NHS Warrington Clinical Commissioning Group Annual Report and Accounts

Q1 2022/23

Annual Report
Q1 2022/23

Welcome

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

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

Undoubtedly one of the biggest challenges has been the increasing demand on NHS services and the increased pressure those services are working under. I want to thank all staff for their commitment to our residents and local workforce.

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

Working closely with our patient participation groups has remained a key part of how we work. We've made use of their invaluable insight and experience and would like to thank all those involved for their contributions.

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

Highlights and Achievements of the Year

Employer recognition scheme

NHS Halton and Warrington Clinical Commissioning Groups (CCGs) attained silver accreditation for their support to Defence and the wider Armed Forces community.

The Ministry of Defence's Employer Recognition Scheme was launched to reward employers who support Defence People objectives and encourage others to do the same.

This scheme includes employing serving and former members of the Armed Forces community and demonstrating flexibility towards training and mobilisation commitments for Reservists and Cadet Force Adult Volunteers.

Safeguarding

The Designated Nurses are members of both adults and children's National Safeguarding Networks and we have inputted into national agendas and influencing.

For the first quarter of 2022/23 there has been Warrington Designated Nurse involvement in the Adult Safeguarding Network around equity and to support a national drive to influence the Department of Health and Social Care to review the gaps and lack of parity between health safeguarding processes that remain between adult and children:

- continued support to Primary Care during the reporting year with specific areas of focus/ training sessions delivered at each practice's safeguarding lead's meeting
- safeguarding quality indicators have been included in the Primary Care Quality Framework to underpin practice visits
- the Designated and Named Nurse team developed level three training packages to enhance safeguarding knowledge and skills in Primary Care, sharing from local and national reviews as part of the training programme

- the small contracts framework is now in place and considered when commissioning new services to ascertain the level of safeguarding assurance required. Work continues in conjunction with NHS England and NHS Improvement (NHSE/I) to develop an assurance framework for independent learning disability and mental health providers and individual placements.

Social media

NHS Warrington CCG Facebook

135 posts

3k fans

1.2k engagements
(**588** reactions, **308** shares, **267** comments)

2.4k clicks

NHS Warrington CCG Twitter

133 Tweets

37.5k impressions

101 retweets

145 likes

Performance Report

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

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

We have been preparing for change and the transition to the new Integrated Care Board and our evolving places. Working closely with our local authority partners, providers and third sector colleagues, our Warrington Together partnership has continued to go from strength to strength, with oversight from the Warrington Together Partnership Board and the appointment of the new local Place Director, Carl Marsh.

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

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

Mr Graham Urwin
Chief Executive

Graham Urwin

NHS Cheshire & Merseyside
29.6.2023

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

Statement of purpose and activities of the CCG

What we do

We are NHS Warrington Clinical Commissioning Group (CCG), and we are responsible for the commissioning of NHS services used by our residents.

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

We commission providers such as Warrington and Halton Teaching Hospitals NHS Foundation Trust (WHHFT), Mersey Care NHS Foundation Trust (MCFT). and Bridgewater Community Healthcare NHS Foundation Trust (BCHFT) – as well as specialist services further afield.

We pay for these services on behalf of Warrington residents and monitor providers to make sure they are delivering the right care at the right price. We study their figures, look at patient feedback and carry out checks. We also provide assurance to NHSE that quality and performance standards are met and in line with national healthcare policy.

We are a clinically-led membership organisation of our 26 local GP practices. This approach means that health professionals with current patient experience and expertise are leading the decisions we make.

We work closely with Warrington Borough Council to make sure health and social care are linked together whenever possible for the benefit of our communities.

Everything we do has the people we serve at its centre. We actively seek out the views and experiences of the people of Warrington to shape our work.

Case study: Health Forum… our 'sounding board'

The Health Forum is our strategic engagement forum and sounding board which reports directly to the Governing Body and Quality Committee. The public Chair of the Health Forum is also an integral member of our Governing Body and NHS Warrington CCG Quality Committee, which is a sub-committee of the Governing Body.

The Health Forum continued to meet virtually in 2021/22, following the amended ground rules and online meeting etiquette. The Health Forum remained extremely supportive of local NHS services and the continued prioritisation of COVID-19. The Health Forum continually thank not only NHS Warrington CCG but all involved in the NHS.

In 2021/22, the Health Forum's governance reporting changed due to the pressures facing committees because of COVID-19 and the transfer to the Integrated Care Board (ICB). However, the patient voice remained an integral part of NHS Warrington CCG's work and the forum feedback: when not reporting directly back to the Quality Committee, the Forum fed back to the relevant commissioner for action.

The Chair of the Health Forum continues to be a valued member of NHS Warrington CCG's Governing Body. This has not only strengthened the role of the Health Forum and the patient's voice within our work but also assures the Governing Body that we are adhering to our legal obligations to involve patients and the public. This role has continued to evolve and ensures the voice of the patient is at the heart of all discussions and, more importantly, decision making.

Patient Participation Groups (PPG) and the PPG Together (PPGT)

We have continued to support virtual Patient Participation Group meetings by offering to supply Microsoft (MS) Teams links, user guides and support. Our PPG Together meetings continue to share best practices across PPGs and offer support and advice to newly formed groups.

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If Warrington was a village of 100 people…

Warrington has a population of 209,397 people. This graphic uses statistics from Public Health England to show how many people in Warrington would have certain health conditions if it was a village of just 100 people.

Organisational structure

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

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

** Director of Transformation – on secondment to the Cheshire and Merseyside Health Care Partnership from 1 February 2018

*** Chief Commissioner (Halton) – position is vacant from 1 April 2022

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

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

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

Strategic objectives, visions and values

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

They:

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

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

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

Our priorities and strategies

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

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

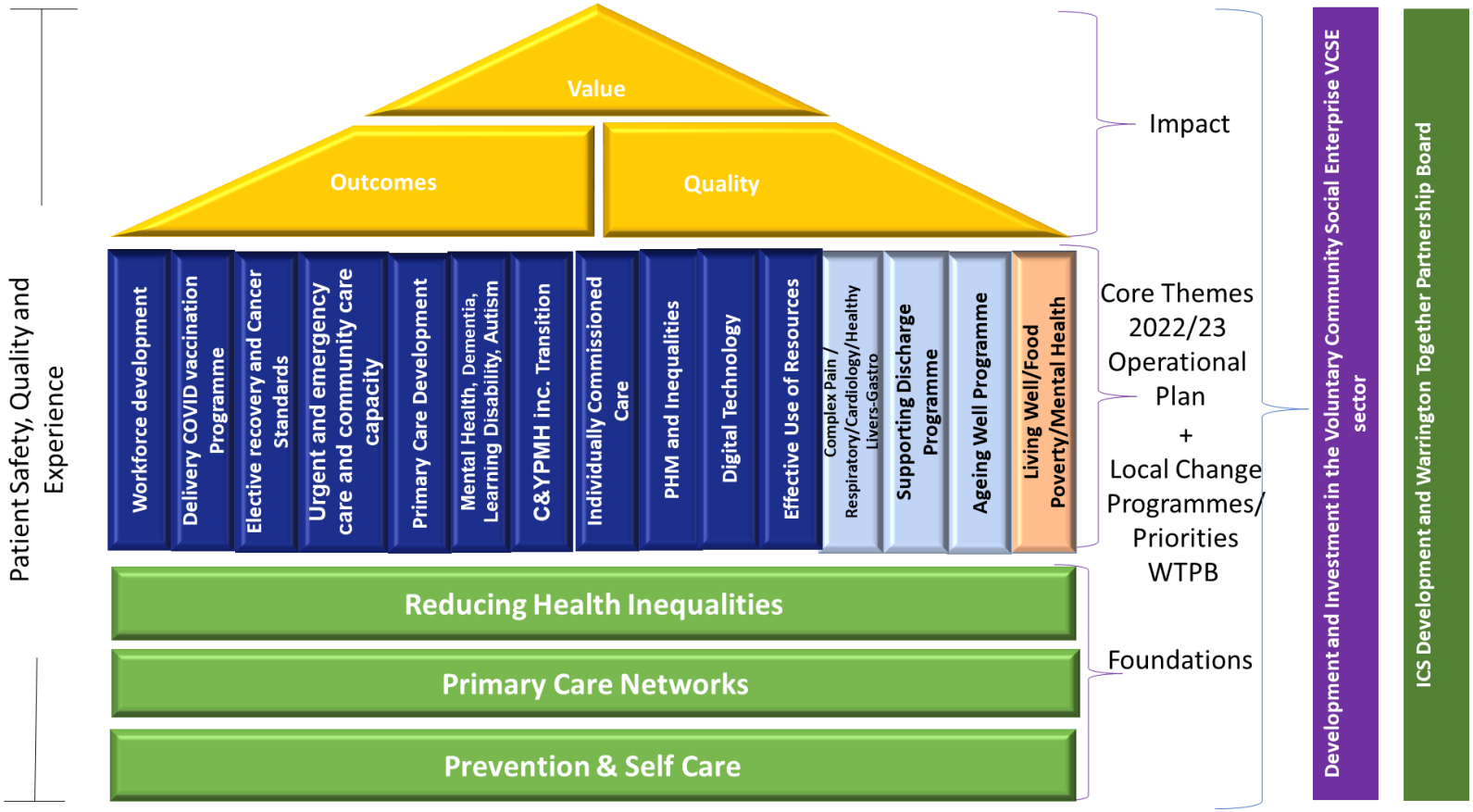
Progress against the plan was assessed monthly at our Commissioning and Service Development Group (CSDG) and reported to the Governing Body on a quarterly basis.

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

Background

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

The 'foundations' of the House of Care set out the underpinning principles and expectations for health care delivery. These are crucial in supporting the delivery of and maximising the impact of our commissioning activities.



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

Each commissioning priority was assigned a lead commissioner to take responsibility for delivering the national requirements. Action plans and milestone targets were developed for each area as a means of ensuring delivery. The action plans are live documents and are reviewed by the Chief Commissioner and the relevant lead commissioners on a regular basis throughout the year.

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

The CSDG and JCOG also report to:

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

Key issues reporting from the CSDG are reported to the Governing Body via the Chief Commissioner's reports.

Creating the right foundations

To ensure the delivery of commissioning priorities for 2021/22, the original set of enabling foundations was further developed and are as follows:

- Prevention and self-care
- Primary Care Networks (PCNs)
- Reducing health inequalities.

These are outlined on the next page.

Warrington Health and Wellbeing Board

The Health and Wellbeing Board supports the delivery of the Warrington Health and Wellbeing Strategy vision: 'Warrington is a place where we work together to create a borough with stronger neighbourhoods, healthier people and greater equality across all our communities.'

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

Our core outcomes

- People will live longer and those years will be lived in good health (increased healthy life expectancy for all)
- The gap in life expectancy between the most and least deprived communities in the borough will be reduced.

A lot of people in Warrington experience good health and wellbeing. Many follow healthy lifestyles, feel fit and healthy and enjoy the benefits of being part of an ambitious and prosperous borough. However, this is not the case for all. One of the biggest challenges facing Warrington is the inequalities caused by socio-economic deprivation and the impact this has on the health and wellbeing of individuals and communities.

Our key priorities

Over the last 12 months, considerable work has taken place around the Joint Strategic Needs Assessment (JSNA). This has looked at several different data sources that can support us with assessing localised needs and priorities. Services are then commissioned with the aim to tackle these priority areas within the town.

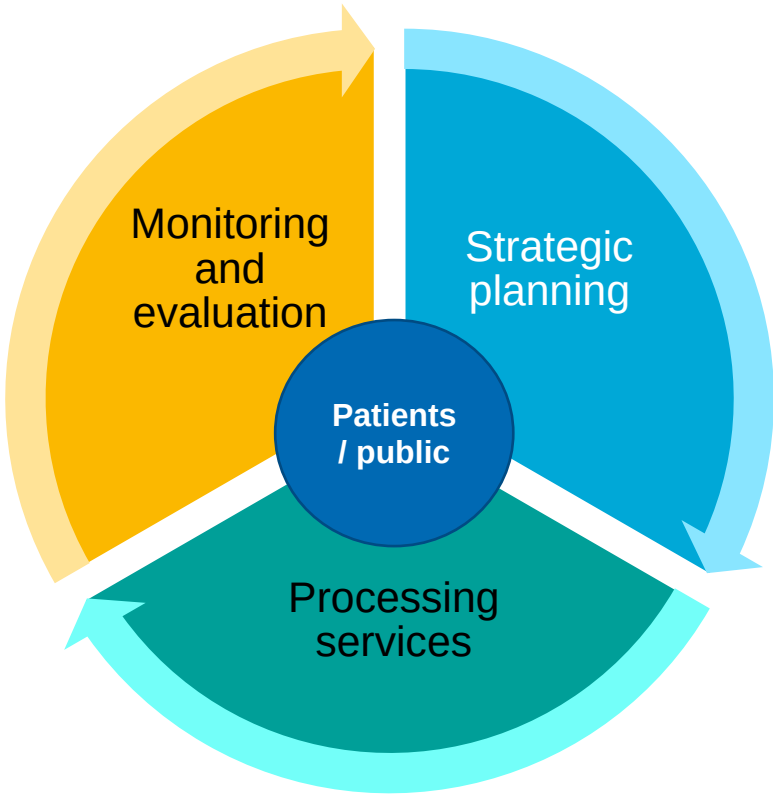
The Health and Wellbeing Strategy is currently being reviewed and refreshed. The emerging key priorities for the Health and Wellbeing Board are:

- Living well
- Food poverty
- Mental health.

The commissioning cycle

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

We are fully committed to involving and engaging our patients and the public, not only to ensure we are meeting our legal duties but so we can be assured we have the best healthcare services that meet the needs of our diverse community. We have worked with our Health Forum and Patient Participation Group Together (PPGT) to listen to their feedback and use this insight to inform change.



NHS Cheshire and Merseyside Integrated Care Board

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

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

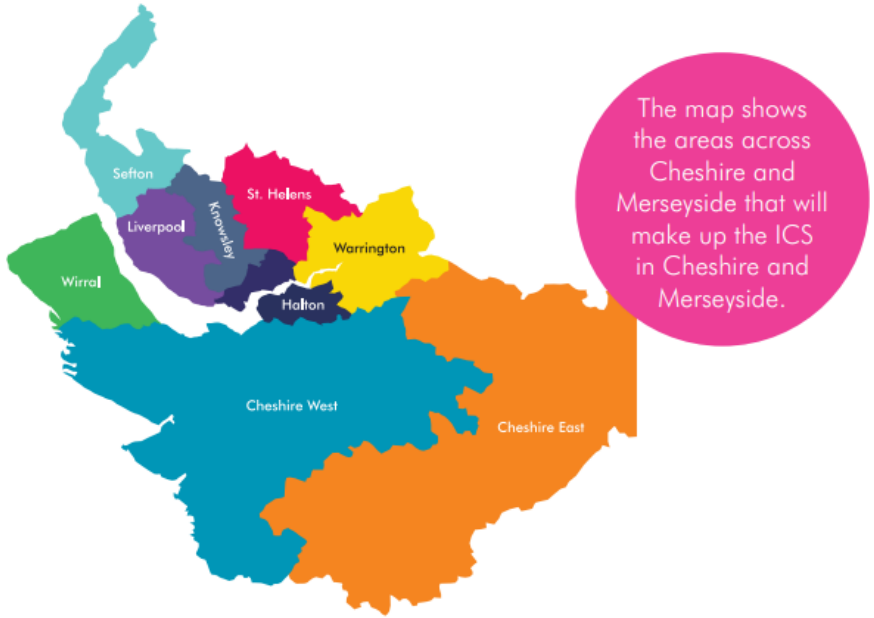
This engagement reinforced that we need to address several significant and well-documented challenges. These are not unique to Cheshire and Merseyside, although some problems are worse for us locally.

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

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

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

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



Key issues and risks

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

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

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

- Potential breach of contract caused by an immediate closure of a GP practice, resulting in reduced patient experience. Work was completed to ensure relevant arrangements were in place to monitor and oversee potential issues
- Possible risk to the delivery of CCG objectives in terms of patient and public engagement, because of changes to the commissioning landscape and transition to Integrated Care Systems (ICS). Work is ongoing to mitigate this risk, particularly in respect of work at place-bases
- Risk of loss of financial authority as a result of temporary financial arrangements. This risk has been closed in-year following the establishment of robust arrangements including the development of a financial strategy and plan
- Long-term absence has created a risk to the delivery of the CCG statutory function in relation to safeguarding. This risk remains open and under close surveillance and has been acknowledged to be a wider issue across CCGs in the Cheshire and Merseyside area
- The recovery of elective activity to address lengthy waiting lists, following the declaration of the pandemic has increased the risk of avoidable harm and deterioration in patient conditions. This risk has been closed in-year as is now closely monitored via relevant contract and quality group meetings with performance data regularly reported to the relevant committees

- There is a continuing risk that there will not be sufficient capacity to support the CCG-related business with an ability to recruit and retain staff due to the transition from CCG to the Integrated Care Board (ICB). This risk remains open and is actively monitored and reported on
- A potential risk exists relating to data errors or misinformation for staff on the Electronic Staff Record (ESR). This risk remains open and is being reviewed and managed as part of the transition and close-down arrangements in the CCG.

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

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

System sustainability

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

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

The original Chief Executive Oversight Group (CEOG) and the associated Collaborative Sustainability Group (CSG) led the development and implementation of the recovery plan supported by NHS Warrington CCG's Programme Management Office (PMO). Due to the impact of COVID-19, and the associated pressures on the NHS, work around the recovery plan stalled.

CEOG and CSG were subsequently replaced by a wider System Sustainability Group (SSG) with a revised Terms of Reference (TOR) and membership. The new group continues to recognise the primacy of place and will

engage with place-based structures and local change programmes to achieve effective delivery of their objectives.

The System Sustainability Group (SSG) will ensure delivery of our commitment to achieve a sustainable health and care system by enacting an agreed work plan.

The scope of the System Recovery Plan is:

- NHS Warrington CCG
- NHS Halton CCG
- Bridgewater Community Healthcare NHS Foundation Trust
- Warrington and Halton Teaching Hospitals NHS Foundation Trust
- Mersey Care NHS Foundation Trust
- Warrington Borough Council
- Halton Borough Council.

The primary focus of the SSG work plan continues to be the development of secure sustainable health services in Halton and Warrington. This will be achieved through the transformation of service provision and step-change improvements in service quality. The work plan demonstrates a shared aim to keep people well and happy in their own homes wherever possible. The Group will adhere and apply, where applicable, the system recovery principles set out in the group TORs in transforming services.

Through its revised membership and refreshed terms of reference, the SSG will provide oversight and direction, collaboratively identifying system-wide priorities to ensure long-term sustainability across the Health and Care system. This way of working creates shared solutions to jointly owned problems, rather than organisational fixes to siloed issues. The latter is often disruptive to system goals and more limited in terms of resolving collective deficits.

Response to COVID-19

Long COVID service

Post (long) COVID Tier 3 Assessment and Reablement Service update

This service came into effect on 5 December 2021 at Warrington and Halton Hospitals NHS Foundation Trust. It primarily receives referrals from GPs across Warrington for patients who have ongoing symptoms beyond 12 weeks of a COVID-19 infection which is not explained by an alternative diagnosis.

The service is commissioned on a Cheshire and Merseyside ICB footprint with monies delegated to Place and a Lead Provider. The level of funding received is based on the number of Covid cases each Place has had and shared across the ICB.

The service is based on a clinical and non-clinical hybrid model with each patient referred in giving the opportunity to be supported non-clinically by either Warrington Wellbeing team or Warrington Disability Partnership.

Once triaged, a patient is taken through a detailed telephone assessment based on the Yorkshire Rehabilitation Questionnaire and the findings from that and medical history are discussed with the Lead GP with Special Interest. The patient is then put on the most appropriate pathway(s) for their ongoing support and this could be Psychology, Pulmonary Rehabilitation Therapy for Breathlessness and/or Fatigue Management, Chronic Fatigue Service, referral to local services such as IAPT or more specialist services.

Since the service came into being, it has received 160 referrals up to mid-June from 22 of the 26 practices in the town.

- Of those referrals, 39% were from patients living in IMD Quintiles 1 and 2 areas
- 19% have been referred to Liverpool Heart and Chest Psychology Service for support
- 23% have been supported both clinically but also by Warrington Disability Partnership
- 13% have been supported both clinically but also by Warrington Wellbeing
- 8% have been referred to the Chronic Fatigue Service at Liverpool University Hospitals NHS Foundation Trust for support.

Across Cheshire and Merseyside, the profile of the long COVID cohort is:

- 70% are white in background, 10% non-white and 20% unknown or refused
- 67% are female and 33% male
- 29% are aged 45-54 years, 27% are aged 55-64 years, and 21% are aged 35-44 years.

COVID-19 vaccination programme

The graphs below show the amount of first and second doses of COVID-19 vaccinations which have been administered in Warrington. This data has been provided by the National Immunisation Management Service (NIMS) within the reporting period.

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

COVID-19 vaccinations in Warrington at 31 July 2022

Dose	Number (%)
At least 1 dose (aged 12+)	166,166 (92.4%)
At least 2 doses (aged 12+)	159,956 (88.9%)
At least 3 doses (aged 16+)	129,744 (76.3%)

Performance Overview

Financial performance summary

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

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

Operational performance summary

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

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

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

Contract Performance Notices

Continuing Healthcare Contracts

NHS Warrington CCG issued a Contract Performance Notice to Harbour Healthcare (The Old Vicarage Nursing and Residential Care Centre) in September 2021, following a Care Quality Commission (CQC) inspection where the provider was rated as 'inadequate'. This has been withdrawn by both the local authority and the CCG in Q1 2022/23. This followed a CQC reinspection with an improved rating of 'requires improvement' and no breaches of Regulations. The NHS continues to support the home during the ongoing improvement process, and has met to discuss supportive measures with them.

NHS Warrington CCG issued a Contract Performance Notice to Heart to Heart Care NW Limited in December 2021 following a CQC inspection rating as 'inadequate'. Following a reinspection, the CQC rating was improved to 'requires improvement', however, there remains a breach of regulation. The CCG continues to work in conjunction with the local authority to gain assurances from the provider through regular monitoring and reviews of reporting and record keeping. The Contract Performance Notice remains open.

Duty to reduce health inequalities

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

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

We have embedded reducing health inequalities in all aspects of its commissioning processes and there is the requirement to consider the impact on health inequalities more fully in its business cases. The Quality Impact Assessment and Equality Impact Assessment processes are now firmly embedded in the commissioning cycle and governance.

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

The emerging key priorities for the Health and Wellbeing Board are living well, food poverty and mental health.

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

As we move towards the establishment of an Integrated Care System (ICS), NHS Warrington CCG is part on the national ICS Population Health and Place Development Programme. This focuses on transforming services and pathways across care settings – adopting an improvement approach rooted in population needs and addressing inequalities.

The programme adopts an approach which traverses organisational boundaries and clinical pathways, and:

- spreads progress on data and digitally enabled care and frictionless workforce models
- supports an understanding of risk within the population and wider drivers of ill-health and hospitalisation, which may have been exacerbated during the pandemic
- enables the shift from reactive to proactive health and wellbeing management, underpinned by enabling governance and delivery models
- capitalises on the cultural shift and social movement around population health and PHM
- uses insight to drive inclusive restoration and target unmet needs, maximising out of hospital care models across place-based teams
- puts the citizen and needs of communities at the heart of local partnerships and decisions, and unites teams around common purpose and vision.

Module C of the programme focuses on supporting local health and care professionals in establishing practical PHM interventions and providing proactive and preventative care centred around the whole person. The local focus is around pre-frailty.

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

Building on analysis of local inequalities data, the Halton and Warrington Communication and Engagement system group has worked collaboratively to extend the reach of communication and engagement activities across the community. The priority was to ensure that messages around COVID-19 were accessible and shared with more vulnerable and harder-to-reach communities. For COVID-19 vaccinations specifically, a Health Inequalities Plan was developed to ensure all citizens could easily access vaccines.

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

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

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

Equality, diversity and human rights commitment

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

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

NHS Warrington CCG's Health Forum is the 'sounding board' for patient and public engagement, reporting directly to NHS Warrington CCG's Joint Quality Committee, which is a sub-committee of the Governing Body. The Health Forum's membership includes representation from the community, third sector, and voluntary groups, in addition to Healthwatch Warrington and public governors from the main provider organisations. This group strengthens our model for engagement, involvement, and consultation, and provides more robust scrutiny of our work and management of risks.

Due regard to the Equality Act 2010

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

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

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

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

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

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

Equality and Inclusion mandatory training

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

Workforce Race Equality Standard (WRES)

NHS Warrington CCG has completed WRES reporting to NHS England and published our WRES action plans. The data is reported to NHS England, which combines with larger data sets across England to analyse representation and experiences across NHS organisations – including CCGs.

Due to relatively low numbers of staff employed by NHS Warrington CCG, the data sets on staff are potentially identifiable and therefore we are unable to publish this. We are able to publish our WRES action plan for 2021/22 which provides the direction for improving our equality performance for our workforce.

