a lack of diversity and call out inappropriate behaviour or discrimination, even when it is uncomfortable to do so
5. We will actively support under-represented groups and take positive action to ensure our workforce, at all levels, reflects the diversity of the communities we serve
6. We will ensure that for all recruitment, including senior recruitment campaigns, we have a network of equality and diversity representatives to support our recruitment panels and ensure the panel is diverse

OUR WORK

We commit to understanding the impact of our work on all members of our communities and for our work to reflect the diversity within these communities:

7. We will ensure that COVID-19 recovery strategies actively address the impacts on our BAME communities and reduce inequalities caused by the wider determinants of health to create long term sustainable change
8. We will actively engage with and involve BAME communities in our work, ensuring we include people from marginalised and seldom-heard groups
9. We will share best and unsuccessful practices relating to equality, diversity and inclusion initiatives. We will support all organisations to evolve and enhance their equality and diversity strategies and encourage them to share their successes and challenges with others.

Freedom to Speak Up and Freedom to Speak Up Guardian

Under Freedom to Speak Up, as an organisation we encourage all staff to raise any concerns that they may have about others in the organisation, contractors or organisations with which we have a relationship or contract. We

[21] https://www.sthelensccg.nhs.uk/about-us/equality-and-diversity/governing-body-pledges/

also have an appointed Freedom to Speak up Guardian and staff can find information on speaking up and how to contact the Freedom to Speak Up Guardian via information published on our intranet site.[22]
More information about this role can be found in the Governance section on page 70.

[22] http://nww.sthelensccg.nhs.uk/working-for-us/freedom-to-speak-up/

Financial Performance

Strict internal management of the CCGs resources and a continuation of some of the changes to the NHS financial regime that were introduced in 2020/21 enabled the CCG to end the previous year (2021/22) with a small in-year surplus.

2021/22 was the final full year of CCGs as an organisation before the transition to Integrated Care Boards (ICB). The reporting period detailed in this report relates to 1st April to 30th June 2022 only (Quarter 1 of 2022/23). NHS St Helens CCG ceased to exist as a legal entity at 30th June 2022, with all of its responsibilities assets and liabilities transferring to NHS Cheshire and Merseyside ICB from 1 July 2022.

The main element of the CCG allocation funding is the 'programme' allocation. This is available for the commissioning of health services including primary care (GP) funding that is delegated down to us from NHS England. We also received a Running Cost Allowance to cover the administration and management costs of the CCG. Programme allocations cannot be used to increase the running costs of the CCG, although any underspending on running costs can be used to support the commissioning of healthcare services.

As part of the CCG closedown process, initial allocations were issued for the 3-month period which represent an exact quarter of the annual financial plan for 2022/23. At the end of June 2022, allocations were then adjusted nationally to be in-line with net expenditure. This ensures that every CCG reported a balanced financial position for the period April - June 2022.

For the three-month period the initial allocation was £100.4m. Net expenditure for the period is reported to be £100.7m and therefore the final allocation was adjusted to £100.7m to ensure a balanced position is reported. Due to the phasing of payments and the effect of seasonality, this adjustment to the allocation was necessary as the pattern of expenditure in the months of April – June is not necessarily reflective of one quarter of the annual allocation.

The CCG met all other financial duties including ensuring invoices were paid to suppliers in a timely manner (all valid invoices paid by the due date or within 30 days of receipt of a valid invoice, whichever is later, with a target performance of 95%) and ensuring that the requirement to keep cash balances to no more than 1.25% of June 2022 cash drawdown requirement was met.

We did not receive any capital allocation or incur any capital expenditure during this period.

In 2021/22 we reported compliance with the mental health investment standard (MHIS). The MHIS requires CCGs to increase their investment in mental health services by at least the percentage uplift in total resource funding each year. As this is an annual requirement, the MHIS for 2022/23 can only be calculated at the end of March-23 and will be assessed as an ICB wide target, although the financial plans for St Helens included the additional investments required to ensure that this target was met for St Helens residents.

Budget and Financial planning

Throughout 2020/21 and 2021/22 the CCG received additional funding to help manage specific costs relating to the covid pandemic. These resources were no longer available in 2022/23 and as such we needed to plan for the year with a reduced level of resources.

Over the entire 2022/23 financial year our plan is a deficit of £1.9m. This recognises some of the pressures in the system such as the continuation of services commissioned to support the pandemic and cost pressures linked to inflation, particularly with the significant wage and energy cost pressures across the care sector. The plan also recognises the need to restore services back to pre-pandemic levels and address backlogs that have built up over the previous two years.

Payments to NHS provider contracts remain on a fixed block basis for the entire 2022/23 financial year which provides some financial stability, but within this there are incentives for NHS care providers to increase their elective activity where possible and further reduce waiting list pressures.

Financial performance April- June 2022

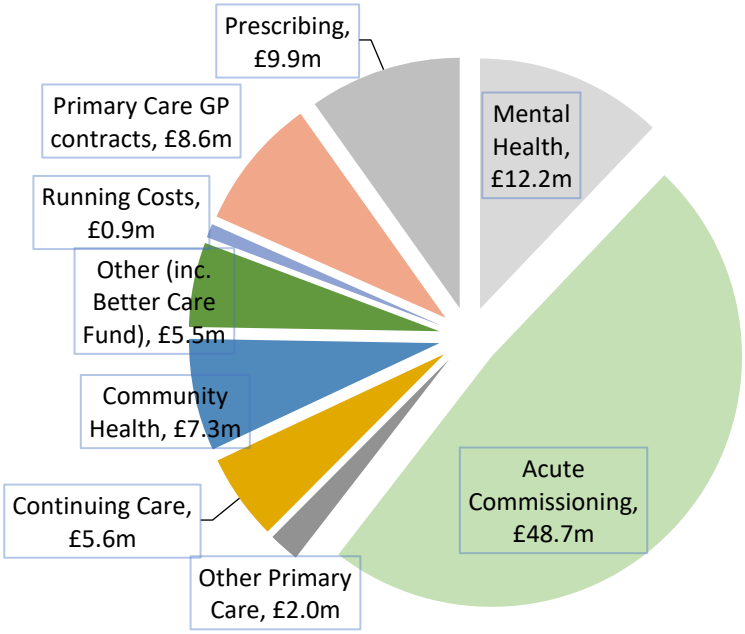
The majority of budgets remained in-line with plans within the first quarter of 2022/23. We experienced some pressure on continuing care budgets and mental health packages of care but this was largely offset by underspends with some care providers where activity levels have not yet returned to pre covid levels.

An allocation reduction of £0.6m was made at the end of the quarter to align the allocation with the level of net expenditure and ensure a breakeven position was reported across all programme budgets, delegated primary care co-commissioning budgets and running cost budgets.

The table below summarises our performance against statutory financial duties:

CCG Financial Duties	Target (£m)	Actual (£m)	Variance (£m)	Met
Expenditure not to exceed income	101.5	101.5	0.0	☑
Capital resource use does not exceed the amount specified in directions	0.0	0.0	0.0	☑
Revenue resource use does not exceed the amount specified in directions	100.7	100.7	0.0	☑
Revenue administration resource use does not exceed the amount specified in directions	0.9	0.9	0.0	☑

Area	£m
Mental Health	£12.2
Acute Commissioning	£48.7
Other Primary Care	£2.0
Continuing Care	£5.6
Community Health	£7.3
Other (inc. Better Care Fund)	£5.5
Running Costs	£0.9
Primary Care GP contracts	£8.6
Prescribing	£9.9



How the money was spent in April-June 2022

Value for Money in 2022/23

The Covid-19 pandemic and interim financial arrangements have resulted in changes to the way that expenditure is incurred and authorised – particularly relating to NHS provider contracts and new commitments specific to the pandemic response. The key response was to ensure that NHS capacity and services continued throughout the emergency period and were directed to the national and local priorities.

2022/23 sees the start of a return to normal financial management arrangements, although block contract arrangements remain with NHS providers for 2022/23. The financial resources deployed across all care responsibilities of the CCG were done so fully in line with the NHS operating framework requirements and with a focus on value for money. Specifically, we have sought to locally achieve value for money in areas such as:

- Reviewing medicines management and prescribing, ensuring medicines waste is eliminated where possible and that patients are on the most appropriate medicines
- Ensure governance and due diligence is not compromised through the transition of responsibilities to the Cheshire and Merseyside ICB from 1 July 2022
- Management of continuing care sector with the Local Authority to maximise opportunity for hospital
- discharges to support the flow of patients through secondary care

Going Concern

These accounts have been prepared on a going concern basis.

The Health and Care Act received Royal Assent on 28 April 2022. The Act will allow for the establishment of Integrated Care Boards (ICB) across England and will abolish CCGs. ICBs are due to take on the commissioning functions of CCGs from 1 July 2022. On this date the CCG's functions, assets and liabilities will transfer to NHS Cheshire & Merseyside ICB.

Public sector bodies are assumed to be going concerns where the continuation of the provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

Where a CCG ceases to exist, it considers whether or not its services will continue to be provided (using the same assets, by another public sector entity) in determining whether to use the concept of going concern for the final set of financial statements. If services will continue to be provided the financial statements are prepared on the going concern basis. The statement of financial position has therefore been drawn up at 30 June 2022 on a going concern basis.

In terms of financial sustainability, we concluded the financial year 2021/22 with a balanced position and the outturn position of the CCG for the quarter ended 30/6/22 is in line with the financial plan agreed with the Cheshire and Merseyside ICB as part of the overarching system financial management plan.

Looking Forward to 2022/23 and beyond

The NHS Priorities and Operational Planning Guidance for 2022/23 was issued in December 2021 and details the priorities and expectations of the NHS for 2022/23. Within this there continues to be a focus on meeting the needs of patients with Covid-19 and delivering the vaccination programme, supporting the health and wellbeing of our NHS staff, and the restoration of health care services such as elective care, cancer services and manage the increasing demand for mental health services. The NHS will use learning from what has happened through the pandemic to transform the way that healthcare is delivered and will expand primary care capacity to improve access, local health outcomes and address health inequalities.

Key to delivering this is effective partnership working across health and care systems, including provider collaboration and place-based partnerships with local government. St Helens already has in place an effective partnership arrangement between health and local government, and this will be built on over the next year as Cheshire and Merseyside wide partnerships continue to develop as an Integrated Care System (ICS). As part of this development, the functions of St Helens CCG will transfer to the Cheshire and Merseyside Integrated Care Board as a new organisation from 1 July 2022, and at a local level a key success will be the strengthening of local services through the St Helens Place Partnership Board.

Financially, the interim financial regime under which the CCG has operated for the past two years is now starting to revert back to normal financial management arrangements – the block contracts that have been in place with NHS Providers during Covid will now revert to locally agreed contracts and reflect the delivery of elective restoration targets. 2022/23 finances are expected to be challenging as the system continues to manage Covid and also the restoration of services, and the CCG has set financial plans for the full financial year which will transfer to the new ICB on its establishment from 1July 2022.

Happily, through St Helens Cares we continue to work in an integrated way with all partners across St Helens and seek to manage and mitigate risks. This includes integrated commissioning with the local authority and working with providers to ensures that the provision of healthcare is integrated across the borough. The benefits of this integration are clear to see from the examples given in this report and ensures that as the CCG ceases to exist as a statutory body, we are in a position allowing us to retain our staff and their skillsets and knowledge meaning that further integration leaves us in an enviable position as far as other 'places' in Cheshire and Merseyside are concerned – and we embrace the many potential benefits that integration will bring us in St Helens.

ACCOUNTABILITY REPORT

Corporate Governance Report

The purpose of this report is to explain the composition and organisation of our governance structures and how they supported the CCG to achieve its objectives during the period April-June 2022. This consists of:

- Members' Report
- Statement of Accountable Officer responsibilities
- Governance Statement.

CCG Closedown & Transfer to Cheshire & Merseyside Integrated Care Board, part of the C&M Integrated Care System (ICS)

In July 2021 it was confirmed that following the passing of the government's white paper, CCGs would cease to exist from 1st April 2022 (subsequently date moved to 1st July 2022), and all assets, liabilities and functions would transfer to the respective Integrated Care Board – for NHS St Helens CCG and its neighbouring 8 CCGs this will be to NHS Cheshire & Merseyside Integrated Care Board. Further information on NHS C&M ICB can be found on their website (https://www.cheshireandmerseyside.nhs.uk/).

During April-June 2022 the CCG continued to carry out its functions and business-as-usual activities, whilst supporting the development of the C&M ICS/ICB including the design of its St Helens place-based arrangements and supporting the preparations for safe and effective closedown and transfer.

NHS St Helens CCG Members' Report

The Members' Report contains details of our CCG membership practices, our Governing Body members, membership of the Audit Committee and where people can find Governing Body member profiles and the register of interests.
As at 30 June 2022, the CCG was made up of 31 GP practices within the borough of St Helens.
Information regarding the eligibility for membership and arrangements for leaving the CCG is provided in Section 3 of the CCG's Constitution[23].

Table 1: Member Practices 2022/23

Practice Name	Address
Atlas Medical Practice*	Fingerpost Health Centre, Atlas Street, Fingerpost, St Helens, WA9 1LN
Berrymead Medical Centre	140 Berrys Lane, Parr, St Helens, WA9 3RP
Bethany Medical Centre	151 Grafton St, St Helens, WA10 4GW
Billinge Medical Practice	Recreation Drive, Billinge Near Wigan, WN5 7LY
Bowery Medical Centre	Elephant Lane, Thatto Heath, WA9 5PR
Central Surgery	Lowe House Health Care Resource Centre, Crab St, WA10 2DJ
Crossroads Surgery	449 Warrington Road, Rainhill, L35 4LL

[23] https://www.sthelensccg.nhs.uk/about-us/nhs-constitution/

Eccleston Medical Centre	Millfields Court, Eccleston, WA10 5RG
Four Acre Health Centre	Burnage Ave, Clock Face, St Helens, WA9 4QB
Garswood Surgery	Billinge Road, Garswood, St Helens, WN4 0XD
Hall Street Medical Centre	28-30 Hall Street, St Helens, WA10 1DW
Haydock Medical Centre	Woodside Medical Centre, St Helens, WA11 0NA
Kenneth MacRae Medical Centre	32 Church Road, Rainford, St Helens, WA11 8HJ
Lingholme Health Centre	Atherton Street, St Helens, WA10 2HT
Longton Medical Centre	451 Warrington Road, Rainhill, St Helens, L35 4LL
Mill Street Medical Centre	Mill Street, St Helens, WA10 2BD
Marshalls Cross Medical Centre	2nd Floor, St Helens Hospital, Marshalls Cross Road, St Helens, WA9 3DA
Newholme Surgery	Lowe House Health Care Resource Centre, Crab St, WA10 2DJ
Newton Community Hospital Practice	Newton Community Hospital, Bradlegh Road, Newton-Le-Willows, St Helens, WA12 8RB
Newton Medical Centre	1 Belvedere Road, Newton-le-Willows WA12 0JJ
Ormskirk House Surgery	Lowe House Health Care Resource Centre, Crab St, WA10 2DJ
Parkfield Surgery	Lowe House Health Care Resource Centre, Crab St, WA10 2DJ
Patterdale Lodge Medical Centre	Leigh Street, Newton-Le-Willows, St Helens, WA12 9NA
Phoenix Medical Centre	Atherton Street, St Helens, WA10 2HT
Dr Rahil's Surgery	21a Old Whint Road, Haydock, WA11 0DN
Rainbow Medical Centre	333 Robins Lane, Sutton, St Helens, WA9 3PN
Rainford Health Centre	17 Higher Lane, Rainford, St Helens, WA11 8AZ
Rainhill Village Surgery	529 Warrington Road, Rainhill, St Helens, L35 4LP
Windermere Medical Centre	Windermere Avenue, Carr Mill, St Helens, WA11 7AG
Spinney Medical Centre	23 Whittle Street, Toll Bar, St Helens, WA10 3EB
Vista Road Surgery	Vista Road, Newton-Le-Willows, WA12 9ED

A map of the location of these GP practices can be found on the CCG website at: https://www.sthelensccg.nhs.uk/about-us/member-practices-map/, and are broken down into four Primary Care Networks as shown on page 13. *Atlas Medical Practice made up of merger of three practices residing in same Health Centre, during May 2021 – Cornerstone Surgery,

Hollybank Surgery and Park House Surgery. Note that the CCG website will be archived in late 2022 and information will be available on www.cheshireandmerseyside.nhs.uk instead.

CCG Governing Body Membership April – June 2022/23

During Q1, our CCG Governing Body consisted of the seven required roles of a CCG including a (Lay) Chair, Accountable Officer, Chief Finance Officer, Secondary Care Consultant, Registered Nurse, Lay Member for Audit, Finance & Governance and a Lay Member for Patient and Public Involvement. In addition, we had the following additional members; four GPs (elected members), Medical Director, Local Authority Director responsible for Social Care (St Helens Local Authority), Director of Public Health (St Helens Borough Council) and Director of Commissioning, Primary Care and Transformation. The four PCN Clinical Directors were also invited as regular attendees to support the PCN development.

As per our Constitution, the Governing Body may invite other people to attend all or any of its meetings or parts of a meeting in order to assist it in its decision making and discharge of functions as it sees fit. During April-June, we continued to have a non-executive observer from St Helens and Knowsley NHS Teaching Hospitals Trust attend public Governing Body meetings; and as part of the development programme for our Primary Care Networks (PCNs), PCN Clinical Directors were invited to be regular attendees at our Governing Body meetings.

The CCG Chair and Accountable Officer remained the same throughout Q1; and in line with the preparations for the dissolution of CCGs and establishment of the NHS Cheshire and Merseyside ICB, notice was served on all office holder roles effective from 1st July 2022 – this included:

- GP Member Representatives x 3
- Lay Representatives x 2
- Secondary Care Doctor

All other roles transferred into the NHS Cheshire and Merseyside ICB under TUPE arrangements.

Copies of all CCG Governing Body meeting papers can currently be found at https://www.sthelensccg.nhs.uk/about-us/governing-body/governing-body-meeting-schedule/.

