NHS Halton Clinical Commissioning Group Annual Report and Accounts

2021/22

v18 10.06.22

Welcome

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

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

One of the biggest challenges of the year was undoubtedly the country's response to the Omicron variant. We supported the booster vaccination programme following the urgent call on 12 December for all eligible adults to be boosted by the end of 2021. Between 14 December 2021 and 31 December 2021, we delivered 15,174 booster vaccinations – an enormous but necessary task. I would like to thank all involved.

Many of our staff were redeployed to support the huge vaccination programme and I am extremely grateful for the commitment, willingness, and professionalism they showed. You can read more about our response in the year's highlights section.

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

As well as continuing to respond to the pandemic, we have continued to put plans in place for a smooth transition into the Cheshire and Merseyside Integrated Care System (ICS). This new way of working with partners will allow us to meet health and care needs across Halton, and coordinate services so we can improve population health and reduce health inequalities. You can read more about this in the Performance Overview.

I'm extremely proud to say that, despite the challenges mentioned above, we have been able to maintain regular and meaningful communication with the community and partners in health and social care. We have also continued to work closely with our patient participation groups and, as always, I'm extremely grateful for their invaluable contributions.

Everything that has been achieved this year has come through long hours of hard work and, in many cases, teams going above and beyond what would normally be required. I am proud to work alongside such a committed group of people.

David Merrill
Interim Chair
NHS Halton Clinical Commissioning Group

Highlights and Achievements of the Year

Vaccinations

82.71% of citizens in Halton over the age of 16 are now fully vaccinated against COVID-19 including their booster thanks to the tireless work of the borough's vaccinators. As well as the 15,174 boosters that were administered in the last two weeks of December 2021 in response to the Omicron variant, following the Prime Minister's call for all eligible people to be given their booster jab by the end of 2021 we gave 640 first doses and 696 second doses.

Plans have been developed to ensure that as the NHS continues in 2022/23 to vaccinate in accordance with the Joint Council for Vaccinations and Immunisations that all eligible patients can access a vaccination site.

Employer recognition scheme

Together with NHS Warrington CCG, we received the Bronze Award for the Defence Employer Recognition Award. The award means we are forces-friendly and open to employing reservists, veterans, cadet instructors and military partners. We're proud to say we are already working towards the Silver Award.

Healthy lungs

We worked with local GP practices, the Liverpool Heart and Chest Hospital and the Roy Castle Lung Cancer Foundation to pilot the ground-breaking Targeted Lung Health Check (TLHC) programme in Runcorn. The scheme is proven to radically improve long-term survival rates by detecting the disease before symptoms appear. Read more on the CCG's website.

Place Director announced

Following a thorough recruitment process, One Halton announced the appointment of its first Place Director, Anthony Leo. Working closely with local partners, Anthony will play a central role in the future integration of health and care, taking a lead on tackling the health inequalities within our communities.

Case study: Support to general practice to manage challenging behaviour

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

Focussed discussion

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

Patient behaviour pack

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

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

Staff training and support

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

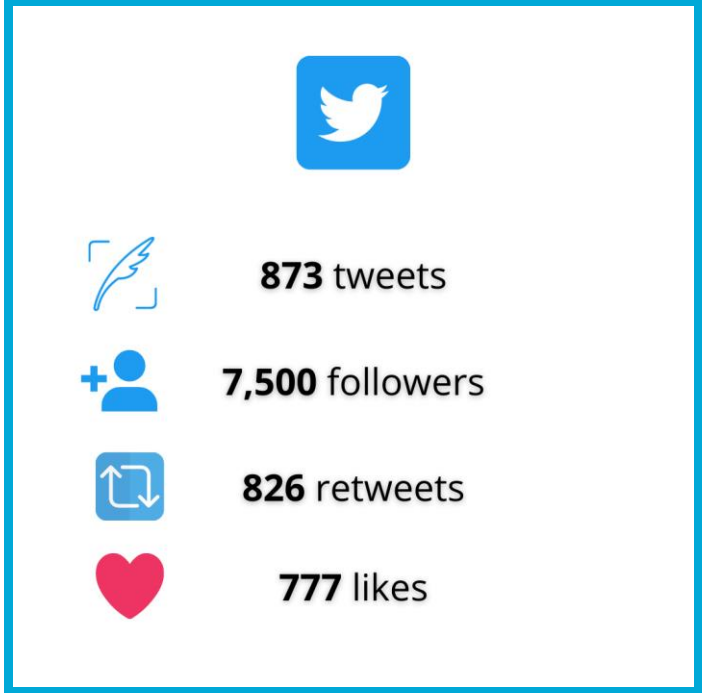
Security measures

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

Social media

NHS Halton CCG Facebook

NHS Halton CCG Twitter



Performance Report

2021 has again been an incredibly challenging year for all of us as we have continued to respond to the coronavirus pandemic, both in terms of the actions needed to protect our vital health service and ensure that we minimised illness and loss of life, but also the rollout of the COVID-19 vaccination programme.

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 the challenge of delivering what has been the largest vaccination programme in our history. It is due to the incredible efforts that the vaccination programme has been so successful and at the end of March a total of more than 97,000 local people had received a vaccination, with thousands of people now being invited for their spring boosters.

The pandemic has affected many of us over the last two years, and sadly many of us have lost loved ones. Regardless of this, 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.

This year has also been a year of 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 ‘Halton Place’ partnership has continued to go from strength to strength, with oversight from the One Halton Partnership Board and the appointment of the new local Place Director.

Health inequalities also remain high on our agenda, and we have continued to work closely with our Public Health colleagues to prioritise resources towards those adversely at risk from inequality. This new impetus has built upon a strong culture of equity and equality that has been in place taking us forward at pace and with new focus. There is no complacency though and still much more to do together.

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.

Collectively we have overcome the challenges of the pandemic and have successfully moved back to more normal recovery position, bringing services back on stream, but also taking the learning from the last two years to improve service delivery and transform the way services are delivered to keep people safe, well and cared for years to come.

Dr Andrew Davies
Accountable Officer
NHS Halton Clinical Commissioning Group
22 June 2022

Statement of purpose and activities of the CCG

What we do

We are NHS Halton CCG, and we are responsible for the commissioning of NHS services used by our residents. With a £267 million budget allocation in 2021/22, we work to get the best health outcomes we can for the 133,872 people who live in our borough, across Runcorn and Widnes.

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

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

Services that we buy include:

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

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

We work closely with Halton Borough Council to make sure health and social care are linked together whenever possible for the benefit of our communities. Everything we do has the people we serve at its centre. We actively seek out the views and experiences of the people of Halton to shape our work.

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

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

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

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

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

Topics and discussions at the E&I Group include:

- Update on COVID-19 including the vaccination rollout
- Operational planning
- 'Place' updates
- Workshop on the development of the 'place' people's voice
- Phlebotomy update
- Diabetes update
- Healthy Lungs programme.