The main highlights are:

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

Equality Delivery System (EDS2)

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

Accessible Information Standard (AIS)

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

The report aims to give assurance regarding:

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

Equality objectives

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

NHS Warrington CCG's equality objectives are to:

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

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

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

Key highlights are:

Military veterans

We are proud that NHS Warrington CCG has signed the Armed Forces Covenant and has now been awarded the Silver level of the Employer Recognition Scheme. The Defence Employer Recognition Scheme (ERS)

encourages employers to support defence veterans and inspire others to do the same. The scheme encompasses bronze, silver, and gold awards for employer organisations that pledge, demonstrate or advocate support for the defence and armed forces communities, and align their values with the Armed Forces Covenant.

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

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

Equality Champions

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

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

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

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

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

Improving quality – quality assurance

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

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

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

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

Patient safety	Patient experience	Clinical effectiveness	Responsiveness	Being well led

Performance against Care Quality Commission standards

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

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

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

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

Central and West Warrington Healthcare Network	
Causeway Medical Centre	Good
Dallam Lane Medical Centre	Good
Eric Moore Partnership	Good
Folly Lane Medical Centre	Good
Guardian Medical Centre	Good
Helsby Street Medical Centre	Good
Penketh Medical Centre	Good

East Warrington Network	
Birchwood Medical Centre	Good
Fearnhead Cross Medical Centre	Good
Padgate Medical Centre	Good

Warrington Central East Network	
Cockhedge Medical Centre	Good
Fairfield Surgery	Good
Greenbank Surgery	Good
Holes Lane Surgery	Good
Manchester Road Surgery	Good

Warrington South Network	
Brookfield Surgery	Good
The Lakeside Surgery	Good
Latchford Medical Centre	Good
Stockton Heath Medical Centre	Good
Stretton Medical Centre	Good

Warrington Innovation Network	
Four Seasons Medical Centre (Dr Anita Malkhandi)	**Good**
Chapelford Medical Centre	**Good**
Culcheth Medical Centre	**Good**
Park View Medical Practice	**Good**
Springfields Medical Centre	**Outstanding**
Westbrook Medical Centre	**Good**

Full inspection reports can be viewed on the CQC website.

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

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

Across our system, we strive to consistently commission a high level of service provision and delivery. The quality of services received by our local population and the experience of service users are important factors in

how we operate. With increasing pressure on health and social care services nationally it is crucial to ensure high standards of care are maintained and improvements are evidenced.

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

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

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

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

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

This experience is being shared at a regional and national level to influence the new model going forward. During the pandemic, we commissioned a new service to deliver consistent and equitable stoma care across the Cheshire and Merseyside footprint. The provider was supported to produce safe and robust policies and protocols, including incident and safeguarding pathways with the rollout of the service completed on 5 November

2021. The service is monitored monthly and the initiation phase has highlighted the high quality and safe delivery to the Halton and Warrington population.

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

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

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

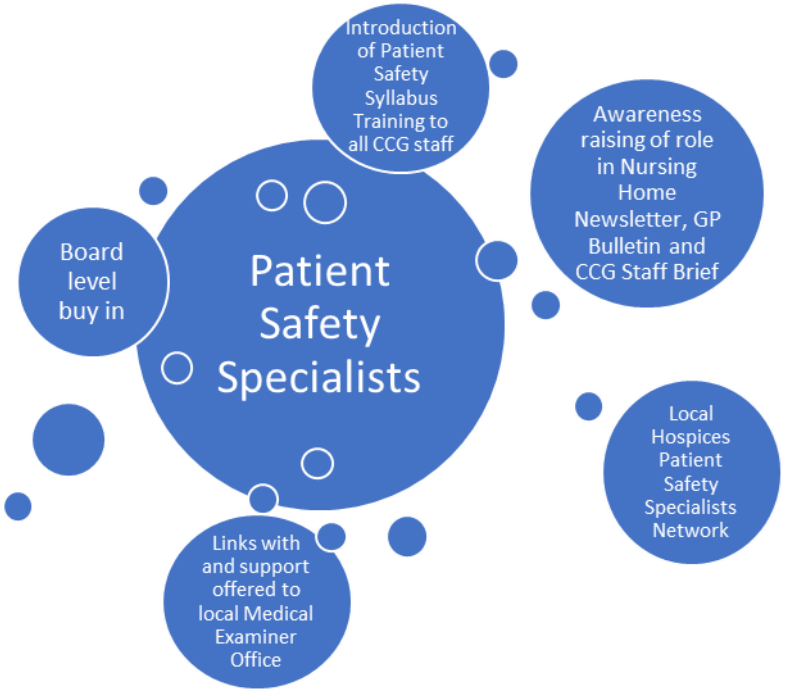
The first two levels of training were released on the Health Education England e-learning platform on 27 October 2021. It is intended that every member of staff, regardless of role or level, will complete level one.

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

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

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

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



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

A quarterly Primary Care patient safety bulletin collates themes and trends from reported incidents to allow for anonymised lessons to be shared across NHS Warrington CCG practices, all commissioned services and the wider system. As the Patient Safety Incident Response Framework (PSIRF) is rolled out nationally, it will replace the current Serious Incident Framework (2015).

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

Warrington and Halton Teaching Hospitals NHS Foundation Trust has continued to meet the demands of the population with the patient's safety being paramount. The Trust is reviewing all breaches of the 12-hour target with an emphasis on patient care, safety, and no harm, which has resulted in wider system support. The Quality team supported a Quality Visit to the Trust following healthcare-acquired COVID-19 infection outbreaks, which identified positive effective practice and excellent clinical support.

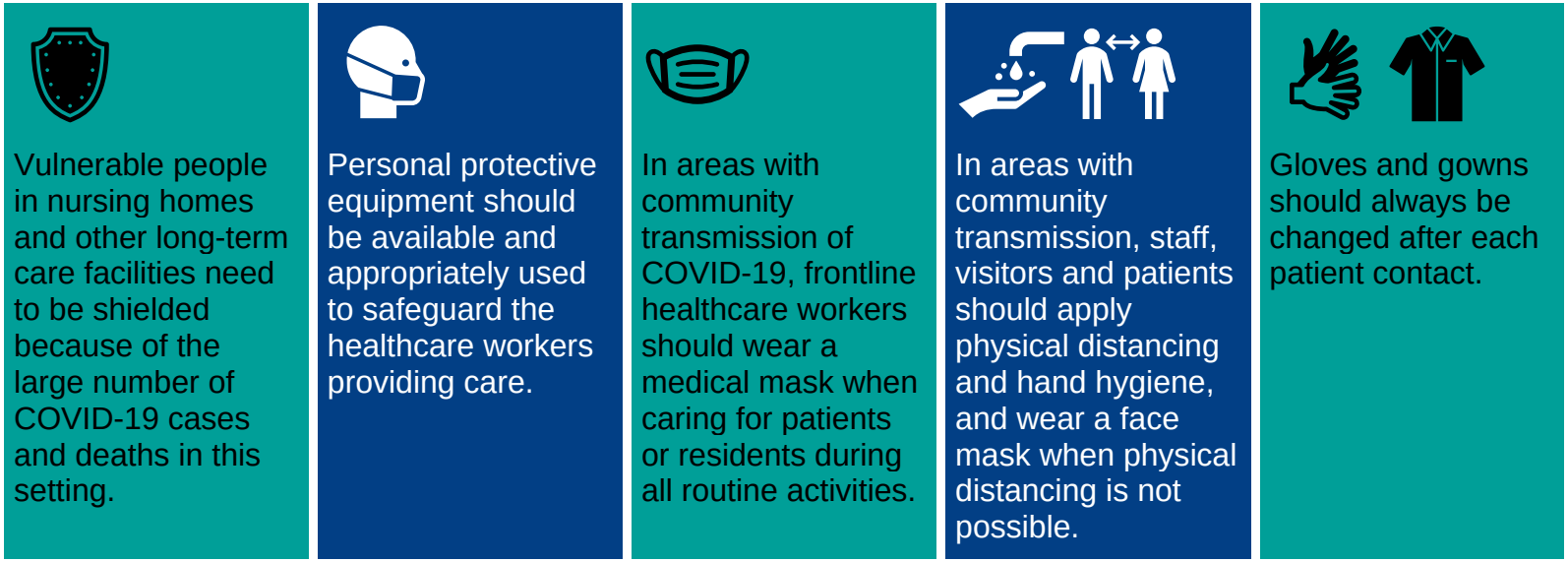
Infection, prevention and control

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

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

Infection prevention and control in healthcare settings

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



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

Together, NHS Warrington CCG and the system have been working to improve infection rates with all identified infections reviewed for learning and good practice. All reviews have been shared to support best practice across the system. The CCG-led Halton and Warrington system has focussed on Infection Prevention Control and have refreshed the action plan to focus on prevention from a Public Health perspective through to actual healthcare practice.

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

E Coli and Clostridium Difficile cases in Warrington

E Coli

38 cases April to June 2022

Clostridium Difficile

15 cases April to June 2022

What we have been committed to:

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

Incidents and serious incidents monitored across partner organisations including Primary Care

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

Areas identified in the first quarter of 2022/23 have included pressure ulcers and falls with action plans for improvement achieved.

Safeguarding

Safeguarding children

Over the last reporting period, NHS Warrington CCG Safeguarding team has focussed Primary Care priorities with national priorities for safeguarding children and the priorities of the Warrington Safeguarding Children Partnership.

Safeguarding activity undertaken has considered any key changes to national legislation and learning from local and national safeguarding children reviews. The team's core business is to safeguard and promote the welfare of children and young people by fully understanding the outcomes we want to achieve together and continually reflecting on how well we do things. We have supported Primary Care to work with our partners and be able to evidence the impact our work makes on the lives of children, young people and adults by keeping the individual at the centre.

The Named Nurse Safeguarding Children has continued to support Primary Care in their contribution to Warrington Safeguarding Partnership working. This has included participation in multi-agency learning (including audits, learning circles and Child Safeguarding Practice Reviews), the shaping of local partnership strategies (through Task and Finish Groups such as neglect, harmful sexual behaviour and domestic violence), and joint agency response meetings following the unexpected death of a child.

The Safeguarding team has represented Primary Care at operational meetings, including the Warrington Safeguarding Partnership Practitioner's Forum, Warrington Safeguarding Partnership Impact Group, Warrington Safeguarding Partnership Training Pool, Multi-agency Risk Assessment Conference (MARAC), Channel Panel and Multi-Agency Public Protection Arrangements (MAPPA).

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

Safeguarding adults

NHS Warrington CCG has maintained GP safeguarding leads meetings over a virtual platform and provided regional and national updates as required.

All safeguarding information has been cascaded via the Staff and Primary Care Bulletins on a regular basis from a place and national level. Training has been provided through the Friday Primary Care meetings and this has covered the Mental Capacity Act (MCA), and the role of the Warrington Safeguarding Adults Board.

Warrington Borough Council multi-agency training programmes have been shared with Primary Care with regular flyers for training information cascaded.

The Integrated Care Board (ICB) safeguarding model and workforce requirements include Cheshire and Mersey-side Primary Care representation to ensure future Primary Care safeguarding needs are reflected in the model being developed.

Resources and updates from the Liberty Protection Safeguards Forum, NHS England and NHS Improvement are frequently disseminated to GP Safeguarding Leads.

NHS Warrington CCG has included safeguarding indicators within the Primary Care dashboard to support contractual assurance.

There are a number of Statutory Safeguarding Adult Reviews in Warrington that will require input and recommendations for Primary Care.

There have been Court of Protection cases flagged with funding for legal fees agreed by NHS Warrington CCG which relate to COVID-19 vaccination decisions. A process has been developed and implemented to ensure an appropriate timely response.

Medicines management and optimisation

During the first quarter of 2022/23, the NHS Warrington CCG Medicines Management Team (MMT) has continued to support all GP practices to ensure safe, high quality and cost-effective management of medicines. This includes support around controlled drug monitoring, clinical incidents, antimicrobial stewardship and launch of the end-of-life algorithm.

The MMT continued to deliver QIPP savings including interventions by the NHS Warrington CCG's MMT, Practice Medicines Co-ordinators, Optimise Rx® and rebate schemes.

The team also continued to support the COVID-19 vaccination programme.

Additional key areas of focus during the first quarter of 2022/23:

- The safe prescribing of high-dose opioids, including supporting NHS Warrington CCG's Complex Pain Programme and launch of prescribing guidelines for symptom management in the dying patient
- Reviews to ensure safe prescribing of oral anti-coagulants
- Continued work around the system-wide Polypharmacy and Deprescribing guidance
- Sustainability work around low carbon 'greener' inhalers, including promotion of social media messages around carbon inhalers
- Continued support to practices around Point of Care Testing providing information and training, to support prescribers in decision making around antibiotic prescribing and improving patient care for patients with diabetes and high cholesterol levels
- Completing the spring MMT practice meetings, with discussion of clinical prescribing issues
- Restarting the Antimicrobial Resistance (AMR) joint system working
- Starting to attend Care Home Quality Sub-Group Meeting
- Medicines Management Technicians restarting work on Warrington Local Formulary Updates on GP Clinical Systems
- Working with the NMP lead to update the CCG NMP Policy.

Staff engagement

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

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

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

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

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

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

NHS Warrington CCG is actively included in the Workforce and Organisational Development workstream and the Wellbeing and Organisational Development subgroup to ensure consistency across the CCG and to ensure that staff wellbeing is considered with the transition.

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

NHS People Plan

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

We recognise the importance of supporting the physical and mental wellbeing of our staff and our aim is to enable all staff to stay healthy and protect themselves, colleagues, patients, and families as we continue to

deliver services through this challenging period. It is also important that staff, whilst working from home, continue to feel part of their team and NHS Warrington CCG.

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

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

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

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

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

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

- Ongoing virtual wellbeing activities
- Staff Development Sessions with a focus on wellbeing, resilience, and self-compassion
- Continued Health and Wellbeing Conversations for all staff every six months.

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

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

- Rolling out our six-monthly Health and Wellbeing Conversations to all staff, including our Carers Passport to ensure carers are supported in the workplace. Included in the conversations is a reminder about the importance of staff self-reporting on ESR
- Focusing on wellbeing and resilience in monthly staff development sessions (facilitated by the HCP). Sessions included feedback from the previous staff surveys to show the importance of wellbeing and resilience
- Review of our Health and Wellbeing conversation template and our new starter forms to include more information about resilience and an I resilience questionnaire
- Health and wellbeing support, resources and information is included as a standard item in our weekly staff bulletin (including HCP support).

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

Belonging in the NHS actions, very much relate to NHS Warrington CCG Workforce Race Equality System (WRES).

Below are the highlights of the activities we have undertaken from our WRES action plan:

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

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

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

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

Performance management

In recent years, it has become increasingly clear that the best way to manage NHS resources to deliver high-quality, sustainable care is to focus on organising health at both system and organisational levels. This has led to the implementation of a new single oversight framework monitoring performance across the system. NHS Warrington CCG operational performance continues to be monitored using the NHS England Single Oversight Framework.

We are committed to ensuring performance against constitutional measures and outcomes is consistently and rigorously maintained. However, in 2021/22, NHS Warrington CCG's normal regime of performance

management continued to be suspended in line with national guidance, due to the NHS' focus on responding to the COVID-19 pandemic.

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

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

Progress against commissioning priorities

In response to the operational planning guidance, NHS Warrington CCG developed its commissioning priorities for 2021/22. In 2021/22, NHS Warrington CCG has continued to progress key elements of these priorities as outlined below.

Communities are strong, well connected, and able to influence the decisions that affect them

We strive to make sure all voices, including those of the most vulnerable, are heard. This is achieved by undertaking specific engagement activities with various groups, including Warrington Speak Up, Warrington Disability Partnership, Warrington Parents and Carers, WIRED carers, Home-Start Warrington, and St Rocco's, amongst others.

Engaging virtually

We continued developing our digital strategies to support patients and volunteers to remain involved with our work. We now have a digital toolkit to support staff and the public in organising and attending digital events. The toolkit includes:

- the potential of digital events
- the challenges of digital events
- pre-event organisers' checklist
- digital event plan template
- how-to guides for delegates.

Health Online

We undertook a health online engagement activity to support a Digital Inclusion Strategy for Primary Care. This is part of our continuing digital strategies work, which started in 2019/20 and supports patients and volunteers to remain involved with our work and healthcare. The work involved engagement with equality groups including

people with learning disabilities and working with four third sector organisations to train cohorts of the community on eConsult and the NHS app.

Evaluations then took place on the effectiveness of the training as a method to increase confidence. Recommendations from this work will be fed into NHS Warrington CCG's Primary Care teams and the PCNs for further work in 2022/23.

Support to Primary Care

The team continues to offer a comprehensive programme of support to our Primary Care colleagues around patient engagement methods.

The team has delivered a series of masterclasses to the practice managers and PPGs, which have focused on:

- volunteer recruitment and retention
- volunteer management
- digital volunteering
- the practicalities of volunteering in a post-pandemic world.

We are continuing to support the PCNs to develop a patient voice. The outcome of this work will inform the development of a comprehensive support pack for all PCNs. The support pack will include a step-by-step guide, templates, relevant policies and procedures. This will enable all PCNs to progress the development of PCN level engagement and establish a PCN-wide engagement network.

Housing and the environment enable people to make healthy choices

We are a signatory of the Warrington Health and Wellbeing Board Strategy. A key aim of which is to ensure that housing and the wider environment promote health and healthy choices. As such, we are an active member of the Warrington Housing and Homelessness Action Partnership, the aims of which are to ensure:

- the development of healthy places and homes
- we have sufficient, stable, appropriate accommodation that meets the needs of our residents
- that future growth provides adequate quality and accessible open spaces and facilitates active travel.

As such, Warrington has successfully bid for Town Deal funding to support some of these aspirations, with NHS Warrington CCG being represented on both the Warrington Town Deal Strategic Board and key delivery groups.

There are low levels of crime and people feel safe

The statutory Community Safety Partnership (CSP) is the local multi-agency partnership established to tackle community safety issues within Warrington. It has a statutory obligation under the Crime and Disorder Act 1998 (and subsequent legislation) to work in partnership to address:

- crime and disorder
- anti-social behaviour
- behaviour adversely affecting the environment
- substance misuse
- reducing re-offending.

Its priorities and delivery plans are determined by a statutory annual Community Safety Strategic Assessment, and links to Cheshire's Police and Crime Commissioner's Plan.

NHS Warrington and NHS Halton CCGs' work around safeguarding and community safety is embedded in the partnerships and meeting work plans and activities which link to the relevant boards as per the diagram on the next page to support preventing, reducing and protecting communities and adults at risk from harm.

We are committed to working towards the multi-agency responses to changes in crime, disorder patterns and the vulnerabilities created through COVID-19 and identified through data and intelligence gathered from key partners through its various subgroups and meetings.

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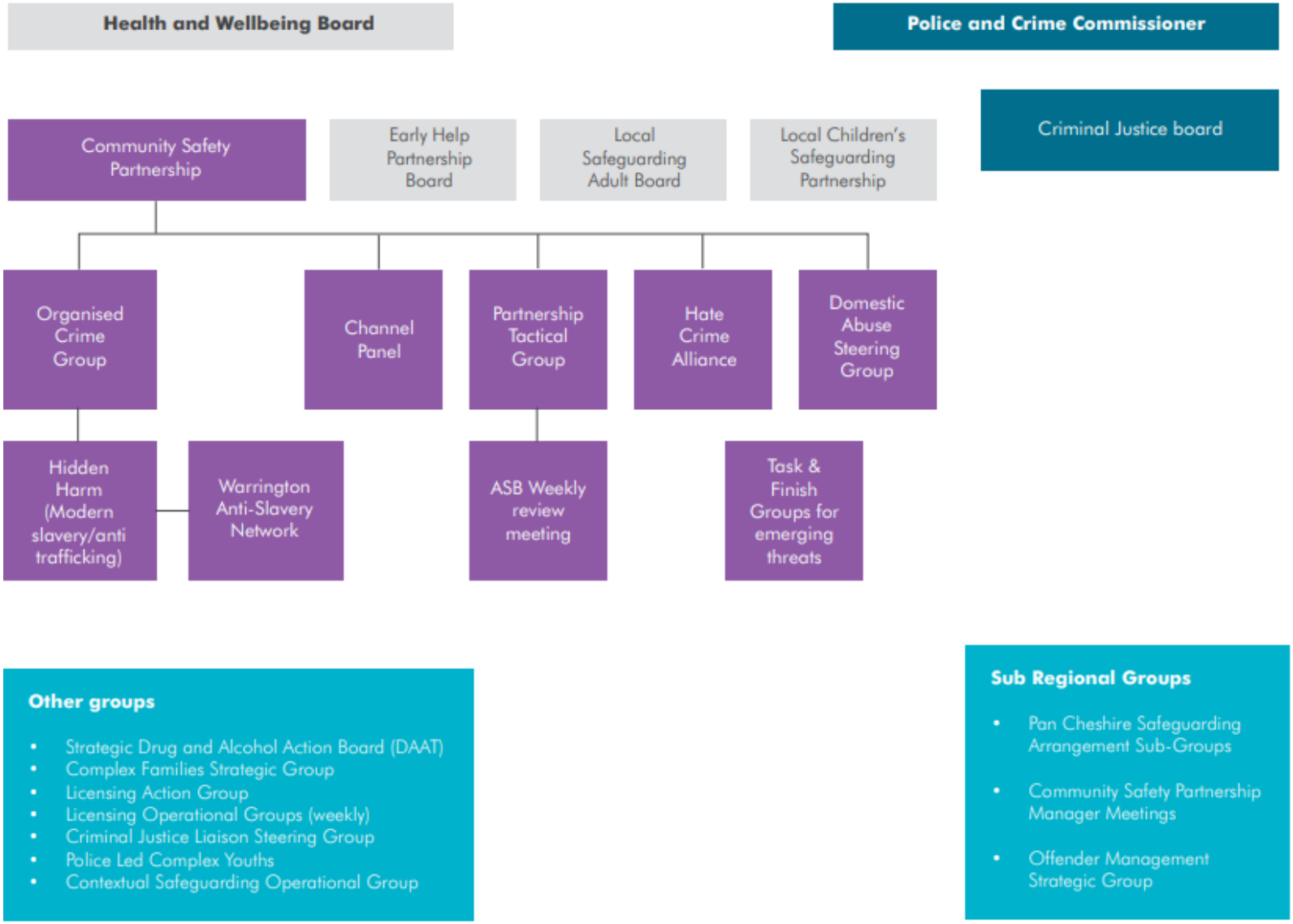


We work together to safeguard the most vulnerable

Improving the lives of people with a learning disability (LD) and/or autism

NHS Warrington CCG and Warrington Borough Council are working closely with local housing and care providers to develop a variety of local good quality housing. The overall aim is homes that meet the needs of individuals with a Learning Disability and or autism thus preventing out-of-area placements.

Supporting treatment and appropriate medication in paediatrics (STAMP)

The Warrington Medicines Management Team completed a STAMP audit in all NHS Warrington CCG practices (carried out from December 2021 to May 2022) which identified 210 patients on the learning disability and/or autism register. Of these patients, 19 were aged 0-5 years, 62 were aged 6-10 years, 66 were aged 11-14 years and 63 were aged 15-18 years.

A total of 22 antidepressants / mood stabilisers, eight benzodiazepines, eight antipsychotics and 167 melatonin were prescribed.

The audit found that there were five doses outside the British National Formulary (BNF) recommended dose and three when required (PRN – Pro Re Nata) doses with no clear instructions of use and these were followed up with the GP practices. 172 patients were found to have had a review in the last 12 months.

Case study: Learning disability mortality review

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

Since 2019, NHS Halton CCG and NHS Warrington CCG have agreed to take a combined approach to the delivery of the LeDeR programme. We have implemented a panel multi-agency approach to the completion of the LeDeR reviews. Since implementation, the panel methodology has worked well with reviews being completed within the expected timeframe, subject to robust review and local learning identified. Engagement in the panel and information sharing for the reviews by local partners has been good.

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

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

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

Starting well: Children and young people get the best start in life in a child friendly environment

Maternity services

NHS Warrington CCG chairs a Local Maternity Services System Meeting with key stakeholders from across Halton and Warrington. The focus of this group has been the delivery of national requirements including the Ockenden Report, the Cheshire and Mersey Local Maternity Services Network requirements, COVID recovery and our local delivery plan. NHS Warrington CCG is also represented on the local Maternity Voices Partnership Board.

A requirement of NHSE/I is that women have continuity in terms of the person caring for them during pregnancy, birth, and postnatally. In 2021/22, Warrington and Halton Teaching Hospitals NHS Foundation Trust achieved more than 75%, which is well above the national target of 50%. This is supported by the new Midwifery teams model at the Trust, which includes specialisms such as a Vulnerable Women's team.