Chair, Accountable Officer and Medical Director

Geoffrey Appleton
CCG Lay Chair

Mark Palethorpe
CCG Accountable Officer/
Executive Director Integrated
Health & Social Care

Dr Michael Ejuoneatse
Medical Director/
Deputy Chair/

GP Members

Dr Hilary Flett
GP Member

Dr David Reade
GP Member

Dr Greg Irving
GP Member

Lay Representatives

Tony Foy
Lay Member: Audit, Finance & Governance

Mark Weights
Lay Member: Patient & Public Involvement

Other Board Members

Iain Stoddart
Chief Finance Officer

Dr James Catania
Secondary Care Consultant

Lisa Ellis
Chief Nurse

Julie Ashurst
Director Commissioning, Primary Care & Transformation

Rachel Cleal
Director Adult Social Services (Local Authority)

Ruth Du Plessis
Director Public Health

During Q1 2022, biographies and up to date identified conflicts of interest for all current Governing Body members were held on the CCG website[24].

[24] https://www.sthelensccg.nhs.uk/about-us/governing-body/our-governing-body/

The CCG Governing Body met three times during Q1, twice privately, and one final time in June held publicly, to conclude the CCG's closedown and transfer of assets and liabilities to the NHS Cheshire and Merseyside ICB.

CCG Committee(s)

During Q1 our CCG Governing Body continued to be supported in the delivery of its statutory functions and key strategic objectives by a number of statutory and additional committees; note some of these committees did not need to meet during the period, but remained established:

- Statutory Audit Committee
- Statutory Remuneration Committee
- Statutory Primary Care Commissioning Committee
- GP Members' Council
- Executive Leadership Team Committee
- Assurance Committee (combining quality, performance & finance related matters)
- Integrated Finance & Performance Board (made up of both CCG and local authority representatives)
- Cheshire & Merseyside (C&M) Joint Committee

Cheshire & Merseyside (C&M) Joint Committee

Consisting of representatives from the nine Cheshire and Merseyside Clinical Commissioning Groups (NHS Cheshire CCG, NHS Halton CCG, NHS Knowsley CCG, NHS Liverpool CCG, NHS Southport and Formby CCG, NHS South Sefton CCG, NHS St Helens CCG, NHS Warrington CCG and NHS Wirral CCG) the overarching role of the Joint Committee is to enable the C&M 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. Further information on the C&M Joint Committee can be found on the CCG's website[25], and in the Governance Statement on page 65.

St Helens Cares Place-Based Partnership committees

Following the establishment of a Cheshire and Merseyside Integrated Care System (ICS), we worked alongside our local partners in developing an Integrated Care Partnership for St Helens which saw our St Helens Cares model develop into a strong place-based partnership. The St Helens ICP was renamed St Helens Place Partnership Board to avoid confusion as the system wide arrangements moved to reference a Cheshire & Merseyside ICP. The St Helens Place-based Partnership structure consists of:

- St Helens Cares Place Partnership Board (previously St Helens ICP)
- System Resources Group
- Programme Delivery Group
- Stakeholder Forum

Further information on *all* committees, including their supporting subgroups and joint committees, can be found in the Governance Statement on page 65.

Register of interests

Identified Declarations of Interests for the CCG's Governing Body and Committee Members was published on our website, which remains available to the public.[26] Management of Conflicts of Interest continued to be monitored throughout Q1 – no breaches were recorded during the period. Further information on the NHS Cheshire and Merseyside ICB's approach to the management of conflicts of interest can be found on the ICB website[27].

[25] https://www.sthelensccg.nhs.uk/about-us/ccg-committee-structure/
[26] https://www.sthelensccg.nhs.uk/about-us/public-information/register-of-interests/
[27] https://www.cheshireandmerseyside.nhs.uk/

Personal data related incidents

We continued to recognise the importance of maintaining data in a safe and secure environment; and can confirm there were no personal data related incidents reported to the Information Commissioner's Office (ICO) during Q1 2022.

Modern Slavery Act

We fully support 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.

Access to Information

During the period from 1 April 2022 to 30 June 2022, we processed the following requests for information under the Freedom of Information Act (FOI) 2000:

Table 2

FOI	1 Apr-30 June 2022
Number of FOI requests processed	36
Percentage of requests responded to within 20 working days	88%

40% of all requests were responded to within 10 days of the request having been received; of the 12% responded to after 20 days these were all extended to allow time to gather the information. Four active FOIs transferred to NHS Cheshire and Merseyside ICB on 1st July 2022.

The Section 45 Code of Practice under FOIA recommends that public authorities with over 100 full time equivalent (FTE) employees publish FOIA compliance statistics as part of their publication schemes. As a matter of best practice, we published our FOI responses at the link below: https://www.sthelensccg.nhs.uk/contact-us/freedom-of-information-foi/.

Complaints management

We welcome compliments (positive feedback) about services and believe that receiving comments, concerns and complaints from service users is equally as important. These can help us to solve problems, learn lessons, and lead to service improvements. Quarterly reports on complaints, concerns and compliments are presented to the Assurance Committee for review on a quarterly basis.

During the period from 1 April 2022 to 30 June 2022, we received 54 complaints, 11 MP Queries and 95 PALS enquiries; all complaints were thoroughly investigated, and a full response provided – note all active complaints transferred over to NHS Cheshire and Merseyside ICB on 1st July 2022. No new cases were referred to the Parliamentary Ombudsman Service during this period.

Freedom to Speak Up (Raising Concerns)

We maintained a robust Freedom to Speak Up (Raising Concerns) policy and procedure during Q1 2022 in line with the Public Interest Disclosure Act (PIDA) 1998 and the outcome of the Francis Review 2015. The CCG has two FTSU Guardians – the Associate Director for Corporate Governance and the Deputy Chief Nurse. In addition to providing a contact for CCG staff, the offer was also provided to our 31 GP Practices. The CCG Lay Chair had

board level responsibility for all whistleblowing/ concerns raised, with our Accountable Officer having executive level responsibility. FTSU Guardians case data is submitted through a national data collection portal on a quarterly basis and reconciled annually.

Both CCG Guardians are members of the North West network for Freedom to Speak Up Guardians. This network provides regional support where learning and best practice is shared, enabling the recommendations of the Francis Report on speaking up to be consistently and effectively implemented.

Emergency preparedness, resilience and response (EPRR)

We have a responsibility to ensure we can respond appropriately if there is an emergency that affects the St Helens area (or wider); such as pandemic flu, floods, cyber-attacks, terror threats, etc. To do this, we have several policies and processes which help everyone within the CCG and in partner organisations, such as Fire and Rescue Service, Police, other health service providers to understand what the CCG's role is. In addition, we have a responsibility to ensure that we can continue working as an organisation (business continuity) as well as responding appropriately to any emergency situations. This process is called Emergency Preparedness, Resilience and Response (EPRR). During Q1 2022, we maintained the processes set out in the 2021/22 Annual Report; and as reported assessed ourselves as fully compliant against the core standards improving on the 2020/21 return.

As part of its commitment to EPRR the CCG commissions Midlands and Lancashire CSU for support in developing and maintaining its EPRR documentation, advice and guidance on EPRR activities and EPRR training and exercising. The CCG also forms part of the Mid-Mersey on-call group, alongside neighbouring CCGs providing out of hours on-call assistance to the Merseyside health and social care system.

Statement of Accountable Officer's Responsibilities

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

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

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

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

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

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

Graham Urwin
Chief Executive, NHS Cheshire and Merseyside ICB
XX June 2023

Governance Statement

Introduction and context

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

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

During the period 1st April – 30th June 2022, the CCG was not subject to any directions from NHS England issued under Section 14Z21 of the National Health Service Act 2006.

It is noted that from 1st July 2022 the CCG ceased to exist, and all assets, liabilities and functions transferred to the NHS Cheshire & Merseyside Integrated Care Board (ICB), part of the C&M Integrated Care System.

Scope of responsibility

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

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

Governance arrangements and effectiveness

As a clinical led organisation NHS St Helens CCG ensured that clinicians, who are close to our local community and understand the health requirements of the local community, were able to effectively drive improvements.

We maintained a constitution and associated standing orders, prime financial policies and a scheme of reservation and delegation, all of which were reviewed and approved by the CCG's membership and certified as compliant with the requirements of NHS England.

The scheme of reservation & delegation defined those decisions that are reserved to the Council of Members and those that were the responsibility of its Governing Body, the CCG's committees, individual officers and other employees. Taken together all these documents enabled the maintenance of a robust system of internal control.

In November 2021, in line with the transition from nine separate CCGs to the Cheshire and Merseyside Integrated Care Board (ICB), numerous functions of the CCG (excluding those which could not be legally delegated around Audit, Remuneration, Primary Care Commissioning and Section 75 arrangements) were delegated to a Cheshire & Merseyside Joint Committee and reporting arrangements established between the Cheshire and Merseyside Joint Committee and CCG Governing Body. This delegation did not impact the CCG's existing governance framework and systems of internal control. In the run up to these changes, St Helens CCG provided support to the Joint Committee and its sub committees and maintained appropriate representation on each.

From 1st April – 30th June 2022 the CCG Transfer and Closedown task and finish group focused on the effective review, collation and transfer of information and assets into the NHS Cheshire and Merseyside ICB – reporting fortnightly to the CCG Executive Leadership Team Committee. Committee risk registers were reviewed to identify legacy risks to transfer – both into a system level risk register and a St Helens place level risk register. The streamlined committee structure implemented in November 2021 remained established during Q1 2022.

The CCG uses the model constitution template[28], which was formally approved by NHS England in April 2020. This is supported by a governance handbook[29] produced in line with NHS England guidance, bringing together a number of key documents concerning the CCG's governance and decision-making arrangements including committee structure and operation, terms of reference and the CCG's scheme of reservation and delegation. This is a working document and is under constant review by the Governance team.

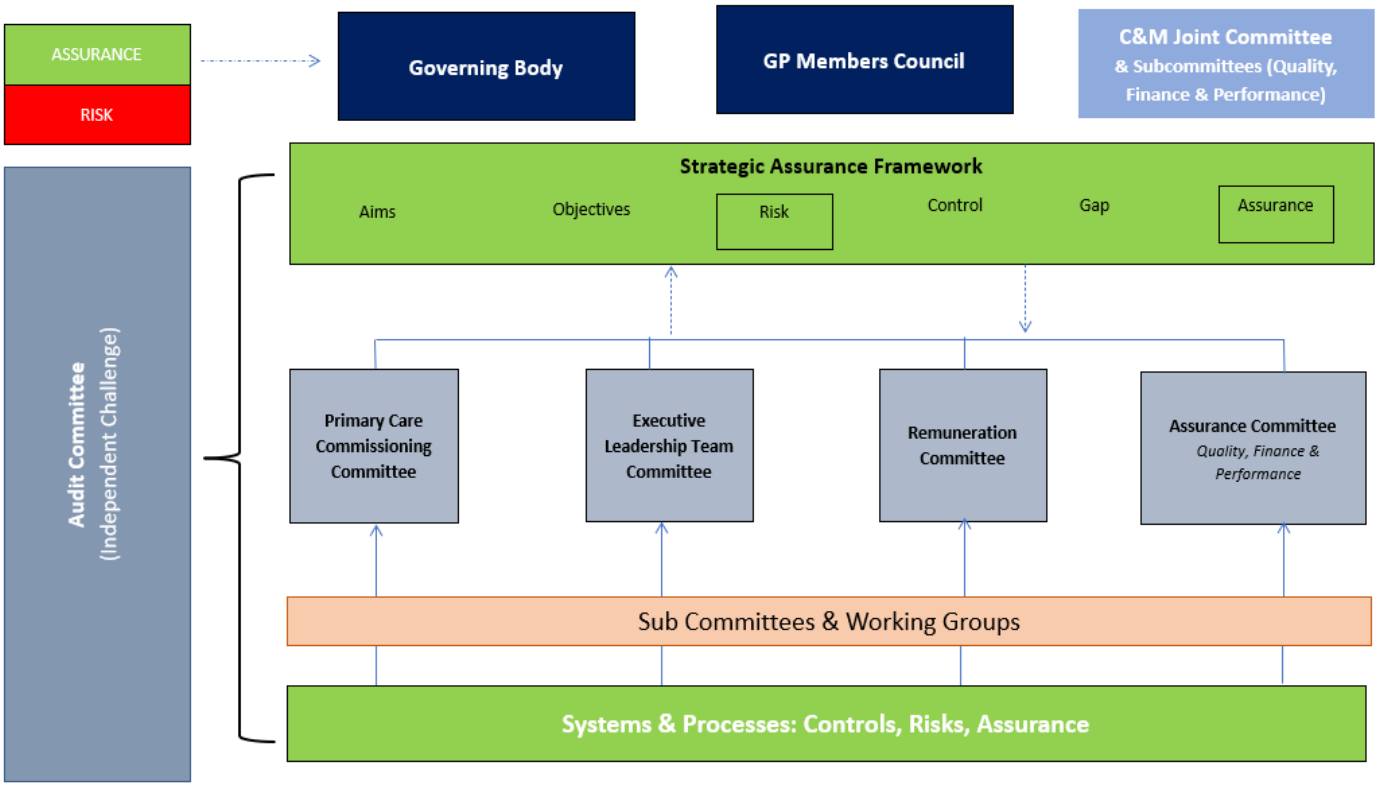
The CCG Governing Body ensures that the group has made appropriate arrangements for ensuring that it exercises its functions effectively, efficiently, and economically and complies with such generally accepted principles of good governance as are relevant to it. It has established six committees to assist it in the delivery of the statutory functions and key strategic objectives of the CCG; more information on the committees can be found below.

The CCG's GP Members' Council acts as a clinical leadership advisory group to the CCG's Governing Body and comprises representatives from the 31 GP member practices and is the key forum through which the CCG assesses clinical engagement in delivery of its statutory functions; enabling the membership to engage and influence the work of the CCG

[28] https://www.sthelensccg.nhs.uk/media/4436/approved-model-constitution-april-2020-2.pdf
[29] http://nww.sthelensccg.nhs.uk/media/6981/governance-handbook-v24-updated-dec-2020.pdf

The CCG Governance Framework is summarised below:

Diagram 1 – CCG Governance Framework

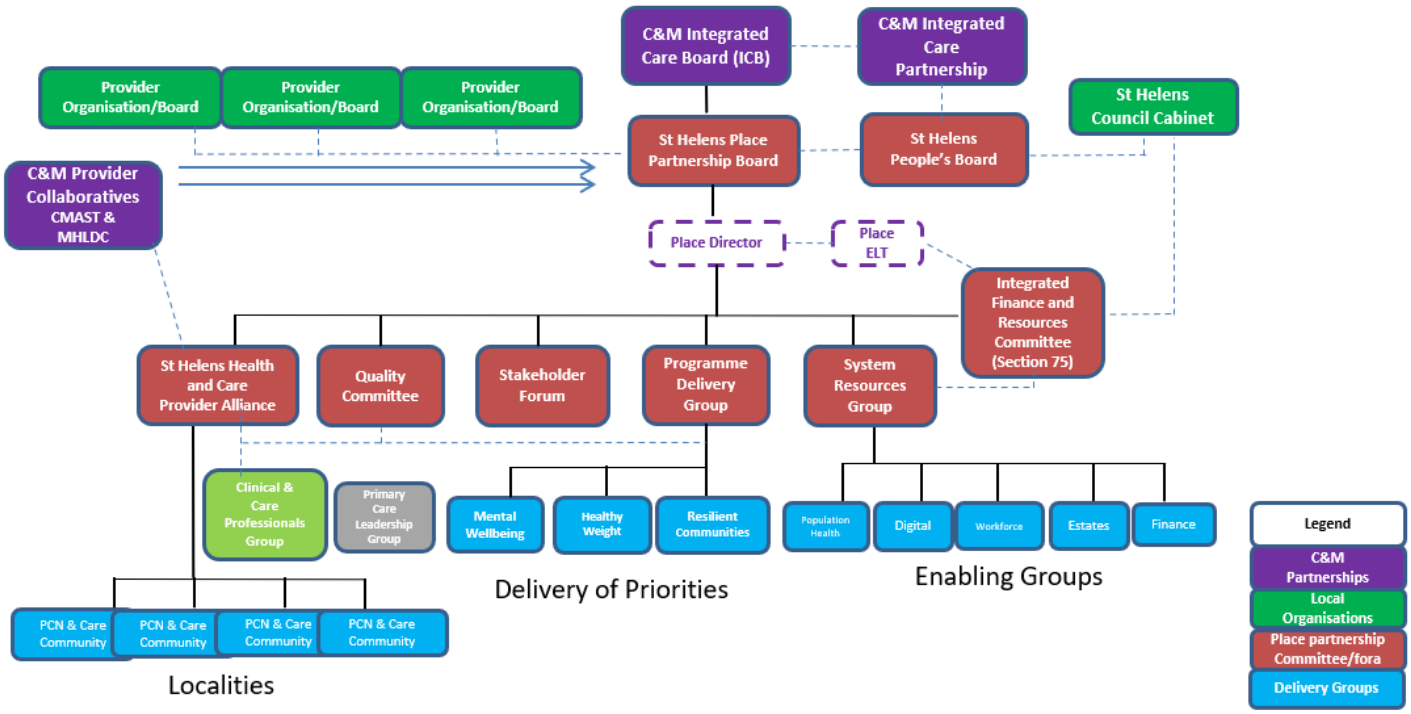


St Helens Cares – place-based partnership

Throughout the establishment of the Cheshire and Merseyside Integrated Care System (ICS), the CCG worked alongside our partners in developing an Integrated Care Partnership for St Helens which saw our St Helens Cares model develop into a strong place-based partnership. A collaboration agreement (Memorandum of Understanding) was established, and partners took this through their own governance arrangements – the CCG Governing Body signed off the Memorandum of Understanding in March 2021. This agreement officially recognised the vital role that wider cross sector partners and Primary Care would play in moving towards a population health management approach for St Helens.

The established governance framework from April 2021 is illustrated at diagram 2 below; work has continued throughout Q1 2022 to develop and shape place-based arrangements as the wider Cheshire & Merseyside Integrated Care System Design Framework and subsequent guidance has become available.

Diagram 2 – St Helens Cares Place Partnership Governance Arrangements as at June 2022



Committee Membership, Attendance and Activity Summary

Governing Body

The Governing Body has its functions conferred on it by sections 14L(2) and (3) of the 2006 Health and Social Care Act, inserted by section 25 of the 2012 Health and Social Care Act. In particular, it has responsibility for ensuring that the CCG has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with the principles of good governance.

NHS St Helens CCG's Governing Body comprises a diverse range of skills from executive, clinical and lay (non-Executive) members and there is a clear division of responsibility between the role of Governing Body and everyday management of the CCG. The Lay Chair is responsible for the leadership of Governing Body and ensures that members have access to the necessary, relevant information to assist them in the delivery of their duties. As per previous years, during April-June 2022, Lay Members actively provided scrutiny and challenge at Governing Body and sub-committee level and provided lay scrutiny support to officers in their day-to-day work.