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

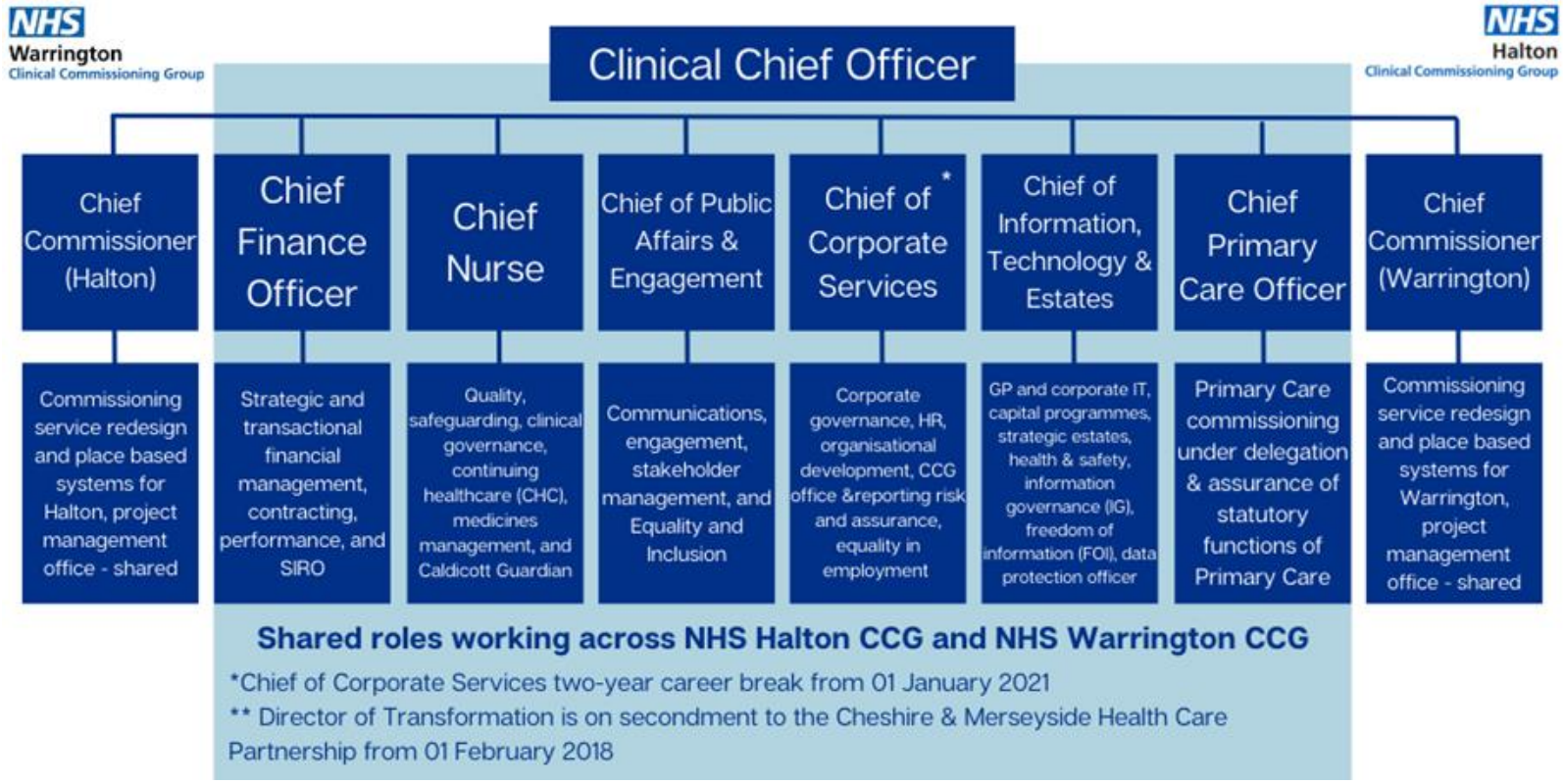
We have continued to support the practices to hold virtual Patient Participation Groups by offering to supply Microsoft Teams links, guides and support. The PPG Plus meetings continue to share best practice across PPGs, offer support and advice to newly formed ones and be updated on CCG and PCN developments.

If Halton was a village of 100 people…

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

Organisational structure

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



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, they should reflect all teams, all levels of governance and management and reflect how we work both externally and internally
- contribute to the shared culture of NHS Halton CCG and NHS Warrington CCG
- bind people together as one team
- provide people with a common language
- contribute to the vitality and performance of NHS Halton CCG and NHS Warrington CCG.

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

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

Our priorities and strategies

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

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

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

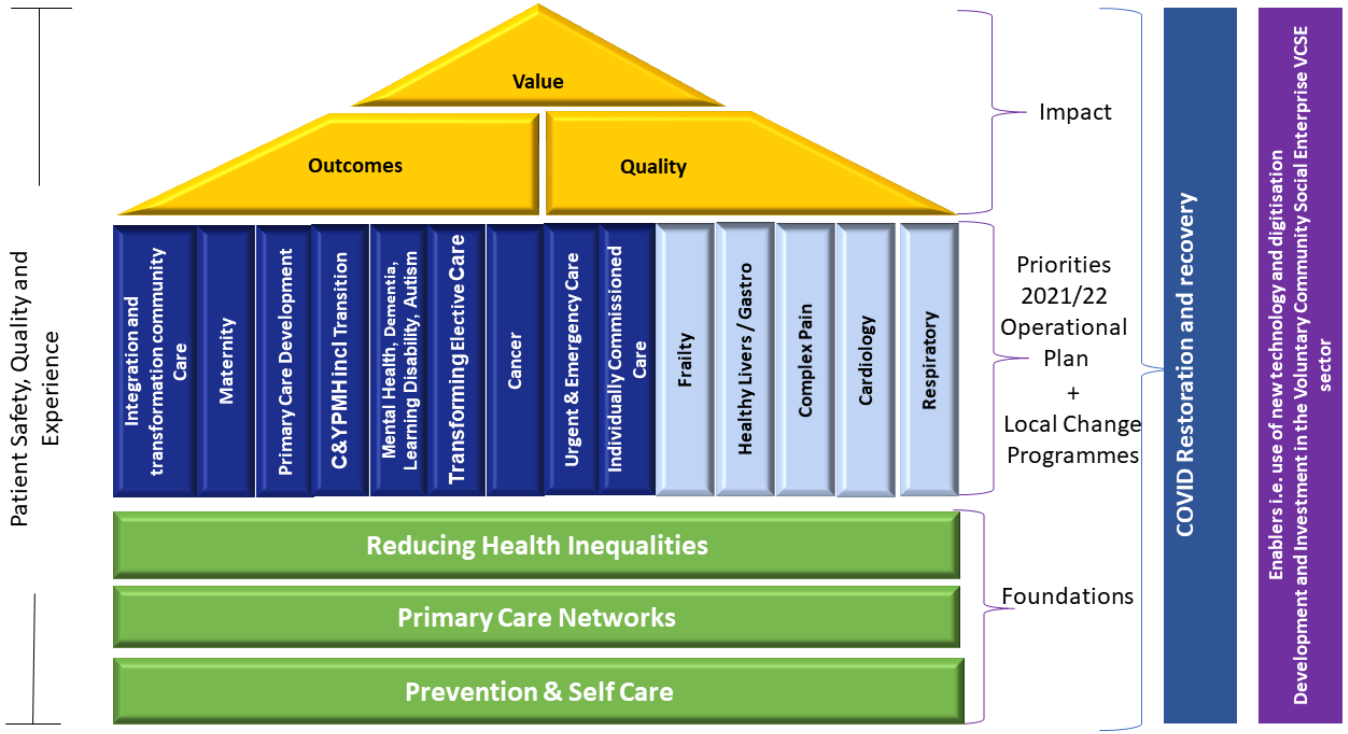
This section of the Annual Report will set out the key commissioning elements of the operational plan.