Other key elements of the NHS Operational with regards to maternity services locally are as follows:

Saving Babies' Lives

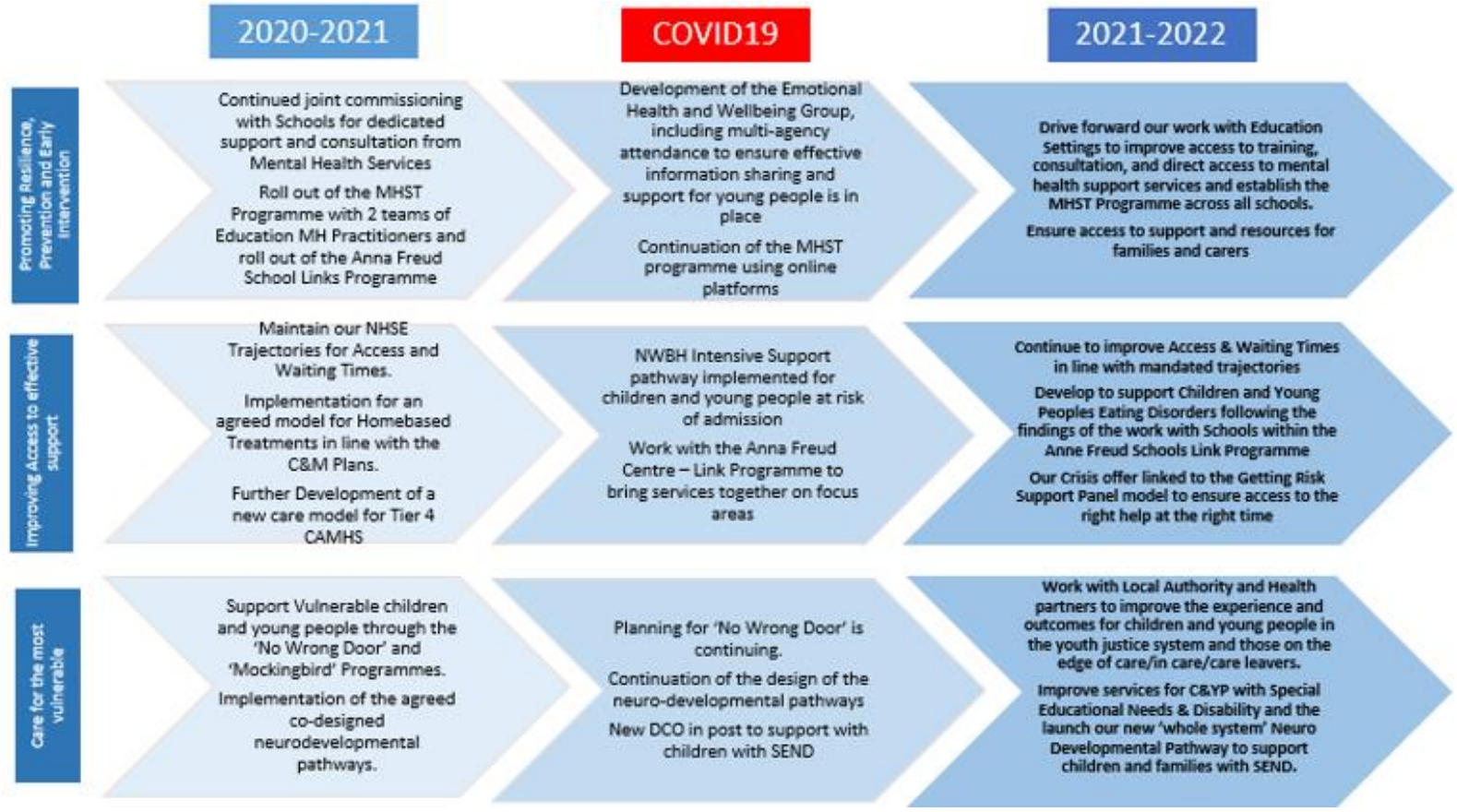
- This continues to be successfully implemented at Warrington and Halton Teaching Hospitals NHS Foundation Trust
- NHS Warrington CCG has included this requirement within the existing specification for local and associate Maternity Contracts and is to be included again in the 2022/23 refreshed service specification
- Performance is reported monthly and monitored via a dashboard
- A new electronic patient record system for maternity services has improved communication between the Trust and partner agencies.

Continue improving choice and personalisation

- Warrington and Halton Teaching Hospitals NHS Foundation Trust has established a Co-located Midwifery Led Union-site 'The Nest', which is performing well and popular with local women
- All women now have a personalised care plan
- A maternity services specification for 2022/23 has been developed in conjunction with maternity services leads, public health commissioners, Local Authority Early Help, and community nursing leaders to ensure that, as a system, we deliver the national requirements including those following the Ockenden Report (2020), the aspirations of the Cheshire and Mersey Local Maternity Services Network and improve outcomes and experiences for our local women and families.

Children and young people's mental health

The 2021/22 Warrington and Halton children and young people's 'Local Transformation Plan' was a continued reflection of the commitment locally to improving the mental health and wellbeing of our children and young people. The Plan was endorsed by the Warrington Health and Wellbeing Board in February 2021 and reflects the strength of local partnerships. This diagram highlights the priorities and our progress across the life of the programme and towards the end of 2022.



Going forward, there will be no requirement for Places to have a Local Transformation Plan, however, Warrington intends to maintain this approach which will reference the following drivers that will inform our local plans:

- The Northwest C&YP Mental Health Strategy
- The Cheshire and Mersey Children's Programme Board's Mental Health Subgroup priorities
- The Northwest CAMHS Review Priorities
- Warrington's local needs analysis and priorities.

Key areas of focus and improvement in 2022/23 include:

- ensuring children and young people can access help when they need it through the expansion of the 24/7 Crisis Offer
- improving the mental health of parents and ensuring strong attachment through the implementation of our local Perinatal Offer
- maintaining complex children and young people in their homes and communities and avoiding admissions to care, custody and into mental inpatient or acute paediatric settings
- improving mental health outcomes and experiences for children and young people with Special Educational Needs and Disability (SEND), Neuro-developmental conditions, and learning disabilities through ensuring equitable access to mental health services
- extending our partnership programme of work with schools to increase the access to mental health professionals for education staff and children and young people in settings
- ensuring children, young people and families/carers have timely access to evidence-based interventions and help, alongside ensuring professionals can access training and support to ensure they can identify and support children and young people effectively
- ensuring improved outcomes and experience for children and young people with tics and Tourette's through the development of a standardised Cheshire and Mersey pathway of care.

Living well: There is a strong, system-wide focus on promoting wellbeing, preventing ill-health and addressing inequalities

Prevention and self-care

Despite the constraints of the NHS's response to COVID-19, the CGG has continued to support key elements of the prevention and self-care agenda across Warrington.

NHS Warrington CCG, as a member of the Warrington Health and Wellbeing Board, is actively engaged in large-scale transformational programmes of work that are bringing about the shift towards an increasingly whole-system approach to tackling deprivation and prioritising prevention.

An example is NHS Warrington CCG support of Warrington Wellbeing; this is our multi-agency, coordinated approach to preventing ill-health and promoting wellbeing. Warrington Wellbeing is not just about specific health issues or lifestyle behaviours.

Evidence shows that income, education, employment, and housing all have a significant impact on wellbeing, and ultimately affect health outcomes. Warrington Wellbeing offers a collaborative approach to addressing needs in a holistic way, and means we are far more likely to be able to address underlying issues that impact individuals' capacity to adopt healthier lifestyles or take greater control of their wellbeing.

An example of our support of Warrington Wellbeing is the commissioning of a High-Intensity User (HIU) service. The HIU service was commissioned in 2019 by NHS Warrington CCG, to provide non-medical support to individuals who frequently attend Warrington Hospital Accident and Emergency department

Evaluation of the service in 2021 highlighted that ED attendances, NEL admissions and bed-days reduced for the identified cohort meaning an indicative saving of £231k has been made (although due to block contract arrangements this is not an actual cash saving).

NHS Warrington CCG is also a key stakeholder in the Borough's Living Well Programme. In 2021, the Living Well Sub-Group (comprising Public Health, Voluntary and Community Sector, NHS Warrington CCG, Adult Social Care and others) developed Community Led Support for Birchwood that included 'Talking Well' sessions for local residents. Work is ongoing to confirm the branding for the Live Well programme and the development of the Wellbeing Hub. By doing this work we will reduce demand on statutory services, reduce dependency and increase individual and community resilience.

NHS Warrington CCG has continued to support the Borough Council on the Carers Partnership board and with delivering the Warrington Carers Strategy. The Warrington Carers Partnership Board has a strategic role in overseeing the development, joint commissioning and implementation of services for people who are unpaid carers irrespective of their age, to achieve the vision for carers. The strategy covers adult carers, young carers and parents of children with disabilities and sets out how we respond to our responsibilities and duties to carers. A key strand of the strategy is to support carers to maintain their own health – both in preventing the development of health conditions, and in accessing timely treatment and support.

Reducing health inequalities

One of the biggest challenges facing Warrington is the inequalities caused by socio-economic deprivation and the impact this has on the health and wellbeing of individuals and communities. Emerging evidence is that this may have been adversely impacted by the COVID-19 pandemic. It has been apparent from the early stages of the pandemic that some groups are at a much higher risk of catching and dying from the virus than others. Factors such as age, gender, ethnicity, and socioeconomic deprivation are all known to be important. Critically, these factors combine in complex ways to put some people at much greater risk.

In addition, the measures taken to control the spread of the virus are having unequal socioeconomic impacts, which are likely to deepen health inequalities in the long term.

As identified in the recently refreshed Health and Wellbeing Strategy, inequalities in health outcomes are most starkly demonstrated by the gap in life expectancy between the most and least deprived areas of the borough. An example of the system approach to reducing health inequalities is the establishment of Alcohol Care teams so that better traction can be gained across all sections of secondary care with a better connection back to community support for substance misuse.

The system has considered the latest recommendation around Alcohol Care teams, including models of delivery, funding and methodology. This work will further develop and enhance the work on ‘Repeat Attendees’ for alcohol to ensure those who are known to the hospital receive the appropriate intervention and advice and will build on the learning and impact of the 2019/20 Risky Behaviours CQUIN and the introduction of the High-Intensity Users model in Warrington.

During the COVID-19 pandemic period, the significance and impact of diabetes was noted. In response to this, the National Diabetes Prevention Programme (NDPP) was regularly promoted and made accessible to people in

Warrington, through Primary Care or by direct referral. We have also made Continuous Glucose Monitoring (CGM) available to all pregnant women with Type 1 diabetes.

In 2021/22, NHS Warrington CCG developed a cancer screening coordinator role, the purpose of which is to increase uptake of cancer screening within Primary Care and support GP practices across Warrington. The ambition is to find 75% of cancers within stage 1 or 2 by 2028.

Cancer staging is the process of determining the extent to which cancer has developed by growing and spreading this is a progressive stage from 0 to 4. This year we have set up a PCN cancer screening ambassador course for non-clinical staff within our GP practices (65% complete). This course provides practice staff with the tools, confidence and knowledge to implement change and break down barriers for our patients who attend the screening. We have also set some community training and have delivered several courses raising awareness with teams such as the Lifestyle team, dietitian assistants and volunteers.

To support this, we have invested in some cancer awareness banners and these have been put on display at the vaccination centre. We are about to launch a cervical cancer reminder text messaging service in partnership with the Cheshire and Merseyside Cancer alliance.

Integrated commissioning

There has been ongoing work to support the move towards greater health and care integration in Warrington:

- Development of the Place Partnership Board is progressing well and is now formerly known as the Warrington Together Partnership Board (WTPB)
- Although the start date of the formal commencement of Integrated Care Boards (ICB) has been pushed back to 1 July 2021, partners are still working hard to develop the Warrington partnership, which included a Board development session on 18 November 2021, at which, with support from Hill Dickinson, the final Draft of the Partnership Memorandum of Understanding and the Board Terms of Reference have been developed prior to approval at the next WTPB in February 2022
- A survey of partners on the ‘maturity’ of the Warrington Together Partnership has been conducted and has been used to drive the Warrington Together Organisational Development (OD) Plan. Our self-assessment and OD Plan have been shared with the Cheshire and Merseyside ICB and were used as a discussion

point for the Warrington Place meeting with the Chair and Chief Executive Officer of the ICB in December 2021

- The OD plan will be supported by the involvement of the Warrington Partnership in the National Population Health Management (PHM) Development Programme, which supports a Place to deliver the best possible value to population health segments in specific neighbourhoods
- The Warrington Together Transformation Manager is now in post and, with support from partners, is starting to develop the Warrington Together Programme Office. This post is jointly funded through the place-based budget and key initial tasks include the development of governance arrangements, supporting the Warrington Together OD Plan and ensuring our involvement in the PHM Development Programme is optimised
- This post-holder will also support the development of; the WTPB work programmes, such as Ageing Well; the governance sub-committees such as Quality and Safety; and enabling groups such as the Warrington Together Digitisation Enabling Group.

ICS population health and place development programme

Partners across the Warrington system have been taking part in the ICS Population Health and Place Development Programme, which is providing support during the transition to the ICB. This programme supports ICS and Place leaders across all regions, enabling systems and nominated Places (of which Warrington is one) to deliver the best possible value to population health segments in specific neighbourhoods.

Four modules are being undertaken as part of this programme:

- Ambition, vision and leadership
- Governance, functions and finance
- Population health management and integrated transformation
- Digital, data and analytics.

There is a sustained focus on addressing lifestyle risk factors and protecting health

Local change programmes identified in 2021/22 were driven by evidence of significant unwarranted variation in spend, quality and outcomes for people in Warrington. These programmes are highlighted below.

Respiratory

An ICS level Respiratory Programme was implemented across Cheshire and Merseyside in 2021/22. Key work programmes have included:

- Long COVID Assessment and Reablement Service
- Quality Assured Diagnostic Spirometry (Early and Accurate Diagnosis)
- Pulmonary Rehabilitation
- Medicines Management – Inhalers/Greener NHS
- Prevention
- Data
- COVID Oximetry@Home Pathways
- Pilot of respiratory virtual wards for COVID and non-COVID diagnoses.

Healthy livers

A Gastro-Heptobiliary/Alcohol work programme was established in 2019. The pandemic has impacted progress in this workstream, however, the Alcohol Care team has been funded for a further period to support the programme to reduce the impact of alcohol on individuals and promote access to supporting services.

The Alcohol chapter in the Joint Strategic Needs Assessment (JSNA) provides additional insight into local needs.

Work has also taken place at a Cheshire and Merseyside ICS level around the ambition for a standard alcohol care pathway in acute trusts.

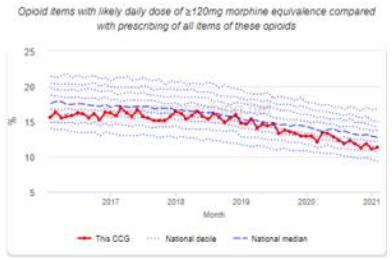
Complex pain

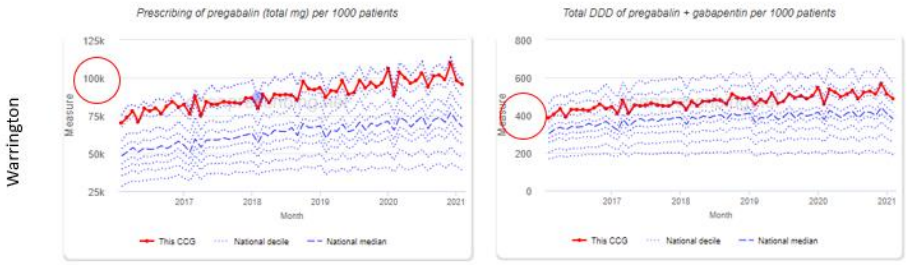
The following diagrams and notes describe the process, products, and outcomes of the Complex Pain Programme in 2021/22 and our plans for 2022/23.

Working in conjunction with our Medicines Management Team to understand the data and opportunities that exist to reduce the number of high opioid users and levels of prescribing further work has been undertaken with Primary Care as part of the protected learning time sessions with Primary Care in 2021/22. The impact of this work can be seen in the Halton and Warrington data below that highlights a steady reduction in high-dose opiate usage, but with a corresponding increase in the prescribing of gabapentin. This mirrors the national trend for both drugs, however, Warrington and Halton are higher when compared with similar NHSE/I Rightcare peer comparators and the national average.

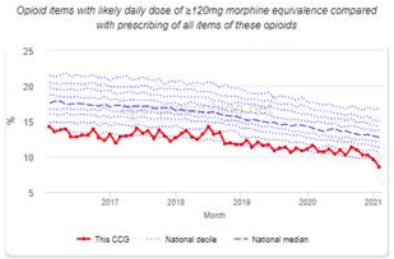
Programme suspension and restart

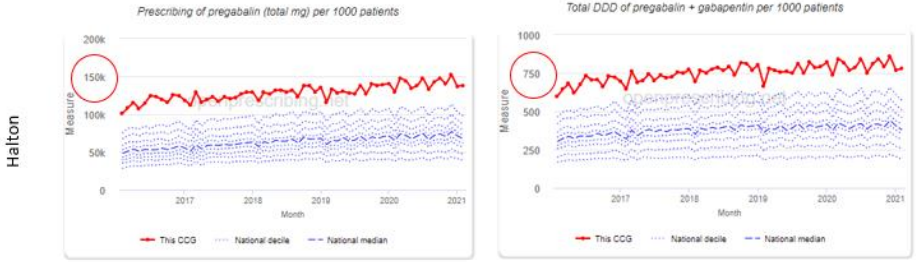
Warrington CCG





Halton CCG





Warrington's complex pain programme commenced in 2019/20. However due to system constraints during the COVID-19 pandemic, the programme was suspended in 2019/20. In spring 2021, discussions commenced regarding restarting the programme – leading to a whole-system event in September 2021.

Timeline pre COVID-19

2019
Complex pain 'story board' developed in collaboration with NHS RightCare, local analysts and Medicines Management in CCG.

2019
Complex pain 'GP – Clinical Lead' appointed and secondary care leads identified.

Nov 2019
Complex pain PID signed off at COG. Shift from 'project' to 'programme' (now includes Medically Unexplained Symptoms).

2020
Halton and Warrington cross-sector 'complex pain' steering group established.

March 2020
Whole system 'complex pain' engagement event.
+ First national COVID-19 lockdown.

2020
Bio / psycho / social approach confirmed and initial programme of work established across Halton and Warrington (PMO Workbook in place).

Timeline of programme restart

Key: Primary Care | Secondary care | Tertiary care | Self-care

COG
May 2021
Sign off

CDSG
June 2021
Sign off

Jun 2021
Core working group

June 2021
Programme refresh

July 2021
Secondary care

July 2021
OCATS

July 2021
Primary Care PLT

Aug / Sept 2021
System partner

Oct 2021
Whole system event

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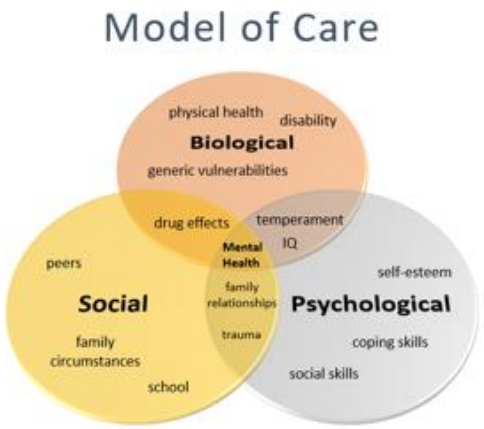
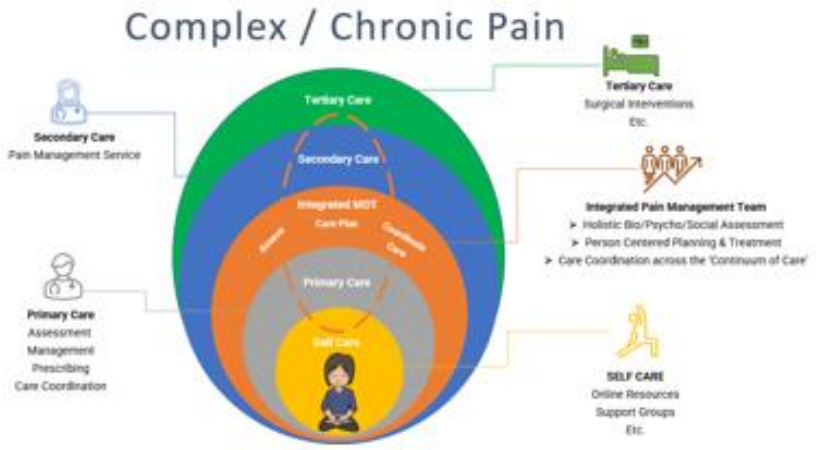
Whole system pain event

At our September 2021 pain management event, key stakeholders discussed the context, drivers and opportunities around complex pain. As part of these discussions, stakeholders were asked to reflect on the priority areas of focus and opportunity – which then informed our plans for 2021/22 and 2022/23.

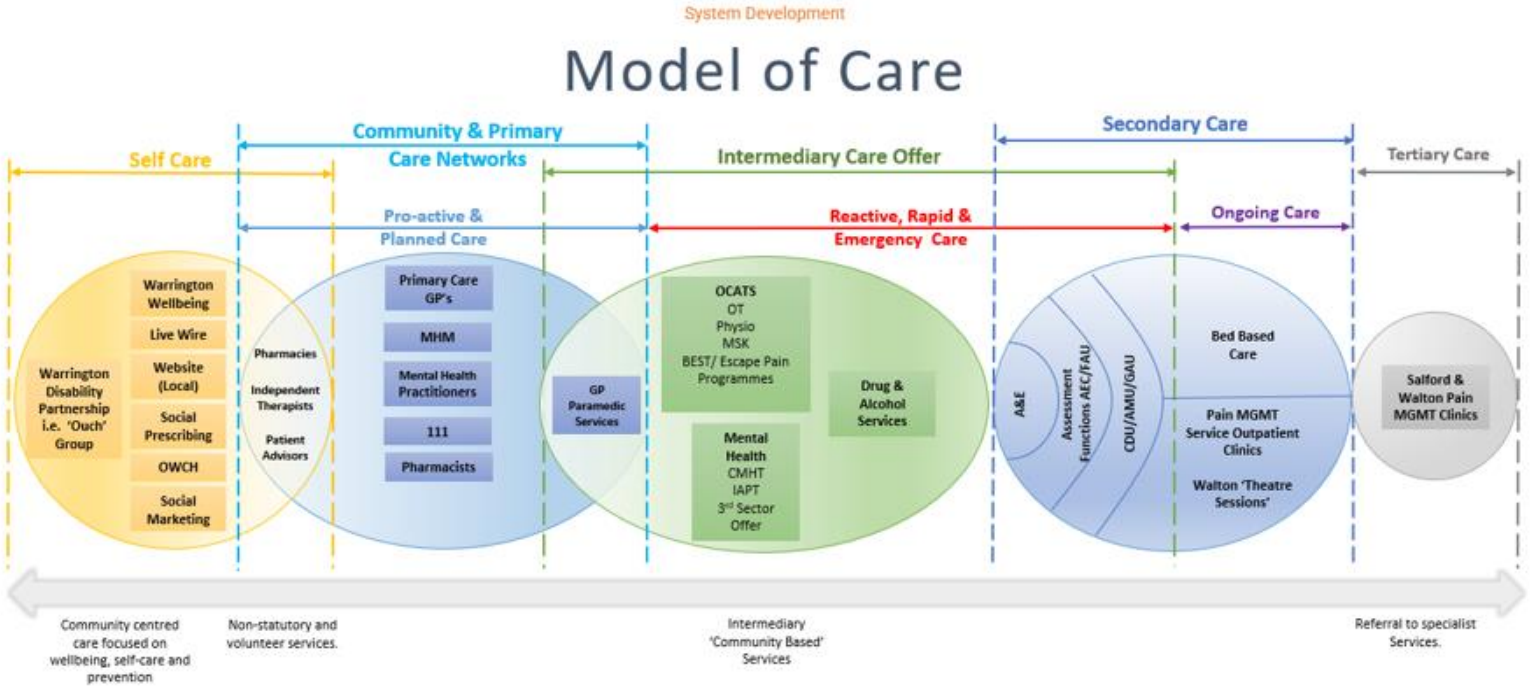




Whole system pathway model and priorities

Following the whole-system event in September, a multi-agency steering group has been established to take forward work on a whole-system pathway for complex pain – centred around self-care and developing a graduated and coordinated response.

The two main areas for focus in 2022/23 shown in the early and still-developing representation of the pathway below will be our self-care offer and our intermediary care offer.