The CCG Governing Body met three times during Q1 2022, twice privately, and one final time in June held publicly, to conclude the CCG's closedown and transfer of assets and liabilities to the NHS Cheshire and Merseyside ICB.

The main key themes of business addressed by Governing Body during this period included:

1. ***Covid-19 Pandemic*** –
    - remained updated on the impact of the pandemic on the borough and surrounding areas, including key risks around inequalities and access to services.

- ensured continued integrated working with partners including the Local Authority, PHE and neighbouring CCGs, our Providers, GP Practices, Pharmacies, and the voluntary sector to maintain service delivery, and support the continued Covid Vaccination & Booster programmes.
- supported the CCG's Reset & Recovery plan, where relevant, to achieve a return to business as usual and/ or adopt and transform operating models to restore to a 'new normal' as part of business continuity planning.

2. ***Continued development of the NHS Cheshire & Merseyside Integrated Care Board (ICB)*** – continued oversight and endorsement of the draft ICB Constitution; Governing Body received regular reports & updates on progress being made via the transition board and task and finish groups, including the CCG's internal Transfer and Closedown working group. Governing Body also continued to support the development of the St Helens Cares place-based arrangements.
3. ***System Wide Recovery/ Financial Reporting –*** Governing Body members remained appropriately assured of financial spend (including additional expenditure related to Covid 19) and the continuation of safe and effective services within continuing constraints; and reviewed proposals for future financial planning and priorities from 1st July 2022.
4. ***Inequalities***
5. ***Strategic Risks–*** Governing Body endorsed the identification & development of risks specific to the place of St Helens, to be managed within Place based partnership arrangements; and those identified for transfer as a future ICB responsibility.
6. ***Contract Award –*** Governing Body approved the award of the Targeted Lung Health Checks Programme in April 2022.

Table 3: Governing Body Statutory Committee Attendance, 1st April – 30th June 2022

Forename	Surname	Job Title	Organisation	Governing Body	Audit Committee		PCCC
				MEMBER	MEMBER	IN ATTENDANCE	MEMBER
Geoffrey	Appleton	Lay Chair	NHS St Helens CCG	3/3			3/3
Mike	Ejuoneatse	Deputy Chair/ GP GB Member	NHS St Helens CCG	3/3	1/1		3/3
Hilary	Flett	GP Governing Body Member	NHS St Helens CCG	2/3	0/1		2/9
Greg	Irving	GP Governing Body Member	NHS St Helens CCG	3/3			
David	Reade	GP Governing Body Member	NHS St Helens CCG	2/3			
James	Catania	Secondary Care Consultant	NHS St Helens CCG	3/3			2/3
Tony	Foy	Lay Member, Audit & Governance	NHS St Helens CCG	3/3	1/1		3/3
Mark	Weights	Lay Member, Patient & Public Involvement	NHS St Helens CCG	3/3	1/1		3/3
Mark	Palethorpe	Strategic Director People's Services/ CCG Accountable Officer	NHS St Helens CCG/ St Helens Local Authority	3/3			3/3
Rachel	Cleal	Director Adult Services	NHS St Helens CCG/ St Helens Local Authority	1/3			
Julie	Ashurst	Director Commissioning, Primary Care & Transformation	NHS St Helens CCG	2/3			2/3
Lisa	Ellis	Chief Nurse	NHS St Helens CCG	2/3			2/39/9
Iain	Stoddart	Chief Finance Officer	NHS St Helens CCG	3/3	1/1		2/3
Ruth	Du Plessis	Incoming Director of Public Health	St Helens Local Authority	2/3			

Committees of the Governing Body

During Q1 2022 the CCG Governing Body continued to be supported by its identified committees. All committees have a responsibility to operate within their individual terms of reference as defined within the Constitution – copies can be found within the CCG's governance handbook.[30] The Governing Body may appoint other such committees as it considers appropriate and delegate to them the exercise of any functions of the CCG which in its discretion it considers to be appropriate.

Each CCG sub-committee comprises membership and representation from appropriate officers, clinicians and lay members with sufficient experience and knowledge to support the committees in discharging their duties.

NHS St Helens CCG Committees

1. ***Audit Committee***
2. ***Remuneration Committee – no meetings held during April - June***
3. ***Primary Care Commissioning Committee***
4. ***GP Members' Council***
5. ***Executive Leadership Team Committee***
6. ***Assurance Committee***

In addition, the Governing Body is supported by:

1. ***Integrated Finance & Performance Board*** *(NHS St Helens CCG and St Helens Local Authority) – no meetings held during Q1 2022*
2. ***Cheshire & Merseyside Joint Committee*** *(representatives from all nine Cheshire & Merseyside CCGs)*

Audit Committee

Responsible for providing assurance to Governing Body on the processes operating within the organisation for risk, control and governance, the Audit Committee assesses the adequacy of assurances that are available with respect to financial, corporate, clinical and information governance. The committee is able to direct further scrutiny, both internally and externally where appropriate, for those functions or areas where it believes insufficient assurance is being provided to the Governing Body.

During Q1 2022, the committee met once to:

- Sign off the 2021/22 CCG Annual report and Accounts
- Received the Internal Audit Progress Report (Q1 22/23) and the Anti-Fraud Services Annual Report and Progress Report (Q1 22/23)
- Approved the accounting policies for Q1 (22/23)
- Approved the arrangements for Internal Audit, Counter Fraud and External Audit provision for 2022/23 – in regard to Q1, St Helens CCG and NHS Cheshire and Merseyside ICB from July onwards.
- Approved the appointment of Grant Thornton as external auditor in relation to the Mental Health Investment Standard (MHIS) for 2021/22.

The individuals forming the Audit Committee throughout the year and up to the signing of the Annual Report and Accounts are:

- Tony Foy: Lay Member Audit, Finance & Governance (Audit Chair)

[30] https://www.sthelensccg.nhs.uk/about-us/nhs-constitution/

- Mark Weights: Lay Member Public & Patient Involvement
- Dr Hilary Flett: GP Governing Body Member
- Alan Whittle: Independent Member.

Others in attendance

- Iain Stoddart: Chief Finance Officer (or Deputy)
- Lisa Roberts: Principal Accountant
- Angela Delea: Associate Director, Corporate Governance
- Mersey Internal Audit Agency (MIAA) internal audit representation
- Grant Thornton external audit representation
- MIAA Counter Fraud Service representation (attendance dependent on agenda items).

Remuneration Committee

Section 14M of the NHS Act 2006 provides that the Remuneration Committee has the function of making recommendations to Governing Body about the exercise of its functions under section 14L (3)(a) and (b) in relation to determining the remuneration, fees and allowances payable to employees of the CCG and to other persons providing services to it; and determining allowances payable under pension schemes established by the CCG. The Remuneration Committee will address any pay and conditions of service-related issues and make recommendations on any severance payments as necessary.

No Remuneration Committee meetings were held in Q1 2022.

Primary Care Commissioning Committee

The Primary Care Commissioning Committee is established on approval by NHS England as the decision-making committee having oversight of delegated commissioning of primary care (General Practice).

Between 1st April 30th June 2022, the Committee met in private three times and in public twice. The meeting was quorate on all occasions. Key activity for the period included:

- Received regular primary care finance update reports
- Provided support and oversight around contract management issues – including practice application requests for mergers and closures of branch surgeries.
- Management of the Primary Care Corporate Risk Register; including two new risks added and four closed during that period.
- Received updates on progress against CQC Inspection recommendations including intensive support for vulnerable practices
- Updates on Improved Access and Out of Hours (OOH) Services
- Updates on changes to GP Contracts and the requirement for Extended Access

GP Members' Council

Representing all member practices of the CCG (as listed in the Members' Report above), reflecting their clinical opinion and expertise.

During Q1 2022, the GP Members' Council met formally on one occasion. During the meeting the Council:

- Received an update on continued development of the C&M Integrated Care Board (ICB), including confirmed executive roles, an update around the St Helens place leadership structure and expected changes to Primary Care Commissioning.
- Received an update on Primary Care Nurse Development and ongoing recruitment.

Executive Leadership Team (ELT) Committee

A Committee with responsibility for strategic and operational management issues within the CCG this also includes Governance, Risk, Human Resources and Organisational Development issues. Where decisions need to be taken as a matter of urgency Governing Body has delegated authority to the Accountable Officer to make decisions on behalf of the CCG by convening the ELT as an *Urgent Issues* meeting (CCG Constitution - Standing Orders, Section 3.9) – the membership of the Urgent Issues Committee differs from ELT membership, see Section 6 of the ELT Terms of Reference.

During Q1 2022, the Committee met weekly. Key activity over the period included:

- Management of the CCG Decisions Log – capturing all decisions made by the Committee during the Covid-19 pandemic, to ensure all decisions made were robust and transparent and correct process followed despite urgency of the situation
- Operational oversight on CCG Finance including discussions around expected financial framework from July 2022.
- Receipt of progress updates including the CCG's Equality Objectives Action Plan and OD Action Plan, Health & Safety and information governance updates.
- Oversaw the work of the CCG Closedown & Transfer Group – receiving fortnightly progress updates and escalating issues/ concerns through to the ICB Transition Board to ensure a safe handover of CCG assets and liabilities to the new ICB.
- Oversaw the CCG Corporate risk registers, including the Governance Corporate Risk Register.

Assurance Committee

Provide assurance to the Governing Body around the CCG's statutory functions relating to: • Commissioning including patient and public involvement • Securing continuous improvements in quality, safety and outcomes for patients; reducing health inequalities • Procurement and contracting duties • Financial duties including expenditure, use of resources and value for money in line with the Constitution.

During Q1 2022, Assurance Committee met formally on two occasions (May and June) and was quorate for both meetings. Although the April meeting was stood down, reports were still circulated to committee for noting.

Regular updates were received in relation to finance, performance and quality of commissioned services. In addition to this, the committee received:

- A presentation from the Director of Public Health updating on the 0-19 service ('hot topic item'); including an outline of the current Staffing Model in St Helens and recent service developments. It also provided assurance around some previous areas of challenge from the committee.
- An update on current Health and Care Estates issues in the borough and a note of key priorities being addressed by the Strategic Estates Group (SEG).
- Assurance via Annual Reports for the following services:
    - Learning from Lives and Deaths (LeDeR): People with a Learning Disability/Autism - Annual Report 2021/22 (Approved May 2022)
    - Complaints Annual Report 2021/22 (Noted)
    - Cancer Annual Report 2020/21 (Noted)
    - Safeguarding Children and Adults Annual Report 2021/22 (Noted)
    - Special Educational Needs and Disability (SEND) Annual Report 2021/22 (Approved June 2022)
    - St Helens Maternity Voices Partnership (MVP) Annual Report 2021/22 (Noted)

Integrated Finance & Performance Board

This Board provides scrutiny and challenge around the functions delegated by the partners in the overarching partnership agreement (s75). In addition, the Board determines the performance indicators relating to identified strategic priorities.

During the period April-June 2022 no Integrated Finance & Performance Board meetings were held.

Cheshire & Merseyside Joint Committee

Consisting of representation from the nine CCGs of Cheshire & Merseyside - NHS Cheshire CCG, NHS Halton CCG, NHS Knowsley CCG, NHS Liverpool CCG, NHS Southport and Formby CCG, NHS South Sefton CCG, NHS St Helens CCG, NHS Warrington CCG and NHS Wirral CCG. Overarching role to enable the C&M 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 undertaken by the Joint Committee will support the strategic aims and objectives of the Cheshire and Merseyside Health and Care Partnership and will contribute to the sustainability and transformation of local health and social care systems at 'Place'.

During Q1 2022, the committee met twice and was quorate on each occasion.

Key activity for the period:

- Discussion around risk management and transfer of collated Cheshire and Merseyside risks into the NHS Cheshire and Merseyside ICB (update on the work of the Risk Management task & finish group)
- Endorsed the plans presented for the public consultation over the Liverpool University Hospitals Clinical Services Integration
- Approved the annual report of the Joint Committee activity covering 1st April 2021 - 31st March 2022, and received the Quarter One and End of Tenure report

- Reviewed the draft NHS Cheshire and Merseyside ICB Constitution and work undertaken as part of the CCG/ ICB Transition programme
- Received key issues reports from its Finance and Resources Sub-Committee, Quality Sub-Committee and Performance Sub-Committee
- Received progress update from Cheshire and Merseyside CCG directors of commissioning working group – noting confirmed priorities and work undertaken to date
- Received operational and clinical delivery updates

St Helens Cares Place Based Partnership

St Helens Cares Partnership Board

Providing strategic oversight and management of the St Helens Place Based Partnership (PBP) model of delivery to achieve the objectives of the St Helens People's Board in line with the PBP Plan to improve the health and wellbeing of the St Helens population. This supports the vision for St Helens which is improving people's lives in St Helens together. The Partnership Board works within existing contractual frameworks and the existing Section 75 Agreement between the CCG and the Council to transform the way in which health and care services are delivered and services are integrated.

The Board met twice during Q1 2022. On both occasions the meeting was quorate. Key activity included:

- Updates on the Integrated Care System (ICS)/governance arrangements
- A workshop to develop value-based principles
- Updates on the St Helens priorities – Mental Wellbeing, Healthy Weight, and Resilient Communities
- Management of the St Helens Place Based Partnership corporate risk register
- Updates from the System Resources Group on finance, estates, digital and workforce to support the programme delivery groups
- Support for the St Helens Cares Festival
- Approved submission of expression of interest to become a discharge integration front runner site

Stakeholder Forum

Build and sustain meaningful engagement with people across all communities within St Helens, enabling them to have a voice in improving their health and in shaping services as part of St Helens Cares. The Stakeholder Forum will be made up of patients, service users and carers, and representatives from groups and organisations that represent them or that have an interest in this area. They will offer their perspectives on how St Helens Cares can inform and engage with people on its programmes of work.

During Q1 2022, the Stakeholder Forum met twice and undertook the following key activity:

- Received regular updates regarding the borough priorities and development of St Helens Cares and regular updates regarding ICB engagement strategies
- Facilitated a discussion regarding the development of the St Helens Cares values-based principles
- Maintained links with Programme Delivery Board to review new initiatives e.g. Innovation skills Hub, to support coproduction of transformational programmes.

System Resources Group

Provide strategic oversight of the collective resources of the partner organisations in the St Helens Cares Place Based Partnership. The SRG will develop a strategic approach to PBP resources including finance, workforce, estates and other infrastructure (including technology) throughout the PBP and provide advice to the Partnership Board to support effective and efficient system decision making.

During Q1 2022, the System Resources Group met three times and undertook the following key activity:

- Updating from St Helens Place Partnership Board & Programme Delivery Group
- Received updates on identified workstreams – finance, strategic estates, workforce, digital and population health
- Oversight of ICS Development through regular update reporting
- Reviewed & discussed People's Board draft Strategic Plan 2021/26
- Discussed outline of CCG Finance Plan 2022/23
- System Resource Group Plan and Future Arrangements which included:
  - Capacity and Demand Modelling at Place
  - Collective Financial Principles
  - Local Outcomes Framework
  - New Systems

Programme Delivery Group

A forum for promoting and supporting effective collaborative working between the members of the Place Partnership Board and service integration across the individual organisational contracts where this will improve service quality, outcomes or efficiencies – as opposed to being a decision-making body. The group will develop proposals and recommendations for the Partnership Board.

During Q1 2022, the Programme Delivery Group:

- Continued to look at ways of utilising existing assets e.g. parks and green spaces and technology solutions and accessing a place performance dashboard
- Received regular updates from Place Partnership Board, Cheshire and Merseyside Partnership Board and System Resource Group updates to ensure all connected
- Received regular updates on identified workstreams – finance, estates, workforce, digital and population health
- Oversight of place PMO project plan and associated risks.

CCG Closedown & Transfer Group

Formally established in September 2021 as a subgroup of the Executive Leadership Team (ELT), the NHS St Helens CCG Closedown & Transfer Group comprises the relevant CCG leads to ensure the correct and effective closedown of the CCG and the transfer of staff and relevant functions and liabilities to the successor organisation (C&M ICB). Working with the relevant wider Cheshire & Merseyside forum, the group has reviewed and implemented directives and guidance from the ICB Transition Board, and using NHS England/Improvement published checklists, supported a consistent data collection and analysis of identified areas of activity/ business that will either be transferred to the ICB, or closed down with the disestablishment of CCGs on 30th June 2022.

Through fortnightly meetings, the group:

- Identified the relevant CCG assets that would be transferred into the ICB across all areas/ functions of the CCG
- Provided peer support across teams, with regard to issues or concerns on transferring assets and activity
- Provided a review of the CCG risks – both strategic and corporate, identifying which would likely be transferred to the central ICB overview, and which would remain at St Helens place
- Supported completion of assurance returns to NHS England and the developing ICB Transition Board.

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 the CCG and best practice.

Discharge of Statutory Functions

Considering recommendations of the 1983 Harris Review, we have reviewed all of the statutory duties and powers conferred on it by the National Health Service Act 2006 (as amended) and other associated legislative and regulations. As a result, I can confirm that the clinical commissioning group is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions. Responsibility for each duty and power has been clearly allocated to a lead Director. Directorates have confirmed that their structures provide the necessary capability and capacity to undertake all of the clinical commissioning group's statutory duties.

Risk management arrangements and effectiveness

CCG Risk Management Strategy

During Q1 2022, we continued to abide by our Risk Management Strategy[31], which set out the organisation's risk appetite, in relation to identified strategic objectives, together with the practical means through which risk is identified and evaluated as well as the control mechanisms through which it is managed. The strategy set out the responsibilities for risk management for all individuals, from the Accountable Officer through to employees, including contractors and partners, as well as responsibilities of the Governing Body and its sub committees regarding risk management.

[31] https://www.sthelensccg.nhs.uk/media/4709/risk-management-strategy-v60-dec-2020.pdf

Risk Registers

The Audit Committee continued to have delegated responsibility from Governing Body for ensuring an appropriate governing body assurance framework (GBAF) was in place; with operational responsibility for systematic review residing with the Committees of the Governing Body; central oversight of operational risks remained with the Executive Leadership Team Committee; who provided scrutiny and challenge to risk scoring and robustness of the controls and mitigations.

During the period, the CCG maintained both a Corporate Risk Register and a Governing Body Assurance Framework Register.