Background

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

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

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



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

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

The CSDG and JCOG also report to:

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

One Halton and the Health and Wellbeing Board

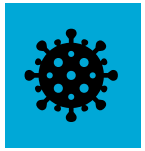
In 2017, the Health and Wellbeing Board published a 'One Halton Health and Wellbeing Strategy'. The Strategy was jointly developed after extensive consultation with a wide range of partners and stakeholders across the borough, including; GPs, partners, providers, patients and public. It was supported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

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

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

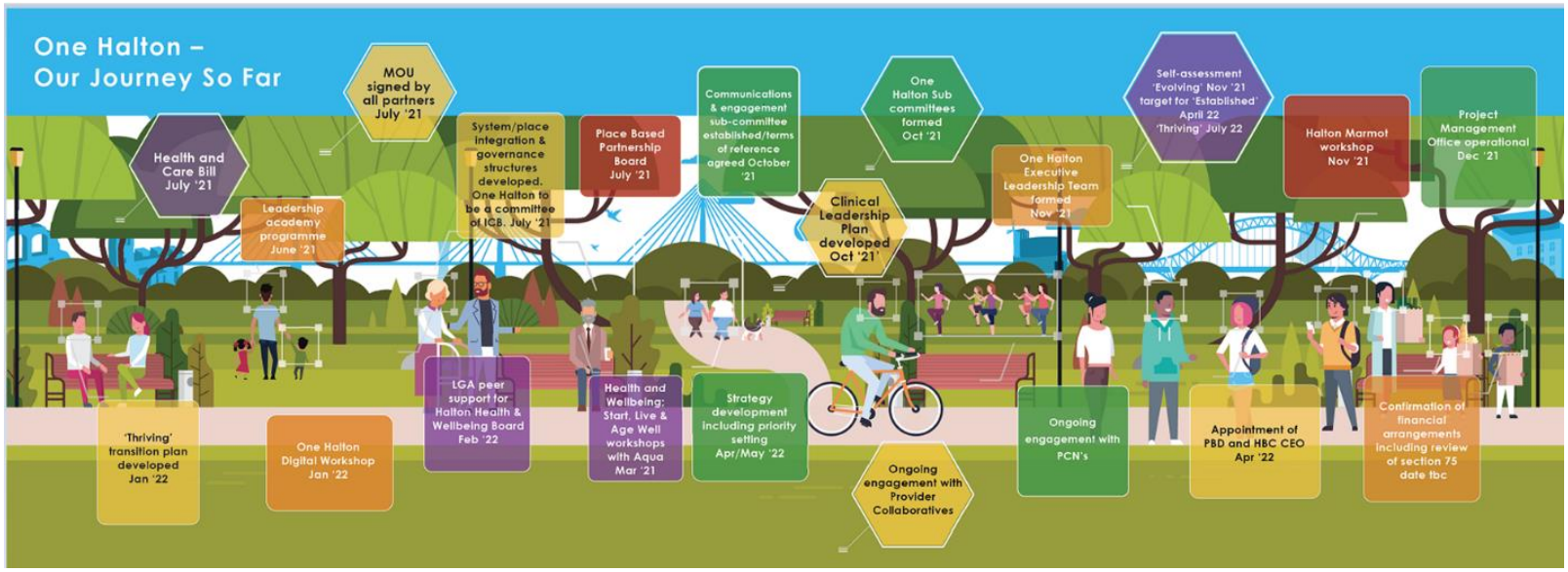
The strategy sets the framework for the commissioning of health and wellbeing services in Halton with a particular emphasis on prevention and early intervention. It does not replace existing strategies, commissioning plans and programmes, but influences them.

The strategy identified six priorities for Halton:

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

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

One Halton Place Based Partnership



Ambitions for One Halton Place Based Working

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

- Visible senior leadership (clinical care leadership).

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

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

One Halton Place Based Partnership priority areas:

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

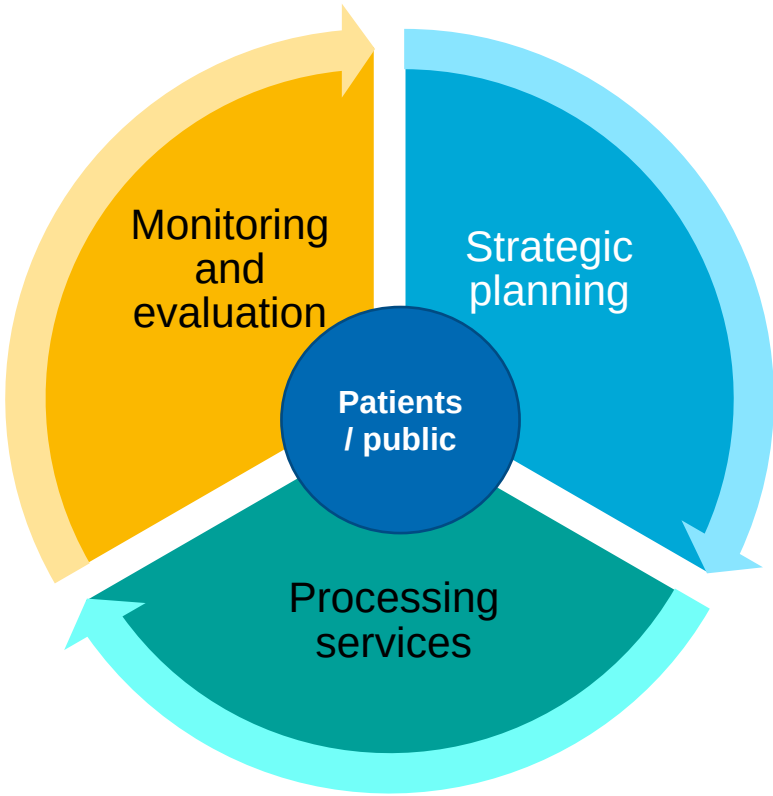
Halton Discharge Management and Super-stranded:

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

The commissioning cycle

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

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



NHS Cheshire and Merseyside Integrated Care Board

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

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

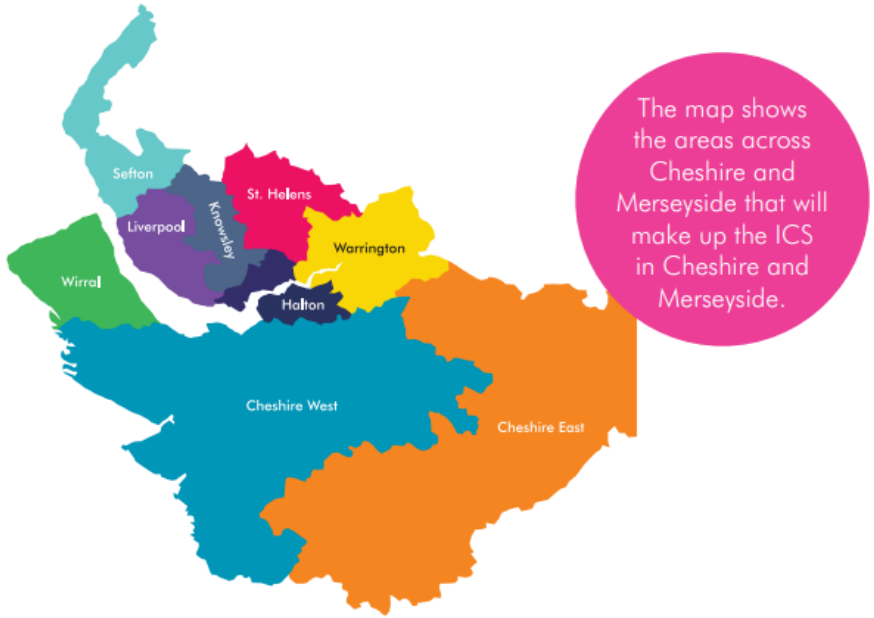
This engagement reinforced that we need to address several significant and well-documented challenges. These are not unique to Cheshire and Merseyside, although some problems are worse for us locally.

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

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

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

You can find out more about the ICB's visions and objectives and the benefits of integrated working on the Cheshire and Merseyside Healthcare Partnership website.



Key issues and risks

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

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

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

System sustainability

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

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

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 Halton CCG's Programme Management Office (PMO). Due to the impact of COVID-19 and the associated system pressures, the work stalled.

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

engage with place-based structures and local change programmes to deliver their objectives. The SSG will ensure the 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 Halton Clinical Commissioning Group
- NHS Warrington Clinical Commissioning Group
- Bridgewater Community Healthcare NHS Foundation Trust
- Warrington and Halton Teaching Hospitals NHS Foundation Trust
- Mersey Care NHS Foundation Trust
- Halton Borough Council
- Warrington 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 and outcomes for people. This is underpinned by a shared aim to keep people well and happy in their own homes, wherever possible. The group will adhere to, and apply, where applicable, the system recovery principles set out in the group TORs in transforming services.

The SSG through its revised membership and refreshed TORs will provide oversight and direction, collaboratively identifying system-wide priorities to ensure long-term sustainability across the health and care system. Creating 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

COVID-19 primary care assessment service

As part of the response to the coronavirus pandemic, NHS Halton CCG commissioned a COVID-19 face-to-face service for local residents.

The service covered all the local GP practices and ensured that anyone with COVID-19 or suspected of having COVID-19 with a primary medical need could still be seen face-to-face by a healthcare professional.

COVID-19 Assessment Units or 'hot hubs', as they were sometimes known, reduced infection risk to general practices by ensuring COVID-19-positive or COVID-19 symptomatic patients were seen in a limited number of locations.

This service enabled practices to optimise their own services for patients without COVID-19 while reducing the potential for infectious patients entering the building, thereby protecting patients and staff.

Patients initially contacted their own practice and had a telephone/video consultation, which, if required, was followed by a face-to-face appointment or a home visit.

As the world started to open up and primary care returned to pre-pandemic ways of working, practices were required to set up 'hot zones' in their own buildings.

Case study: Oximetry at home

The COVID-19 Oximetry at Home service is in place across Halton. Pulse oximeters are provided to patients to support and monitor people at home who have been diagnosed with Coronavirus and are most at risk of becoming seriously unwell. Pulse oximetry can help with earlier detection of silent hypoxia, where people have low oxygen levels in the absence of significant shortness of breath. This can help ensure more timely hospital treatment if required.