Coronary heart disease

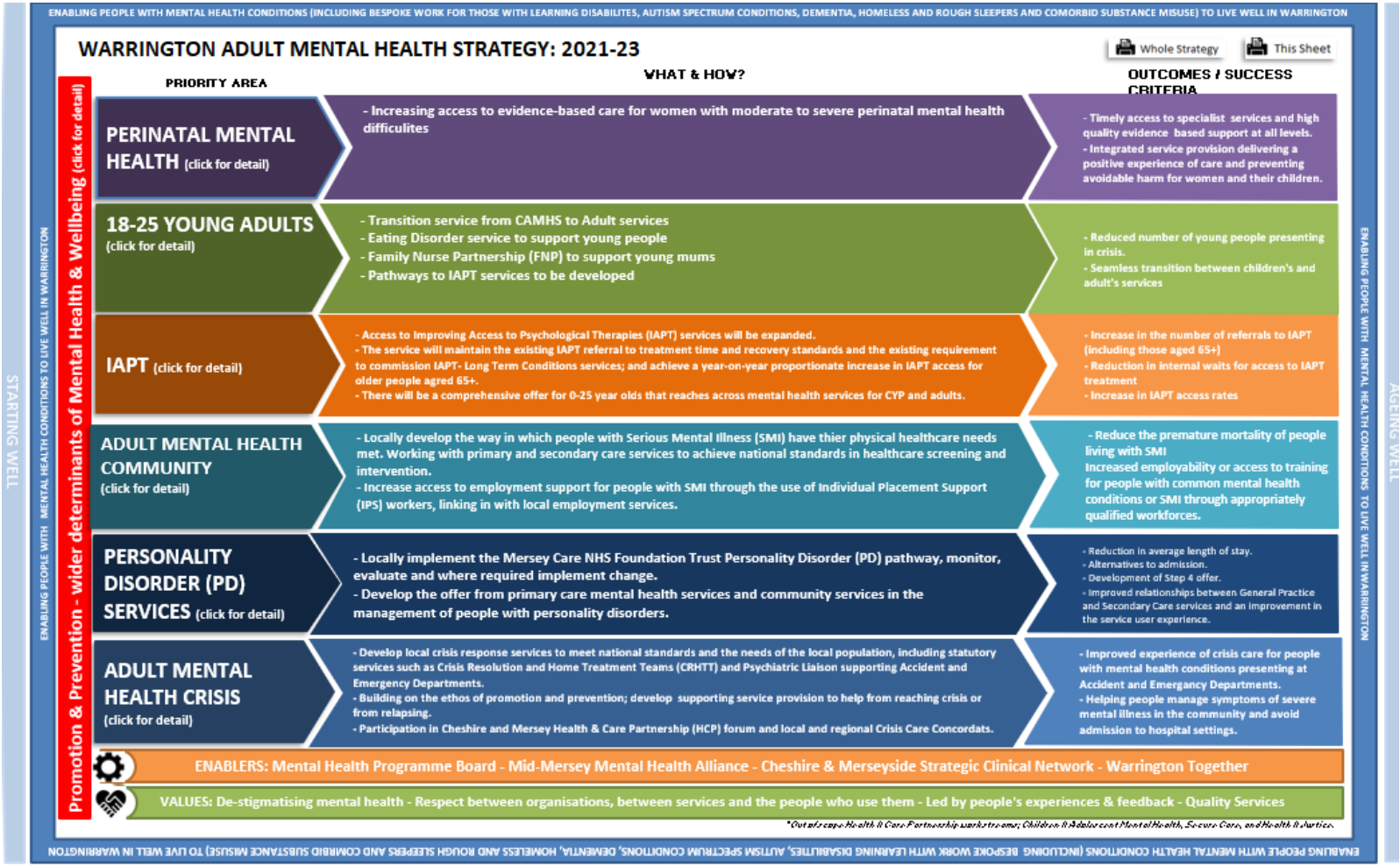
The Cheshire and Merseyside Cardiovascular Disease (CVD) Board has ambitions to increase the detection of hypertension to 80% of the predicted prevalence over the 10-year period (2019-29). For Warrington, this requires the identification and diagnosis of a further 10,000 people across the town.

A local Primary Care Enhanced Service (ES) is in place to support both identification and management of hypertension. The Cheshire and Merseyside Blood Pressure Quality Improvement (BPQI) Programme has been actively rolled out to practices to enable support and evidence-based practice.

Blood pressure at home (BP@Home) Services were further developed during 2020/21 to support people who are shielding and who have poorly controlled hypertension. Pathways have been established and remote monitoring is in place across the footprint to support this vulnerable, often shielding cohort to stay well. This pathway and model have been further embedded with all practices having deliveries of BP monitors to support this work.

Both mental health and physical health are promoted and valued

The Warrington Adult Mental Health Strategy 2021-23 has been developed from the NHS Long Term Plan and local priorities.



Key areas are:

- perinatal mental health
- young adults and the transition to adult services
- improving access to psychological therapies (IAPT)
- community mental health services
- personality disorder services
- mental health crisis response.

Mental health, dementia, learning disability and autism

Mental health services during the pandemic

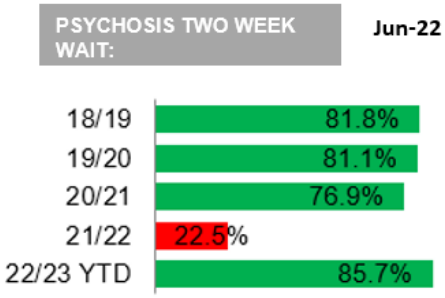
We are proud that our commissioned mental health services have continued to adapt in response to COVID-19 and adopt safe ways of working to ensure they support the population of Warrington. Both primary and secondary care mental health services have remained open throughout, and we want to encourage people to continue to seek mental health support when they need it.

Plans for 2022/23 are to continue to learn from the new ways of working and continue to adapt services to ensure maximum accessibility in a safe way. Partners continue to deliver against the Mental Health Long Term Plan (LTP) and Warrington's local Mental Health Strategy has been refreshed, with the involvement of key stakeholders, to support LTP ambitions at pace.

Risks, Issues and Mitigations

Similar to many other sectors, workforce and staffing remains a pressure. Plans have been developed across the system to mitigate this, such as a joint recruitment campaign across Cheshire and Merseyside for new IAPT trainee staff.

Key Performance Indicators



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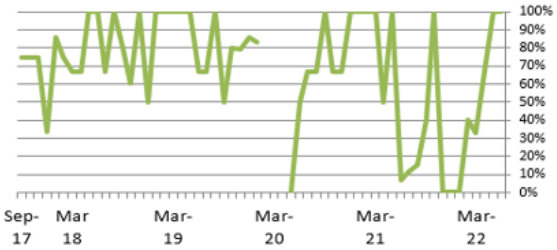
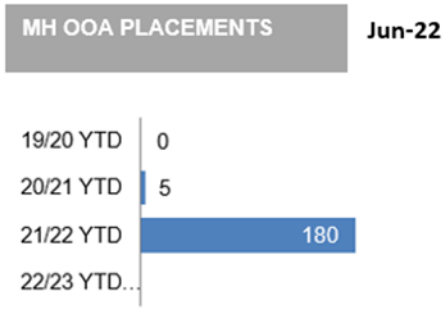


The low reported performance in 21/22 was due to a recording issue as patients were transferred from the North West Boroughs patient recording system to Merseycare. This has not affected patient care. Merseycare are actively working with NHSD to correct the historical data, however resource issue within NHSD mean that there is no timescale for this to be rectified. Current data is in line with historical performance.



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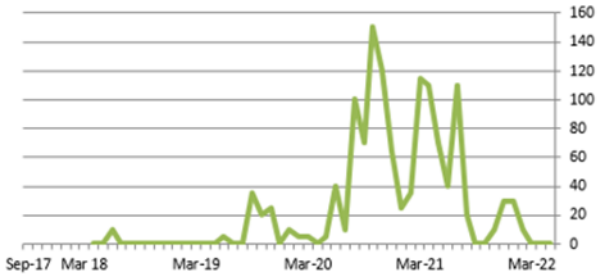

A range of discharge functions have been commissioned including discharge coordinator and step down beds. In Q1 22/23 there were no inappropriate out of area mental health placement bed days.

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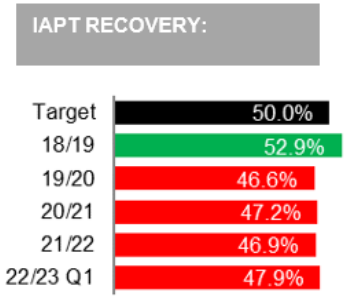
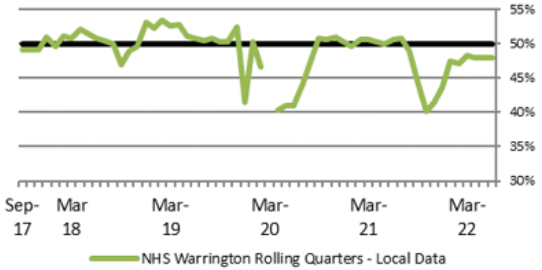
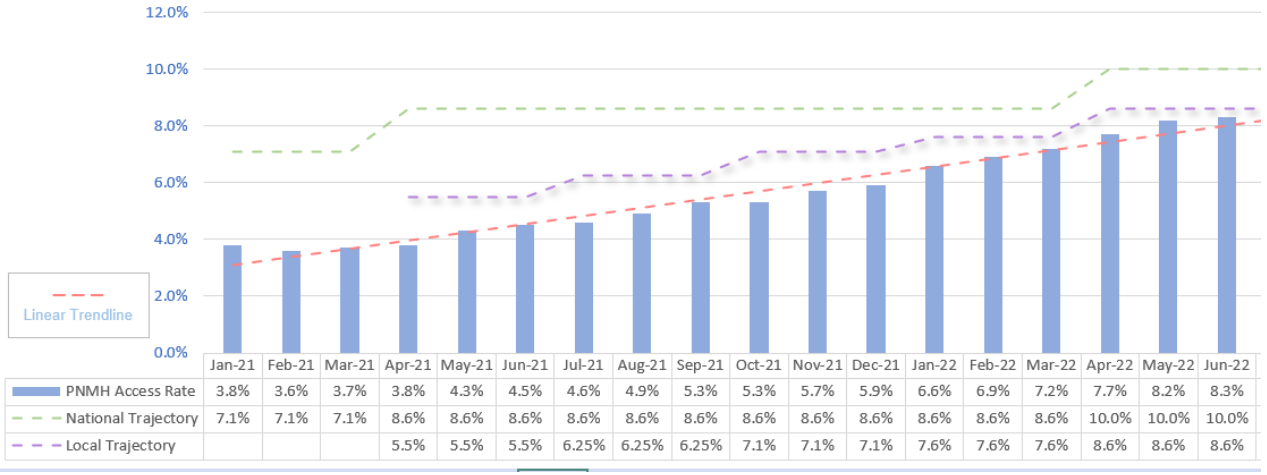
- Welcome
- Highlights and Achievements of the Year
- Performance Report
- Accountability Report
- Governance Statement
- Remuneration Report
- Staff Report (subject to audit)
- Parliamentary Accountability and Audit Report





Recovery rates have broadly been maintained during 20/21 and 21/22. This has continued during Q1 of 22/23



	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
PNMH Access Rate	3.8%	3.6%	3.7%	3.8%	4.3%	4.5%	4.6%	4.9%	5.3%	5.3%	5.7%	5.9%	6.6%	6.9%	7.2%	7.7%	8.2%	8.3%
National Trajectory	7.1%	7.1%	7.1%	8.6%	8.6%	8.6%	8.6%	8.6%	8.6%	8.6%	8.6%	8.6%	8.6%	8.6%	8.6%	10.0%	10.0%	10.0%
Local Trajectory				5.5%	5.5%	5.5%	6.25%	6.25%	6.25%	7.1%	7.1%	7.1%	7.6%	7.6%	7.6%	8.6%	8.6%	8.6%

Perinatal Mental Health Access Rate improved in Q1 22/23 to 8.3% against a locally agreed recovery target of 8.6%

Primary Care mental health services

Mental Health Workers in Primary Care Networks

Mental Health Practitioners were added to the Additional Roles Reimbursement Scheme (ARRS) from April 2021, and this is part of a wider transformation of community mental health services for adults and older adults that seeks to bridge the divide between Primary Care and secondary mental health care, and physical and mental health services. The NHS England target was that 33% of PCNs would have these roles in place by March 2022.

Warrington was an early implementer site within Mid Mersey achieving 50% coverage of PCNs at the end of January 2022, with 70% covered by March 2022 and 100% by 30 June 2022. A couple of PCN ARRS left in in summer 2022, leaving us with 66% PCN coverage. Further work is being carried out to look to support the ARRS roles and retention. Warrington is currently piloting a new support system with regular safety team huddles for PCN ARRS practitioners. As a short-term measure, a PCN bank system has been developed to cover sickness (particularly related to COVID-19) to ensure where possible no clinics are suspended due to extended sickness.

The post holders focus on the transition between Primary Care and secondary care mental health services and offer timed interventions based on a stepped model of care (see below). As part of the model, GPs have direct access to psychiatry and pharmacists.

	Who is responsible for care?	What is the focus?	What do they do?
1	GP	Mild depression / anxiety	Assessment, watchful waiting, guided self-help, exercise, referral to social prescriber – local IAPT team for brief psychological interventions
2	GP / PCN Mental Health Nurse	Persistent mild depression / anxiety	Provide advice and guidance to support GP's assessment and treatment plan – joint consultations

3	PCN Mental Health Nurse	Moderate / severe depression	Assessments, medication, psychological interventions, social support	
4	PCN specialist team via NHS.net referral	Severe / complex mental health presentations – no significant risk	Access to secondary services, medication, complex psychological interventions, combined treatments	

Early indication is that this development is delivering positive impacts across the system. Patients have fed back that they feel more at ease knowing there is support for their mental health at their GP as previously they have felt they needed to be in a crisis to access support for their mental health.

To help further bridge the gap between primary and secondary care, Step Forward has been introduced in Warrington. Step Forward provides low-intensity interventions for those who do not suit IAPT and who would not meet the criteria for traditional secondary care (CMHT) for a higher-intensity intervention. During the first quarter of 2022/23, Merseycare have recruited two Assistant Psychologists to assist in the delivery of this pathway. They are due to start in the second quarter of 2022/23.

Military veterans

We continue to work to improve our offer to military veterans (i.e. anyone who has served in Her Majesty's Armed Forces for one day or more). NHS Warrington CCG, in conjunction with Halton CCG, has achieved silver accreditation for the Armed Forces Covenant Employer Recognition Scheme and received the award from the Lord Lieutenant of Cheshire at an event at Chester Cathedral in July.

We are proud to have participated in the Forces in Mind Trust study, along with Chester University, to seek ways of identifying veterans in Primary Care. A report has now been published with key findings and 10 recommendations made.

Secondary care mental health services

Park House

This three-bedded, 24/7 crisis house, continues to welcome 'guests' from both Halton and Warrington, who are in a low-level mental health crisis and would benefit from some 'time out' but in a non-clinical setting. Park House now accepts referrals directly from Talking Matters Warrington (the IAPT service), not just specialist secondary mental health services. Park House continues to deliver in terms of preventing inappropriate hospital admission for the majority of its guests, most of whom present with social issues.

24/7 Crisis Resolution and Home Treatment

The Crisis Resolution Home Treatment Team supports individuals in mental health crisis. They offer short-term intensive assessment and treatment interventions. The team works with individuals in their own home or sometimes other places of convenience. It can provide an alternative to admission. The team operates a 24/7, 365-days-a-year service.

The Crisis team is a pivotal mental health service and aligned to aspirational NHSE investment and strategy will develop initiatives to enhance the clinical offer, inclusive of further alternatives to admission such as crisis cafés and inter-agency working with other emergency services such as the police and North West Ambulance Service (NWAS).

Core 24 mental health liaison at A&E

Partners continue to work together to develop and optimise this service which, due to its front-line, front door position, is still recovering from the impact of the pandemic. The team is now fully recruited to, and plans are in place to promote and develop the service.

The Haven, Virtual Crisis Café

This is a one-year pilot for people who call the 24/7 crisis line and need extended time on their call. Referrals are made from those working on the crisis line. Reasons for needing the extended period of support include anxiety, isolation, suicidal ideation, and depression. Initial feedback remains very positive.

Severe mental illness (SMI) and physical health

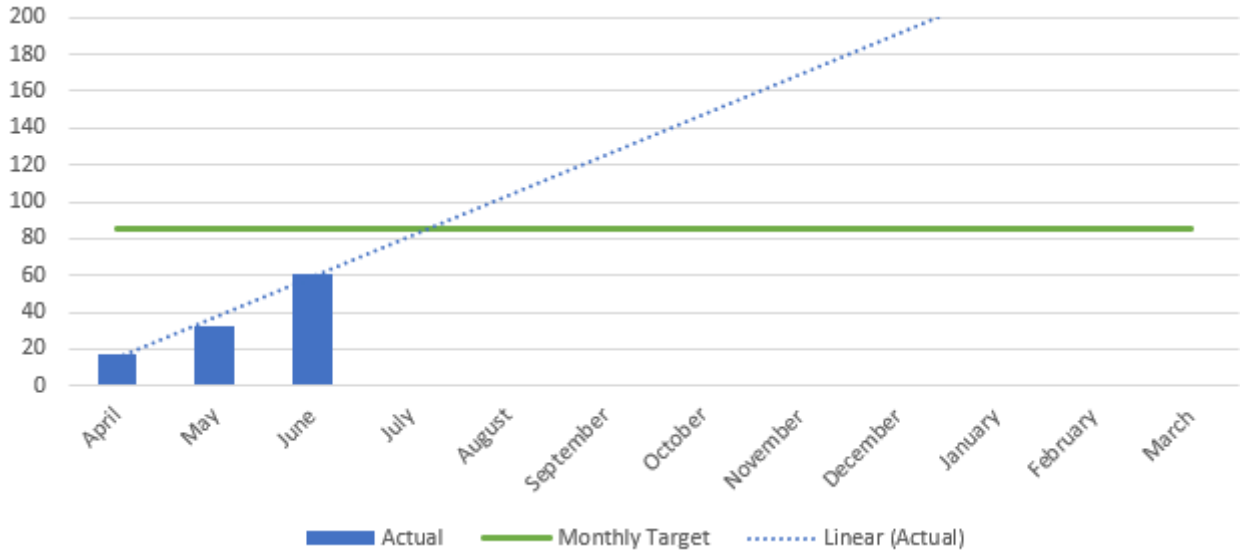
Access to Primary Care has been significantly hampered due to COVID-19, meaning physical health checks of people with SMI have been limited. This was impacted further with the priority for booster vaccine rollout whereby QoF (which includes SMI physical health) was postponed for this year.

In order to support the physical health of those with SMI and Primary Care:

- we continue to commission the SMI Health Facilitation team, based within Mersey Care. This team facilitates the engagement of patients and ensures all Primary Care SMI registers remain accurate. An additional post from the Outreach team was funded to support attendance at health checks and subsequent interventions, for example smoking cessation and weight management programmes
- non-Recurrent funding from NHSE was used to provide 'booster' health checks by local PCNs and CIC, both in and out of hours. These additional checks were performed by non-core members of the Primary Care team, thus reducing the impact of the COVID-19 pandemic on performance
- an NHS Warrington CCG template (based on the gold standard Bristol template) was introduced and promoted for use in all surgeries. This included direct referral links for local services, to ensure interventions are made in a timely fashion
- at the end of March 2022, Warrington had achieved the highest rate across Cheshire and Merseyside and the second highest across the North West, in offering physical health checks. The partnership approach described above was key to this achievement and we were invited to speak at a North West webinar to describe our process.

During the first quarter of 2022/23, we have undertaken 110 health checks for patients with SMI which is 7% of our 65% target.

NHS Warrington CCG achievement against national target for SMI health checks (1 April to 30 June 2022)



ADHD service

NHS Warrington CCG has commissioned a Primary Care-led ADHD service, delivered by Warrington Primary Care CIC. It is a two-year pilot and is a nurse-led service that is supporting the development of GPs with a special interest in ADHD to increase capacity as well as resilience to the service.

The service is working closely with commissioners and Quality team leads, to shape and form the pilot which is subject to evaluation in 2023.

The service is working through a lengthy, inherited waiting list but is also open to new referrals. The model is supported by a 2021 paper written by Professor Philip Asherson: ‘Mainstreaming adult ADHD into Primary Care in the UK: guidance, practice and best practice recommendations’.

Community mental health transformation

The Mental Health Long Term Plan describes a variety of transformational developments. In addition to the ARRS roles mentioned above, there have been exciting developments that will improve the personality disorder pathway, services for people with eating disorders and, those people seeking employment, via the Individual Placement Service (IPS).

Plans to transform community eating disorder services are well underway including medical monitoring of patients in Primary Care and significant investment into the existing service.

Spending review and service development fund opportunities

COVID-19 led to the allocation of additional funding to support the pressures resulting from the pandemic. Warrington's voluntary, community and social enterprise (VCSE) sector have worked with NHS Warrington CCG to develop some innovative opportunities, some of which are noted below:

- Get Warrington Talking (Warrington Speak Up)
- Good neighbour scheme (Warrington Voluntary Action)
- High-intensity user scheme Warrington Wellbeing)
- Dementia Care Navigators (Warrington Wellbeing)
- Neuro-observational training (Bridgewater – not VCSE).

These photos show Get Warrington Talking at the Tour of Britain in Bank Quay Park for the end of the cycling stage, the street five-a-side chessboard and the 'Battling Suicide' bus. All of these will be evaluated in 2022.

Self-care is supported, with more people managing their own conditions

Moving people into the community and reducing reliance on inpatient care

The local LD Service model in both Warrington and Halton aligns with the white paper and the national service model 'Building the Right Support'. Pathways are being developed locally to reflect national good practices in working together to support preventable admissions. Looking forward, NHS Warrington CCG and NHS Halton CCG are in discussion regarding investing in the Intensive Support Function following the reduction in commissioned bed days.

Care and treatment reviews (CTRs)

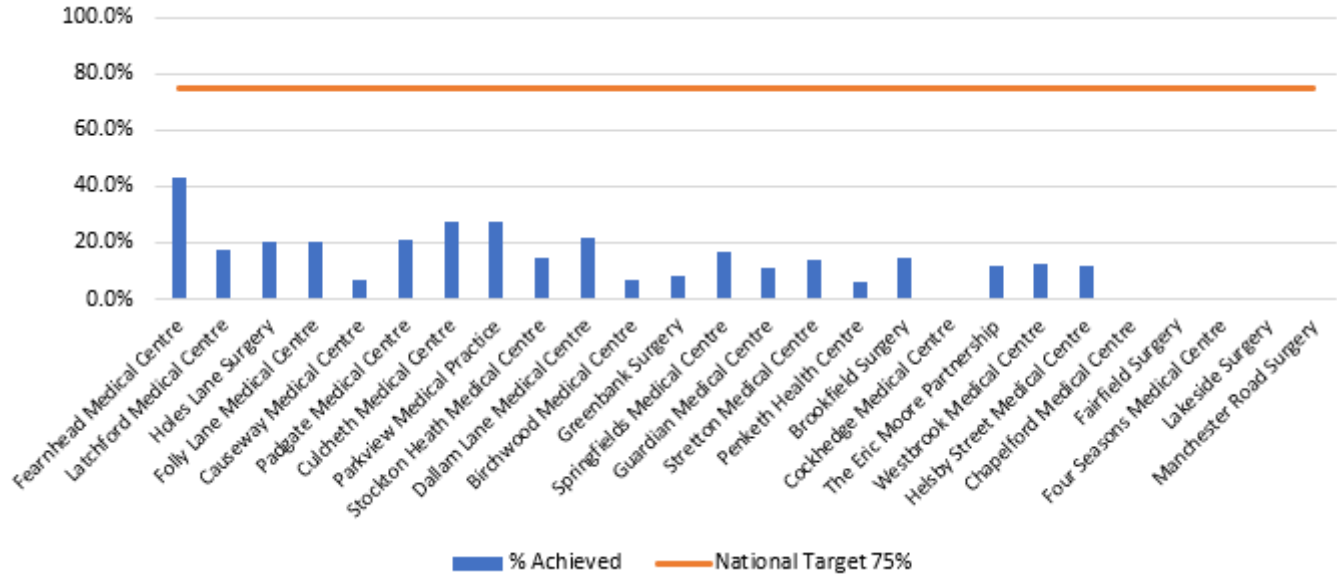
Both NHS Warrington and NHS Halton CCG have embedded the CTR policy into practice. CTRs, 'Blue Light' meetings, pre-admission CTRs and dynamic support database (DSD) meetings are conducted weekly, in accordance with the national CTR Policy framework. All these processes are logged and reported to NHS England and NHS Improvement (NHSE/I). NHS Warrington CCG is currently 100% compliant with inpatient CTRs for individuals who meet the criteria.

Learning disability annual health checks

Physical health checks remain a priority for both NHS Warrington CCG and NHS Halton CCG. Both CCGs have been working with Mersey Care NHS Foundation Trust and GP practices to maintain the uptake of annual health checks, recognising the difficulties COVID restrictions have posed. In the latter half of the year, face-to-face appointments for these checks have been restored offering a more meaningful and positive experience for the individuals, and a higher level of quality.

During the first quarter of 2022/23, we have undertaken 160 health checks for patients aged 14+ which is 15.2% of our 75% target. We are a little behind target, but have a plan in place to address this.

NHS Warrington CCG practice % achievement against national target for learning disability health checks for eligible patients aged 14+ (1 April to 30 June 2022)



The best care is provided in the right place at the right time

Cancer

NHS Warrington CCG continues to work collaboratively with the Cheshire and Merseyside Cancer Alliance to maintain and develop high-quality service provision across the full range of clinical providers and pathways.

The COVID-19 pandemic impacted the delivery of the constitutional standards relating to cancer care. Cancer care has been prioritised, and collaborative working across providers and the independent sector has supported the maintenance of timely clinical care.

In 2021/22, referral levels were maintained above-expected levels as people felt confident to present with clinical symptoms. Local and national communications raised public awareness and encouraged people to seek medical assistance.

Cheshire and Merseyside Cancer Alliance has worked with the system to safely deliver diagnostic tests. For example, Independent Sector sites were used to increase capacity for some diagnostic tests, including the delivery of some aerosol-generating procedures, like endoscopy and computerised tomography (CT) Colon.

Faecal Immunochemical Testing (FIT) testing was implemented during the pandemic across the full waiting list, including surveillance and lower risk cohorts. This enabled the stratification of the endoscopy waiting list, so that access was prioritised and maintained for people with the greatest diagnostic need. This has now been mainstreamed and will be part of clinical pathways on a permanent basis.