From January 2022 corporate level risks relating to Quality, Finance & Performance were reported to the relevant sub committees of the Cheshire and Merseyside Joint Committee; helping to provide a Cheshire and Merseyside view across all nine CCG areas within the region in preparation for the transition to the NHS Cheshire and Merseyside ICB. Subcommittees then reported directly risks by exception/ for escalation to Cheshire and Merseyside Joint Committee. Risks relating specifically to the closedown and transfer of the CCGs assets, liabilities and functions are managed by the CCG Closedown & Transfer Group and reported internally to the Executive Leadership Team Committee and Audit Committee. Externally the CCG provided progress updates/ escalated risks to the C&M Transition Board, via the Cheshire and Merseyside PMO team. The CCG Accountable Officer is also a member of the Transition Board.

All risk registers used the same risk scoring matrix to ensure consistency in describing risks across the organisation; based on a 5 x 5 risk grading matrix, customised for local use to reflect local tolerance to risk. In addition, a number of mechanisms were in place for identifying, managing and where appropriate deterring risks including risk profiling, incident reporting, complaints and litigation data, staff concerns/ whistle-blowing and systematic review at multiple levels. The CCG supported the efficient identification of risks, incidents and 'near misses' through an open and supportive culture.

Risks associated with specific projects or work streams were routinely included in reports considered by the CCG Executive, its sub committees and other internal working groups. All formal papers, strategies and policies presented to the Governing Body, GP Members' Council or CCG committees were assessed for their risks against the CCG's strategic objectives.

The CCG maintained an active programme of engagement with the public and stakeholders on key strategic decisions, and public/ patient involvement for all new commissioning proposals and/ or service redesigns. The CCG had strong links with Healthwatch St Helens, Halton & St Helens Voluntary Community Action, St Helens People's Board (Health & Wellbeing Board), St Helens Borough Council and other local voluntary sector organisations.

Capacity to Handle Risk

All those working within the CCG had a responsibility to contribute, directly and indirectly, to the achievement of the CCG's objectives, through the efficient management of risk. Our Accountable Officer maintained overall accountability for the management of risk, with delegated managerial leadership for risk management given to the Associate Director, Corporate Governance; supported by the Governance and Corporate Services Manager who administered the corporate risk register and GBAF, ensuring appropriate mechanisms in place for staff and partners to identify and report potential risks in a timely manner, providing the information necessary for the Executive team to manage the risk effectively.

The Lay Member for Audit, Governance & Finance on the Governing Body continued to have responsibility for oversight of the risk management strategy and systems – discharged through Audit Committee; and was also a key member of the CCG's Closedown & Transfer Group.

The CCG had in place a clear governance structure with identified lines of reporting and accountability as set out within the Corporate Governance Report (on page 65); ensuring accountability for risk oversight and management throughout the CCG, from Governing Body down through to the CCG's subcommittees and working groups. The CCG's Closedown & Transfer Group reported to the Executive Leadership Team on a fortnightly basis, highlighting any areas of risk or concern in the closedown and transfer of the CCG's assets and liabilities to the NHS Cheshire and Merseyside ICB. This group also reported on a regular basis to the Cheshire and Merseyside Transition Team; helping collate information on risks, assets and liabilities and shape a Cheshire and Merseyside wide view.

Risk Assessment

All risks were assessed for their likelihood and consequence (impact) to give an overall risk rating, along with a target risk rating. The CCG's governance, risk management and internal control frameworks were subject to reviews in-year to ensure they remained fit for purpose; and no significant risks to these areas were identified during the period April-June.

Each risk identified to the CCG Strategic Objectives were captured on the Governing Body Assurance Framework, and a target score assigned; similarly on the corporate risk register each corporate risk was linked to the relevant strategic risk to provide oversight at both strategic and operational level. Minutes from Governing Body meetings and meetings of its sub committees held during April-June continued to demonstrate risk management at a committee level. Any gaps in control and assurance were identified and action plans developed.

At the start of April 2022, the following risks were identified and managed - 16 strategic level risks and 23 corporate level risks (14 of these being reported into the C&M Joint Committee sub committees). These risks were reviewed and assessed as to ongoing impact and relevance to the place of St Helens and the wider Cheshire & Merseyside system. A recommendation was presented to Governing Body in June 2022 proposing the transfer of 8 strategic risks and 8 corporate risks into the NHS Cheshire and Merseyside corporate teams, the closure of 2 strategic risks and the identification of 6 strategic/11 corporate risks to remain within the place of St Helens from 1st July 2022.

Strategic Objective	High (15-25)		Medium (9-12)		Low (4-8)	
	Strategic	Corporate	Strategic	Corporate	Strategic	Corporate
1. To deliver financial stability	0	0	0	2	1	1
2. To integrate health within the place of St Helens through system redesign	1	0	0	1	0	0
3. To deliver improved outcomes for people	6	4	2	6	1	3
4. To be recognised as good system leaders	0	0	2	0	0	0
5. To support and transform primary care to be a system leader in St Helens Cares	0	0	1	2	0	0

Table 4: CCG Strategic and Corporate Risks as at 30th June 2022

During Q1 2022, our biggest risk continued to be the impact of the Covid-19 pandemic – particularly in the areas of patient experience, inequalities and impact on staff capacity as was also the case in 2021/22. In addition, the impending closedown and transfer of the CCG's assets, liabilities and functions is a risk – the need to ensure continuity of services and functions, whilst ensuring a safe, seamless transfer.

Key controls continued to include:

- Continued integrated working with key partners e.g. NHS England/Improvement, St Helens Borough Council, Public Health, key providers, neighbouring CCGs and Primary Care Networks
- Full review of CCG Governance Structure undertaken to consider committee remits, membership and work plans in an effort to streamline decision-making and accountability, including agreed delegation of a number of areas to the Cheshire and Merseyside Joint Committee.
- CCG Decisions Log maintained to record all decisions taken by the Executive Leadership Team during the pandemic period, to ensure they remain value for money, fair and transparent, and follow correct decision-making processes/ reporting processes as relevant. Reviews of the log have been undertaken by MIAA, CSU Information Governance team and the Merseyside Equality & Inclusion Service throughout the pandemic period so far. ELT have also reviewed decisions made by key providers, to consider IG and Equalities impact of any such decisions on the residents of St Helens.
- Specific CCG Closedown & Transfer Group established, with internal representation from all CCG Teams, plus the Lay Member for Audit, Finance & Governance, and external representation from HR, IG and internal audit. Clear lines of reporting through Executive Leadership Team Committee and Audit Committee, and external reporting established to ICB Transition Board and PMO. Group working from a national 'due diligence closedown checklist', replicated across all 9 CCGs.
- CCG representation – at all levels – on specific Accountable Officer-led workstreams e.g. Finance, Governance, Comms & Engagement, Workforce & OD – morphing into specific task & finish groups to ensure functions are safely transferred to the ICB.

Other sources of assurance

Internal Control Framework

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

evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control allows risk to be managed to a reasonable level rather than eliminating all risk; it can therefore only provide reasonable and not absolute assurance of effectiveness.

In addition to the Governing Body Assurance Framework (GBAF) and Corporate Risk Registers mentioned above, the CCG also has additional internal controls in place to support effective risk management, as follows:

Audit Reports
During Q1 2022 the Mersey Internal Audit Agency (MIAA) completed the following internal audits:

1. Data Protection & Security Toolkit – substantial assurance
2. Continuing Healthcare (CHC) Restitution Payments – moderate assurance
3. Closedown & Transfer – review of arrangements in place and completion of 'Further Controls Planned' actions
4. Statutory Functions – review of governance checklist to evidence governance arrangements in place for Q1 2022.

Please see page 88 for the Head of Internal Audit Opinion.

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. Our corporate policy regarding the Management of Conflicts of Interest, Gifts and Hospitality, based on NHS England guidance was reviewed and updated during Quarter 4, with formal sign off during March 2022 ELT Governance Committee. In addition, the CCG has a robust Working with the Pharmaceutical Industry Policy and Anti-Fraud, Bribery and Corruption Policy which complement the Conflicts of Interest Policy.

We have an appointed Conflicts of Interest Guardian, undertaken by the Lay Member for Audit, Finance & Governance. There have been no conflict-of-interest breaches during April – June 2022.

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 published three registers on our website, all independently reviewed by Audit Committee members each year:

1. Conflicts of Interest Register[32]
2. Gifts, Hospitality and Sponsorship Register[33]; and
3. Register of Procurement Decisions[34]

[32] https://www.sthelensccg.nhs.uk/about-us/public-information/register-of-interests/
[33] https://www.sthelensccg.nhs.uk/about-us/public-information/register-of-interests/
[34] https://www.sthelensccg.nhs.uk/about-us/public-information/procurement-decisions/

A fourth register is also referenced, on behalf of the Cheshire and Merseyside Joint Committee – and a link is provided on the CCG website[35].

Mersey Internal Audit Agency (MIAA) undertook a full audit of our Conflict of Interest Management policy and processes during Quarter 3 (2021/22), as part of the Internal Audit plan. Information on this can be found within the CCG's 2021/22 Annual Report[36]. The next audit will be carried out on NHS C&M's Conflicts of Interest processes, during Quarter 3 2022/23 and will be published in the NHS Cheshire and Merseyside ICB Annual Report & Accounts during 2023.

Data Quality

All reports received by the Governing Body during Q1 2022 evidenced the link to the Governing Body Assurance Framework (GBAF) and subsequent strategic objectives. The Governing Body and its committees received monthly performance and quality reports containing a significant range of data which officers ensured was up to date and from reliable sources such as contract data sets, nationally published data etc. CCG standard committee templates ensured the right data was presented in the correct formats, allowing easy comparison and audit across different months.

During Q1, HR and staff-related data was provided by St Helens & Knowsley Teaching Hospitals NHS Trust (April) and NHS Midlands & Lancashire CSU (May-June) as part of the transition to NHS C&M. This data, used as part of CCG Hr Performance monitoring, was maintained and pulled from the national Electronic Staff Record (ESR) system and reviewed by the Executive Leadership Team.

Quality performance data continued to be provided through Midland & Lancashire Commissioning Support Unit (CSU). This was analysed by the Integrated Performance Team, who provided regular reporting to Governing Body and its committees. Any issues identified relating to the quality of data was risk assessed and discussed at the relevant committee and/or Governing Body.

Having assessed the quality of data submitted and reviewed over the year, I am assured that the data is of sufficient quality that the Governing Body can carry out its duties effectively.

Information Governance

The NHS Information Governance Framework sets the processes and procedures by which the NHS handles information about patients and employees – in particular, personal identifiable information. The NHS Information Governance Framework is supported by a data security & protection (DSP) 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 continued to place high importance on ensuring there were robust information governance systems and processes in place to help protect patient and corporate information. We have an established information governance management framework with developed information governance processes and procedures in line with the DSP toolkit. All staff undertook annual information governance training; and were provided with a staff information governance code of conduct, handbook and supporting policies to ensure awareness of their information governance roles and responsibilities. The CCG's privacy notice around the use of patient data can

[35] https://www.sthelensccg.nhs.uk/media/4522/cheshire-merseyside-ccgs-joint-committee-roi-28-july-2021v3.pdf
[36] https://www.sthelensccg.nhs.uk/about-us/public-information/publications/

be found on our public website[37]. This was updated in January 2022 in line with the continued impact of Covid-19 on use of health and care information[38] and covered the period 1st April – 30th June 2022.

There were clear processes in place for incident reporting and investigation of serious incidents/ data breaches. For Q1 2022, we can report that there have been no serious incidents relating to information governance, including data loss or confidentiality breaches. The CCG's Data Security & Protection (DSP) Toolkit was submitted June 2022.

The CCG was further supported through a contract arrangement with NHS Midlands & Lancashire CSU, who provide direct support and advice through its Information Governance team.

Business Critical Models

We have an identified Senior Information Risk Officer (SIRO), with responsibility for identifying and managing information risks, a Caldicott Guardian with responsibility for overseeing risks relating specifically to patient data and a Data Protection Officer to inform and advise the CCG and employees about Data Protection/ GDPR obligations and other data protection laws. Our SIRO, Caldicott Guardian and Data Protection Officer attended a number of meetings and webinars relating to the wider system information governance activity and updates to ensure the organisation was up to date with changing legislation and guidance and continued development of the Cheshire & Merseyside Integrated Care System.

We maintained a robust organisational Information Asset Register (using U_Assure software, supported by the CSU) which identified business critical assets within the CCG, including hosted services (CHC, Infection Control). Information Asset Owners (IAOs) and Information Asset Administrators (IAAs) worked with the CSU Information Governance team to review these assets and ensure they were ready for transfer into the NHS Cheshire and Merseyside ICB on 1st July 2022. Data flow mapping has been completed enabling an understanding of the flows of information related to all information assets on the register.

We were one of a number of local NHS organisations receiving IT services from St Helens & Knowsley Teaching Hospitals NHS Trust's Mid Mersey Digital Alliance. There was a joint Service Level Agreement between the parties who agreed to share the service with the intention of pooling their collective resources and expertise in order to ensure that they have capacity, capability and flexibility required for a modern health informatics service. Partner organisations remained committed to ensuring the shared informatics service provided value for money for their respective organisations. We were represented on the Partnership Board that had responsibility for the oversight of the service, with both clinical and managerial representation on the sub-group of the Board. The CCG Audit Chair continued in the role of Chair of this group for the period.

Third party assurances

During Q1 2022, the CCG continued to contract with a number of external organisations for the provision of support services and functions, including:

- NHS Shared Business Service
- NHS Business Services Authority
- St Helens and Knowsley Teaching Hospitals NHS Trust (providing IT provision (MMDA), HR & Payroll service and an Occupational Health Service (to the end of May when support was taken over by M&L CSU))

[37] https://www.sthelensccg.nhs.uk/ccg-privacy-notice/
[38] https://www.sthelensccg.nhs.uk/ccg-privacy-notice/covid-19-and-your-information-updated-8th-april-2020/

- Merseyside CCG's Equality & Inclusion Service (hosted by South Sefton CCG)
- St Helens Borough Council
- Midlands & Lancashire Commissioning Support Unit (CSU).

The services provided were delivered in line with clear service specifications and performance monitored and managed through an identified lead manager and local managerial links for each; performance was reported to the Assurance Committee and Executive Leadership Team Committee. Regular performance reviews and communication meetings enabled us to ensure the effectiveness of provision; there are no identified issues to report within the period 1st April – 30th June 2022.

Control Issues
There are no significant control issues to report.

Review of economy, efficiency & effectiveness of the use of resources
We had well developed systems and processes for managing its resources including the following:

- NHS Constitution and localised St Helens CCG Constitution
- Standing Orders
- Reviewed and approved Scheme of Reservation and Delegation
- Prime Financial Policies
- Strict controls around vacancy management, recruitment and use of agency staff.

Our Governing Body exercised overarching responsibility for ensuring that the CCG had appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with the group's principles of good governance. The Chief Finance Officer had delegated responsibility to determine arrangements to ensure a sound system of financial control.

During Q1 2022, we applied a number of key processes to review effectiveness in ensuring that resources are used economically, efficiently and effectively. Our internal assurance system provided regular reporting through to the Governing Body. The Chief Finance Officer was a member of the Governing Body with responsibility for supervising the financial and control systems. The Audit Committee provided an in-depth scrutiny of the CCG's financial statements for 2021/22 in June 2022, together with the report from external audit, which were then presented to the Governing Body. We received an internal audit report giving 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.

During Q1 2022, the Governing Body and CCG Executive Team remained sighted and engaged in the ongoing development of the NHS Cheshire and Merseyside ICB and closedown of the CCG, including the formal endorsement of the NHS Cheshire and Merseyside ICB Constitution and supporting documentation. The CCG provided staffing resource into a suite of Transition Task & finish Groups, supporting, with our CCG peers, the effective transfer and closedown of the CCG for 30th June 2022.

The CCG Project Management Office (PMO) provided ongoing support around the transformation and operational programmes and projects across the CCG, Council and St Helens Cares to ensure a collaborative, integrated approach, and the ongoing development of St Helens place-based arrangements. The CCG was a part of an integrated Business Intelligence (BI) Hub with St Helens and Knowsley Teaching Hospitals NHS Trust and St Helens Borough Council; and the place of St Helens remains a part of this Integrated Hub post July 2022.

The CCG's detailed internal audit plan included regular reviews of internal controls, around the areas of governance and leadership, financial performance and sustainability.

The Head of Internal Audit Opinion (page 88) covering the period April-June 2022 provides us **substantial assurance** which demonstrates that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently. The CCG has received high assurance across governance and financial probity across all audits during 2021/22.

The Governing Body Assurance Framework (GBAF) continued to be scrutinised by the Governing Body throughout April-June, and in June 2022 approved a recommendations for the transfer of existing CCG risks (both strategic & operational) over to NHS C&M ICB or St Helens Cares. The recommendations were also reviewed by the Audit Committee.

Delegation of functions

During April-June, we used service organisations to carry out certain business functions on our behalf, for example, St Helens & Knowsley Teaching Hospitals NHS Trust and NHS Midlands and Lancashire CSU. Assurance over the internal controls and procedures operated by these services was provided through a Service Auditor Report (prepared in accordance with International Standards on Assurance Engagements). These business functions were supplemented by the CCG's own internal control environment to ensure any weaknesses in SAR arrangements are minimised to an acceptable level.

In November 2021, we approved delegation of CCG functions to the Joint Committee of CCGs in Cheshire & Merseyside other than those which cannot legally be delegated e.g., those governing section 75 agreements, Audit, Remuneration, Primary Care Commissioning, CCG closedown and those relating specifically to an individual CCG such as Section 75 agreements. MIAA undertook a review of the arrangements during Quarter 4, to provide assurance to CCG Governing Bodies. During Q1 2022, this Joint Committee continued to operate.

Counter fraud arrangements

The CCG had in place the following arrangements regarding the prevention/ management of fraud:

- Anti-fraud advice and support provided through Mersey Internal Audit Agency (MIAA); through a team of Accredited Anti-Fraud specialists with a lead specialist attached to the CCG. During Q1 2022, MIAA's Anti-Fraud continued to send regular updates specifically referencing emerging threats/ trends coming from the Covid-19 pandemic – these briefings have been shared with staff through the weekly Staff Newsflash communications.
- Robust Anti-Fraud, Bribery & Corruption policy and bespoke training module both provided through the ESR online learning portal for all staff and highlighted during new staff induction. Policy was updated and approved by ELT Committee February 2022.
- Anti-Fraud annual report presented to Audit Committee (June 2022) detailing the work undertaken around counter fraud, bribery and corruption for the CCG during 2021/22.
- Chief Finance Officer was executive lead for this area and in this role acted as an internal link to facilitate and enable delivery of actions.
- All CCG employees and those working with the CCG remained fully cognisant of and understood the processes to ensure compliance with standards and awareness of how to access advice and support if required.