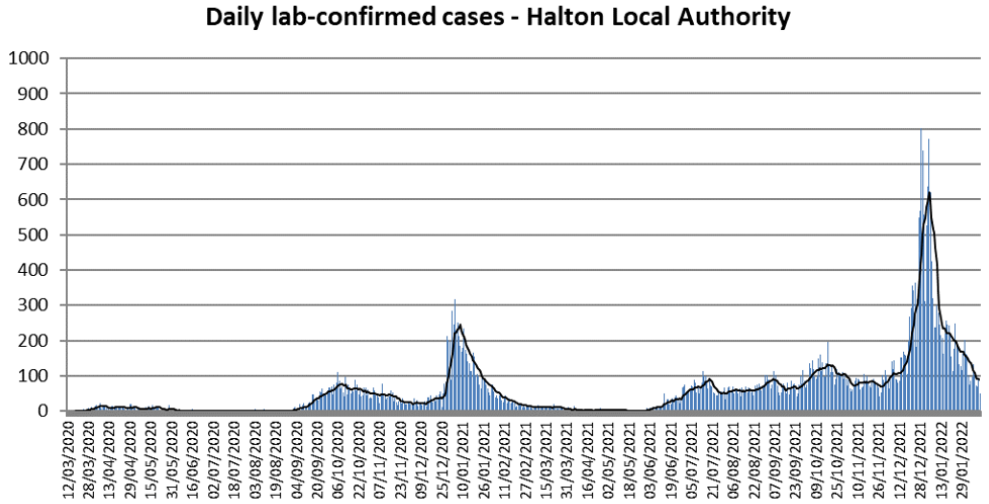
COVID-19 vaccination programme

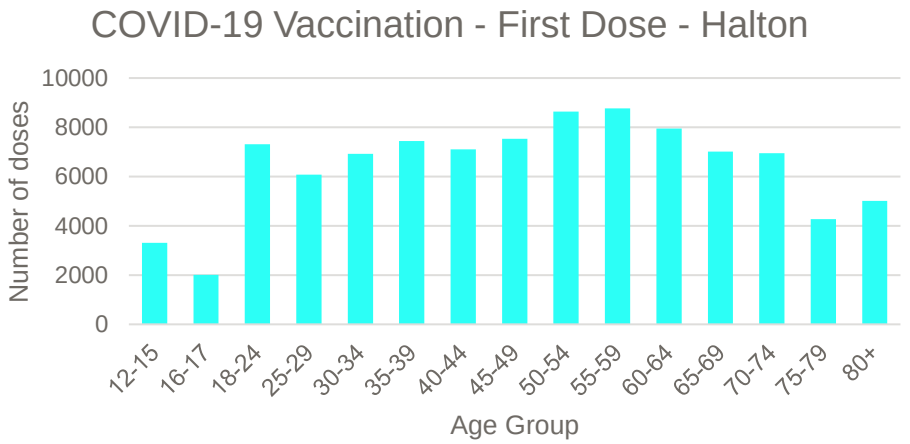
These graphs show the amount of first and second doses of COVID-19 vaccinations which have been administered in Halton. This data has been provided by the National Immunisation Management Service (NIMS) within the reporting period.

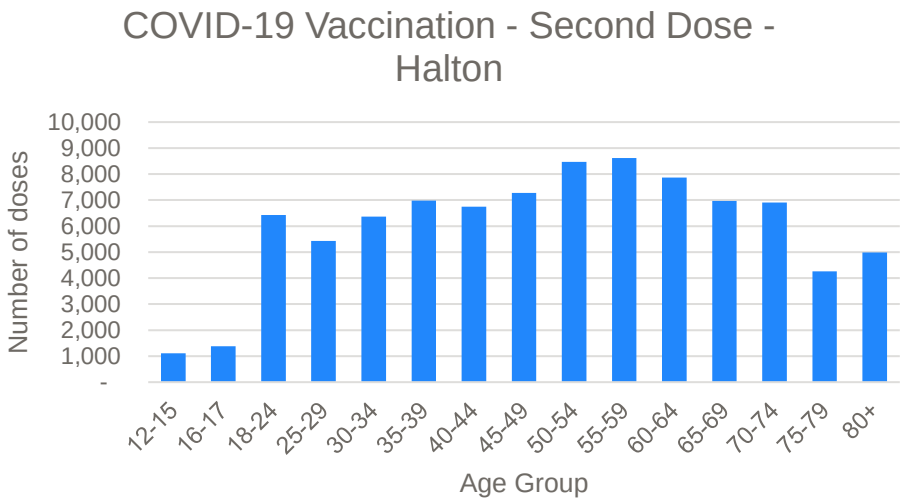
For statistics on the COVID-19 vaccination uptake, visit the NHS England website.

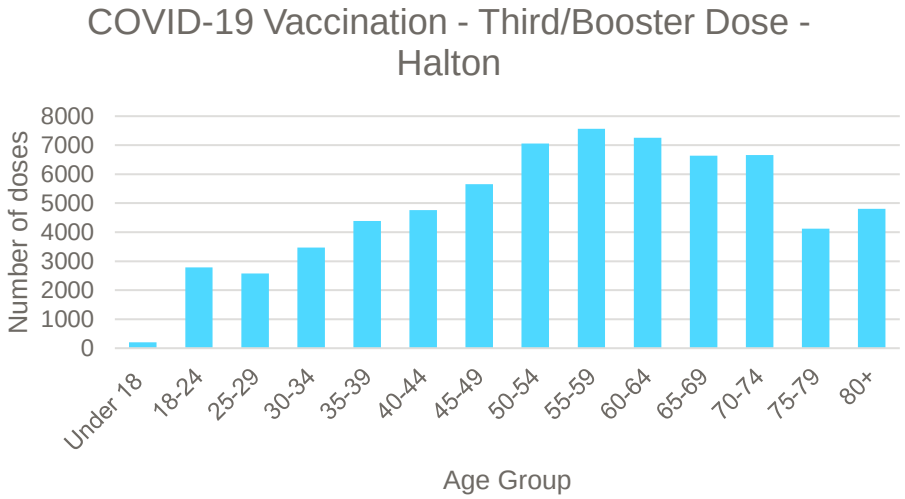
COVID-19 vaccinations in Halton at 31 March 2022

Dose	Number (%)
At least 1 dose (aged 12+)	97,071 (87.5%)
At least 2 doses (aged 12+)	91,120 (82.4%)
At least 3 doses (aged 16+)	69,709 (67.1%)









Case study: Spreading the vaccine, not the virus

One year of COVID-19 vaccinations

In December 2021, we celebrated the one-year anniversary of Halton's COVID-19 vaccination programme.

Joyce Barrell became the first person in Halton to receive a COVID-19 vaccination, just a week after Margaret Keenan became the first person in the world to receive the Pfizer COVID-19 jab following its clinical approval.

By 7 December 2021, around 86,000 people in Halton had received both jabs and more than 28,000 people had received their booster.

The COVID-19 vaccination programme is the biggest and most complex vaccination programme undertaken by the NHS. Multi-agency teams worked extremely hard to deliver this programme over the last year and continue to do so.

Get Boosted Now

In response to the Omicron variant, the Prime Minister announced that all those aged 18 and over would have the chance to get their booster by the end of 2021.

Working closely with partners, stakeholders and local media, we developed a suite of materials to promote the region's various walk-in vaccination centres and to remind residents of the importance of getting vaccinated.

This supported the call and recall process in place in practices where GPs and care coordinators, as well as texting and writing to patients personally, spoke to many thousands of eligible patients to encourage them to get vaccinated.

Performance Overview

Financial performance summary

As at 31 March 2022, NHS Halton CCG delivered a £0.1 million surplus, delivering the 2021/22 control totals (break-even) for the two halves of the financial year. This position is reported following the allocation of significant non-recurrent funding to support the NHS' response to the COVID-19 pandemic, the CCG's underlying financial position remains challenging.

The Mental Health Investment Standard (MHIS) has been achieved, with £24.112 million reported expenditure, at an increase of 3.74% (allocation growth 3.69%) on prior year-related expenditure.

Statutory financial duties	
Expenditure limit Expenditure in a financial year must not exceed income	✓ **£0.05 million surplus**
Revenue Resource limit Revenue resource use must not exceed the amount specified by NHS England	✓ **£0.05 million surplus**
Capital Resource Limit Capital resource use must not exceed the amount specified by NHS England	✓ **Breakeven**
Running costs Revenue administration resource use must not exceed the amount specified by NHS England	✓ **£0.05 million surplus**
Mental Health Investment Standard (MHIS) The CCG must invest, above CCG programme allocation growth percentage, in mental health services	✓ **Compliant**

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.