Waiting lists continue to be monitored and proactively managed with additional input from Increasing Capacity Framework contracts with Independent Sector providers.

Collaborative working across the system ensures patient pathways are managed efficiently and effectively, supporting the system delivery of cancer waiting times. Service re-design is utilised as required to improve outcomes and experiences of those affected by cancer. For example, Cancer Support Worker roles originally funded by Cheshire and Merseyside Cancer Alliance are now funded recurrently. These roles are integral to the delivery of cancer services for improved patient outcomes and experiences, supporting earlier diagnosis and development and delivery of risk-stratified follow-up care.

Recognising the need to improve Screening uptake rates, NHS Warrington CCG has substantively appointed to a Cancer Screening Co-ordinator post. This role is viewed as critical to increasing screening uptake rates and will

expand on work with the Cancer Alliance, Cancer Research UK and Primary Care colleagues to deliver improvement in cancer screening uptake for prevention and early detection of cancer across the three cancer screening programmes (cervical, bowel and breast).

NHS Warrington CCG has a commissioned Cancer and Wellbeing Programme. Referrals have continued during the pandemic period and work is progressing to ensure that people are able to access services and support.

Urgent and emergency care

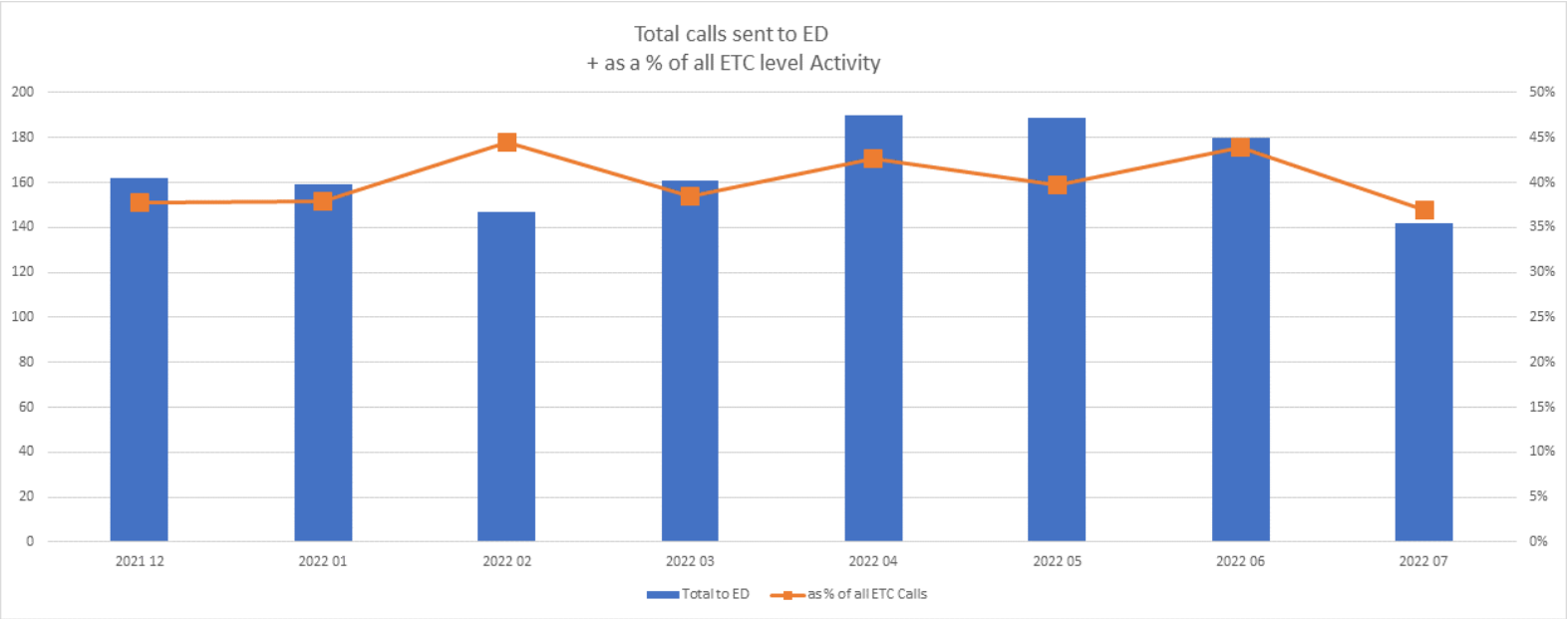
The first quarter of 2022/23 continues to be unprecedented for urgent and emergency care services. The COVID-19 pandemic has put even more pressure on the system's ability to achieve the constitutional standards for urgent care.

Although the pressure due to COVID-19 has reduced the overall pressure in the system remain – with sometimes long waits for ambulance handover, long waits in A&E, longer hospital stays than required and delays in accessing social care. Warrington had seen one of its most challenging periods for several years.

There have been several areas of focus for this first quarter:

- Mobilising the new Same Day Emergency Care (SDEC) unit which went live in July 2022
- Increasing capacity in our teams to support seven-day discharge planning
- Increasing capacity in our Intermediate Care at Home Team (ICAHT) to support more people at home following discharge and avoiding admission
- Increasing capacity in our Urgent Care Response (UCR) service to support more people at risk of admission to stay at home. To achieve this, we continue to work with partners to increase all potential capacity, supporting patients on discharge.

In the first quarter of 2022/23 following the introduction of NHS 111 First in 2019/20, the number of people who have contacted NHS 111 and subsequently sent to A&E has reduced significantly from around 68% to a new usual of 35%-40%



The purpose of NHS 111 First remains the same:

To: prevent nosocomial infection	**We need to:** avoid congregation in Emergency Department (ED) waiting rooms

By ensuring that:

- patients who do not need to attend ED are directed to the appropriate setting
- patients go directly to the correct department NOT via ED
- our community services are robust
- ED is reserved for emergency patients.

The Warrington Clinical Assessment Service (CAS) has seen an increasing number of patients with a high proportion remaining at home without the need to access A&E. Prior to the CAS, the only option for these patients open to NHS 111 would have been a referral to A&E.

The number of ambulances arriving at our hospital continues to reduce.

Transforming elective care

The NHS Long Term Plan aspiration to transform outpatient services incorporating a reduction of 30% of face-to-face attends over five years has been accelerated through the COVID-19 pandemic due to necessity, but has enabled significant and long-lasting change to be tested and embedded.

NHS Warrington CCG has fully engaged with commissioned providers and the Cheshire and Merseyside Elective Care Programme, which has had workstreams to support the increased opportunities and use of:

- virtual consultations, including the use of the Attend Anywhere video consultation platform
- advice and guidance services
- patient-initiated follow up (PIFU)
- tele-dermatology.

The maintenance of effective referral pathways will continue through robust review, monitoring, and liaison (Referral Assistance Gateway). This process ensures patient choice is prioritised and offered equitably across the population. This service has been maintained during the COVID-19 pandemic in working consistently across the system and working with e-Referral Service (eRS) to allow flexibility of booking approaches when required.

Innovations such as Referral Assessment Service (RAS) clinics have been utilised to ensure that people were managed in-line with their clinical needs and priority to receive timely and safe care.

Referral levels in 2021/22 were routinely monitored throughout the year. Cancer and urgent referral levels were restored to pre-pandemic levels during 2020/21, however routine referrals have steadily increased throughout 2021/22.

Typically, and in previous years, NHS Warrington CCG would achieve the Referral to Treatment Times (RTT) standard, exceeding the 92% national threshold. In 2021/22, the impact of the COVID-19 pandemic has resulted in performance being reduced to 71.8% (October 2021 position).

In October 2019, NHS Warrington CCG had zero people waiting more than 52 weeks to access an elective procedure, however, this had increased to 949 by October 2021.

Cheshire and Merseyside commissioners and providers have met weekly in 2021/22 regarding the recovery of elective care. Plans and improvement trajectories are in place at provider and ICS level. Developments to support the system such as mutual aid, use of independent sector, bids for capital developments, use of green sites and surgical hubs are developed, mobilised and evaluated through this forum.

Commissioned providers have participated in the Waiting List Validation scheme and all people on the waiting list have been appropriately clinically assessed and assigned a clinical priority in line with national guidance.

The ICS system has worked collaboratively across NHS providers and Independent Sector providers to ensure that high-priority cancer, urgent surgery and people experiencing long waiting times for surgery have been maintained throughout the pandemic period.

Collaboration and joint working with commissioned providers has remained consistently strong during the pandemic period. Clinical Quality meetings have remained active, with task and finish groups implemented when required to support key areas, for example, phlebotomy service provision.

Palliative and end-of-life

Palliative care describes the physical, psychological, and social care and support given to people who have an illness or disease that cannot be cured, aiming to achieve the best possible quality of life for patients to ‘live as well as they can for as long as they can’.

Unfortunately, data showed many patients in their last year of life experience unplanned, and often unnecessary emergency admissions and long hospital stays which are frequently not conducive to good quality living, dying, and normal grieving.

NHS Warrington CCG and Macmillan Cancer Support undertook a two-year development programme during 2018/19 and 2019/20 to improve care for people who are receiving palliative or end-of-life services.

2021/22 has been an important year for reflection and to review end-of-life and palliative care in terms of developments that have evolved following COVID-19 and to ensure that improvements are sustained into the future.

Supportive Care Register

In a given population 1% of people will die every year, 30% from a cancer cause, and 70% from a non-cancer illness. Primary Care teams have continued to identify and proactively manage people through a Supportive Care Register and team meetings held involving many different healthcare professionals to coordinate care for those with changing needs. Before the project, 361 people in the borough were on the register but now, after making these changes, this has increased to approximately 10,309 people (4.6%).

The single point of contact and palliative care hub continue to embed and deliver an effective model of care which is easier for patients and their loved ones to access and negotiate.

A bid to develop a Palliative Care Virtual Ward has been successful and operates under the governance of the Regional Scaling Programme. This exciting project is in the planning stage, with further work to continue during 2022/23.

Care homes

The engagement plan continues to ensure there is public involvement in the development of a new model for enhanced care home support. The plan includes:

- patient and carer representative involvement from WIRED Carers
- involvement from Healthwatch Warrington
- planned one-to-one interviews and case studies with patients and carers
- feedback from Primary Care and care homes.

We have continued to work in partnership with Warrington Borough Council in supporting the residents and care homes to ensure quality and safe care is maintained during the COVID-19 pandemic and onwards.

Our partnership working with the local authority and other stakeholders has developed a vision and plan for the further development of care homes across the borough.

Whilst quality site visits remained limited in the early part of the year due to the ongoing COVID-19 restrictions, these were recommenced as restrictions eased.

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

NHS Warrington CCG's partnership working with local authority and Community Enhanced Care Home Support team colleagues in the form of a weekly forum, provided an opportunity to share information and offer responsive support to care homes in a timely manner.

Additional support provided to care home partners was facilitated through:

- access to training to support care homes in their use of electronic devices and through establishing links and workshops with Barclays 'Digital Eagles'
- maintaining support for equipment purchased by NHS Halton CCG
- providing access to NHS secure mail for 100% of care homes and home care services in the borough
- the continued promotion and roll-out of the RESTORE2 tool to a number of providers which will support homes in their identification of deterioration in their residents and provide them with the communication tools to support clinical decision-making when liaising with Primary Care and other health clinicians
- access to a package of health and wellbeing resources to support care home staff during and post-pandemic – recognising many have experienced bereavement inside and outside the work environment
- developments within the NECS Capacity Tracker system enabled a robust response to deliver the COVID-19 vaccination for care home residents and staff through having access to live data, which provided a greater level of intelligence to offer mutual aid to care homes who may require it
- the data available supported Primary Care in managing the flu and booster vaccination programmes
- the alignment of all care homes to GP practice and PCNs, has strengthened relationships and communication through the establishment of regular ward rounds and MDTs in line with the

implementation of the Enhanced Health in Care Homes Framework Primary Care Directed Enhanced Service (DES).

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

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

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

Host commissioner

NHS Warrington CCG and NHS Halton CCG provide Host Commissioner oversite for three local inpatient facilities through compliance with the national Host Commissioner policy. NHS Warrington CCG has written to all placing CCGs and stakeholders to inform them about the local process. A local database has been established for each provider to collate any concerns in relation to quality, safety and safeguarding.

Placing CCGs have started to use the database and there has been a regular oversite Host Commissioner meeting with all placing CCGs that is chaired by the Host Commissioner Deputy Chief Nurse.

There have been examples of positive practice improvements through this partnership approach.

Ageing well

Ageing well and anticipatory care

The Warrington Frailty Programme has now been moved within the Warrington Ageing Well Programme. It will build on the work of the Warrington Frailty Programme and will take a wider life course approach to incorporate the Cheshire and Merseyside Ageing Well Framework, which include Urgent Community Response, Enhanced Health in Care Homes and Anticipatory Care.

The current Frailty Programme includes four system-wide workstreams:

1. living independently at home for as long as possible
2. awareness, education and training
3. supporting people to make the most of their medications
4. effective discharge and discharge to assess.

Within these four workstreams, the priority areas that will be central to the Ageing Well Programme of work are:

- development of integrated community teams across Warrington to improve population health outcomes, staff experience of delivering care and people's experience of care
- targeted and structured medication reviews to optimise medication and reduce polypharmacy in the elderly where appropriate
- to ensure system alignment with one purpose of seamless flow through the community, intermediate care and acute setting. This would entail placed based multidisciplinary approach, rapid community response when needed and optimising discharge to assess.

The Ageing Well Programme will align to the Cheshire and Merseyside programme and therefore focus on three streams to transform community services:

- **Urgent Community Response:** Provision of services that improve the quality and capacity of care for people through the delivery of urgent, crisis response care within two hours and/or reablement care responses within two days

- **Enhanced Care in Care Homes:** Facilitating proactive, personalised care and support for individuals both in care homes and those living in the community requiring support
- **Anticipatory Care:** Targeting people living with frailty, multimorbidity and/or complex needs to help them stay in their own setting for as long as possible. To this effect, below are the ongoing programmes and projects.

Intermediate care

Intermediate care supports a broad range of people, many of whom are living with frailty, as they transfer between home and hospital. This has been a core tenet of maintaining hospital bed capacity during long periods of sustained, escalated demand in 2021/22. A new model has been designed collaboratively to develop this service for the future, with an expanded Intermediate Care at Home offer and a review of the bed base.

Urgent Community Response

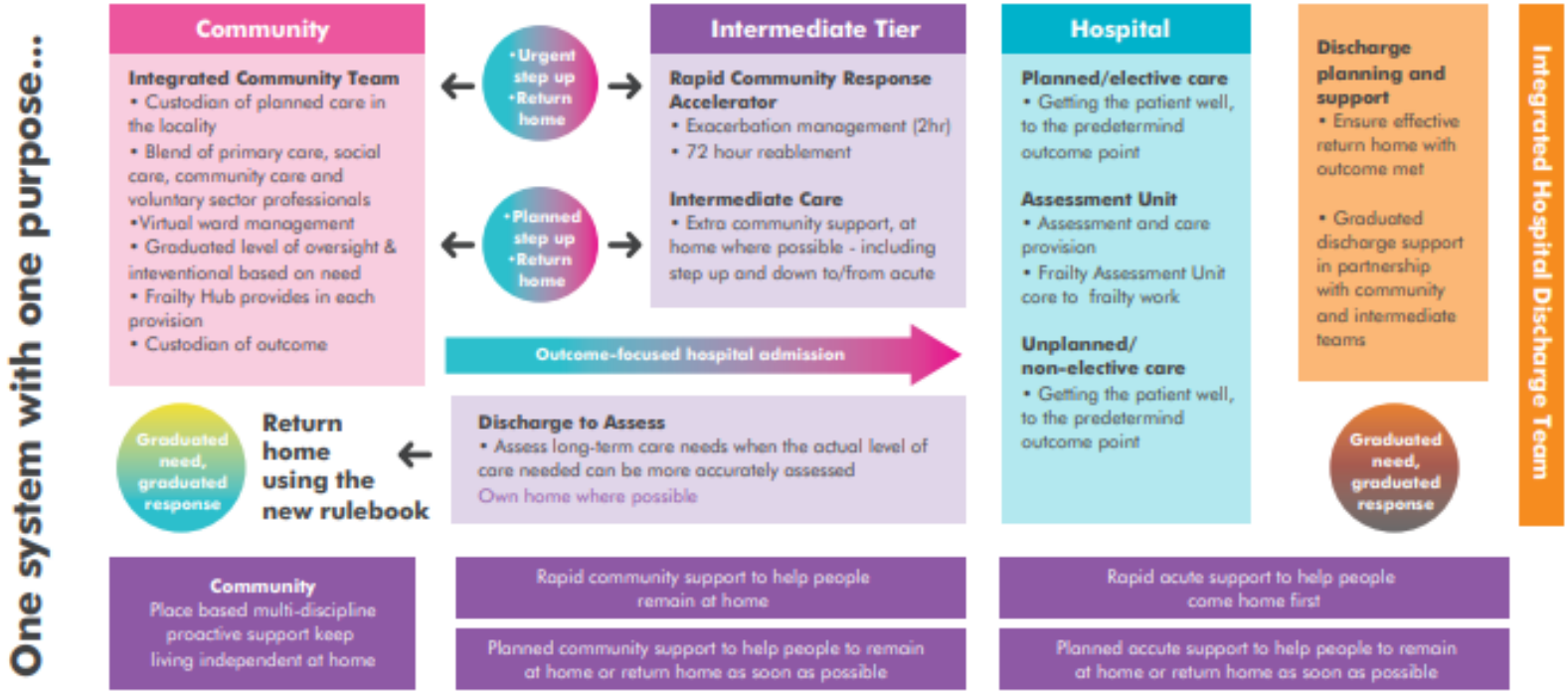
NHS Warrington CCG has continued as one of seven national Urgent Community Response (UCR) Accelerator sites, supported by NHS England. Colleagues from health and social care have worked together closely to design and implement an enhanced ‘rapid response’ service.

The service deploys a combination of health and care colleagues to people’s homes to provide immediate support in a crisis within a two-hour period. Care is provided for up to 72 hours and is designed to help people remain at home where this is the most appropriate place for them. The service now operates seven days a week from 8am to 8pm.

Focus is now on expanding the number of entry points into the service to allow more people to receive urgent care within their own homes. Care homes, NHS 111 and NWAS are now key partners in this work.

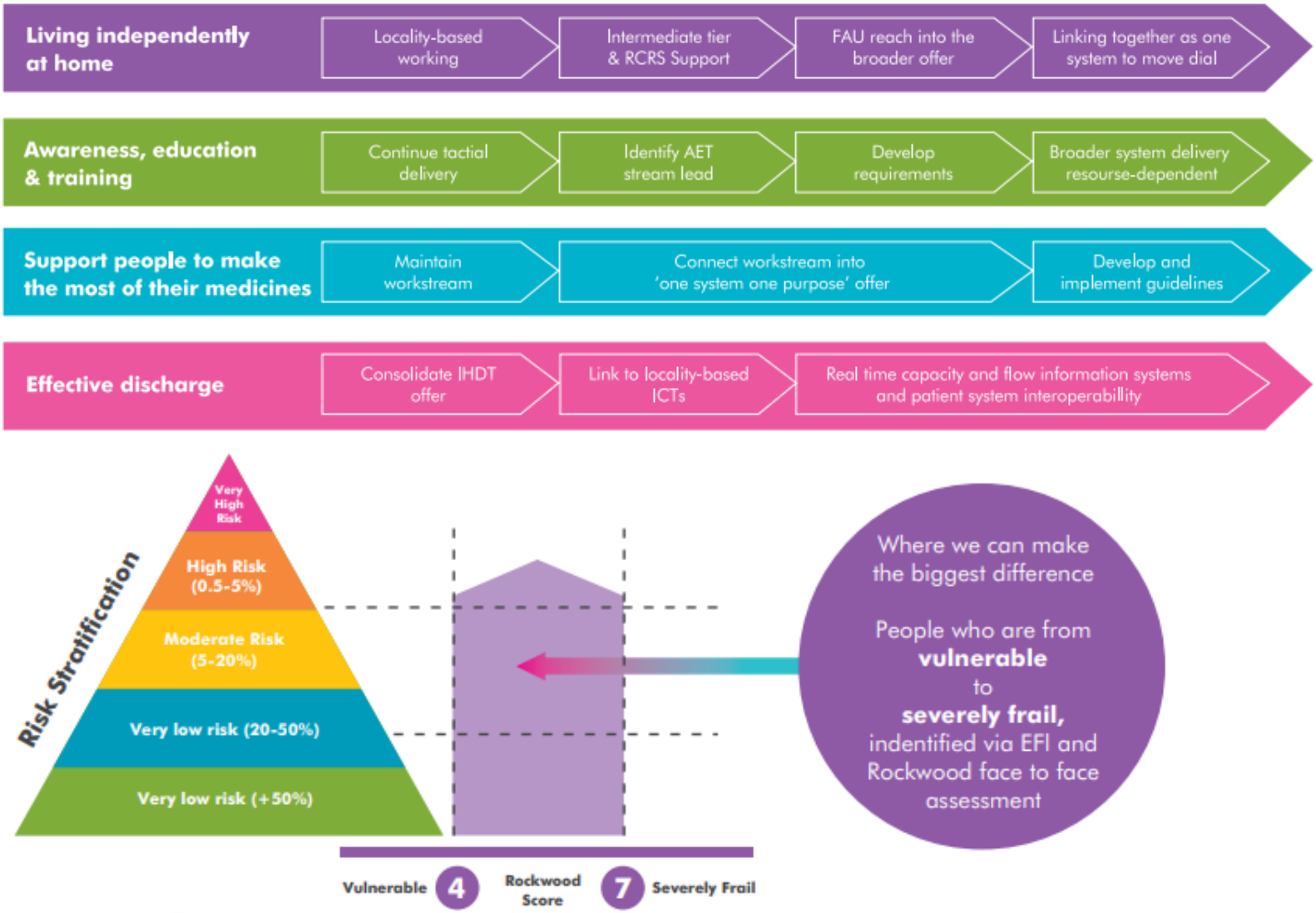
Frailty

The frailty programme was critical to the system during the pandemic. Frailty in Warrington has a singular focus – supporting people to live independent, high-quality lives at home, for as long as possible. This helps prevent avoidable non-elective and elective hospital admissions, avoidable entry to long-term care, and any subsequent associated negative impact on the individual, their family and the system as a whole. We measure this by counting the number of days the whole population, over the ages of 65, 75 and 85, live at home – out of 365 days. This measure is meaningful and makes a difference to our population. It is aspirational, but realistic.



The whole system in Warrington, from proactive care in integrated community teams, through intermediate care and secondary care, operates as ‘one system, one purpose’ – our population living with frailty, as some of the most vulnerable in our society, continue to be our priority.

Our Living Well with Frailty programme has four workstreams, governed by a system-wide programme board:



Our approach to cohort identification

The Electronic Frailty Index (EFI) provides a trigger for general practice to review their patient cohort; following patient consultation, the patient receives a Rockwood score. A score between four and seven represents people for whom we can make the biggest difference. This is used across our system, helping us to develop our target cohort, for whom we can make the biggest difference.

All partners working together as true peers – all parties – health, social care, experts with lived experience, providers, suppliers – have a valid and powerful part to play in supporting those living with frailty. We recognise and embrace the value of local knowledge, awareness of the nature and needs of our population, and have assembled a locally based team of peers, each working equally together to meet the needs of the population, regardless of their organisation. It is outcome led for the people we are making a difference for.

We are striving to do the basics brilliantly

The evidence, data and insight leads to the conclusion to focus on doing the 'simple' things better, to deliver the outcome. This is particularly apparent in our major focus on proactive care delivery through our integrated community teams, which we are leading under the Anticipatory Care programme.

We have brought together health, social care and external provider data, at the patient level, to understand where:

- there are overlapping services that duplicate unnecessarily, missing services needed to support an individual
- there is a material risk of increased acute admission, based on both Acorn profiling, and historic service attendance and admission
- there are deficits in the eight 'fundamental indicators' which, when they go wrong, avoidably take away somebody's independence. These are shown in the diagram above.