Conclusion

Head of Internal Audit Opinion

Following completion of the planned audit work for the financial year for the clinical commissioning group, the Head of Internal Audit issued an independent and objective opinion on the adequacy and effectiveness of the clinical commissioning group's system of risk management, governance and internal control. The Head of Internal Audit concluded that the overall opinion for the period 1st April 2022 to 30th 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.

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:

- Governing Body
- Audit Committee
- Executive Leadership Committee
- Internal audit
- Other explicit review/assurance mechanisms.

The role and conclusions of each have been considered in the Governance Report above.

Conclusion

No significant internal control issues have been identified or make specific reference to those significant internal control issues which have been identified in the body of the Governance Statement above.

Graham Urwin
Chief Executive, NHS Cheshire and Merseyside ICB
XX June 2023

Head of Internal Audit Opinion

4.1 Roles and responsibilities

The whole Governing Body is collectively accountable for maintaining a sound system of internal control and is responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system.

The Annual Governance Statement (AGS) is an annual statement by the Accountable Officer, on behalf of the Governing Body, setting out:

- how the individual responsibilities of the Accountable Officer are discharged with regard to maintaining a sound system of internal control that supports the achievements of policies, aims and objectives;
- the purpose of the system of internal control as evidenced by a description of the risk management and review processes, including the Assurance Framework process; and
- the conduct and results of the review of the effectiveness of the system of internal control, including any disclosures of significant control failures together with assurances that actions are or will be taken where appropriate to address issues arising.

The organisation's Assurance Framework should bring together all of the evidence required to support the AGS requirements. In accordance with Public Sector Internal Audit Standards, the Head of Internal Audit (HoIA) is required to provide an annual opinion, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes (i.e. the organisation's system of internal control). This is achieved through a risk-based plan of work, agreed with management and approved by the Audit Committee, which can provide assurance, subject to the inherent limitations described below. The outcomes and delivery of the internal audit plan are provided in Section 4.

The opinion does not imply that Internal Audit has reviewed all risks and assurances relating to the organisation. The opinion is substantially derived from the conduct of risk-based plans generated from a robust and organisation-led Assurance Framework. As such, it is one component that the Governing Body takes into account in making its AGS.

4.2 Opinion

4.2.1 - Basis

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 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.

Our overall opinion for the period 1st April 2022 to 30th June 2022 is:

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.

Our opinion covers the period 1st April 2022 to 30th June 2022 inclusive and is underpinned by the work conducted through the risk based internal audit plan.

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 the ongoing pandemic response and 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 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

Remuneration and Staff Report

Staff policies

We are committed to an environment that promotes equality and embraces diversity in its performance as an employer. We adhere to legal and performance requirements and mainstream our equality and diversity principles through all policies, procedures and processes. To ensure that our policies do not have an adverse impact in response to the requirements of The Equality Act 2010, policies are equality impact assessed during the policy development processes. Support is provided through our Equality, Diversity & Inclusion Leads.

We take action when necessary to address any unexpected or unwarranted disparities and monitor our workforce and employment practices to ensure that employment policies are fairly implemented. We are committed to ensuring that our staff receive appropriate awareness training in Equality and Diversity to undertake their role. Equality and Diversity training is mandatory for all staff commensurate with the duties that they are required to undertake. The CCG is an equal opportunities employer and has stand-alone policies and guidance for Transgender Employment and Supporting Autistic Employees in the Workplace.

We operate a fair and objective system for recruiting, which places emphasis on individual skills, abilities and experience. This enables a full diversity of people to demonstrate their ability to do a job. Selection criteria contained within our Job Descriptions and Person Specifications are regularly reviewed to ensure that they are justifiable and so do not unfairly discriminate directly or indirectly and are essential for the effective performance of the role. We offer a guaranteed interview scheme for disabled applicants who meet our essential selection criteria. We are committed to making reasonable adjustments in the workplace, including appropriate training, to support the continuation of employment.

We strive to enable all staff to achieve their full potential in an environment of dignity and mutual respect. This is underpinned by ensuring that every employee is in possession of a Personal Development Plan (PDP) and is annually appraised in a Performance Development Review (PDR). All employees are supported to develop the skills and abilities they require to carry out their current and any likely future role in the organisation.

Other employee matters

The Trade Union (Facility Time Publication Requirements) Regulation 2017
Under regulations that came into force on 1 April 2017, certain public sector organisations are required to report information in relation to Trade Union Activities and the cost of any facility time in connection with these activities.

The CCG confirms that it had no relevant union officials during the period April – June 2022/23.

ICB Employment Commitment

In June 2021, following the publications setting out proposals for legislative reform, NHSEI set out an employment commitment to colleagues directly affected by the proposed change, providing employment stability and reducing uncertainty as much as possible during the transition period. This employment commitment did not extend to board-level roles e.g. Governing Body members, and these individuals have been supported separately by HR through a process agreed by Remuneration Committee; this has also included C&M Offers of support to 'at risk' board level roles.

During February 2022, following confirmation of the ICB establishment date change from 1st April to 1st July, the CCG consulted with Governing Body members to ensure their continued support and availability as CCG Board members up to 30th June.

Health & Wellbeing

The CCG's Chair is the appointed board level Health & Wellbeing Guardian, with a particular remit for ensuring the CCG is a wellbeing organisation and a healthy workplace in which staff feel supported to work and thrive. The HWB Guardian is supported by a CCG Health & Wellbeing Lead (Associate Director: Corporate Governance) and a Health & Wellbeing Group. The CCG's Health & Wellbeing group (H&WB) provided a forum for discussing concerns and share areas of good practice – each team has a representative on this group to ensure coverage across the CCG. The H&WB Group's main remit is to support employee resilience and mental health, including supporting effective agile working.

We have a dedicated staff wellbeing area on the staff intranet, promoting health and wellbeing for teams including a range of accessible networks and external support for mental health, physical health and wellbeing including mindfulness, relaxation nutrition, movement and exercise, working from home, Covid-19 symptoms and resources and available staff networks provided through our HR Provider (LGBTQ+, BAME, carers, disability, menopause and Armed Forces support).

In May 2022, as a pre-cursor to the St Helens Festival a dedicated health and wellbeing programme was implemented, accessible to all staff working within St Helens Cares. See page 48 for more information. Following the success of the Festival and H&WB Programme, St Helens commissioned a resilience programme for staff, through Manchester Stress Institute.

The CCG continued to provide support and assurance to colleagues around the employment commitment, provided in June 2021. In addition to the existing commitment to supporting the health and wellbeing of staff teams, throughout April-June there continued to be the following measures in place:
C&M 'We are One' briefings – facilitated by our C&M Health Care Partnership colleagues and the Designate Chief Executive of the ICB and the Executive Team – providing updates to all staff on progress of the NHS C&M ICB development

- *C&M Staff Surveys*, to monitor how staff are feeling and highlight common areas of concern across the 9 CCGs
- St Helens CCG specific '*Brew & Brief*' half hour catch-ups with the Accountable Officer and Exec Team members, updating staff about the transition and allowing opportunity for questions and concerns on a smaller scale, compared to the wider C&M We are One briefings.
- Formal staff consultation undertaken during April 2022

Agile Working

During the period, we have continued to support staff to effectively work agilely – both from home or from the CCG office base, as required. Robust Agile Working Guidance remained in place, including assessments for home working arrangements (Equipment Checklists and good practice guides on posture and wellbeing); and where identified as needed, provisions made for the supply of additional equipment to enable effective home working. The dedicated agile working space on the staff intranet, providing hints, tips and good practice guidance on effectively adopting agile working and maintaining health & wellbeing has continued to be maintained.

Staff Engagement

Throughout April-June 2022 the CCG continued to work through its OD Action Plan, and feed into the development of the NHS C&M ICB OD work programme. The informal 'temperature check' surveys continued supporting staff feelings around the issues of agile working and the developing NHS C&M ICB. Staff contributed to regular formal C&M We are One Staff Surveys around the transition to the ICB, facilitated by the ICB OD work programme.

Development Opportunities

We are committed to the ongoing development of our staff resource, and during the year staff accessed a variety of external training programmes to further enhance their skills and bring added value to their roles. Throughout April-June 2022 a number of secondments and fixed term positions within the C&M Health Care Partnership continued, supporting the development of the NHS C&M ICB; in addition to continued opportunities for more informal 'leaning in' arrangements – part time; across the areas of project management (PMO), quality, finance, governance, communications & engagement and administrative support.

Table 5: Staff composition – Average number of people employed (subject to audit)

	2022-23			2021-22
	Permanently Employed Number	Other Number	Total Number	Total Number
Total	83.27	13.30	96.58	93.21
Of the above: Number of whole-time equivalent people engaged on capital projects	0.00	0.00	0.00	0.00

Staff composition

We had the following numbers of senior managers in post as at 30th June 2022. These are based on head count of numbers in post at that date.

Table 6: Staff head count by pay bands

Pay Band	Headcount	FTE
Band 8 – Range A	17	15.3
Band 8 - Range B	12	10.3
Band 8 - Range C	4	4.00
Band 8 - Range D	3	2.75
Band 9 / VSM	3	2.90

Medical	9	1.50
Gov Body (off payroll)	3	3.00
Non AFC - Others	5	0.86
Grand Total	**56**	**42.47**

Governing Body (off payroll) refers to Governing Body members without a pay record in the CCG Electronic Staff Record (ESR) system (Local Authority employed). Members include Mark Palethorpe, Rachel Cleal and Susan Forster/ Ruth Du Plessis.

Non-AFC – Others refers to lay members who have a pay record in the CCG Electronic Staff Record (ESR) system, 3 GB members – Tony foy, Mark Weights and Geoffrey Appleton, plus two independent committee members (Audit Committee and Maternity Voices Partnership).

Staff Composition

We had the following numbers of staff in post at 30th June 2022. These are based on head count of numbers in post at that date.

Table 7: Staff headcount by sex

Staff	Female HC	Male HC	Total HC
GBM	5*	9*	14*
Other Senior Management (Band 8C+)	10	4	14
All Other Employees	72	15	87
Grand Total	**87***	**28***	**115***

*3 female CCG members, **plus** 2 female local authority members, 8 Male CCG members, **plus** 1 male local authority member not on CCG HR/ Payroll systems. Local authority members include – Executive Director Integrated Health & Social Care/ CCG Accountable Officer, Director of Public Health and Director Adult Social Care. Figures includes clinical leads.

St Helens CCG Gender Analysis

Table 8: Staff gender

Staff	Female	Male
GBM	4.35%	7.83%
Other Senior Management (Band 8C+)	8.7%	3.48%
All Other Employees	62.6%	13.04%
Totals	**75.65%**	**24.35%**

Staff Sickness

For details on our staff sickness absence data please see following link:
https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates#

Staff Turnover

Staff turnover is monitored by the Executive Leadership Team, through a quarterly HR Performance report against a target of 1%. Performance for April-June 2022 is as below, there are no trends to report – the two leavers in June related to one individual taking a voluntary early retirement and one individual resigning for a new job opportunity within the NHS.

Target = 1%	Prev Mth Mar-22	Apr	May	Jun
Turnover Rate	4.14	0.00	0.00	1.81

Expenditure on consultancy

The CCG spent £75,391 on consultancy in the period April to June 2022/23 (£58,500 in 2021/22). In 2022/23 the spend was in relation to PCN development, LD services in the borough, innovation hub and other mental health/LD advice.

Table 9: Employee Benefits April to June 2022/23 (Subject to audit)

Employee benefits April – June 2022-23	April – June 2022-23 Total		
	Permanent Employees	Other	Total
	£'000	£'000	£'000
Employee Benefits			
Salaries and wages	1,022	79	1,101
Social security costs	122	3	125
Employer contributions to the NHS Pension Scheme	190	3	193
Other pension costs	-	-	-
Apprenticeship Levy	2	-	2
Other post-employment benefits	-	-	-
Other employment benefits	-	-	-
Termination benefits	-	-	-
Gross employee benefits expenditure	1,336	85	1,421
Less recoveries in respect of employee benefits (note 4.1.2)	(154)	-	(154)
Total - Net admin employee benefits including capitalised costs	**1,182**	**85**	**1,267**
Less: Employee costs capitalised	-	-	-
Net employee benefits excluding capitalised costs	**1,182**	**85**	**1,267**

The staff costs above exclude the cost of the Chair, Lay Members, Non-Executive Members and Clinical Leads as, in accordance with the Group Accounting Manual, these costs are not classified as staff costs. They include staff on secondment or employed on an agency basis.

As a comparator, the 2021/22 staff costs incurred were as follows:

Table 10: Employee benefits 2021/22

Employee benefits 2021-22	2021-22 Total		
	Permanent Employees	Other	Total
	£'000	£'000	£'000
Employee Benefits			
Salaries and wages	4,141	200	**4,341**
Social security costs	452	12	**464**
Employer contributions to the NHS Pension Scheme	771	16	**787**
Other pension costs	-	-	**-**
Apprenticeship Levy	7	-	**7**
Other post-employment benefits	-	-	**-**
Other employment benefits	-	-	**-**
Termination benefits	-	-	**-**
Gross employee benefits expenditure	**5,371**	**228**	**5,599**
Less recoveries in respect of employee benefits (note 4.1.2)	(643)	-	**(643)**
Total - Net admin employee benefits including capitalised costs	**4,728**	**228**	**4,956**
Less: Employee costs capitalised	-	-	**-**
Net employee benefits excluding capitalised costs	**4,728**	**228**	**4,956**

Off-payroll engagements

Table 11: Length of all highly paid off-payroll engagements

For all off-payroll engagements as of 30 June 2022, for more than £245 per day	Number
Number of existing engagements as of 30 June 2022	1*
Of which, the number that have existed:	
for less than one year at the time of reporting	0
for between one and two years at the time of reporting	1
for between 2 and 3 years at the time of reporting	0
for between 3 and 4 years at the time of reporting	0
for 4 or more years at the time of reporting	0

*The one off-payroll engagement is recharged by St Helens Council in respect of the CCG Accountable Officer / Executive Director of Integrated Health and Social Care post. The CCG has confirmed that the post is on payroll at St Helens Council.

Table 12: Off-payroll workers engaged at any point during the financial year

For all off-payroll engagements between 1 April 2022 and 30 June 2022, for more than £245 per day	**Number**
No. of temporary off-payroll workers engaged between 1 April 2022 and 30 June 2022	0
Of which:	
Number not subject to off-payroll legislation	0
Number subject to off-payroll legislation and determined as in-scope of IR35	0
Number subject to off-payroll legislation and determined as out of scope of IR35	0
The number of engagements reassessed for compliance or assurance purposes during the period 1 April 2022 and 30 June 2022	0
Of which: number of engagements that saw a change to IR35 status following review	0

Table 13 : Off-payroll board members/senior official engagements

Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2022 and 30 June 2022	1*
Total number of individuals on payroll and off-payroll that have been deemed "board members, and/or, senior officials with significant financial responsibility" during the financial year. This figure includes both on payroll and off-payroll engagements	14**

*The one off-payroll engagement is recharged by St Helens Council.
**2 of the total number of individuals above are employed by St Helens Council and there is no recharge of salary.

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

There were no exit packages agreed in the period 1 April to 30 June 2022/23 (2021/22: nil).

Remuneration Report

Senior manager remuneration (including salary and pension entitlements)

Elements of the Remuneration Report are subject to audit, namely; the single total figure of remuneration for each Governing Body member, the CETV disclosures for each Governing Body member, the "Fair pay" (pay multiples) disclosures and the Analysis of staff numbers.

Table 14: Salaries and Allowances 1 April to 30 June 2022/23 (subject to audit)

			1 April to 30 June 2022/23						2021-22					
Name	Title	Note	Salary (bands of £5,000)	Expense payments (taxable) to the nearest £100	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	All pension-related benefits (bands of £2,500)	Total (bands of £5,000)	Salary (bands of £5,000)	Expense payments (taxable) to the nearest £100	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	All pension-related benefits (bands of £2,500)	Total (bands of £5,000)
			£'000	£	£'000	£'000	£'000	£'000	£'000	£	£'000	£'000	£'000	£'000
Geoffrey Appleton	Chair		5-10	0	0	0	0	5-10	25-30	0	0	0	0	25-30
Mark Palethorpe	CCG Accountable Officer / Executive Director of Integrated Health and Social Care	1	15-20	0	0	0	0	15-20	70-75	0	0	0	0	70-75
Rachel Cleal	Director of Adult Social Services	2	0	0	0	0	0	0	0	0	0	0	0	0
Dr Michael Ejuoneatse	GP Board Member		20-25	0	0	0	0	20-25	95-100	0	0	0	0	95-100
Dr Hilary Flett	GP Board Member		15-20	0	0	0	0	15-20	50-55	0	0	0	0	50-55
Dr David Reade	GP Board Member		5-10	0	0	0	0	5-10	35-40	0	0	0	0	35-40
Dr Susan Hyde	GP Board Member	3	0	0	0	0	0	0	10-15	0	0	0	0	10-15
Dr Greg Irving	GP Board Member		5-10	0	0	0	0	5-10	30-35	0	0	0	0	30-35
Iain Stoddart	Chief Finance Officer		30-35	0	0	0	0	30-35	120-125	0	0	0	107.5-110	230-235
Lisa Ellis	Chief Nurse		20-25	0	0	0	17.5-20	40-45	95-100	0	0	0	27.5-30	125-130
Julie Ashurst	Director of Commissioning, Primary Care and Transformation		20-25	0	0	0	2.5-5	25-30	85-90	0	0	0	35-37.5	120-125
Dr James Catania	Secondary Care Doctor		0-5	0	0	0	0	0-5	5-10	0	0	0	0	5-10
Tony Foy	Lay Member		5-10	0	0	0	0	5-10	20-25	0	0	0	0	20-25
Mark Weights	Lay Member		0-5	0	0	0	0	0-5	10-15	0	0	0	0	10-15
Ruth Du Plessis	Director of Public Health	4	0	0	0	0	0	0	0	0	0	0	0	0

The figures included as pension related benefits were not salary figures paid to any staff member. They represent the potential value of their pension, which is contributed to by the CCG, less the employees' own contributions. The total figures also include this value and do not in any way reflect the actual salary paid to the employees over the course of the year.