Whilst the pandemic meant some of our plans were paused in 2020, we have still been able to progress work to continue to improve services for local people.

We would like to take this opportunity to extend our sincere gratitude to all our staff, partners, providers, third sector colleagues and the many volunteers across Halton who continue to work tirelessly in response to the pandemic. It is through their commitment and hard work going above and beyond that we have been able to respond to the COVID-19 pandemic and deliver an incredibly successful vaccination programme.

Contract Performance Notices

The following contract performance notices were issued in 2021/22:

Halton Haven Hospice

NHS Halton CCG previously reported that in November 2020, following the introduction of an interim nurse-led service at Halton Haven Hospice, it was necessary to serve two contract performance notices. These notices were served to confirm the continued appropriateness of the referrals being accepted by Halton Haven Hospice and to facilitate the required focus on taking steps to resume the consultant-led service that NHS Halton CCG wished to commission.

NHS Halton CCG continued to work closely with Halton Haven Hospice and other system partners to develop a clinician-led service model which recognised the skills and expertise of the existing medical staff as a further step toward the resumption of a consultant-led service. In October 2021, NHS Halton CCG agreed that sufficient

assurance had been received with regards to embedding the clinician-led service which enabled one contract performance notice to be rescinded and the other closed.

Duty to reduce health inequalities

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

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

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

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

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

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

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

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

Building on analysis of local inequalities data, the Halton and Warrington Communication and Engagement system group have 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 compliment 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.

Case study: Winter Access Funding (WAF) for primary care winter 2021/22

Following the publication of 'Our plan for improving access for patients and supporting general practice' in October 2021, NHS Halton CCG in collaboration with Halton's primary care networks (PCNs), secured £580,000 from the NHSE/I Winter Access Fund to support a local Primary Care Winter Access Plan.

The plan was delivered in two parts.

General Practice Access Scheme

This was designed to ensure consistency across all Halton practices regarding access to urgent, same-day care. The plan required all practices to ensure a minimum provision of urgent/same-day appointments at a ratio of two per 1,000 population, which equated to a minimum of 268 additional appointments per day across Halton. This number was exceeded with practices offering, on average, nearly 1,000 urgent/same-day appointments each day across Halton. This was achieved in some instances by the employment of locums to provide additional appointments.

The scheme aimed to expand the number of face-to-face appointments provided in all practices so that the number provided returns to that of pre-pandemic levels. It is important to note that face-to-face appointments – when clinically appropriate – continued to be provided throughout the pandemic by all Halton practices. As part of the scheme, practices were asked to consider how they could safely reintroduce direct access to face-to-face appointments.

The scheme builds on the pilot in Runcorn PCN which supports the implementation of the national Community Pharmacy Consultation Scheme. The scheme allows a practice to offer and book patients, who require support to manage minor illnesses, into a same-day consultation with a local Community Pharmacy. All practices in Halton have signed up to the scheme and are regularly referring appropriate patients.

Expansion of general practice appointments

The scheme is increasing the number of primary care appointments in each town. GP Extra currently provides appointments in the evenings and at weekends at the Health Care Resource Centre, Widnes, and at Heath Road Medical Centre, Runcorn. The number of appointments available was increased and provided during the day and on-site at practices with estate capacity.

Equality, diversity and human rights commitment

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

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

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

Due regard to the Equality Act 2010

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

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

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

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

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

We continue to carry out equality impact assessments (EIAs). These assessments test the proposal and say whether it meets PSED and ultimately complies with the Equality Act 2010. Failure to carry out equality considerations could be grounds for judicial review and may result in poor outcomes and widen health inequalities. As many as 20 Equality Impact Assessments have been undertaken this year on our services.

Some examples of our Equality Impact Assessments are:

- GP Safeguarding Policy
- Emergency and urgent care
- COVID-19 vaccination programme
- Online consultations
- Maternity Review

Equality and Inclusion mandatory training

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

Workforce Race Equality Standard (WRES)

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

The main highlights are:

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

Equality Delivery System (EDS2)

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

Accessible Information Standard (AIS)

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

- All NHS Halton CCG employees with specific responsibility for producing accessible information are well informed about the Accessible Information Standard and their roles and responsibilities
- Provider organisations are aware of the standard and meet the requirements of the standard in the provision of healthcare services to members of the public living in the NHS Halton CCG area

- NHS Halton CCG is aware of how well its resources and website complies with the Accessible Information Standard and Web Accessibility Guidelines and can identify any areas for improvement.

Equality objectives

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

NHS Halton CCG's equality objectives are to:

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

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

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

Key highlights are:

Military veterans

We are proud that NHS Halton CCG has signed the Armed Forces Covenant and registered at the bronze 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.

There is currently a small task and finish group who have been working on the application for the silver award, which is due in April 2022. A staff Microsoft 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 Halton CCG. Champions will be a catalyst to improve services or a specific area of equality. Equality Champions are involved in completing EIAs and raising the profile of E&I in their teams.

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

The Quality team also ensure 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 and decision making and improvement planning.

Improving quality – quality assurance

In a step to continue to reduce the burden on NHS organisations and to release capacity in the system in response to COVID-19, NHSE/I continued with the informed changes to governance, reporting and assurance. Further patient safety COVID-19 guidance was published on anticipated changes affecting some quality and patient safety functions, which included further updates as the year progressed.

We conducted risk assessments of the implications and incorporated them into our quality surveillance and oversight governance. 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 has reviewed its Quality and Safeguarding Strategy and we have five key elements that drive this work:

Patient safety	Patient experience	Clinical effectiveness	Responsiveness	Being well led

This is outlined in the Quality and Safeguarding Strategy.

Performance against Care Quality Commission standards

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

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

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

The current CQC rating for primary care GP services are as follows:

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

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

Full inspection reports can be viewed on the CQC website.

The CQC has introduced the Emergency Support Framework which is 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. Our Chief Nurse has remained in continuous contact with the CQC inspectors (via six-weekly video conferencing meetings) to ensure that we have oversight of, and to discuss, any concerns. This has provided an opportunity to gather information and continue a transparent dialogue to ensure quality and safety oversight is maintained.

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

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

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

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

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

In addition, for all commissioned services, quality, safety, and patient experience are key components of all service specifications. To achieve this quality, equality and privacy impact assessments are undertaken regarding any material service changes. In many cases, we set quality standards for our providers that are above these essential requirements and use the quality schedule and key performance indicators to improve standards of care (although paused during 2020/21 due to COVID-19). We work closely with our acute, mental health, community, and primary care services throughout the year to ensure that they meet these standards as well. This includes requesting assurance where the care provided is not as expected.