Raising standards of awareness, education, and training

Improving ownership of and identifying and addressing early issues at the earliest point for those living with frailty is everybody's business – regardless of their technical area of expertise. Together, we are shifting our mindset as a system away from 'reacting to a concern or crisis' to instead thinking the following:

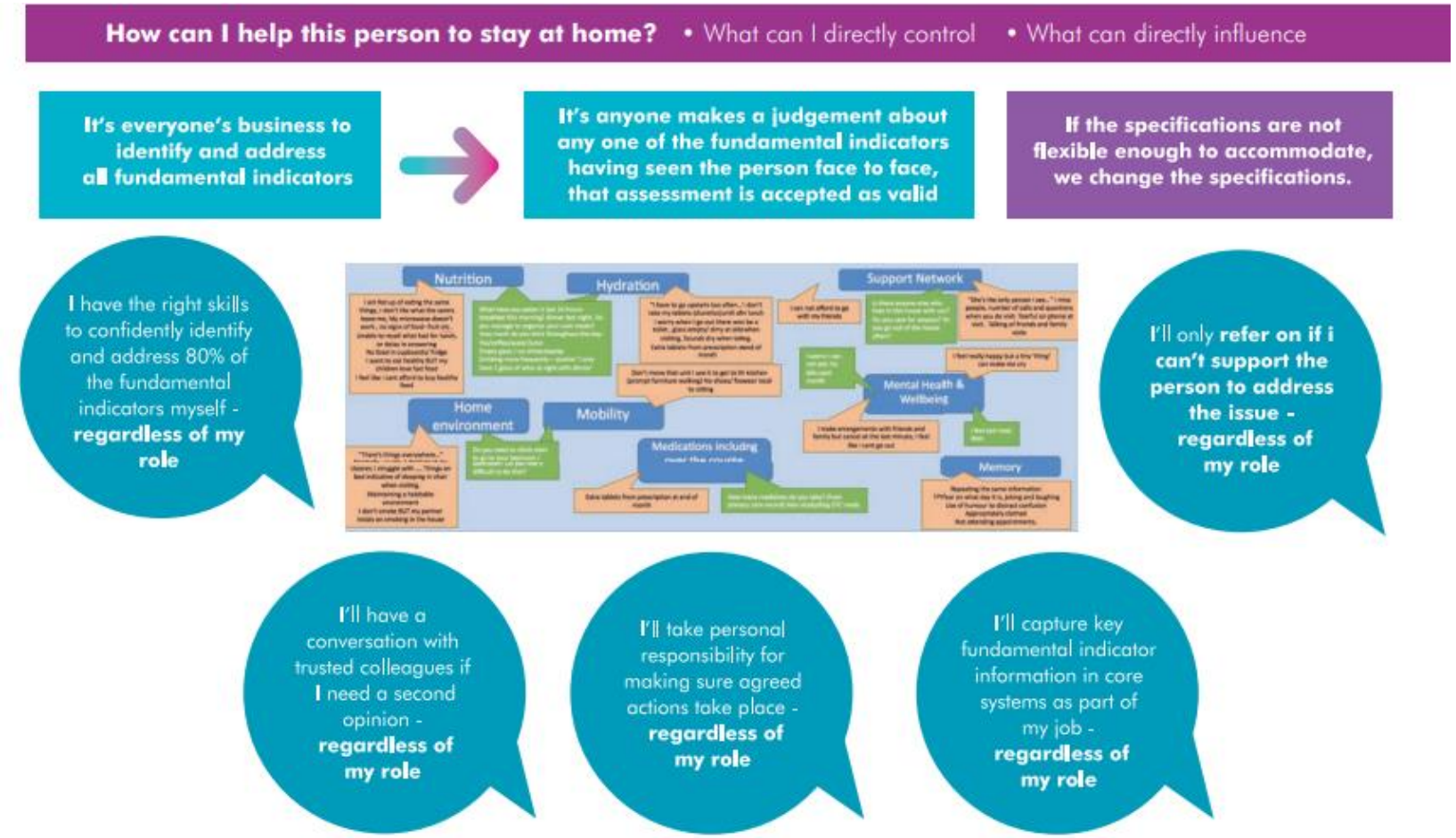
We are working to create a broadly-skilled and developing workforce who have the authority and freedom to operate beyond their 'job profile', avoiding referring for 'simple' things that we can all do and instead having a conversation with local colleagues to resolve it together, if you can't sort it yourself. Colleagues only seek to 'refer on' where something is needed beyond the scope of normal multidisciplinary, joint working. This developing approach is shown in the diagram below.

Throughout 2021/22, the COVID-19 pandemic has further strengthened the need to support those most vulnerable in society, and the approach we are taking to support those living with frailty is only made more important due to the pandemic.

The focus over the coming period remains on our outcome – improving independence at home for those living with frailty, who are at materially increased risk of potentially avoidable loss of independence, through the structured programme of delivery.

We envisage that awareness, education and training will continue to be a high priority, to continue to strengthen the skills of all frontline colleagues across health, social care and VCFSE partners as peer members of our group.

In line with the development of integrated care systems nationally, the recent publications 'Integrating Care: Next steps to building strong and effective integrated care systems across England', and the White Paper on health and social care, our integrated community teams will endeavour to bring together health, social care and VCFSE colleagues as one system, working proactively to support those with frailty to live independently in their own settings.



Intermediate care

Intermediate care supports a broad range of people, many of whom are living with frailty, as they transfer between home and hospital. This has been a core tenet of maintaining hospital bed capacity during long periods of sustained, escalated demand in 2021/22. A new model has been designed collaboratively to develop this service for the future, with a number of digital patient engagement forums being held.

Urgent Community Response

We have been one of seven national Urgent Community Response (UCR) Accelerator sites, supported by NHS England. Colleagues from health and social care have worked together closely to design and implement an enhanced 'rapid response' service, which deploys a combination of health and care colleagues to people's homes, to provide immediate support in a crisis, within a two-hour period. Care is provided for up to 72 hours and is designed to help people remain at home where this is the most appropriate place for them.

Care at Home (also referred to as domiciliary care)

Support and specialist input has been provided to the new Care at Home service specification design, as part of the frailty programme, to strengthen the new care at home offer and ensure that this will play a greater part in supporting those receiving care, who are often living with frailty, to remain at home living independently.

Supporting people to make the most of their medicines

Significant work is underway across both community and hospital services to support people in making the most of their medicines. Initiatives include carrying out regular reviews of medications for people living with frailty to make sure medications are working as expected. We have supported and taken the lead on the polypharmacy and deprescribing workstream within the Warrington frailty and integrated care work programmes. A number of resources including a toolkit are being developed to bring all of these together to support clinicians across both secondary and Primary Care with a consistent and safe approach to deprescribing and polypharmacy reviews.

Returning home from hospital effectively

Following a hospital stay, several initiatives are underway which help to ensure that people living with frailty are able to return to living independently at home in as smooth a manner as possible. Discharge to Assess pathways have been developed across health and social care to enable people to return home earlier, with a 'home first' mindset.

Primary Care

Primary Care Networks

All 26 practices continue to be members of a Primary Care Network (PCN). Helsby Street Medical Centre became a member of the Central and West Warrington PCN in 2021/22 – moving from Central East Warrington PCN. The Primary Care Commissioning Committee approved this move, and agreed that Central East Warrington PCN remained a viable PCN.

In terms of the PCN DES service specifications:

- the Medicine Optimisation specification remained in place
- the Early Cancer Diagnosis service specification remained in place
- the Enhanced Health in Care Homes service specification remained in place
- a social prescribing link worker service, funding via the Additional Roles Reimbursement Scheme (ARRS) is in place across all PCNs.

Two new service specifications commenced: Cardiovascular Disease Prevention and Diagnosis, and Tacking Neighbourhood Inequalities.

In November 2020, the British Medical Association (BMA) General Practitioners' Committee in England agreed with the NHSE/I general practice COVID-19 vaccination enhanced service. This service was commissioned in line with agreed national terms and conditions as an enhanced service, which all practices accepted and commenced the delivery of COVID-19 vaccinations in December 2020.

Practices have coordinated and delivered COVID-19 vaccinations at scale and through pop-up and practice-based models. This has ensured that eligible patients are vaccinated in the minimum amount of time, in accordance with the guidance from the JCVI. The CCG has developed plans with the PCNs to ensure that moving into 2022/23 access to vaccines remains.

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

Case study: Transfer of services from NHS Warrington CCG to PCNs

Work has continued with the Primary Care team and the PCN Clinical Directors to make an early transfer of the commissioning responsibility and funding of the extended access service and to review and look at options for service redesign of the CCG commissioned enhanced care home support service.

The date of transfer of the extended access service has been confirmed as 1 October 2022, however the CCG and the PCNs adopted a project management approach and piloted the delivery, at PCN level, of extended access service. Information from the pilot will ensure that a robust and informed consultation with patients can be held to enable the full service to be transferred on 1 October 2022.

The CCG has agreed to continue to fund the PCN delivered service as this will increase access to Primary Care appointments. This is in addition to the current service which following appropriate governance steps will be transferred to the PCNs in 2022. Once the budget has been transferred to the PCNs, NHS Warrington CCG will have an assurance rather than a commissioning role.

NHS Warrington CCG historically commissioned Enhanced Care Home Support services from Bridgewater Community Healthcare NHS Foundation Trust as one of the legacy services of the Prime Minister's Challenge Fund (funding awarded to Warrington practices in 2014). The PCNs in Warrington are keen to work with the current provider to redesign the service taking account of the new specifications within the PCN direct enhanced service. The PCNs have continued to engage with care homes and worked to look at how working collaboratively the service can be changed to improve the care for residents in care homes for older people and to reduce admissions to hospital.

Immunisations and screening

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

Vaccines are the most effective way to prevent an infectious disease, they prevent up to three million deaths worldwide each year. Immunisations have been maintained through COVID-19, and uptake rates are maintained due to continued promotion and signposting appropriately. There is a cohort of individuals who have declined the

vaccination programme consistently. Working in collaboration with local authorities, acute trust, community pharmacy and wider support agencies ideas and initiatives have been suggested, discussed and promoted with the continued option for individuals to access appropriate eligible vaccinations.

Sustainable development

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

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

Going Concern

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

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

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

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

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

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

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

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

Accountability Report

Corporate Governance Report

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

Members' report

Members profiles

Dr Ian Watson, Clinical Chair

Ian was GP in Warrington at Fearnhead Surgery for 34 years before retiring from general practice in 2021. He also worked in dermatology services at Warrington Wolves for a number of years and joined the Governing Body of NHS Warrington CCG in 2015. Ian was appointed as Chair of NHS Warrington CCG in 2019.

Dr Andrew Davies, Clinical Chief Officer

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

David Cooper, Chief Finance Officer

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

Julie Langton, Secondary Care Doctor

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

Dr Golam Chowdhury, GP Member Representative. South Warrington PCN

Golam is a GP from Fearnhead Cross and Longford Street Medical Centres which is part of the East Warrington PCN. He is a GP trainer and has a keen interest in medical education in Warrington.

Kevin Goucher, Patient Representative (non-voting member)

Kevin retired in 2011 after holding senior positions in the retail sector over a period of 48 years. Kevin held the position of Director of Buying for the Home area of three major high street chains, where he was responsible for a budget in excess of £180 million, which covered sales, profit and merchandising.

Following retirement, Kevin felt he could give something back to the community which would utilise his experience to the benefit of others. Kevin chairs his local Patient Participation Group (PPG) and NHS Warrington CCG Health Forum and believes that without patient involvement, the commissioners cannot understand fully how their decisions affect patients.

Dr Sangeetha Steevart, GP Member Representative. Central and East PCN

Sangeetha is a GP at Helsby Street Medical Centre which is part of the Central and West Warrington PCN. She is also the GP clinical lead for Primary Care at NHS Warrington CCG. Sangeethya is a GP trainer who trains GPs, foundation doctors and medical students, with a professional speciality in women's health. Sangeetha worked for the COVID-19 assessment service in 2021/22.

Ruth Austen-Vincent, Lay Member

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

Gareth Hall, Lay Member

Gareth is a recently retired Chartered Banker with some 40 years' experience in Commercial Finance and Compliance, with the latter five years exclusively within the healthcare sector. Gareth has also worked for the NHS, in a non-executive capacity, for approximately 15 years. Following retirement, Gareth is now building up his portfolio of interests in the public sector across a number of complementary roles that support the resident service users' voice across the health and social care sectors.

Dilys Quinlan, Lay Member

Dilys is one of our Lay Members with a particular focus on Primary Care having spent 20 years as an NHS senior manager working in diverse roles in and across primary and secondary care. Dilys left the NHS in 2011 and has steadily brought together a portfolio of discrete roles which includes non-executive work for several local CCGs, criminal justice public appointments at HMP Liverpool, is a voluntary Independent Advocate to Looked After Children for Sefton Metropolitan Borough Council and currently a Director at Healthwatch St Helens.

Nick Atkin, Lay Member

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

Thara Raj, Director of Public Health, Warrington Borough Council

Thara Raj was appointed as the Director of Public Health for Warrington Borough Council in August 2020. She has held positions in local public health for Derbyshire, Sheffield, and the London Borough of Newham, covering the period of the 2012 London Olympics, when she was a drummer in the opening ceremony! Her last position before joining Warrington was as Consultant in Public Health in Bristol, with responsibility for the covid health protection response. She also held a joint position as Consultant in Health Protection for Public Health England, South West, and was involved in the Novichok incidents.

Thara has held national roles for the Health Education Authority, Health Development Agency and the National Institute for Health and Care Excellence (NICE) developing methods and partnerships to tackle health inequalities and a regional role ensuring immunisation services across London were secured and effective when responsibility shifted from local NHS to national NHS England.

Dr Aparna Rao, GP Member Representative. South Warrington PCN

Aparna has been a GP for over 20 years, having qualified from the University of Newcastle Upon Tyne in 1994. She represents the Teaching Federation on our Governing Body and currently works at Brookfield Surgery. Her special interests include teaching and she has been a GP trainer for over 10 years.

Dr Lalit Sakhi, GP Member Representative. Central and East PCN

Lalit qualified as a GP over 13 years ago and has been working in Warrington since 2013. He works as a GP Principal at Dallam Lane Medical.

Member practices

NHS Warrington CCG is a membership organisation. All practices which provide primary medical services to a registered list of patients under a General Medical Services, Personal Medical Services, or Alternative Provider Medical Services contract in our area are eligible for membership of NHS Warrington CCG.

The practices which make up the membership of NHS Warrington CCG are listed below:

Practice name	Address
Birchwood Medical Centre	15 Benson Road, Birchwood, Warrington, WA3 7PJ
Brookfield Surgery	Whitbarrow Road, Lymm, Warrington, WA13 9DB
Causeway Medical Centre	166-170 Wilderspool Causeway, Warrington, WA4 6QA
Chapelford Primary Care	Santa Rosa Boulevard Great Sankey, Warrington, WA5 3AL
Cockhedge Medical Centre	7 Cockhedge Way, Cockhedge Shopping Centre, Warrington, WA1 2QQ
Culcheth Medical Centre	Jackson Avenue Culcheth, Warrington, WA3 4DZ
Dallam Lane Medical Centre	20 Dallam Lane, Warrington, WA2 7NG
Eric Moore Partnership	Medi-Centre Warrington, 1 Tanners Lane Bewsey, Warrington, WA2 7NJ

Fairfield Surgery	278 Manchester Road, Warrington, WA1 3RB
Fearnhead Cross Medical Centre	25 Fearnhead Cross, Fearnhead, Warrington, WA2 0HD
Folly Lane Medical Centre	The Medical Centre, Folly Lane, Bewsey, Warrington, WA5 0LU
Four Seasons Medical Centre	Orford Jubilee Health Centre, Jubilee Way, Orford, Warrington, WA2 8HE
Greenbank Surgery	274 Manchester Road, Warrington, WA1 3RB
Guardian Street Medical Centre	Guardian Street, Warrington, WA5 1UD
Helsby Street Medical Centre	2 Helsby Street, Warrington, WA1 3AW
Holes Lane Surgery	28 Holes Lane, Woolston, Warrington, WA1 4NE
Lakeside Surgery	Lakeside Road, Lymm, Warrington, WA13 0QE
Latchford Medical Centre	Thelwall Lane, Latchford, Warrington, WA4 1LJ
Manchester Road Surgery	The Surgery, 280 Manchester Road, Warrington, WA1 3RB
Padgate Medical Centre	12 Station Road, Padgate, Warrington, WA2 0RX
Parkview Medical Centre	Jubilee Way, Orford, Warrington, WA2 8HE
Penketh Health Centre	Honiton Way, Penketh, Warrington, WA5 2EY
Springfields Medical Centre	Bath Street Health and Wellbeing Centre, Bath Street, Warrington, WA1 1UG
Stockton Heath Medical Centre	The Forge, London Road, Stockton Heath, Warrington, WA4 6HJ
Stretton Medical Centre	5 Hatton Lane, Stretton, Warrington, WA4 4NE
Westbrook Medical Centre	301/302 Westbrook Centre, Westbrook, Warrington, WA5 8UF

Membership engagement

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

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

Composition of Governing Body

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

Name	Role
Dr Ian Watson	Chair
Nick Atkin	Lay Member
Ruth Austen-Vincent	Lay Member
Dr Golam Chowdry	GP member representative
David Cooper	Chief Finance Officer
Lisa Ellis	Interim Chief Nurse
Dr Andrew Davies	Clinical Chief Officer
Kevin Goucher (non-voting member)	Patient representative

Gareth Hall	Lay Member
Julie Langton	Secondary Care Doctor
Dr Aparna Rao	GP member representative
Dilys Quinlan	Lay Member
Dr Lalit Sakhi	GP member representative
Dr Sangeetha Steevart	GP member representative

Others in regular attendance include:

Name	Role
Maria Austin	Chief of Public Affairs and Engagement
Pam Broadhead	Chief Primary Care Officer
Rebecca Knight	Head of Assurance and Risk
Carl Marsh	Chief Commissioner
Thara Raj (non-voting)	Director of Public Health (Warrington)

Committees, including Audit Committee

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

Whilst not required by legislation, the CCG established additional committees to deliver its objectives and provide an appropriate level of assurance and scrutiny.

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

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

At the Governing Body meetings held on 10 November and 8 December 2021, the Governing Body agreed to the recommendation to delegate all duties and functions to the Joint Committee of CCGs in Cheshire and Merseyside other than those which cannot legally be delegated and any CCG specific arrangements. In addition, it was agreed that sub-committees of the Joint Committee would be established and that the assurance committees at CCG level would be stood down.

The committees that have been in place include:

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

The membership of the Audit Committee is as follows:

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

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

Register of Interests

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

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

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

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

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

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

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

Modern Slavery Act

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

Personal data related incidents

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

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

Mr Graham Urwin

Graham Urwin

Chief Executive

NHS Cheshire & Merseyside

29.6.2023

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 Dr Andrew Davies to be the Accountable Officer of NHS Warrington CCG.

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

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

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

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

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

• Disclosures

- As the Accountable Officer, I confirm that there was adequate and sufficient handover from the previous Accounting Officer to provide me with the assurances required to make these statements. I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the CCG's auditors are aware of that information. So far as I am aware, there is no relevant audit information of which the auditors are unaware..

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Mr Graham Urwin

Graham Urwin

Chief Executive
NHS Cheshire & Merseyside ICB

29.6.2023

Governance Statement

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

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

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

Scope of responsibility

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

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

Governance arrangements and effectiveness

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

The CCG is accountable to its members, the public, its stakeholders and NHS England and NHS Improvement. The CCG demonstrates its accountability through its statutory requirements and through holding regular engagement events, working alongside Mid-Mersey Local Medical Committee (LMC), Healthwatch and the Health and Wellbeing Board – and providing information to the public at large.

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

Throughout 2021/22, weekly meetings via MS Teams have been held with all member practices led by the Clinical Chief Officer and the Chief Primary Care Officer. The meetings include an update for Primary Care and where required or requested an educational or training element. These updates will continue until 30 June 2022. The calls provide an opportunity to ask direct questions to the two officers and to contribute to actions in relation to the COVID-19 pandemic.

In addition to the Friday educational sessions, several virtual protected learning events via MS Teams were held in the first half of the year. Due to system pressures, the programme was paused until March 2022 when the full schedule was reinstated. Moving forward, each place will have separate events so that any system pressures that may result in practices being closed are minimised.

Feedback from member practices, the Local Medical Committee, and other clinicians in terms of our engagement during the pandemic has been extremely positive – often citing the Friday calls as an excellent method of communication. Looking to the next year as the CCG is dissolved and the Integrated Care Board is established, plans will remain to ensure that membership engagement and the positive learning from our communications is maintained.

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

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

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

Governance arrangements during the COVID-19 pandemic

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

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

- Both CCGs continued to hold Governing Body meetings but streamlined papers, focused agendas and held virtually not face-to-face
- Membership engagement was limited to COVID-19 purposes

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

- While having regard to their constitutions and agreed internal processes, an Urgent Issues Committee was established to allow timely and effective decision-making. The usual assurance committees were stood down with all business taking place via the Urgent Issues Committee
- Guidance issued regarding Constitution standards was implemented
- Data reporting to NHS Digital was suspended
- Enactment of business-critical roles as per the Business Continuity Plan.

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

Members of the Governing Body, committees and senior managers

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

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

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

Committees

The CCG Governing Body established a number of committees to deliver its objectives and provide an appropriate level of assurance and scrutiny. The CCG Governing Body has delegated responsibility to a number of committees, as per its Scheme of Reservation and Delegation. In November 2021, duties and functions were delegated (where possible), in line with other CCGs, from the Governing Body to the Cheshire and Merseyside Joint Committee.

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

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

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

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

Audit Committee

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

Membership of the committee includes four lay members (all lay members in place working across both NHS Warrington CCG and NHS Halton CCG). The Chair is also the Conflict-of-Interest Guardian.

The purpose of the committee is to receive assurance on the following areas:

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

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

Remuneration Committee

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

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

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

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

Primary Care Commissioning Committee (PCCC)

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

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

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

The purpose of the committee is to:

- take decisions on the commissioning of primary medical services in the CCG's geographical area
- receive information on the quality of commissioned Primary Care medical services and identify any actions needed to address concerns
- plan, including needs assessment, Primary Care medical services, in the geographical area

- undertake reviews of the Primary Care medical services in the geographical area
- co-ordinate a common approach to the commissioning of Primary Care medical services
- manage the budget of the commissioning of Primary Care medical services.

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

Joint Quality Committee

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

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

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

Joint Finance and Performance Committee

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

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

The Legacy Issues Committee

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

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

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

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

Joint Committee of Cheshire and Merseyside CCGs

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

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

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

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

Quality Sub-Committee

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

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

- that effective quality arrangements underpin all services provided and commissioned on behalf of the CCGs. The Sub-Committee will ensure that all regulatory requirements are met and quality and patient safety is continually improved to deliver a better patient experience
- that commissioning decisions are based on evidence of clinical effectiveness and influenced by patient experience, feedback and need; and in so doing, promote patient safety and a positive patient experience, in line with the principles of the NHS Constitution, the CCGs' values and the requirements of the Care Quality Commission
- the CCGs will seek assurance from providers, raise formal queries and refer issues to the Joint Committee where there are significant concerns, which may compromise quality and patient safety
- that CCGs will ensure that a clearly defined escalation process is in place for safety and quality measures, taking action as required to ensure that improvements in quality are implemented where necessary
- that CCGs can satisfy themselves that children, Looked After Children, special educational needs and disability (SEND) requirements and adult's safeguarding duties are being met and that robust actions are taken to address concerns.

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

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

Finance and Resources Sub-Committee

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

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

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

The Sub-Committee Membership will be composed of, as a minimum, at least one lay member (as sub-committee chair), at least one CCG Chair, Cheshire and Merseyside CCG Accountable/Chief Officer, executive leads/Directors of Finance and Contracting, at least three Independent Governing Body Members, and at least three Governing Body GP representatives.

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

Performance Sub-Committee

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

In particular the Sub-Committee will:

- review and scrutinise the integrated performance reports for each CCG area
- ensure that contract performance is monitored appropriately
- explore and test explanations for significant variations of KPIs
- test the appropriateness and robustness of any correcting actions
- ensure that actual and forecast contract over-performance or under-performance is quantified in both financial and activity terms
- benchmark recovery plans against trajectories
- ensure implantation of priorities as set-out in the operational plan
- oversee that the delivery of procurements in line with statutory requirements

- undertake ‘deep dive’ reviews when required.

As a minimum, the membership will include a Chair, at least one Cheshire and Merseyside CCG Accountable/Chief Officer, at least one CCG Chair, Executive leads/Director for Performance and/or Contracting, at least three Independent Governing Body Members and at least three Governing Body GP representatives.

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

UK Corporate Governance Code

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

Discharge of statutory functions

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

Responsibility for each duty and power has been clearly allocated to a lead Director. Directorates have confirmed that their structures provide the necessary capability and capacity to undertake all the Clinical Commissioning Group’s statutory duties.

Risk management arrangements and effectiveness

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

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

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

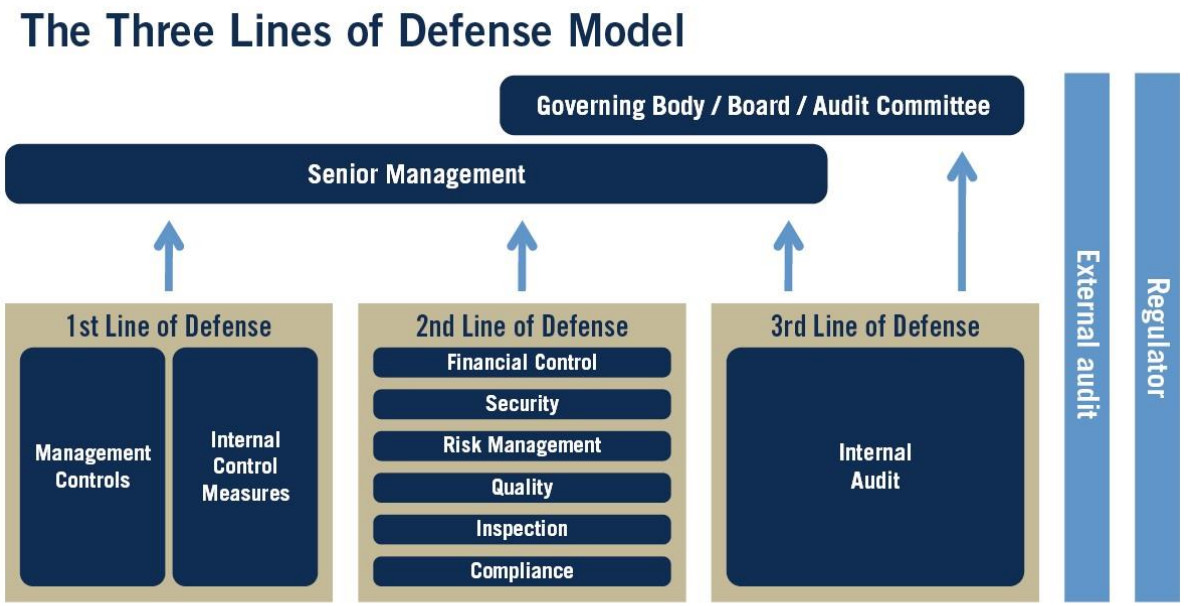
A sound system of internal control is required to support the achievement of the CCG policies, aims and objectives, whilst safeguarding public funds and assets.