Expense payments are in respect of mileage and are show in £, rounded to the nearest hundred.

Notes:

1. Mark Palethorpe became the joint CCG Accountable officer and Executive Director of Integrated Health and Social Care on 17th February 2021 and is an employee of St

Helens Council. The remuneration above represents 50% of the total remuneration. VAT is chargable on the salary recharge invoices however is not included in the figures
above.

2. Rachel Cleal is employed by St Helens Council and there is no recharge of her salary.
3. Dr Susan Hyde was a GP Board Member until 31st July 2021.
4. Ruth Du Plessis is employed by St Helens Council and there is no recharge of her salary.

Table 15: Pension benefits April to June 2022/23 (subject to audit)

Name	Title	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 30 June 2022 (bands of £5,000)	Lump sum at pension age related to accrued pension at 30 June 2022 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2022	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 30 June 2022	Employer's contribution to stakeholder pension
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Geoffrey Appleton (1)	Chair	-	-	-	-	-	-	-	0
Mark Palethorpe (2)	CCG Accountable Officer / Executive Director of Integrated Health and Social Care	-	-	-	-	-	-	-	0
Iain Stoddart (3)	Chief Finance Officer	0-2.5	0	50-55	115-120	1,101	1	1,111	0
Lisa Ellis	Chief Nurse	0-2.5	0-2.5	35-40	75-80	639	17	665	0
Julie Ashurst	Director of Commissioning, Primary Care and Transformation	0-2.5	0	35-40	70-75	634	5	646	0

1. Geoffrey Appleton opted out of the NHS Pension Scheme at 1st June 2015.
2. Mark Palethorpe is an employee of St Helens Borough Council and as such there isn't any pension benefit to disclose.
3. Iain Stoddart opted out of the NHS Pension Scheme on 30th April 2022.

As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members.
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.
Under the 2015 section of the NHS Pension Scheme, no lump sum benefit is accrued.
Real increase calculations are apportioned according to the number of days in post at the CCG.
In line with the Group Accounting Manual 2022/23, when the real increase in pension or lump sum returns a negative value, the disclosure must be amended to zero.
The CCG was in operation from 1 April 2022 to 30 June 2022. The senior managers above therefore stepped down from their position on 30 June 2022. As such 1/4 of the annual totals only have been shown.

Cash equivalent transfer values
A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme. CETVs are calculated in accordance with the with SI 2008 No.1050 Occupational Pension Schemes (Transfer Values) Regulations 2008.

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

On 16 March 2016, the Chancellor of the Exchequer announced a change in the Superannuation Contributions Adjusted for Past Experience (SCAPE) discount rate from 2.8% to 2.4%. This rate affects the calculation of CETV figures in this report.

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

The CCG has made no payments in relation to compensation on early retirement for loss of office.

Payments to past members

The CCG has made no payments to past members.

Pay multiples (subject to audit)
Reporting bodies are required to disclose the relationship between the total 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 of the employee at the 25th percentile, median and 75th percentile is further broken down to disclose the salary component.

The banded remuneration of the highest paid member of the Governing Body in NHS St Helens CCG in the period 1 April to 30 June 2022/23 was £125,000-£130,000 (2021/22: £120,000-£125,000). The relationship to the remuneration of the organisation's workforce is disclosed in the below table.

1 April to 30 June 2022/23	25th Percentile	Median	75th Percentile
Total remuneration (£)	31,534	42,704	53,219
Salary component of total remuneration (£)	31,534	42,704	53,219
Pay ratio information	4.04:1	2.99:1	2.40:1
2021/22			
Total remuneration (£)	31,534	42,121	53,219
Salary component of total remuneration (£)	31,534	42,121	53,219
Pay ratio information	3.88:1	2.91:1	2.30:1

In the period 1 April to 30 June 2022/23, one employee received remuneration in excess of the highest-paid member of the governing body (2021/22: 1), however this is due to the calculation method required in determining the highest paid director. Where a director's services are shared between two or more separate reporting entities, the cost to each entity of remunerating the director is used to determine the highest paid director, not the overall remuneration received by that director. However in calculating the median remuneration of the CCG's staff, the full-time equivalent salary of that director, on an annualised basis, is used.

As at 30 June 2022, remuneration ranged from £0-£5000 to £140,000-£145,000 (0% change against 2021/22: £0-£5000 to £140,000-£145,000) 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 the period 1 April to 30 June 2022/23 (2021/22: nil).

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 30th June 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.

Percentage change in remuneration of the highest paid director (subject to audit)

	The percentage change from the previous financial year in respect of the highest paid director	The average percentage change from the previous financial year in respect of employees of the entity, taken as a whole
1 April to 30 June 2022/23		
Salary & Allowances	4.08%	2.83%
Performance Pay & Bonuses	-	-

The increase in the remuneration of the highest paid director is in relation to the full year effect of a part time secondment to the Cheshire & Merseyside Health & Care Partnership.

Parliamentary Accountability and Audit Report

NHS St Helens CCG is not required to produce a Parliamentary Accountability and Audit Report. An audit certificate and report is also included in this Annual Report at pages 103 to 108. The auditor's report is in respect of the matters described in that report and hyperlinks included in the report and accounts are not audited by the auditors (Grant Thornton) unless expressly stated.

Graham Urwin
Chief Executive, NHS Cheshire and Merseyside ICB
XX June 2023

Independent auditor's report

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ANNUAL ACCOUNTS

Statement of Comprehensive Net Expenditure for the 3 Month Period to 30 June 2022

	Note	3 month period to 30 June 2022 £'000	2021-22 £'000
Income from sale of goods and services	2	(779)	(4,035)
Other operating income	2	(4)	(5)
Total operating income		**(783)**	**(4,040)**
Staff costs	4	1,422	5,599
Purchase of goods and services	5	99,668	397,999
Depreciation and impairment charges	5	14	58
Provision expense	5	-	-
Other Operating Expenditure	5	362	2,080
Total operating expenditure		**101,466**	**405,736**
Net Operating Expenditure		**100,683**	**401,696**
Finance income		-	-
Finance expense		-	-
Net expenditure for the Year		**100,683**	**401,696**
Net (Gain)/Loss on Transfer by Absorption		-	-
Total Net Expenditure for the Financial Year		**100,683**	**401,696**
Other Comprehensive Expenditure			
Items which will not be reclassified to net operating costs			
Net (gain)/loss on revaluation of PPE		-	-
Net (gain)/loss on revaluation of right-of-use assets		-	-
Net (gain)/loss on revaluation of Intangibles		-	-
Net (gain)/loss on revaluation of Financial Assets		-	-
Net (gain)/loss on assets held for sale		-	-
Actuarial (gain)/loss in pension schemes		-	-
Impairments and reversals taken to Revaluation Reserve		-	-
Items that may be reclassified to Net Operating Costs			
Net (gain)/loss on revaluation of other Financial Assets		-	-
Net gain/loss on revaluation of available for sale financial assets		-	-
Reclassification adjustment on disposal of available for sale financial assets		-	-
Total other comprehensive net expenditure		**-**	**-**
Comprehensive Expenditure for the period		**100,683**	**401,696**

Note 1 to note 22 form part of this statement.

Statement of Financial Position as at 30 June 2022

	Note	3 month period to 30 June 2022 £'000	2021-22 £'000
Non-current assets:			
Property, plant and equipment	7	28	32
Right-of-use assets		-	-
Intangible assets	9	31	41
Investment property		-	-
Trade and other receivables		-	-
Other financial assets		-	-
Total non-current assets		59	73
Current assets:			
Inventories		-	-
Trade and other receivables	10	3,739	3,338
Other financial assets		-	-
Other current assets		-	-
Cash and cash equivalents	11	30	32
Total current assets		**3,769**	3,370
Non-current assets held for sale		-	-
Total current assets		**3,769**	3,370
Total assets		**3,827**	3,443
Current liabilities			
Trade and other payables	12	(19,886)	(23,191)
Other financial liabilities		-	-
Other liabilities		-	-
Lease liabilities		-	-
Borrowings		-	-
Provisions		-	-
Total current liabilities		**(19,886)**	(23,191)
Non-Current Assets plus/less Net Current Assets/Liabilities		**(16,058)**	(19,748)
Non-current liabilities			
Trade and other payables		-	-
Other financial liabilities		-	-
Other liabilities		-	-
Lease liabilities		-	-
Borrowings		-	-
Provisions		-	-
Total non-current liabilities		-	-
Assets less Liabilities		**(16,058)**	(19,748)
Financed by Taxpayers' Equity			
General fund		(16,058)	(19,748)
Revaluation reserve		-	-
Other reserves		-	-
Charitable Reserves		-	-
Total taxpayers' equity:		**(16,058)**	(19,748)

Note 1 to note 22 form part of this statement.

The financial statements including notes 1 to 22 were approved by the Board of NHS Cheshire & Merseyside on 29 June 2023 and signed on its behalf by:

Graham Urwin
Chief Executive
29/06/2023

Statement of Changes In Taxpayers Equity for the 3 Month Period to 30 June 2022

	General fund £'000	Revaluation reserve £'000	Other reserves £'000	Total reserves £'000
Changes in taxpayers' equity for the 3 month period to 30 June 2022				
Balance at 01 April 2022	(19,748)	0	0	**(19,748)**
Transfer between reserves in respect of assets transferred from closed NHS bodies	0	0	0	**0**
Adjusted CCG balance at 31 March 2022	**(19,748)**	**0**	**0**	**(19,748)**
Changes in CCG taxpayers' equity for 2022-23				
Total transition adjustment for initial application of IFRS 16	0	0	0	**0**
Net operating expenditure for the financial year	(100,683)	0	0	**(100,683)**
Net gain/(loss) on revaluation of property, plant and equipment	0	0	0	**0**
Net gain/(loss) on revaluation of right-of-use assets	0	0	0	**0**
Net gain/(loss) on revaluation of intangible assets	0	0	0	**0**
Net gain/(loss) on revaluation of financial assets	0	0	0	**0**
Total revaluations against revaluation reserve	**0**	**0**	**0**	**0**
Net gain (loss) on available for sale financial assets	0	0	0	0
Net gain/(loss) on revaluation of other investments and Financial Assets (excluding available for sale financial assets)	0	0	0	0
Net gain (loss) on revaluation of assets held for sale	0	0	0	0
Impairments and reversals	0	0	0	0
Net actuarial gain (loss) on pensions	0	0	0	0
Movements in other reserves	0	0	0	0
Transfers between reserves	0	0	0	0
Release of reserves to the Statement of Comprehensive Net Expenditure	0	0	0	0
Reclassification adjustment on disposal of available for sale financial assets	0	0	0	0
Transfers by absorption to (from) other bodies	0	0	0	0
Reserves eliminated on dissolution	0	0	0	0
Net Recognised CCG Expenditure for the Period	**(100,683)**	**0**	**0**	**(100,683)**
Net funding	104,373	0	0	**104,373**
Balance at 30 June 2022	**(16,058)**	**0**	**0**	**(16,058)**

	General fund £'000	Revaluation reserve £'000	Other reserves £'000	Total reserves £'000
Changes in taxpayers' equity for 2021-22				
Balance at 01 April 2021	(18,582)	0	0	**(18,582)**
Transfer of assets and liabilities from closed NHS bodies	0	0	0	**0**
Adjusted CCG balance at 31 March 2021	**(18,582)**	**0**	**0**	**(18,582)**
Changes in CCG taxpayers' equity for 2021-22				
Net operating costs for the financial year	(401,696)	0	0	(401,696)
Net gain/(loss) on revaluation of property, plant and equipment	0	0	0	0
Net gain/(loss) on revaluation of right-of-use assets	0	0	0	0
Net gain/(loss) on revaluation of intangible assets	0	0	0	0
Net gain/(loss) on revaluation of financial assets	0	0	0	0
Total revaluations against revaluation reserve	0	0	0	**0**
Net gain (loss) on available for sale financial assets	0	0	0	0
Net gain/(loss) on revaluation of other investments and Financial Assets (excluding available for sale financial assets)	0	0	0	0
Net gain (loss) on revaluation of assets held for sale	0	0	0	0
Impairments and reversals	0	0	0	0
Net actuarial gain (loss) on pensions	0	0	0	0
Movements in other reserves	0	0	0	0
Transfers between reserves	0	0	0	0
Release of reserves to the Statement of Comprehensive Net Expenditure	0	0	0	0
Reclassification adjustment on disposal of available for sale financial assets	0	0	0	0
Transfers by absorption to (from) other bodies	0	0	0	0
Reserves eliminated on dissolution	0	0	0	0
Net Recognised CCG Expenditure for the Financial Year	**(401,696)**	**0**	**0**	**(401,696)**
Net funding	400,530	0	0	400,530
Balance at 31 March 2022	**(19,748)**	**0**	**0**	**(19,748)**

Note 1 to note 22 form part of this statement.

Statement of Cash Flows for the period ended 30 June 2022

	Note	3 month period to 30 June 2022 £'000	2021-22 £'000
Cash Flows from Operating Activities			
Net operating expenditure for the period		(100,683)	(401,696)
Depreciation and amortisation	5	14	58
Impairments and reversals	5	0	0
Non-cash movements arising on application of new accounting standards		0	0
Movement due to transfer by Modified Absorption		0	0
Other gains (losses) on foreign exchange		0	0
Donated assets received credited to revenue but non-cash		0	0
Government granted assets received credited to revenue but non-cash		0	0
Interest paid		0	0
Release of PFI deferred credit		0	0
Other Gains & Losses		0	0
Finance Costs		0	0
Unwinding of Discounts		0	0
(Increase)/decrease in inventories		0	0
(Increase)/decrease in trade & other receivables	10	(401)	(141)
(Increase)/decrease in other current assets		0	0
Increase/(decrease) in trade & other payables	12	(3,305)	1,220
Increase/(decrease) in other current liabilities		0	0
Provisions utilised		0	0
Increase/(decrease) in provisions		0	0
Net Cash Inflow (Outflow) from Operating Activities		**(104,375)**	(400,559)
Cash Flows from Investing Activities			
Interest received		0	0
(Payments) for property, plant and equipment		0	0
(Payments) for intangible assets		0	0
(Payments) for investments with the Department of Health		0	0
(Payments) for other financial assets		0	0
(Payments) for financial assets (LIFT)		0	0
Proceeds from disposal of assets held for sale: property, plant and equipment		0	0
Proceeds from disposal of assets held for sale: intangible assets		0	0
Proceeds from disposal of investments with the Department of Health		0	0
Proceeds from disposal of other financial assets		0	0
Proceeds from disposal of financial assets (LIFT)		0	0
Non-cash movements arising on application of new accounting standards		0	0
Loans made in respect of LIFT		0	0
Loans repaid in respect of LIFT		0	0
Rental revenue		0	0
Net Cash Inflow (Outflow) from Investing Activities		**0**	0
Net Cash Inflow (Outflow) before Financing		**(104,375)**	(400,559)
Cash Flows from Financing Activities			
Grant in Aid Funding Received		104,373	400,530
Other loans received		0	0
Other loans repaid		0	0
Repayment of lease liabilities		0	0
Capital element of payments in respect of finance leases and on Statement of Financial Position PFI and LIFT		0	0
Capital grants and other capital receipts		0	0
Capital receipts surrendered		0	0
Non-cash movements arising on application of new accounting standards		0	0
Net Cash Inflow (Outflow) from Financing Activities		**104,373**	400,530
Net Increase (Decrease) in Cash & Cash Equivalents	11	**(2)**	(29)
Cash & Cash Equivalents at the Beginning of the Period		**32**	61
Effect of exchange rate changes on the balance of cash and cash equivalents held in foreign currencies		0	0
Cash & Cash Equivalents (including bank overdrafts) at 30 June 2022		**30**	32

Note 1 to note 22 form part of this statement.

Notes to the financial statements

1 Accounting Policies

NHS England (NHSE) 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 2022-23 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 6 July 2021 and received royal assent on 28th April 2022. The Act allowed for the establishment of Integrated Care Boards (ICBs) across England and abolished CCGs. From 1st July 2022, ICBs took on the commissioning functions of CCGs. As a result, the functions, assets and liabilities of the CCG transferred to NHS Cheshire and Merseyside ICB.

Public sector bodies are assumed to be going concerns where the continuation of the provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

When the CCG ceased to exist on 30 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 ICB. 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.

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 Movement of Assets within the DHSC Group

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

Other transfers of assets and liabilities within the DHSC Group are accounted for in line with IAS 20 and similarly give rise to income and expenditure entries.

1.4 **Pooled Budgets**

The CCG has entered into a pooled budget arrangement with St Helens Council in accordance with section 75 of the NHS Act 2006. Under the arrangement, funds are pooled for the majority of Continuing Health Care and the Better Care Fund, and note 18 provides details of the income and expenditure.

The pool is hosted by St Helens 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

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 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 NHSE. This is drawn down and credited to the general fund. Funding is recognised in the period in which it is received.

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

Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred.

Payment terms are standard reflecting cross government principles.

The value of the benefit received when the 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.

1.7 **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 not recognised in the financial statements as it is deemed that the impact is not material.

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, are anticipated to have simultaneous disposal dates and are under single managerial control; or,

- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective 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.

The CCG had no property as at 30 June 2022 therefore there has not been any property revaluation in the period April-June 2022-23 (2021-22: nil).

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.

1.12 **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 3.27% (2021-22: 0.47%) for inflation adjusted expected cash flows up to and including 5 years from Statement of Financial Position date.
- A nominal medium-term rate of 3.20% (2021-22: 0.70%) 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 3.51% (2021-22 0.95%) 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 3.00% (2021-22: 0.66%) 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 **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.

1.18 **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.

1.18.1 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.

1.18.2 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.

1.18.3 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.

1.18.4 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 DHSC 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.

1.19 **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.

1.19.1 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.
-

1.19.2 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.

1.19.3 Other Financial Liabilities

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method, except for loans from DHSC, 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.

1.20 **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.

1.21 **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.

1.22 **Critical Accounting Judgements and Key Sources of Estimation Uncertainty**
In the application of the CCG's accounting policies, management is required to make various judgements, estimates and assumptions. These are regularly reviewed.

1.22.1 Critical Accounting Judgements in Applying Accounting Policies
The CCG has made no critical judgements in applying accounting policies.

1.22.2 Sources of Estimation Uncertainty
The CCG has no sources of estimation uncertainty.

1.23 **Adoption of New Standards**
On 1 April 2022, the CCG adopted IFRS 16 'Leases'. The new standard introduces a single, on Statement of Financial Position lease accounting model for lessees and removes the distinction between operating and finance leases.