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

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

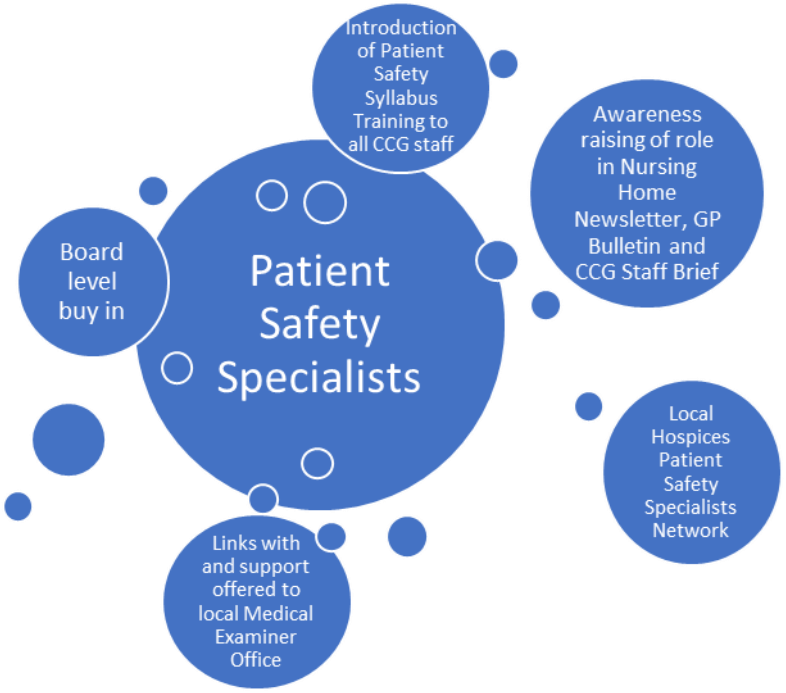
protocols, including incident and safeguarding pathways with the rollout of the service completed on 5 November 2021. The service is monitored monthly, and the initiation phase has highlighted the high quality and safe delivery to the Halton and Warrington population.

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

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

NHS Halton CCG has successfully responded promptly to the release of the first two levels of the new Patient Safety Syllabus Training with the modules being available to staff for mandatory completion within one month of national launch.

NHS Halton CCG took the proactive approach of making the training mandatory, reinforcing the CCG's commitment to patient safety. To date, 72% of staff have completed the foundation level 1 training module. This will provide every member of staff with a consistent, standardised understanding of the fundamentals of patient safety. Work is underway to support the independent sector, including care homes and general practice, in rolling this out within their area. Awareness-raising continues across all aspects of the Patient Safety Strategy within NHS Halton CCG's Staff Bulletin, Care Home newsletter, GP Bulletin, and local Hospice Patient Safety Specialist meetings, in order to prepare our colleagues for the imminent changes.



A patient safety bulletin has been collated to allow for anonymised lessons to be shared across NHS Halton CCG localities, including all commissioned services and the wider system. As the new serious incident reporting framework is developed nationally, it will be incorporated into practice locally.

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

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

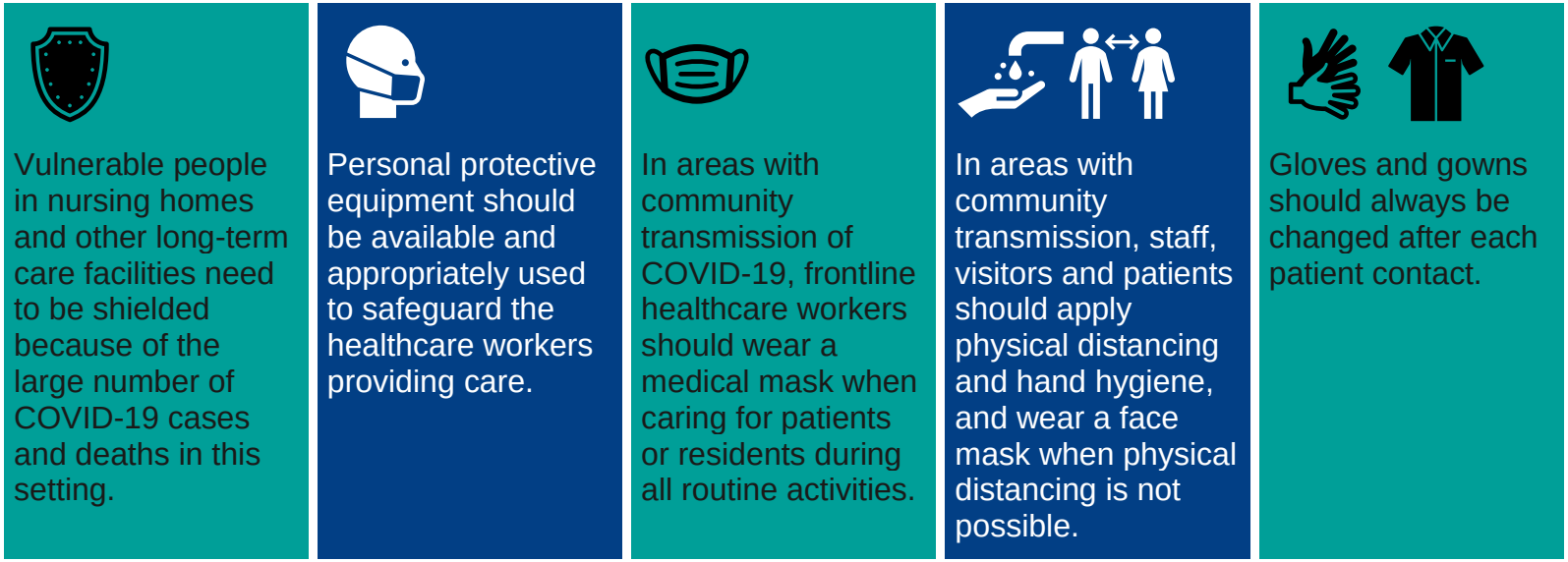
Infection prevention and control

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

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

Infection prevention and control in healthcare settings

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



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

Together, NHS Halton CCG and the system have demonstrated improvements in infection rates with performance against Clostridium Difficile and E Coli both being under trajectory which is positive. The CCG-led Halton and Warrington system has focussed on IPC and 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 Halton

E Coli

68 cases 2021/22

Clostridium Difficile

15 cases 2021/22

What we have been committed to:

- A reduction of gram-negative bloodstream infections (BSI) by 50% by 2024. We aim to continue to reduce infection by following our action plan and work with the Cheshire and Merseyside E Coli bacteraemia group on evidence-based practice. It is important that this continues to be addressed across the system health economy
- Reduction of the incidence of Clostridium Difficile infection by working closely with NHS Halton CCG's Medicines Management team (MMT) and providers to reduce inappropriate antimicrobial prescribing
- A reduction of incidence of methicillin-resistant staphylococcus aureus (MRSA) bacteraemia by continuing education with all healthcare professionals regarding standard infection control precautions when dealing with clients
- NHS Halton CCG has continued to implement the NHS Halton CCG and NHS Warrington CCG system gram-negative BSI action plan, and this 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 has continued during the COVID-19 pandemic. A root cause analysis is completed to ensure learning and changes in practice. Following this, we encourage good practices to be shared alongside themes and trends. This open and transparent approach creates a culture of learning and results in positive improvements for Halton patients.