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

Risk reports are presented to each 'assurance' committee to reflect the risks aligned to the committee and to ensure they reflect the relevant business associated with the committee. They also provide oversight of the management of the risk and to identify any challenges or areas of escalation that need further scrutiny. The Corporate Risk Register is presented to the Integrated Management Team (IMT) on a monthly basis for further review and scrutiny as an additional control. The register is then presented to Audit Committee on at least an annual basis for assurance purposes.

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

The CCG aims to create an environment in which risk is considered as a matter of course, appropriately identified and controlled by elimination, or reduction to an acceptable level and at an acceptable cost. The CCG has developed its risk appetite using the matrix developed by the Good Governance Institute. It is recognised that further work is required to embed the risk appetite throughout all risk management processes as an area of improvement.



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

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

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

Capacity to handle risk

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

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

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

Risk assessment

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

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

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

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

- Potential breach of contract caused by an immediate closure of a GP practice, resulting in reduced patient experience. Work was completed to ensure relevant arrangements were in place to monitor and oversee potential issues
- Possible risk to the delivery of CCG objectives in terms of patient and public engagement, as a result of changes to the commissioning landscape and transition to Integrated Care Systems (ICS). Work is ongoing to mitigate this risk, particularly in respect of work at place-bases
- Risk of loss of financial authority as a result of temporary financial arrangements. This risk has been closed in year following the establishment of robust arrangements including the development of a financial strategy and plan
- Long-term absence has created a risk to the delivery of the CCG statutory function in relation to safeguarding. This risk remains open and under close surveillance and has been acknowledged to be a wider issue across CCGs in the Cheshire and Merseyside area

- The recovery of elective activity to address lengthy waiting lists, following the declaration of the pandemic has increased the risk in avoidable harm and deterioration in patient's conditions. This risk has been closed in year as is now closely monitored via relevant contract and quality group meetings with performance data regularly reported to the relevant committees
- There is a continuing risk that there will not be sufficient capacity to support the CCG-related business with an ability to recruit and retain staff due to the transition from CCG to the Integrated Care Board (ICB). This risk remains open and is actively monitored and reported on
- A potential risk exists relating to data errors or misinformation for staff on the Electronic Staff Record (ESR). This risk remains open and is being reviewed and managed as part of the transition and close-down arrangements in the CCG.

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

Other sources of assurance

Internal Control Framework

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

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

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

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

Risk-based internal audit plan

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

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

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

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

Data quality

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

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

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

Information governance

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

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

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

Business critical models

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

Third party assurances

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

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

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

a. Midlands and Lancashire Commissioning Support Unit

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

c. NHS Shared Business Service Limited: Employment Services

d. The Electronic Staff Record Programme

e. NHS Business Services Authority: Prescription Payments

f. Capita Primary Care Support Services.

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

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

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

Annual audit of conflicts of interest management

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

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

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

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

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

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

Control issues

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

The CCG Chair is no longer a registered GP with a patient list, as required in the Constitution. The Chair deregistered in August 2021. Collaboration with the Local Medical Committee (LMC) and member practices took place whereby it was agreed that the Chair would remain in post until the closedown of the CCG.

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

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

All business cases are subject to equality, quality and data privacy impact assessments. The full business case is then submitted for approval of the clinical model, to the Commissioning and Service Development Group (CSDG), which includes multi-disciplinary clinical representation. Where investment is required and in line with the CCG Standing Financial Instructions (SFIs), depending on the level of investment the business case will then be submitted to the Finance and Performance Committee, and more recently the Legacy Issues Committee. Within the financial limits delegated by the Governing Body, the Finance and Performance Committee is responsible for prioritising investments based on affordability and the anticipated return on investment to ensure we can secure the greatest outcomes from the limited resources available. Business cases requiring funding in excess of the Committee's delegated financial limits are reserved solely for the Governing Body.

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

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

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

Delegation of functions

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

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

Counter-fraud arrangements

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

The key features of our arrangements included:

- An Accredited Anti-Fraud Specialist is contracted from Mersey Internal Audit Agency to undertake anti-fraud work that is proportionate to identified risks contained within the Annual Plan for the financial year
- Our Audit Committee received a report against each of the Standards for Commissioners annually. There has been executive support from the Governing Body via the Deputy Chief Finance Officer, Local Fraud

Champion, for a proportionate proactive work plan to address identified risks that demonstrate corporate responsibility for tackling fraud, bribery, and corruption

- Since 2019/20, NHS Warrington CCG has not had to undertake any NHS Counter Fraud Authority Quality Assurance Inspections. Therefore, there have been no recommendations outlined for implementation or review.

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

The purpose of this Head of Internal Audit Opinion is to contribute to the assurances available to the Accountable Officer and the Governing Body which underpin the Governing Body's own assessment of the effectiveness of the organisation's system of internal control. This Opinion will assist the Governing Body in the completion of its Annual Governance Statement (AGS), along with considerations of organisational performance, regulatory compliance, the wider operating environment and health and social care transformation.

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

Key Area	Summary
Head of Internal Audit Opinion	The overall opinion for the period 1 April 2022 to 30 June 2022 provides **Substantial Assurance** that that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.
Planned Audit Coverage and Outputs	The Q1 2022/23 Internal Audit Plan has been delivered with the focus on transition support and the provision of your Head of Internal Audit Opinion. This position has been reported

	within the progress reports across the financial year. Review coverage has been focused on: • CCG Closedown/ICB Transition reviews and support • CCG compliance with statutory functions • Follow up of outstanding internal audit recommendations.
MIAA Quality of Service Indicators	MIAA operate systems to ISO Quality Standards. The External Quality Assessment, undertaken by CIPFA (2020), provides assurance of MIAA's full compliance with the Public Sector Internal Audit Standards.

Basis for the Opinion

The basis for forming the opinion is as follows:

1. An assessment of the range of individual assurances arising from our risk-based internal audit assignments that have been reported throughout the period. This assessment has taken into account the relative materiality of systems reviewed and management's progress in respect of addressing control weaknesses identified
2. An assessment of the organisation's response to Internal Audit recommendations, and the extent to which they have been implemented.

Overall opinion

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

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

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

Compliance with Statutory Functions

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

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

CCG Transition – System Support

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

Cheshire and Merseyside

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

CCG Transition – Local Support

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

- Transition working group attendance

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

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

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

Follow Up

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

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

Wider organisation context

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

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

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

Chris Harrop
Managing Director, MIAA
June 2022

Louise Cobain
Assurance Director, MIAA
June 2022

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

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

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

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

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

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

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

Conclusion

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

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

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

Remuneration Report

Remuneration Committee

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

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

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

Additionally, the Remuneration Committee:

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

Our Remuneration Committee must always:

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

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

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

Composition and membership of the Remuneration Committee

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

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

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

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

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

Policy on the remuneration of senior managers

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

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

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

Remuneration of Very Senior Managers

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

Senior manager remuneration 2022/23 (subject to audit)

Name	Title	Salary (bands of £5,000) £'000	Expense payments (rounded to the nearest £00) £'00	Performance pay and bonuses (bands of £5,000) £'000	Long term performance pay and bonuses (bands of £5,000) £'000	All pension-related benefits (bands of £2,500) £'000	Total (bands of £5,000) £'000
Dr A Davies	Chief Clinical Officer	20-25	0	0	0	10-12.5	30-35
D Cooper	Chief Finance Officer	10-15	0	0	0	0	10-15
I Watson	Chair	15-20	0	0	0	0	15-20
Dr S Steevart	GP Representative	5-10	0	0	0	0	5-10
Dr A Rao	GP Representative	0-5	0	0	0	0	0-5
Dr L Sakhi	GP Representative	0-5	0	0	0	0	0-5
G Hall	Lay Member	0-5	0	0	0	0	0-5
D Quinlan	Lay Member	0-5	0	0	0	0	0-5
Dr G Chowdury	GP Representative	0-5	0	0	0	0	0-5
N Atkin	Lay Member	0-5	0	0	0	0	0-5

Notes:

1. Andrew Davies is a shared Clinical Accountable Officer with NHS Halton CCG (FTE salary is £170,000-£175,000). The Pension-related Benefits show the full Benefit from NHS Warrington CCG.
2. David Cooper is the Shared Chief Finance Officer with NHS Halton CCG (FTE salary with NHS Warrington CCG is £120,000-£125,000).

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

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

Name	Title	Salary (bands of £5,000) £'000	Expense payments (rounded to the nearest £00) £'00	Performance pay and bonuses (bands of £5,000) £'000	Long term performance pay and bonuses (bands of £5,000) £'000	All pension-related benefits (bands of £2,500) £'000	Total (bands of £5,000) £'000
Dr A Davies	Chief Clinical Officer	85-90	0	0	0	45-47.5	130-135
D Cooper	Chief Finance Officer	50-55	0	0	0	0	50-55
M Creed	Chief Nurse	70-75	6,200	0	0	175.5-180	255-260
I Watson	Chair	65-70	0	0	0	0	65-70
Dr S Steevart	GP Representative	25-30	0	0	0	0	25-30
Dr A Rao	GP Representative	10-15	0	0	0	0	10-15
Dr L Sakhi	GP Representative	10-15	0	0	0	0	10-15
G Hall	Lay Member	5-10	0	0	0	0	5-10
D Quinlan	Lay Member	5-10	0	0	0	0	5-10
Dr G Chowdury	GP Representative	10-15	0	0	0	0	10-15
N Atkin	Lay Member	5-10	0	0	0	0	5-10

Notes:

1. Andrew Davies is a shared Clinical Accountable Officer with NHS Halton CCG (FTE salary is £170,000-£175,000). The Pension-related Benefits show the full Benefit from NHS Warrington CCG.
2. David Cooper is the Shared Chief Finance Officer with NHS Halton CCG (FTE salary with NHS Warrington CCG is £120,000-£125,000).

3. Michelle Creed was the shared Chief Nurse with NHS Halton CCG (FTE £110,000-£115,000).She left the organisation on the 31st March 2022

Pension benefits as at 30 June 2022

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

Pension costs

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

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website.

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

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

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

An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2022, is based on valuation data as 31 March 2021 updated to 31 March 2022 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury has also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

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

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay. The 2016 funding valuation was also expected to test the cost of the scheme relative to the employer cost cap that was set following the 2012 valuation. In January 2019, the government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud Case.

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

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

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

Cash Equivalent Transfer Values (CETV)

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme.

The pension figures shown relate to the benefits that the individual has accrued as a consequence of their membership of the pension scheme. This may be for more than just their service in a senior capacity to which disclosure applies (in which case this fact will be noted at the foot of the table).

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

Real Increase in CETV

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

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

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

Payments to past members (subject to audit)

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

Exit packages

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

Pay multiples 2022/23) (subject to audit)

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director / member in their organisation against the 25th percentile, median and 75th percentile of remuneration of the organisation's workforce. This has been completed using the Annual Salary for staff, not the 3 months to the 30th June for consistency purposes across Financial years

Total remuneration is further broken down to show the relationship between the highest paid director's salary component of their total remuneration against the 25th percentile, median and 75th percentile of salary components of the organisation's workforce.

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

Year	75th percentile total remuneration ratio	75th percentile salary ratio	Median total remuneration ratio	Median salary ratio	25th percentile total remuneration ratio	25th percentile salary ratio
2022/23	2.23	2.23	3.62	3.62	4.25	4.25
2021/22	4.42	4.42	3.76	3.76	2.63	2.63

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

	75th percentile	Median	25th percentile
2022/23	77,274	47,672	40,588
2021/22	65,664	45,839	39,027

Whilst the median has risen in 2022/23 (£47,672 from £45,839 in 2021/22), the median salary ratio has reduced between the two years. This is due to staff being shared between NHS Warrington CCG and NHS Halton CCG.

In 2022/23, no employee received remuneration in excess of the highest-paid member of the Governing Body (2021/22: 0).

As at 30 June 2022, remuneration ranged from £5,000-£10,000 to £170,000-£175,000 (0% change against 2021/22: £5,000-£10,000 to £170,000-£175,000) based on annualised, full-time equivalent remuneration of all

staff (including temporary and agency staff). Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions. There were no non-consolidated performance-related pay or benefits in kind paid in 2022/23 (2021/22: 0).

The calculation of the ratio between the remuneration of the highest paid director and the 25th percentile, median and 75th percentile remuneration of the workforce is based on full time equivalent employees in post at 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.

Staff Report (subject to audit)

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

As of 30 June 2023, our gender analysis is as follows:

	Headcount by Gender		
Staff Grouping	**Female**	**Male**	**Unknown**
Governing Body	6	7	1
Other Senior Management (Band 8C+)	10	9	0
All Other Employees	61	14	0
Grand Total	**77**	**30**	**1**

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

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

	2022-23			2021-22
Total	**Permanently Employed Number**	**Other Number**	**Total Number**	**Total Number**
Total	74.10	5.07	79.17	87.66
Of the above Number of Whole-time equivalent people engaged on capital projects	0.00	0.00	0.00	0.00

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

Pay Band	Headcount
Apprentice	0
Band 1	0
Band 2	0
Band 3	2
Band 4	2
Band 5	16
Band 6	15
Band 7	21
Band 8 - Range A	11
Band 8 - Range B	8
Band 8 - Range C	5
Band 8 - Range D	4
Band 9	1
Medical	15
VSM	7
Gov Body (off payroll)	1
Grand Total	**108**

Sickness absence data

Staff sickness absence 2022	2022 Number
Total Days Lost	287.81
Total Staff Years	80.48
Average Working Days Lost	3.58

The sickness absence data for the CCG in 2022 was whole time equivalent (WTE) days available of 18,108.38 and WTE days lost to sickness absence of 287.81 and average working days lost per employee was 3.58 which was managed through the absence management policy

Staff turnover percentages

CCG Staff Turnover 2022-23	2022-23 Number
Average FTE Employed 2022-23	78.96
Total FTE Leavers 2022-23	3.10
Turnover Rate	3.93%

The CCG Staff Turnover Rate for 2022/23 has been calculated by dividing the total FTE Leavers in-year by the average FTE Staff in Post during the year. The CCG's Total FTE Leavers in year was 3.1. The CCG's Average FTE Staff in Post during the year was 78.96. The CCG Staff Turnover Rate for the year was 3.93%.

Off-payroll engagements

Table 1: Off-payroll engagements longer than six months

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

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

Table 2: New off-payroll engagements

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

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

Table 3: Off-payroll engagements / senior official engagements

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

	Main department	Agencies	ALBs
No. of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year (1)	0	0	0
Total no. of individuals on payroll and off-payroll that have been deemed "board members, and/or, senior officials with significant financial responsibility", during the financial year (2)	10	0	0

NHS Warrington CCG - Annual Accounts 2022-23

2. Employee benefits and staff numbers

2.1.1 Employee benefits	**Admin**			**Programme**			**Total**		**2022-23**
	Permanent Employees £'000	**Other £'000**	**Total £'000**	**Permanent Employees £'000**	**Other £'000**	**Total £'000**	**Permanent Employees £'000**	**Other £'000**	**Total £'000**
Employee Benefits									
Salaries and wages	380	-	**380**	440	11	**450**	819	11	**830**
Social security costs	79	-	**79**	50	-	**50**	129	-	**129**
Employer contributions to the NHS Pension Scheme	107	-	**107**	63	-	**63**	170	-	**170**
Gross employee benefits expenditure	**566**	**-**	**566**	**552**	**11**	**563**	**1,118**	**11**	**1,129**
Less recoveries in respect of employee benefits (note 4.1.2)	-	-	**-**	-	-	**-**	-	-	**-**
Total - Net admin employee benefits including capitalised costs	**566**	**-**	**566**	**552**	**11**	**563**	**1,118**	**11**	**1,129**
Less: Employee costs capitalised	-	-	**-**	-	-	**-**	-	-	**-**
Net employee benefits excluding capitalised costs	**566**	**-**	**566**	**552**	**11**	**563**	**1,118**	**11**	**1,129**

2.1.1 Employee benefits	Admin			Programme			Total		2021-22
	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits									
Salaries and wages	1,513	-	**1,513**	2,064	41	**2,106**	3,577	41	**3,618**
Social security costs	329	-	**329**	220	-	**220**	549	-	**549**
Employer contributions to the NHS Pension Scheme	539	-	**539**	181	-	**181**	720	-	**720**
Apprenticeship Levy	10	-		-	-				
Termination benefits	-	-	**-**	8	-	**8**	8	-	**8**
Gross employee benefits expenditure	**2,391**	**-**	**2,381**	**2,472**	**41**	**2,514**	**4,853**	**41**	**4,895**
Less recoveries in respect of employee benefits (note 4.1.2)	-	-	**-**	-	-	**-**	-	-	**-**
Total - Net admin employee benefits including capitalised costs	**2,391**	**-**	**2,381**	**2,472**	**41**	**2,514**	**4,853**	**41**	**4,895**
Less: Employee costs capitalised	-	-	**-**	-	-	**-**	-	-	**-**
Net employee benefits excluding capitalised costs	**2,391**	**-**	**2,381**	**2,472**	**41**	**2,514**	**4,853**	**41**	**4,895**

Parliamentary Accountability and Audit Report

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

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

Report on the audit of the financial statements

Opinion on financial statements

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

In our opinion, the financial statements:

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

Basis for opinion

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

Emphasis of matter – Demise of the organisation

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

Conclusions relating to going concern

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

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

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

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

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

Other information

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

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

We have nothing to report in this regard.

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

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

We have nothing to report in this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion:

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

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

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

Matters on which we are required to report by exception

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

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

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

Responsibilities of the Accountable Officer

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

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

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

Auditor's responsibilities for the audit of the financial statements

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

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

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

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

  - the identification, evaluation and compliance with laws and regulations;
  - the detection and response to the risks of fraud; and
  - the establishment of internal controls to mitigate risks related to fraud or non-compliance with laws and regulations.
- We enquired of management, internal audit and the audit committee, whether they were aware of any instances of non-compliance with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud.
- We assessed the susceptibility of the CCG's financial statements to material misstatement, including how fraud might occur, evaluating management's incentives and opportunities for manipulation of the financial statements. This included the evaluation of the risk of management override of controls. We determined that the principal risks were in relation to:
  - Large and unusual journal entries, particularly those entered around or after the period-end or reducing expenditure.
- Our audit procedures involved:
  - evaluation of the design effectiveness of controls that management has in place to prevent and detect fraud;
  - journal entry testing, with a focus on large and unusual items and those falling within identified risk criteria including; journals posted by senior management, period-end journals, journals posted after 30 June 2022, period-end accruals and journals reducing expenditure at the period-end;
  - challenging assumptions and judgements made by management in its significant accounting estimates in respect of prescribing;
  - assessing the extent of compliance with the relevant laws and regulations as part of our procedures on the related financial statement item.
- These audit procedures were designed to provide reasonable assurance that the financial statements were free from fraud or error. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error and detecting irregularities that result from fraud is inherently more difficult than detecting those that result from error, as fraud may involve collusion, deliberate concealment, forgery or intentional misrepresentations. Also, the further removed non-compliance with laws and regulations is from events and transactions reflected in the financial statements, the less likely we would become aware of it.
- The team communications in respect of potential non-compliance with relevant laws and regulations, including the potential for fraud in revenue and expenditure recognition, and the significant accounting estimates related to the prescribing accrual.
- Our assessment of the appropriateness of the collective competence and capabilities of the engagement team included consideration of the engagement team's:
  - understanding of, and practical experience with audit engagements of a similar nature and complexity through appropriate training and participation
  - knowledge of the health sector and economy in which the CCG operates
  - understanding of the legal and regulatory requirements specific to the CCG including:
    - the provisions of the applicable legislation
    - NHS England's rules and related guidance
    - the applicable statutory provisions.

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

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

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

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

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

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

Responsibilities of the Accountable Officer

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

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

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

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

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

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

Report on other legal and regulatory requirements – Certificate

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

Use of our report

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

Georgia Jones

Georgia Jones, Key Audit Partner

for and on behalf of Grant Thornton UK LLP, Local Auditor

Liverpool

29 June 2023

Annual Report
Q1 2022/23

Entity name:	**NHS Warrington CCG**
This year	**2022-23**
Last year	**2021-22**
This period ended	**30 June 2022**
Last year ended	**31-March-2022**
This year commencing:	**01-April-2022**
Last year commencing:	**01-April-2021**

NHS Warrington CCG - Annual Accounts 2022-23

Statement of Comprehensive Net Expenditure 30 June 2022	Note	3 month period to the 30 June 2022 2022-23 £'000	2021-22 £'000
Staff costs	2	1,129	4,905
Purchase of goods and services	4	95,191	381,477
Depreciation and impairment charges	4	58	110
Other Operating Expenditure	4	27	122
Total operating expenditure		**96,405**	**386,614**
Comprehensive Expenditure for the year		**96,405**	**386,614**

NHS Warrington CCG - Annual Accounts 2022-23

Statement of Financial Position 30 June 2022	Note	3 Month period to the 30 June 2022 2022-23 £'000	2021-22 £'000
Non-current assets:			
Property, plant and equipment	6	206	232
Right-of-use assets	6a	226	-
Intangible assets	7	3	4
Total non-current assets		**435**	**236**
Current assets:			
Trade and other receivables	8	2,194	2,274
Cash and cash equivalents	9	-	53
Total current assets		**2,194**	2,327
Total assets		**2,629**	**2,563**
Current liabilities			
Trade and other payables	10	(32,854)	(39,421)
Lease liabilities	6a	(128)	-
Borrowings	11	(906)	-
Total current liabilities		**(33,888)**	(39,421)
Non-Current Assets plus/less Net Current Assets/Liabilities		**(31,258)**	**(36,858)**
Non-current liabilities			
Lease liabilities	6a	(97)	-
Total non-current liabilities		(97)	-
Assets less Liabilities		**(31,356)**	(36,858)
Financed by Taxpayers' Equity			
General fund		(31,356)	(36,858)
Total taxpayers' equity:		**(31,356)**	**(36,858)**

Notes 1 to 17 form part of this statement

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

Graham Urwin

Mr Graham Urwin
Chief Executive

NHS Warrington CCG - Annual Accounts 2022-23

Statement of Changes In Taxpayers Equity for the 3 month period to 30 June 2022

Changes in taxpayers' equity for the 3 month period to 30 June 2022	**General fund £'000**	**Total reserves £'000**
Balance at 01 April 2022	(36,859)	**(36,859)**
Adjusted NHS Clinical Commissioning Group balance at 31 March 2022	**(36,859)**	**(36,859)**
Changes in NHS Clinical Commissioning Group taxpayers' equity for the 3 month period to 30th June 2022		
Net operating expenditure for the financial year	(96,405)	**(96,405)**
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial year	**(96,405)**	**(96,405)**
Net funding	101,908	**101,908**
Balance at 30 June 2022	**(31,356)**	**(31,356)**

Changes in taxpayers' equity for 2021-22	**General fund £'000**	**Total reserves £'000**
Balance at 01 April 2021	(33,524)	**(33,524)**
Adjusted NHS Clinical Commissioning Group balance at 31 March 2022	**(33,524)**	**(33,524)**
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2021-22		
Net operating costs for the financial year	(386,614)	(386,614)
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial Year	**(386,614)**	**(386,614)**
Net funding	383,279	383,279
Balance at 31 March 2022	**(36,859)**	**(36,859)**

Notes 1 to 17 form part of this statement

NHS Warrington CCG - Annual Accounts 2022-23

Statement of Cash Flows for the 3 month period to 30 June 2022	Note	**3 month period to 30 June 2022 2022-23 £'000**	**2021-22 £'000**
Cash Flows from Operating Activities			
Net operating expenditure for the financial year		(96,405)	(386,614)
Depreciation and amortisation	4	58	110
(Increase)/decrease in trade & other receivables	8	80	2,705
Increase/(decrease) in trade & other payables	10	(6,567)	524
Net Cash Inflow (Outflow) from Operating Activities		**(102,835)**	**(383,275)**
Cash Flows from Financing Activities			
Grant in Aid Funding Received		101,908	383,279
Repayment of lease liabilities		(32)	0
Net Cash Inflow (Outflow) from Financing Activities		**101,876**	**383,279**
Net Increase (Decrease) in Cash & Cash Equivalents	9	**(959)**	4
Cash & Cash Equivalents at the Beginning of the Financial Year		**53**	49
Cash & Cash Equivalents (including bank overdrafts) at the period ended 30 June/ End of the Financial Year		**(907)**	**53**

Notes 1 to 17 form part of this statement

NHS Warrington CCG - Annual Accounts 2022-23

Notes to the financial statements

1 Accounting Policies

NHS England has directed that the financial statements of Clinical Commissioning Groups (CCGs) shall meet the accounting requirements of the Group Accounting Manual (GAM) issued by the Department of Health and Social Care (DHSC). Consequently, the following financial statements have been prepared in accordance with the GAM 2021-22 issued by the DHSC. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to CCGs, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the CCG for the purpose of giving a true and fair view has been selected. The particular policies adopted by the CCG are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Going Concern

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

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

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

1.2 Accounting Convention

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

1.3 Joint arrangements

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

A joint operation exists where the parties that have joint control have rights to the assets and obligations for the liabilities relating to the arrangement. Where the CCG is a joint operator it recognises its share of, assets, liabilities, income and expenses in its own accounts."