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

In addition, the CCG will no longer charge provisions for operating leases that it assesses to be onerous to the Statement of Comprehensive Net Expenditure. Instead, the CCG will include the payments due under the lease with any appropriate assessment for impairments in the right-of-use asset.

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

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

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

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

b) The election to not make an adjustment to leases where the lease terms ends within 12 months of the date of application.

c) The election to use hindsight in determining the lease term if the contract contains options to extend or terminate the lease."

The most significant impact of the adoption of IFRS 16 has been the need to recognise right-of-use assets and lease liabilities for any buildings previously treated as operating leases that meet the recognition criteria in IFRS 16. Expenditure on operating leases has been replaced by interest on

lease liabilities and depreciation on right-of-use assets in the Statement of Comprehensive Net Expenditure.

As of 1 April 2022, the CCG had one lease which would fall within the scope of IFRS 16, the Infection Control team HQ at Newton Community Hospital, however the lease is due to expire on 31 March 2023 therefore falls under the definition for short term leases and as such the costs are expensed to the Statement of Comprehensive Net Expenditure. The weighted average incremental borrowing rate applied at 1 April 2022 is 0.95% and on adoption of IFRS 16 there was an zero impact to tax payers' equity.

The following table reconciles the CCG's operating lease obligations at 31 March 2022, disclosed in the CCG's 2021/22 financial statements, to the lease liabilities recognised on initial application of IFRS 16 at 1 April 2022.

	Total £000
Operating lease commitments at 31 March 2022	25
Impact of discounting at 1 April 2022 using the weighted average incremental borrowing rate of 0.95%	0
Operating lease commitments discounted used weighted average IBR	25
Add: Finance lease liabilities at 31 March 2022	0
Add: Peppercorn leases revalued to existing value in use	0
Add: Residual value guarantees	0
Add: Rentals associated with extension options reasonably certain to be exercised	0
Less: Short term leases (including those with <12 months at application date)	-17
Less: Low value leases	-8
Less: Variable payments not included in the valuation of the lease liabilities	0
Lease liability at 1 April 2022	**0**

1.24 **New and Revised IFRS Standards in Issue but Not Yet Effective**

The DHSC GAM does not require the following IFRS Standards and Interpretations to be applied in 2022-23. These Standards are still subject to HM Treasury FReM adoption, with the government implementation date for IFRS 17 still subject to HM Treasury consideration.

- 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.

The CCG has no insurance contracts therefore the application of the above Standard as revised would not have an impact on the accounts for 2022-23, were it applied in that year.

2. Other Operating Revenue

	3 month period to 30 June 2022 Total £'000	2021-22 Total £'000
Income from sale of goods and services (contracts)		
Education, training and research	**-**	-
Non-patient care services to other bodies	**469**	3,046
Patient transport services	**-**	-
Prescription fees and charges	**-**	-
Dental fees and charges	**-**	-
Income generation	**-**	-
Other Contract income	**156**	346
Recoveries in respect of employee benefits	**154**	643
Total Income from sale of goods and services	**779**	**4,035**
Other operating income		
Rental revenue from finance leases	**-**	-
Rental revenue from operating leases	**-**	-
Charitable and other contributions to revenue expenditure: NHS	**-**	-
Charitable and other contributions to revenue expenditure: non-NHS	**-**	-
Receipt of donations (capital/cash)	**-**	-
Receipt of Government grants for capital acquisitions	**-**	-
Continuing Health Care risk pool contributions	**-**	-
Non cash apprenticeship training grants revenue	**4**	5
Other non contract revenue	**-**	-
Total Other operating income	**4**	**5**
Total Operating Income	**783**	**4,040**

Revenue in this note does not include cash received from NHS England, which is drawn down directly into the bank account of the CCG and credited to the general reserve.

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

	Non-patient care services to other bodies £'000	Other Contract income £'000	Recoveries in respect of employee benefits £'000
Source of Revenue			
NHS	163	-	25
Non NHS	306	156	129
Total	**469**	**156**	**154**

	Non-patient care services to other bodies £'000	Other Contract income £'000	Recoveries in respect of employee benefits £'000
Timing of Revenue			
Point in time	-	-	-
Over time	469	156	154
Total	**469**	**156**	**154**

3.2 Transaction price to remaining contract performance obligations

There is no contract revenue expected to be recognised in the future periods related to contract performance obligations not yet completed at the reporting date.

4. Employee benefits and staff numbers

4.1.1 Employee benefits	Total Permanent Employees £'000	Other £'000	3 month period to 30 June 2022 Total £'000
Employee Benefits			
Salaries and wages	1,022	79	**1,101**
Social security costs	122	3	**125**
Employer Contributions to NHS Pension scheme	190	4	**194**
Other pension costs	-	-	**-**
Apprenticeship Levy	2	-	**2**
Other post-employment benefits	-	-	**-**
Other employment benefits	-	-	**-**
Termination benefits	-	-	**-**
Gross employee benefits expenditure	**1,336**	**86**	**1,422**
Less recoveries in respect of employee benefits (note 4.1.2)	(154)	-	(154)
Total - Net admin employee benefits including capitalised costs	**1,182**	**86**	**1,268**
Less: Employee costs capitalised	-	-	**-**
Net employee benefits excluding capitalised costs	**1,182**	**86**	**1,268**

4.1.1 Employee benefits	Total Permanent Employees £'000	Other £'000	2021-22 Total £'000
Employee Benefits			
Salaries and wages	4,141	200	**4,341**
Social security costs	452	12	**464**
Employer Contributions to NHS Pension scheme	771	16	**787**
Other pension costs	**-**	**-**	**-**
Apprenticeship Levy	7	**-**	**7**
Other post-employment benefits	**-**	**-**	**-**
Other employment benefits	**-**	**-**	**-**
Termination benefits	**-**	**-**	**-**
Gross employee benefits expenditure	**5,371**	**228**	**5,599**
Less recoveries in respect of employee benefits (note 4.1.2)	(643)	-	(643)
Total - Net admin employee benefits including capitalised costs	**4,728**	**228**	**4,956**
Less: Employee costs capitalised	**-**	**-**	**-**
Net employee benefits excluding capitalised costs	**4,728**	**228**	**4,956**

4.1.2 Recoveries in respect of employee benefits	Permanent Employees £'000	Other £'000	3 month period to 30 June 2022 Total £'000	2021-22 Total £'000
Employee Benefits - Revenue				
Salaries and wages	(125)	-	**(125)**	(520)
Social security costs	(14)	-	**(14)**	(56)
Employer contributions to the NHS Pension Scheme	(15)	-	**(15)**	(67)
Other pension costs	**-**	**-**	**-**	**-**
Other post-employment benefits	**-**	**-**	**-**	**-**
Other employment benefits	**-**	**-**	**-**	**-**
Termination benefits	**-**	**-**	**-**	**-**
Total recoveries in respect of employee benefits	**(154)**	**-**	**(154)**	**(643)**

4.2 Average number of people employed

	3 month period to 30 June 2022 Permanently employed Number	Other Number	Total Number	2021-22 Total Number
Total	83.27	13.30	**96.57**	93.21
Of the above:				
Number of whole time equivalent people engaged on capital projects	**-**	**-**	**-**	**-**

4.3 Staff sickness absence and ill health retirements

For details on the CCG's staff sickness absence data please visit the following link:

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

Ill-health retirement costs are met by the NHS Pension Scheme. Where the CCG has agreed early retirements the additional costs would be met by the CCG and not by the NHS Pension Scheme. The CCG had no ill health retirements in 2022-23 (2021-22: nil).

4.4 Exit packages agreed in the financial year

There were no exit packages agreed in the period April to June 2022-23 (2021-22: nil).

4.5 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:

4.5.1 Accounting valuation
A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 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.

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

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

The 2016 funding valuation 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.

5. Operating expenses

	3 month period to 30 June 2022 Total £'000	2021-22 Total £'000
Purchase of goods and services		
Services from other CCGs and NHS England	462	2,137
Services from foundation trusts	18,931	72,399
Services from other NHS trusts	43,253	171,811
Provider Sustainability Fund	-	-
Services from Other WGA bodies	-	-
Purchase of healthcare from non-NHS bodies	13,861	59,002
Purchase of social care	3,610	14,282
General Dental services and personal dental services	-	-
Prescribing costs	10,403	41,834
Pharmaceutical services	-	-
General Ophthalmic services	-	-
GPMS/APMS and PCTMS	8,546	34,358
Supplies and services – clinical	19	66
Supplies and services – general	11	7
Consultancy services	75	51
Establishment	75	448
Transport	(0)	1
Premises	308	1,328
Audit fees	64	64
Other non statutory audit expenditure		
· Internal audit services	-	-
· Other services	5	-
Other professional fees	38	112
Legal fees	(8)	58
Education, training and conferences	11	37
Funding to group bodies	-	-
CHC Risk Pool contributions	-	-
Non cash apprenticeship training grants	4	5
Total Purchase of goods and services	**99,668**	**397,999**
Depreciation and impairment charges		
Depreciation	4	17
Amortisation	10	41
Impairments and reversals of property, plant and equipment	-	-
Impairments and reversals of right-of-use assets	-	-
Impairments and reversals of intangible assets	-	-
Impairments and reversals of financial assets	-	-
· Assets carried at amortised cost	-	-
· Assets carried at cost	-	-
· Available for sale financial assets	-	-
Impairments and reversals of non-current assets held for sale	-	-
Impairments and reversals of investment properties	-	-
Total Depreciation and impairment charges	**14**	**58**
Provision expense		
Change in discount rate	-	-
Provisions	-	-
Total Provision expense	**-**	**-**
Other Operating Expenditure		
Chair and Non Executive Members	58	261
Grants to Other bodies	277	1,737
Clinical negligence	-	-
Research and development (excluding staff costs)	-	-
Expected credit loss on receivables	3	9
Expected credit loss on other financial assets (stage 1 and 2 only)	-	-
Inventories written down	-	-
Inventories consumed	-	-
Other expenditure	24	73
Total Other Operating Expenditure	**362**	**2,080**
Total operating expenditure	**100,044**	**400,137**

The audit fees for Q1 2022-23 total £64,200 (2021-22: £64,200).

'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. This is an estimate based on the information available at the time the accounts were prepared.

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.

6.1 Better Payment Practice Code

Measure of compliance	3 month period to 30 June 2022 Number	3 month period to 30 June 2022 £'000	2021-22 Number	2021-22 £'000
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the Year	1,443	30,090	5,895	109,337
Total Non-NHS Trade Invoices paid within target	1,428	30,083	5,780	109,092
Percentage of Non-NHS Trade invoices paid within target	**98.96%**	**99.98%**	**98.05%**	**99.78%**
NHS Payables				
Total NHS Trade Invoices Paid in the Year	112	63,431	493	246,830
Total NHS Trade Invoices Paid within target	111	63,428	492	246,806
Percentage of NHS Trade Invoices paid within target	**99.11%**	**99.995%**	**99.80%**	**99.99%**

The Better Payment Practice Code requires the CCG to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later, with a target performance of 95%.

The CCG met the 95% target in all areas for the period April to June 2022-23.

6.2 The Late Payment of Commercial Debts (Interest) Act 1998

The CCG did not make any payments under the provisions of the Late Payment of Commercial Debts (Interest) Act 1998 in the period April to June 2022-23 (2021-22: nil).

7. Property, plant and equipment

3 month period to 30 June 2022	Plant & machinery £'000	Information technology £'000	Total £'000
Cost or valuation at 01 April 2022	17	76	93
Addition of assets under construction and payments on account			-
Additions purchased	-	-	-
Additions donated	-	-	-
Additions government granted	-	-	-
Additions leased	-	-	-
Reclassifications	-	-	-
Reclassified as held for sale and reversals	-	-	-
Disposals other than by sale	-	-	-
Upward revaluation gains	-	-	-
Impairments charged	-	-	-
Reversal of impairments	-	-	-
Transfer (to)/from other public sector body	-	-	-
Cumulative depreciation adjustment following revaluation	-	-	-
Cost/Valuation at 30 June 2022	**17**	**76**	**93**
Depreciation 01 April 2022	16	45	61
Reclassifications	-	-	-
Reclassified as held for sale and reversals	-	-	-
Disposals other than by sale	-	-	-
Upward revaluation gains	-	-	-
Impairments charged	-	-	-
Reversal of impairments	-	-	-
Charged during the year	1	3	4
Transfer (to)/from other public sector body	-	-	-
Cumulative depreciation adjustment following revaluation	-	-	-
Depreciation at 30 June 2022	**17**	**48**	**65**
Net Book Value at 30 June 2022	**0**	**28**	**28**
Purchased	0	28	28
Donated	-	-	-
Government Granted	-	-	-
Total at 30 June 2022	**0**	**28**	**28**
Asset financing:			
Owned	0	28	28
Held on finance lease	-	-	-
On-SOFP Lift contracts	-	-	-
PFI residual: interests	-	-	-
Total at 30 June 2022	**0**	**28**	**28**

Revaluation Reserve Balance for Property, Plant & Equipment

	Plant & machinery £'000	Information technology £'000	Total £'000
Balance at 01 April 2022	-	-	-
Revaluation gains	-	-	-
Impairments	-	-	-
Release to general fund	-	-	-
Other movements	-	-	-
Balance at 30 June 2022	**-**	**-**	**-**

7. Property, plant and equipment cont'd

2021-22	Plant & machinery £'000	Information technology £'000	Total £'000
Cost or valuation at 01 April 2021	17	76	93
Addition of assets under construction and payments on account			-
Additions purchased	-	-	-
Additions donated	-	-	-
Additions government granted	-	-	-
Additions leased	-	-	-
Reclassifications	-	-	-
Reclassified as held for sale and reversals	-	-	-
Disposals other than by sale	-	-	-
Upward revaluation gains	-	-	-
Impairments charged	-	-	-
Reversal of impairments	-	-	-
Transfer (to)/from other public sector body	-	-	-
Cumulative depreciation adjustment following revaluation	-	-	-
Cost/Valuation at 31 March 2022	**17**	**76**	**93**
Depreciation 01 April 2021	14	30	44
Reclassifications	-	-	-
Reclassified as held for sale and reversals	-	-	-
Disposals other than by sale	-	-	-
Upward revaluation gains	-	-	-
Impairments charged	-	-	-
Reversal of impairments	-	-	-
Charged during the year	2	15	17
Transfer (to)/from other public sector body	-	-	-
Cumulative depreciation adjustment following revaluation	-	-	-
Depreciation at 31 March 2022	**16**	**45**	**61**
Net Book Value at 31 March 2022	**1**	**31**	**32**
Purchased	1	31	32
Donated	-	-	-
Government Granted	-	-	-
Total at 31 March 2022	**1**	**31**	**32**
Asset financing:			
Owned	1	31	32
Held on finance lease	-	-	-
On-SOFP Lift contracts	-	-	-
PFI residual: interests	-	-	-
Total at 31 March 2022	**1**	**31**	**32**

Revaluation Reserve Balance for Property, Plant & Equipment

	Plant & machinery £'000	Information technology £'000	Total £'000
Balance at 01 April 2022	-	-	-
Revaluation gains	-	-	-
Impairments	-	-	-
Release to general fund	-	-	-
Other movements	-	-	-
Balance at 30 June 2022	**-**	**-**	**-**

7.1 Economic lives

	Minimum Life (years)	Maximum Life (Years)
Plant & machinery	0	0
Information technology	2	2

8. Leases

Leases are recognised under the newly adopted leasing standard IFRS 16, applied on the 1 April 2022. Under IFRS 16 leases are recognised as a right of use asset with a corresponding lease liability on the Statement of Financial Position. Each lease payment is allocated between a reduction of the liability and the interest expense. The interest expense is charged to the Statement of Comprehensive Net Expenditure over the lease period. The right of use asset is depreciated over the shorter of the asset's useful life and the lease term on a straight line basis. The CCG has applied the exemption for short-term leases (less than 12 months) and low value assets. In these cases, the lease payments associated with them are recognised as an expense in the Statement of Comprehensive Net Expenditure.

The CCG HQ is located at Forster House, St Helens and rental payments are made to St Helens Council. These payments do not fall within the definition of a lease and as such are not included in this note.

The CCG also makes lease payments to Community Health Partnerships Ltd (CHP) for the space occupied by the Infection Control team. Whilst these arrangements fall within the definition of a lease under IFRS 16, the lease is due to expire on 31st March 2023 and therefore falls under the definition for short term leases. As such the costs are expensed to the Statement of Comprehensive Net Expenditure.

The CCG also pays for void space, bookable space and subsidies for properties owned and managed by CHP and NHS Property Services (NHSPS), and for space occupied by NHS providers in buildings run by CHP and NHSPS. These do not fall within the definition of a lease and as such are not included in this note.

8.1 Amounts recognised in Statement of Comprehensive Net Expenditure

	3 month period to 30 June 2022 £'000	2021-22 £'000
Depreciation expense on right-of-use assets	-	-
Interest expense on lease liabilities	-	-
Expense relating to short-term leases	5	-
Expense relating to leases of low value assets	-	-
Expense relating to variable lease payments not included in the measurement of the lease liability	-	-
Income from sub-leasing right-of-use assets	-	-
Gain/(loss) from sale and leaseback transactions	-	-
Gain/(loss) resulting from COVID-19 related rent concessions	-	-

9. Intangible non-current assets

3 month period to 30 June 2022	Computer Software: Purchased £'000	Total £'000
Cost or valuation at 01 April 2022	205	**205**
Additions purchased	-	**-**
Additions internally generated	-	**-**
Additions donated	-	**-**
Additions government granted	-	**-**
Additions leased	-	**-**
Reclassifications	-	**-**
Reclassified as held for sale and reversals	-	**-**
Disposals other than by sale	-	**-**
Upward revaluation gains	-	**-**
Impairments charged	-	**-**
Reversal of impairments	-	**-**
Transfer (to)/from other public sector body	-	**-**
Cumulative amortisation adjustment following revaluation	-	**-**
Cost / Valuation At 30 June 2022	**205**	**205**
Amortisation 01 April 2022	164	**164**
Reclassifications	-	**-**
Reclassified as held for sale and reversals	-	**-**
Disposals other than by sale	-	**-**
Upward revaluation gains	-	**-**
Impairments charged	-	**-**
Reversal of impairments	-	**-**
Charged during the year	10	**10**
Transfer (to) from other public sector body	-	**-**
Cumulative amortisation adjustment following revaluation	-	**-**
Amortisation At 30 June 2022	**174**	**174**
Net Book Value at 30 June 2022	**31**	**31**
Purchased	31	**31**
Donated	-	**-**
Government Granted	-	**-**
Total at 30 June 2022	**31**	**31**

Revaluation Reserve Balance for intangible assets

	Computer Software: Purchased £'000	Total £'000
Balance at 01 April 2022	-	**-**
Revaluation gains	-	**-**
Impairments	-	**-**
Release to general fund	-	**-**
Other movements	-	**-**
Balance at 30 June 2022	**-**	**-**

9. Intangible non-current assets cont'd

2021-22	Computer Software: Purchased £'000	Total £'000
Cost or valuation at 01 April 2021	205	**205**
Additions purchased	-	**-**
Additions internally generated	-	**-**
Additions donated	-	**-**
Additions government granted	-	**-**
Additions leased	-	**-**
Reclassifications	-	**-**
Reclassified as held for sale and reversals	-	**-**
Disposals other than by sale	-	**-**
Upward revaluation gains	-	**-**
Impairments charged	-	**-**
Reversal of impairments	-	**-**
Transfer (to)/from other public sector body	-	**-**
Cumulative amortisation adjustment following revaluation	-	**-**
Cost / Valuation At 31 March 2022	**205**	**205**
Amortisation 01 April 2021	123	**123**
Reclassifications	-	**-**
Reclassified as held for sale and reversals	-	**-**
Disposals other than by sale	-	**-**
Upward revaluation gains	-	**-**
Impairments charged	-	**-**
Reversal of impairments	-	**-**
Charged during the year	41	**41**
Transfer (to) from other public sector body	-	**-**
Cumulative amortisation adjustment following revaluation	-	**-**
Amortisation At 31 March 2022	**164**	**164**
Net Book Value at 31 March 2022	**41**	**41**
Purchased	41	**41**
Donated	-	**-**
Government Granted	-	**-**
Total at 31 March 2022	**41**	**41**

Revaluation Reserve Balance for intangible assets

	Computer Software: Purchased £'000	Total £'000
Balance at 01 April 2021	-	**-**
Revaluation gains	-	**-**
Impairments	-	**-**
Release to general fund	-	**-**
Other movements	-	**-**
Balance at 31 March 2022	**-**	**-**

9.1 Economic lives

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

10.1 Trade and other receivables	Current 3 month period to 30 June 2022 £'000	Non-current 3 month period to 30 June 2022 £'000	Current 2021-22 £'000	Non-current 2021-22 £'000
NHS receivables: Revenue	60	-	566	-
NHS prepayments	43	-	-	-
NHS accrued income	-	-	1	-
NHS Contract Receivable not yet invoiced/non-invoice	287	-	344	-
Non-NHS and Other WGA receivables: Revenue	528	-	150	-
Non-NHS and Other WGA prepayments	40	-	34	-
Non-NHS and Other WGA accrued income	266	-	330	-
Non-NHS and Other WGA Contract Receivable not yet invoiced/non-invoice	70	-	-	-
Expected credit loss allowance-receivables	(12)	-	(9)	-
VAT	0	-	0	-
Other receivables and accruals	2,457	-	1,922	-
Total Trade & other receivables	**3,739**	**-**	**3,338**	**-**
Total current and non current	**3,739**		**3,338**	
Included above:				
Prepaid pensions contributions	-		-	

The majority of trade is with NHS England. As NHS England is funded by Government to provide funding to CCGs to commission services, no credit scoring of them is considered necessary.

10.2 Receivables past their due date but not impaired

	3 month period to 30 June 2022 DHSC Group Bodies £'000	3 month period to 30 June 2022 Non DHSC Group Bodies £'000	2021-22 DHSC Group Bodies £'000	2021-22 Non DHSC Group Bodies £'000
By up to three months	19	-	196	-
By three to six months	48	-	2	-
By more than six months	2	-	4	-
Total	**69**	**-**	**202**	**-**

£276,479 of the amount above has subsequently been recovered post the Statement of Financial Position date.

The CCG did not hold any collateral against receivables outstanding as at 30 June 2022 (31 March 2022: nil).

10.3 Loss allowance on asset classes

	Trade and other receivables - Non DHSC Group Bodies £'000	Other financial assets £'000	Total £'000
Balance at 1 April 2022	(9)	-	**(9)**
Lifetime expected credit loss on credit impaired financial assets	-	-	**-**
Lifetime expected credit losses on trade and other receivables-Stage 2	(3)	-	**(3)**
Lifetime expected credit losses on trade and other receivables-Stage 3	-	-	**-**
Credit losses recognised on purchase originated credit impaired financial assets	-	-	**-**
Amounts written off	-	-	**-**
Financial assets that have been derecognised	-	-	**-**
Changes due to modifications that did not result in derecognition	-	-	**-**
Other changes	-	-	**-**
Allowance for credit losses at 30 June 2022	**(12)**	**-**	**(12)**

11. Cash and cash equivalents

	3 month period to 30 June 2022 £'000	2021-22 £'000
Balance at 01 April 2022	32	61
Net change in year	(2)	(29)
Balance at 30 June 2022	**30**	**32**
Made up of:		
Cash with the Government Banking Service	30	32
Cash with Commercial banks	-	-
Cash in hand	0	0
Current investments	-	-
Cash and cash equivalents as in statement of financial position	**30**	**32**
Bank overdraft: Government Banking Service	-	-
Bank overdraft: Commercial banks	-	-
Total bank overdrafts	**-**	**-**
Balance at 30 June 2022	**30**	**32**
Patients' money held by the CCG, not included above	-	-

12. Trade and other payables

	Current 3 month period to 30 June 2022 £'000	Non-current 3 month period to 30 June 2022 £'000	Current 2021-22 £'000	Non-current 2021-22 £'000
NHS payables: Revenue	427	-	1,833	-
NHS accruals	2,492	-	1,439	-
Non-NHS and Other WGA payables: Revenue	656	-	2,857	-
Non-NHS and Other WGA accruals	5,728	-	4,813	-
Social security costs	79	-	69	-
VAT	0	-	1	-
Tax	59	-	58	-
Other payables and accruals	10,445	-	12,121	-
Total Trade & Other Payables	**19,886**	**-**	**23,191**	**-**
Total current and non-current	**19,886**		**23,191**	

Other payables include £81,521 outstanding staff pension contributions as at 30 June 2022 (31 March 2022: £82,186) and £202,173 outstanding GP pension contributions as at 30 June 2022 (31 March 2022: £197,417).

13. Provisions

Under the Accounts Direction issued by NHS England on 12 February 2014, NHS England is responsible for accounting for liabilities in relation to CHC Continuing Healthcare claims relating to periods of care before the establishment of the CCG. However, the legal liability remains with the CCG. The total value of legacy NHS Continuing Healthcare provisions accounted for by NHS England on behalf of the CCG as at 30 June 2022 was £36k (31 March 2022: £35k).

14. Contingencies

The CCG had no contingencies as at 30 June 2022 (31 March 2022: nil).

15. Commitments

The CCG had no capital or other financial commitments as at 30 June 2022 (31 March 2022: nil).

16. Financial instruments

16.1 Financial risk management

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

Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The CCG has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the CCG in undertaking its

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

16.1.1 Currency risk

The CCG is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The CCG has no overseas operations. The CCG therefore has low exposure to currency rate fluctuations.

16.1.2 Interest rate risk

The CCG borrows from government for capital expenditure, subject to affordability as confirmed by NHS England. The borrowings are for 1 to 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The CCG therefore has low exposure to interest rate fluctuations.

16.1.3 Credit risk

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

16.1.4 Liquidity risk

Parliament. The CCG draws down cash to cover expenditure, as the need arises. The CCG is not, therefore, exposed to significant liquidity risks.

16.1.5 Financial Instruments

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

16. Financial instruments cont'd

16.2 Financial assets

	Financial Assets measured at amortised cost 3 month period to 30 June 2022 £'000	Equity Instruments designated at FVOCI 3 month period to 30 June 2022 £'000	Total 3 month period to 30 June 2022 £'000	Financial Assets measured at amortised cost 2021-22 £'000	Equity Instruments designated at FVOCI 2021-22 £'000	Total 2021-22 £'000
Equity investment in group bodies		-	-		-	-
Equity investment in external bodies		-	-		-	-
Loans receivable with group bodies	-		-	-		-
Loans receivable with external bodies	-		-	-		-
Trade and other receivables with NHSE bodies	21		21	442		442
Trade and other receivables with other DHSC group bodies	513		513	796		796
Trade and other receivables with external bodies	3,134		3,134	2,075		2,075
Other financial assets	-		-	-		-
Cash and cash equivalents	30		30	32		32
Total at 30 June 2022	**3,698**	**-**	**3,698**	**3,345**	**-**	**3,345**
Non-Financial Instruments						
NHS prepayments	43		43	-		-
Non-NHS and Other WGA prepayments	40		40	34		34
Expected credit loss allowance-receivables	(12)		(12)	(9)		(9)
Total Current Assets as at 30 June 2022 (as per SOFP)	**3,769**	**-**	**3,769**	**3,370**	**-**	**3,370**

16.3 Financial liabilities

	Financial Liabilities measured at 3 month period to 30 June 2022 £'000	Other 3 month period to 30 June 2022 £'000	Total 3 month period to 30 June 2022 £'000	Financial Liabilities measured at 2021-22 £'000	Other 2021-22 £'000	Total 2021-22 £'000
Loans with group bodies	-		**-**	-		**-**
Loans with external bodies	-		**-**	-		**-**
Trade and other payables with NHSE bodies	1,006		**1,006**	1,408		**1,408**
Trade and other payables with other DHSC group bodies	1,914		**1,914**	1,874		**1,874**
Trade and other payables with external bodies	16,828		**16,828**	19,781		**19,781**
Other financial liabilities	-		**-**	-		**-**
Private Finance Initiative and finance lease obligations	-		**-**	-		**-**
Total at 30 June 2022	**19,748**	**-**	**19,748**	**23,063**	**-**	**23,063**
Non-Financial Instruments						
Social security costs	79		79	69		69
VAT	-		-	1		1
Tax	59		59	58		58
Total Current Liabilities as at 30 June 2022 (as per SOFP)	**19,886**	**-**	**19,886**	**23,191**	**-**	**23,191**

17. Operating segments

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

18. Joint arrangements - interests in joint operations

The CCG and Local Authority have pooled budgets for the majority of Continuing Health Care (CHC) and share financial risk on the pooled budget fund with the CCG contributing £7.6 million of the total pooled amount of £10.5 million, up to June 2022. CHC is hosted and managed by St Helens Council including the assessment and management of cases. The pooled budget for the Better Care Fund is £7.9 million up to June 2022, with the CCG contributing £4.5 million.

18.1 Interests in joint operations

			Amounts recognised in Entities books ONLY 2022-23				Amounts recognised in Entities books ONLY 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 pooled fund for adult continuing healthcare	St Helens Council, NHS St Helens CCG	Pooled budget arrangement for the provision of care packages for adults who qualify for CHC/FNC, are S117 or joint funded.	2,554	2,457	7,554	7,651	2,893	1,923	27,728	28,698
Better Care Fund	St Helens Council, NHS St Helens CCG	Pooled budget arrangement for the provision of integrated spend on health and social care.	0	0	4,533	4,533	0	0	17,122	17,122

19. Related party transactions

Details of related party transactions with individuals are as follows:

3 month period to 30 June 2022	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
	£'000	£'000	£'000	£'000
Rachel Cleal - Director of Adult Social Services: Related Party is St Helens Council	12,766	(313)	1,917	(77)
Dr Michael Ejuoneatse - Governing Body Member: Related Party is Partner in Central Surgery GMS Practice	196	-	37	-
Dr Hilary Flett - Governing Body Member: Related Party is Member practice of St Helens Rota	415	-	128	-
Dr Hilary Flett - Governing Body Member: Related Party is Partner of Mill Street Medical Centre	354	0	51	0
Ruth Du Plessis - Governing Body Member: Related Party is St Helens Council	12,766	(313)	1,917	(77)
Dr David Reade - Governing Body Member: Related Party is Partner of Hall Street Medical Centre	307	-	216	1
Mark Palethorpe - CCG Accountable Officer / Executive Director of Integrated Health and Social Care: Related Party is St Helens Council	12,766	(313)	1,917	-77

The Department of Health and Social Care is regarded as a related party. In the financial year 2022-23 the CCG has had a significant number of material transactions with entities for which the Department is regarded as the parent Department. These entities are:

- NHS England (including NHS Midlands & Lancashire Commissioning Support Unit and NHS Arden & Greater East Midlands Commissioning Support Unit)
- St Helens and Knowsley Hospitals NHS Trust
- Warrington and Halton Hospitals NHS Foundation Trust
- Liverpool Women's Hospital NHS Foundation Trust
- Liverpool University Hospitals NHS Foundation Trust
- Liverpool Heart and Chest NHS Foundation Trust
- Wrightington, Wigan and Leigh NHS Foundation Trust
- Bridgewater Community Healthcare NHS Foundation Trust
- Alder Hey Children's Hospital NHS Foundation Trust
- Merseycare NHS Foundation Trust
- The Walton Centre NHS Foundation Trust
- North West Ambulance NHS Trust
- NHS Business Services Authority
- NHS Litigation Authority
- NHS Pensions Agency

In addition, the CCG has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with St Helens Council.

19. Related party transactions

Details of related party transactions with individuals are as follows:

2021-22	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
	£'000	£'000	£'000	£'000
Rachel Cleal - Director of Adult Social Services: Related Party is St Helens Council	52,795	(1,496)	2,349	(57)
Dr Michael Ejuoneatse - Governing Body Member: Related Party is Partner in Central Surgery GMS Practice	867	-	53	-
Dr Hilary Flett - Governing Body Member: Related Party is Partner of Mill Street Medical Centre	1,423	-	70	-
Susan Forster - Governing Body Member: Related Party is St Helens Council	52,795	(1,496)	2,349	(57)
Ruth Du Plessis - Governing Body Member: Related Party is St Helens Council	52,795	(1,496)	2,349	(57)
Dr Susan Hyde - Governing Body Member: Related Party is Member practice of St Helens Rota	1,104	-	119	-
Dr Susan Hyde - Governing Body Member: Related Party is Partner of Spinney Medical Centre	2,419	-	1,212	10
Dr Susan Hyde - Governing Body Member: Related Party is Partner of Ecclestone Medical Centre	541	-	60	-
Dr Susan Hyde - Governing Body Member: Related Party is Partner of Park House Medical Centre	898	-	65	-
Dr Susan Hyde - Governing Body Member: Related Party is Partner of Cornerstone Medical Centre	339	-	36	-
Dr Susan Hyde - Governing Body Member: Related Party is Partner of Holly Bank Medical Centre	519	-	45	-
Dr Susan Hyde - Governing Body Member: Related Party is Partner of Sandfield Medical Centre	460	-	19	-
Dr David Reade - Governing Body Member: Related Party is Partner of Hall Street Medical Centre	1,286	-	168	-
Mark Palethorpe - CCG Accountable Officer / Executive Director of Integrated Health and Social Care: Related Party is St Helens Council	52,795	(1,496)	2,349	(57)

The Department of Health and Social Care is regarded as a related party. In the financial year 2021-22 the CCG has had a significant number of material transactions with entities for which the Department is regarded as the parent Department. These entities are:

- NHS England (including NHS Midlands & Lancashire Commissioning Support Unit and NHS Arden & Greater East Midlands Commissioning Support Unit)
- St Helens and Knowsley Hospitals NHS Trust
- Warrington and Halton Hospitals NHS Foundation Trust
- Liverpool Women's Hospital NHS Foundation Trust
- Liverpool University Hospitals NHS Foundation Trust
- Liverpool Heart and Chest NHS Foundation Trust
- Wrightingon, Wigan and Leigh NHS Foundation Trust
- Bridgewater Community Healthcare NHS Foundation Trust
- Alder Hey Children's Hospital NHS Foundation Trust
- Merseycare NHS Foundation Trust
- The Walton Centre NHS Foundation Trust
- North West Ambulance NHS Trust
- NHS Business Services Authority
- NHS Litigation Authority
- NHS Pensions Agency

In addition, the CCG has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with St Helens Council.

20. Events after the end of the reporting period

The Health and Care Act 2022 received Royal Assent on April 2022. As a result of this, the CCG demised on 30 June 2022.

The assets, liabilities, operations 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 ICB from 1 July 2022

	£'000
Non-current Assets	59
Current Assets	3,769
Current Liabilities	(19,886)
Non-current Liabilities	-
Net Assets/Liabilities	**(16,058)**

There were no further events after the end of the reporting period that would have a material effect on the financial statements of the CCG.

Due to the demise of the CCG on 30 June 2022, 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 accounting period.

21. Losses and Special Payments

The CCG had no losses or special payments in the period April to June 2022-23 (2021-22: nil).

22. Financial performance targets

The CCG's financial position is summarised in the following table:

	£'000
Programme Allocation	99,773
Running Costs Allocation	911
Total Allocation 2022-23	**100,684**
Total Expenditure	101,466
Total Income	(783)
Net Expenditure 2022-23	**100,683**
2022-23 Surplus/(Deficit)	**1**

The CCG has a number of financial duties under the NHS Act 2006 (as amended).
The CCG's performance against those duties was as follows:

Section	**Duty**	**2022-23 Target £'000**	**2022-23 Performance £'000**	**2022-23 Met £'000**	2021-22 Target £'000	2021-22 Performance £'000	2021-22 Met £'000
223H(1)*	Expenditure not to exceed income	101,467	101,466	Yes	405,748	405,736	Yes
223I(2)	Capital resource use does not exceed the amount specified in Directions	-	-	Yes	-	-	Yes
223I(3)	Revenue resource use does not exceed the amount specified in Directions	100,684	100,683	Yes	401,708	401,696	Yes
223J(1)	Capital resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	Yes	-	-	Yes
223J(2)	Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	Yes	-	-	Yes
223J(3)	Revenue administration resource use does not exceed the amount specified in Directions	911	911	Yes	3,924	3,892	Yes

*Note: For the purposes of 223H(1); expenditure is defined as the aggregate of gross expenditure on revenue and capital in the financial year; and, income is defined as the aggregate of the notified maximum revenue resource, notified capital resource and all other amounts accounted as receiveable in the financial year (whether under provisions of the Act or from other sources, and included here on a gross basis).