1.3.1 Pooled Budgets

The CCG has entered into a pooled budget arrangement with Warrington Borough Council in accordance with section 75 of the NHS Act 2006. Under the arrangement, funds are pooled for the provision of Adult's Learning Disability, Mental Health, Community Support Services and the Better Care Fund. The pooled budget note in the accounts provides details of the income and expenditure.

1.4 Operating Segments

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

1.5 Revenue

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

• As per paragraph 121 of the Standard the CCG will not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less,

• The CCG is to similarly not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date.

• The CCG is to similarly not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date.

• The FReM has mandated the exercise of the practical expedient offered in C7(a) of the Standard that requires the CCG to reflect the aggregate effect of all contracts modified before the date of initial application.

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

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

Where income is 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."

1.6 Employee Benefits

1.6.1 Short-term Employee Benefits

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

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

1.6.2 Retirement Benefit Costs

"Past and present employees are covered by the provisions of the NHS Pensions Schemes. These schemes are unfunded, defined benefit schemes that cover NHS employers, General

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

For early retirements other than those due to ill health the additional pension liabilities are 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."

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 clinical commissioning group 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.

1.7 Other Expenses

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

1.8 Grants Payable

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

1.9 Property, Plant & Equipment

1.9.1 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 clinical commissioning group;
- 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.

1.9.2 Measurement

All property, plant and equipment is measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets that are held for their service potential and are in use are measured subsequently at their current value in existing use. Assets that were most recently held for their service potential but are surplus are measured at fair value where there are no restrictions preventing access to the market at the reporting date

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

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

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are re-valued and depreciation commences when they are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful

economic lives or low values or both, as this is not considered to be materially different from current value in existing use.

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

1.9.3 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.

1.10 Intangible Assets

1.10.1 Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the clinical commissioning group'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 clinical commissioning group;
- 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.

1.10.2 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.

1.10.3 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 clinical commissioning group expects to obtain economic benefits or service potential from the asset. This is specific to the clinical commissioning group 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 clinical commissioning group checks whether there is any indication that any of its property, plant and equipment assets or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise

from a clear consumption of economic benefit are taken to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

1.11 Leases

"A lease is a contract, or part of a contract, that conveys the right to control the use of an asset for a period of time in exchange for consideration.

The CCG assesses whether a contract is or contains a lease, at inception of the contract."

1.11.1 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.

1.12 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 clinical commissioning group's cash management.

1.13 Provisions

Provisions are recognised when the clinical commissioning group has a present legal or constructive obligation as a result of a past event, it is probable that the clinical commissioning group will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rate as follows:

All general provisions are subject to four separate discount rates according to the expected timing of cashflows from the Statement of Financial Position date:

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

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

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

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

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

A restructuring provision is recognised when the clinical commissioning group 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.

1.14 Clinical Negligence Costs

NHS Resolution operates a risk pooling scheme under which the clinical commissioning group 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 clinical commissioning group.

1.15 Non-clinical Risk Pooling

The clinical commissioning group participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the clinical commissioning group 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.

1.16 Carbon Reduction Commitment Scheme

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

The carrying amount of the liability at the financial year end will therefore reflect the CO2 emissions that have been made during that financial year, less the allowances (if any) surrendered voluntarily during the financial year in respect of that financial year.

The liability will be measured at the amount expected to be incurred in settling the obligation. This will be the cost of the number of allowances required to settle the obligation.

Allowances acquired under the scheme are recognised as intangible assets.

1.17 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 clinical commissioning group, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

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 clinical commissioning group. 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 clinical commissioning group 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.

1.19 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 clinical commissioning group recognises a loss allowance representing the expected credit losses on the financial asset.

The clinical commissioning group 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 clinical commissioning group therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's lengths bodies and NHS bodies and the clinical commissioning group 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.

1.20 Financial Liabilities

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

1.20.1 Financial Guarantee Contract Liabilities

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

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

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

1.20.2 Financial Liabilities at Fair Value Through Profit and Loss

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

1.20.3 Other Financial Liabilities

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

1.21 Value Added Tax

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

1.22 Foreign Currencies

The clinical commissioning group'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 clinical commissioning group's surplus/deficit in the period in which they arise.

1.23 Critical accounting judgements and key sources of estimation uncertainty

In the application of the clinical commissioning group's accounting policies, management is required to make various judgements, estimates and assumptions. These are regularly reviewed and endorsed by the Audit Committee

1.23.1 Critical accounting judgements in applying accounting policies

The CCG has made no critical judgements in applying accounting policies

1.23.2 Sources of Estimation and uncertainty

The CCG has no sources of estimation uncertainty

1.24 Adoption of new standards

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

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

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

Impact assessment

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

IFRS 16 does not require entities to reassess whether a contract is, or contains, a lease at the date of initial application. HM Treasury has interpreted this to mandate this practical expedient

and therefore the group has applied IFRS 16 to contracts identified as a lease under IAS 17 or IFRIC 4 at 1 April 2022.

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

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

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

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

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

The group has assessed that there is no significant impact on its current finance leases due to the immaterial value on the statement of financial position and no significant impact on the limited transactions it undertakes as a lessor because IFRS 16 has not substantially changed the accounting arrangements for lessors.

The following table reconciles the group's operating lease obligations at 31 March 2022, disclosed in the group's 21/22 financial statements, to the lease liabilities recognised on initial application of IFRS 16 at 1 April 2022.

Operating lease commitments at 31 March 2022

Impact of discounting at 1 April 2022 using the weighted average incremental borrowing rate of 0.95%

Operating lease commitments discounted used weighted average IBR

Add: Finance lease liabilities at 31 March 2022

Add: Peppercorn leases revalued to existing value in use

Add: Residual value guarantees

Add: Rentals associated with extension options reasonably certain to be exercised

Less: Short term leases (including those with <12 months at application date)

Less: Low value leases

Less: Variable payments not included in the valuation of the lease liabilities

Lease liability at 1 April 2022

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

IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021. Standard is not yet adopted by the FReM which is expected to be April 2023: early adoption is not therefore permitted.

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2. Employee benefits and staff numbers

2.1.1 Employee benefits	Total Permanent Employees £'000	Other £'000	3 month period to 30 June 2022 Total £'000	Permanently employed Number	Other Number	Total Number
Employee Benefits						
Salaries and wages	**819**	**11**	**830**			
Social security costs	**129**	**0**	**129**			
Employer Contributions to NHS Pension scheme	**170**	**0**	**170**			
Gross employee benefits expenditure	**1,118**	**11**	**1,129**	**74.10**	**5.07**	**79.17**

There were no exit packages in the 3 month period to 30 June 2022

2.1.1 Employee benefits	Total Permanent Employees £'000	Other £'000	2021-22 Total £'000	Permanently employed Number	Other Number	Total Number
Employee Benefits						
Salaries and wages	**3,577**	**41**	**3,618**			
Social security costs	**549**	**0**	**549**			
Employer Contributions to NHS Pension scheme	**720**	**0**	**720**			
Apprenticeship Levy	**10**	**0**	**10**			
Termination benefits	**8**	**0**	**8**			
Gross employee benefits expenditure	4,864	41	4,905	82.98	4.68	87.66

Exit packages agreed in the financial year	Number	Value £'000
	1	8

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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:

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.

Full actuarial (funding) valuation

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

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

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

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

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4. Operating expenses

	3 month period to 30 June 2022 Total £'000	2021-22 Total £'000
Purchase of goods and services		
Services from other CCGs and NHS England	393	1,884
Services from foundation trusts	53,474	213,592
Services from other NHS trusts	4,736	18,758
Purchase of healthcare from non-NHS bodies	15,614	64,481
Purchase of social care	2,969	10,088
Prescribing costs	8,530	35,811
GPMS/APMS and PCTMS	8,112	32,402
Supplies and services – general	723	1,307
Establishment	121	487
Transport	1	-
Premises	63	1,972
Audit fees	64	64
Other non statutory audit expenditure		
· Other services	3	28
Other professional fees	316	374
Legal fees	39	152
Education, training and conferences	33	77
Total Purchase of goods and services	**95,191**	**381,477**
Depreciation and impairment charges		
Depreciation	58	57
Amortisation	-	53
Total Depreciation and impairment charges	**58**	**110**
Other Operating Expenditure		
Chair and Non Executive Members	27	122
Total Other Operating Expenditure	**27**	**122**
Total operating expenditure	**95,276**	**381,709**

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.

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

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5.0 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	2,409	28,132	8,928	105,510
Total Non-NHS Trade Invoices paid within target	2,347	26,755	8,571	100,456
Percentage of Non-NHS Trade invoices paid within target	**97.43%**	**95.10%**	**96.00%**	**95.21%**
NHS Payables				
Total NHS Trade Invoices Paid in the Year	159	64,669	502	245,368
Total NHS Trade Invoices Paid within target	157	64,659	488	242,488
Percentage of NHS Trade Invoices paid within target	**98.74%**	**99.98%**	**97.21%**	**98.83%**

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6 Property, plant and equipment	3 month period to 30 June 2022			
	Buildings excluding dwellings £'000	Information technology £'000	Furniture & fittings £'000	Total £'000
Cost or valuation at 01 April 2022	356	118	20	494
Cost/Valuation at 30 June 2022	**356**	**118**	**20**	**494**
Depreciation 01 April 2022	123	119	20	261
Charged during the year	26	(0)	-	26
Depreciation at 30 June 2022	**149**	**118**	**20**	**287**
Net Book Value at 30 June 2022	**207**	**(0)**	**(0)**	**207**
Purchased	207	(0)	(0)	207
Total at 30 June 2022	**207**	**(0)**	**(0)**	**207**
Asset financing:				
Held on finance lease	207	-	-	207
Total at 30 June 2022	**207**	**-**	**-**	**207**

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6 Property, plant and equipment

2021-22	Buildings excluding dwellings £'000	Information technology £'000	Furniture & fittings £'000	Total £'000
Cost or valuation at 01 April 2021	356	118	20	494
Cost/Valuation at 31 March 2022	**356**	**118**	**20**	**494**
Depreciation 01 April 2021	70	115	20	205
Charged during the year	53	4	-	57
Depreciation at 31 March 2022	**123**	**119**	**20**	**261**
Net Book Value at 31 March 2022	**233**	**(1)**	**(0)**	**232**
Purchased	233	(1)	(0)	232
Total at 31 March 2022	**233**	**(1)**	**(0)**	**232**
Asset financing:				
Owned	-	(1)	(0)	(1)
Held on finance lease	233	-	-	233
Total at 31 March 2022	**233**	**(1)**	**(0)**	**232**

Economic Lives	Minimum Life (years)	Maximum Life Years
Buildings excluding dwellings	0	2
Information technology	0	1
Furniture & fittings	0	1

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6a Leases

6a.1 Right-of-use assets	**3 month period to 30 June 2022**	
	Buildings excluding dwellings £'000	**Total £'000**
Cost or valuation at 01 April 2022	-	-
IFRS 16 Transition Adjustment	258	258
Cost/Valuation at 30 June 2022	**258**	**258**
Depreciation 01 April 2022	-	-
Charged during the year	32	32
Depreciation at 30 June 2022	**32**	**32**
Net Book Value at 30 June 2022	**226**	**226**

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6a Leases cont'd

6a.2 Lease liabilities

3 month period to 30 June 2022	**3 month period to 30 June 2022 £'000**	**2021-22 £'000**
Lease liabilities at 01 April 2022	-	**-**
IFRS 16 Transition Adjustment	258	-
Addition of Assets under Construction & Payments on Account	258	-
Lease remeasurement	(32)	-
Lease liabilities at 30 June 2022	**484**	**-**

6a.3 Lease liabilities - Maturity analysis of undiscounted future lease payments

	3 month period to 30 June 2022 £'000	**2021-22 £'000**
Within one year	(130)	-
Between one and five years	(98)	-
Balance at 30 June 2022	**(228)**	**-**
Effect of discounting	2	-
Included in:		
Current lease liabilities	(128)	-
Non-current lease liabilities	(97)	-
Balance at 30 June 2022	**(226)**	**-**

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6a Leases cont'd

6a.4 Amounts recognised in Statement of Comprehensive Net Expenditure

3 month period to 30 June 2022	**3 month period to 30 June 2022 £'000**	**2021-22 £'000**
Depreciation expense on right-of-use assets	32	-

6.5 Amounts recognised in Statement of Cash Flows

	2022-23 £'000	**2021-22 £'000**
Total cash outflow on leases under IFRS 16	(32)	-

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7 Intangible non-current assets	**3 month period to 30 June 2022 Computer Software: Purchased £'000**
Cost or valuation at 01 April 2022	231
Cost / Valuation At 30 June 2022	**231**
Amortisation 01 April 2022	227
Amortisation At 30 June 2022	**227**
Net Book Value at 30 June 2022	**3**
Purchased	3
Total at 30 June 2022	**3**

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7 Intangible non-current assets

2021-22	Computer Software: Purchased £'000	Total £'000
Cost or valuation at 01 April 2021	231	**231**
Cost / Valuation At 31 March 2022	**231**	**231**
Amortisation 01 April 2021	174	**174**
Charged during the year	53	**53**
Amortisation At 31 March 2022	**227**	**227**
Net Book Value at 31 March 2022	**4**	**4**
Purchased	4	**4**
Total at 31 March 2022	**4**	**4**

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

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8.1 Trade and other receivables	Current 3 month period to 30 June 2022 £'000	Current 2021-22 £'000
NHS receivables: Revenue	302	1,110
NHS accrued income	133	30
Non-NHS and Other WGA receivables: Revenue	826	895
Non-NHS and Other WGA prepayments	421	127
Non-NHS and Other WGA accrued income	463	80
VAT	49	32
Total Trade & other receivables	**2,194**	**2,274**

8.2 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	155	98	380	18
By three to six months	36	18	5	13
By more than six months	2	606	8	664
Total	**193**	**722**	**393**	**695**

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9 Cash and cash equivalents

	3 month period of 30 June 2022 £'000	2021-22 £'000
Balance at 01 April 2022	53	49
Net change in year	(959)	4
Balance at 30 June 2022	**(906)**	**53**
Made up of:		
Cash with the Government Banking Service	-	53
Cash and cash equivalents as in statement of financial position	**-**	**53**
Bank overdraft: Government Banking Service	(906)	-
Total bank overdrafts	**(906)**	**-**
Balance at 30 June 2022	**(906)**	**53**

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10 Trade and other payables	Current 3 month period to 30 June 2022 £'000	Current 2021-22 £'000
NHS payables: Revenue	217	1,814
NHS accruals	2,149	4,181
Non-NHS and Other WGA payables: Revenue	91	2,831
Non-NHS and Other WGA accruals	11,952	10,753
Social security costs	69	64
Tax	58	60
Other payables and accruals	18,318	19,718
Total Trade & Other Payables	**32,854**	**39,421**
Total current and non-current	**32,854**	**39,421**

Other payables include £569k outstanding pension contributions at 30 June 2022, (2021-22 £420k)

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11 Borrowings	Current 3 month period to 30 June 2022 £'000	Current 2021-22 £'000
Bank overdrafts:		
· Government banking service	906	-
Total overdrafts	**906**	**-**
Total Borrowings	**906**	**-**

11.1 Repayment of principal falling due	Department of Health 3 month period to 30 June 2022 £'000	Total 2022-23 £'000
Within one year	906	906
Total	**906**	**906**

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12 Financial instruments cont'd

12.1 Financial assets	**Financial Assets measured at amortised cost 3 month period to 30-Jun-22 2022-23 £'000**
Trade and other receivables with NHSE bodies	224
Trade and other receivables with other DHSC group bodies	527
Trade and other receivables with external bodies	973
Total at 30 June 2022	**1,724**

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12 Financial instruments cont'd

12.1 Financial assets

	Financial Assets measured at amortised cost 2021-22 £'000
Trade and other receivables with NHSE bodies	1,123
Trade and other receivables with other DHSC group bodies	313
Trade and other receivables with external bodies	678
Cash and cash equivalents	53
Total at 31 March 2022	**2,167**

12.2 Financial liabilities	Financial Liabilities measured at amortised cost 3 month period to 30 June 2022 £'000
Loans with external bodies	906
Trade and other payables with NHSE bodies	1,074
Trade and other payables with other DHSC group bodies	1,428
Trade and other payables with external bodies	30,450
Total at 30 June 2022	**33,858**

13 Operating segments

The CCG considers that is only has one operating segment, the commissioning of Healthcare Services

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12.2 Financial liabilities	Financial Liabilities measured at amortised cost 2021-22 £'000
Trade and other payables with NHSE bodies	2,022
Trade and other payables with other DHSC group bodies	4,352
Trade and other payables with external bodies	32,922
Total at 31 March 2022	**39,296**

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14 Joint arrangements - interests in joint operations

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

14.1 Interests in joint operations

			Amounts recognised in Entities books ONLY 3 month period to 30 June 2022				Amounts recognised in Entities books ONLY 2021-22			
Name of arrangement	**Parties to the arrangement**	**Description of principal activities**	**Assets**	**Liabilities**	**Income**	**Expenditure**	**Assets**	**Liabilities**	**Income**	**Expenditure**
			£'000	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**
Better Care Fund	Warrington CCG and Warrington Borough Council	Integration of Health & Social Care	0	0	0	4,920	0	0	0	21,267

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15 Related party transactions

Details of related party transactions with individuals are as follows:	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
	£'000	£'000	£'000	£'000
Dr Andrew Davies (Clinical Chief Officer) also Clinical Chief Officer of NHS Halton CCG	670	336	0	0
Dr Andrew Davies (Wife is Ward Sister at Fairfield Hospital)	48	0	0	0
Mr David Cooper (Chief Finance Officer) also Chief Finance Officer of Halton CCG	670	336	0	0
Dr Ian Watson (GP Partner Fearnhead Medical Centre)	449	0	26	0
Mr Gareth Hall (Lay Member) Audit Committee Chair Halton CCG	670	336	0	0
Dr Lalit Sakhi (Honorary Contract to provide long covid support) Warrington and Halton Hospitals	36,057	0	430	0
Dr Lalit Sakhi (Governing Body GP) Centre and West Warrington PCN	85	0	0	0
Dr Aparna Rao (GP Partner Brookfield Surgery)	260	0	15	0
Dr Sangeetha Steevart Velayutham (CCG Clinical Lead) Central West Warrington PCN	85	0	0	0
Mrs D Quinlan (Audit Committee Lay Member) Wirral CCG	0	236	739	0

The Department of Health is regarded as a related party, during the year Warrington CCG had a significant number of material transactions with entities for which the department is regarded as the parent department
These include NHS England, NHS Foundation Trust and NHS Trusts

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16 Related party transactions
Details of related party transactions with individuals are as follows:

Related Party Name	ROLE IN CCG	ROLE IN RELATED PARTY	Related Party Name	Payments to Related Party £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	Amounts due from Related Party £'000
Dr Andrew Davies	Clinical Chief Officer	Clinical Chief Officer	NHS Halton CCG	3,677	(3,235)	1,047	(320)
Dr Andrew Davies	Clinical Chief Officer	Wife is employed as ward Sister at Fairfield independent hospital. Ongoing interest previously declared on paper system.	Fairfield Independent Hospital	239	nil	nil	nil
Mr David Cooper	Chief Finance Officer	Chief Finance Officer	NHS Halton CCG	3,677	(3,235)	1,047	(320)
Dr Ian Watson	Chair	Dermatology GP with special interest	Bridgewater Community Healthcare NHS FT	24,524	nil	1,213	nil
Dr Ian Watson	Chair	GP Partner	Fearnhead Cross Medical Centre	2,156	nil	nil	nil
Gareth Hall	Lay Member	Lay member/ Audit Chair and Conflicts of interest Guardian	NHS Halton CCG	3,677	-3,235	1,047	-320
Dr Lalit Sakhi	Governing Body GP	Trainer	Go To Doctors Ltd	151	0	4	0
Dr Lalit Sakhi	Governing Body GP	Honorary contract to provide long covid services for patients across the trust	Warrington and Halton Hospitals NHS foundation trust	141,316	0	2,058	0
Dr Lalit Sakhi	Governing Body GP	Practice is a member of a Warrington pcn	Centre and west warrington PCN	65	nil	33	nil
Dr Aparna Rao	Governing Body GP	GP Partner	Brookfield Surgery	1,215	0	0	0
Dr Sangeetha Steevart Velayutham	CCG Clinical Lead		Central West Warrington PCN	65	nil	33	nil
Michelle Creed	Chief Nurse	Chief Nurse	NHS Halton CCG	3,677	-3,235	1,047	-320
D Quinlan	Lay Member	CCG Audit Committee Lay Member	NHS Wirral CCG	902	-1,079	657	-171

The Department of Health is regarded as a related party, during the year Warrington CCG had a significant number of material transactions with entities for which the department is regarded as the parent department

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16 Events after the Reporting Period

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

The Assets, liabilities, operartions and services of the CCG transferred to NHS Cheshire and Merseyside ICB on 1 July 2022, as summarised below

Amounts transferred to NHS Cheshire and Merseyside Integrated Care Board from 1 July 2022	£'000
Non current Assets	435
Current Assets	2194
Current Liabilities	(33,888)
Non Current Liabilities	(97)
Net Assets/ Liabilities	(31,356)

There were no further events after the end of the reporting period that would have a material effect on the financial statements of NHS Halton CCG. Due to the demise of the CCG on 30 June 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 accountng period.

17 Financial performance targets

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

	3 month period to 30 June 2022 Target	3 month period to 30 June 2022 Performance	2021-22 Target	2021-22 Performance
Expenditure not to exceed income	96,406	96,405	386,681	386,614
Revenue resource use does not exceed the amount specified in Directions	96,406	96,405	386,681	386,614
Revenue administration resource use does not exceed the amount specified in Directions	998	997	4,280	4,266

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2. Employee benefits and staff numbers — **Period to the 30 June 2022**

2.1.1 Employee benefits	**Admin**			**Programme**			**Total**			**3 month period to 30 June 2022**
	Permanent Employees £'000	**Other £'000**	**Total £'000**	**Permanent Employees £'000**	**Other £'000**	**Total £'000**	**Permanent Employees £'000**	**Other £'000**	**Total £'000**	
Employee Benefits										
Salaries and wages	380	-	**380**	440	11	**450**	819	11	**830**	
Social security costs	79	-	**79**	50	-	**50**	129	-	**129**	
Employer contributions to the NHS Pension Scheme	107	-	**107**	63	-	**63**	170	-	**170**	
Gross employee benefits expenditure	**566**	**-**	**566**	**552**	**11**	**563**	**1,118**	**11**	**1,129**	
Less recoveries in respect of employee benefits (note 4.1.2)	-	-	**-**	-	-	**-**	-	-	**-**	
Total - Net admin employee benefits including capitalised costs	**566**	**-**	**566**	**552**	**11**	**563**	**1,118**	**11**	**1,129**	
Less: Employee costs capitalised	-	-	**-**	-	-	**-**	-	-	**-**	
Net employee benefits excluding capitalised costs	**566**	**-**	**566**	**552**	**11**	**563**	**1,118**	**11**	**1,129**	

2.1.1 Employee benefits	Admin			Programme			Total			2021-22
	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000	Total £'000	
Employee Benefits										
Salaries and wages	1,513	-	**1,513**	2,064	41	**2,106**	3,577	41	**3,618**	
Social security costs	329	-	**329**	220	-	**220**	549	-	**549**	
Employer contributions to the NHS Pension Scheme	539	-	**539**	181	-	**181**	720	-	**720**	
Apprenticeship Levy	10	-		-	-					
Termination benefits	-	-	**-**	8	-	**8**	8	-	**8**	
Gross employee benefits expenditure	**2,391**	**-**	**2,381**	**2,472**	**41**	**2,514**	**4,853**	**41**	**4,895**	
Less recoveries in respect of employee benefits (note 4.1.2)	-	-	**-**	-	-	**-**	-	-	**-**	
Total - Net admin employee benefits including capitalised costs	**2,391**	**-**	**2,381**	**2,472**	**41**	**2,514**	**4,853**	**41**	**4,895**	
Less: Employee costs capitalised	-	-	**-**	-	-	**-**	-	-	**-**	
Net employee benefits excluding capitalised costs	**2,391**	**-**	**2,381**	**2,472**	**41**	**2,514**	**4,853**	**41**	**4,895**	