Areas identified in 2021/22 have included pressure ulcers within BCHFT and community equipment issues.

Safeguarding

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

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

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

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

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

NHS Halton CCG has prioritised the Implementation of Mental Capacity (Amendment) Bill to support primary care and has disseminated resources and updates to GP safeguarding leads from NHSE/I and the Regional LPS forum.

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

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

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

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

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

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

Safeguarding as Cheshire and Merseyside Integrated Care System

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

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

Statutory partnerships

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

Halton Safeguarding Adults Board

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

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

Key workstreams for this year include:

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

Halton Children and Young People Safeguarding Partnership

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

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

National Safeguarding Adults Week

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

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

Themes across the week included:

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

Designated Professionals Network

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

Liberty Protection Safeguards

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

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

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

Medicines management and optimisation

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

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

The MMT has also continued to work to deliver QIPP savings including interventions made by NHS Halton CCG's Medicines team, practice medicines co-ordinators, Optimise Rx® implementation and rebate schemes.

Additional key areas of focus during 2021/22:

- The safe prescribing of high dose opioids and medications of potential abuse

- The launch of a community stoma service
- Lipid optimisation and safe prescribing of oral anti-coagulants
- Pilot of a practice-based Medicines Management Dietetic Service
- Polypharmacy and Deprescribing guidance and training
- Low carbon inhalers.

Staff engagement

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

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

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

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

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

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

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

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

NHS People Plan

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

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

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

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

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

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

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

In 2021/22, 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. October 2021 conversations had a focus on a return to office working and NHS Halton CCG's hybrid working
- 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
- Encouraged staff to undertake the working from home checklist – a review of staff home working environment to assess health and safety factors, implications, and actions, to ensure that staff members are still safe whilst working from home
- Introduction of a Carers Passport to support any staff with caring responsibilities.

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

From November 2021, NHS Halton CCG agreed to use the HCP staff survey as their main mechanism for staff feedback. Four staff surveys were carried out. 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 HWB conversation template and our new starter forms to include more information about resilience and an I resilience questionnaire
- Health and wellbeing support, resources and information are included as a standard item in our weekly staff bulletin (including HCP support).

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

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

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

- Ongoing support for staff via risk assessments and agile working checklists
- Staff Survey questions had a focus on equality and inclusion
- Health Inequalities training rolled out
- Unconscious Bias training is undertaken by the Governing Body and 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.

Many staff volunteered to support the COVID-19 booster programme in December 2021 and were fully supported by NHS Halton CCG. Risk assessments were undertaken and staff completed a redeployment discussion which discussed any impact for them on the redeployment.

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

Performance management

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

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

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

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

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

Health and wellbeing priorities:

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

Activities included:

- A dedicated COVID-19 vaccination section was developed on NHS Halton CCG's website and promoted extensively via social media, partner websites and local media
- Regular social media posts were issued promoting national and local messages for patients and the public
- A Halton and Warrington COVID-19 stakeholder round-up which featured weekly updates from NHS providers and local authorities was issued to stakeholders including MPs, councillors, third sector, patient groups, NHS staff
- Public newsletters which contained the latest information for patients about the COVID-19 pandemic were issued to subscribers
- Regular press briefings and releases were issued to the media.

Long COVID

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

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

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

Supporting frontline services

During the pandemic, some of the traditional medicine optimisation projects had to be reprioritised to ensure the pharmacists and technicians within the Medicines Management team (MMT) were available to support frontline services with regard to the COVID-19 vaccination programme, safe access to medication and safe prescribing in key areas. The MMT, whilst still supporting the vaccination programme, is now returning to business as usual – supporting frontline services with key priority projects such as opioids, anticoagulants and lipid optimisation.

- Leadership and implementation of a system-wide COVID-19 partnership assurance call throughout the pandemic. This enabled early recognition of risks and collaborative working
- Coordination from the Quality team to review, support and implement vaccination sites in collaboration with PCNs and wider partnerships
- Coordination, management and reflective opportunities following incidents. The support to share best practice and learning following identified incidents has been coordinated by the quality team across localities
- Provision of adult safeguarding leadership to the multi-agency COVID-19 homeless cell

- Adult safeguarding leadership into the development of the host commissioner local framework.

Restore NHS services inclusively

Health and wellbeing priorities:

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

Following the initial waves of COVID-19 and subsequently the introduction of the testing and vaccination programmes, NHS England has directed the programme for restoration and recovery for all health and care services to bring them back to full operational capability, with additional resilience to meet the demands for further waves of COVID-19 and to start to clear the backlogs and waiting lists.

During 2020/21, all services have been restored, apart from a few aerosol-generating procedures that cannot be safely performed at the venues where they were previously undertaken. There have been changes in clinical practice, such as remote or virtual appointments, to offer alternatives to patients when there is no need for a physical examination.

Due to the ongoing waves of the pandemic, the clearing of backlogs and waiting lists has only partially been completed and the NHS Operating and Planning Guidance has identified the need to continue to provide additional capacity and additional services to meet the challenges being faced until 2024 and continue to undertake the transformational programmes initiated in the NHS Long Term Plan.

Case study: Digital primary care

NHS Halton CCG is an active participant in the NHSE Digital First Primary Care (DFPC) programme. NHS Halton CCG has represented the place of Halton at the Cheshire and Merseyside DFPC group and through this participation has been successful in securing additional Digital NHSE funding. NHS Halton CCG has also established a local DFPC group with its constituent GP practices which leads the implementation of local digital primary care projects.

This past year has seen several successful DFPC initiatives implemented including:

- The purchase of a three-year licence for EMIS Enterprise population health reporting tool. EMIS enterprise is a business intelligence platform that will allow Halton's GP Practices and PCNs to carryout place level reporting to support future planning and reduce the administrative burden on GP practices
- NHS Halton CCG has produced a service specification for digital optimisation in Halton GP practices. The service, which will be provided by Halton's GP federations, will provide system expertise and training to maximise the digital assets we have available to the benefit of both patients and staff members
- The full roll-out of Ardens© Clinical Support package to Halton GP practices. Ardens© is a suite of EMIS templates, searches, and protocols that are regularly updated to reflect the latest good practice and clinical guidance. This tool helps to ensure a high level of data quality, standardise patient experience, and promote effective patient pathways
- Working as part of the Cheshire and Merseyside ICS, NHS Halton CCG has supported the development of the HOW2 staff training portal. HOW2 is an interactive online training portal that helps ensure that Halton GP staff members are effective users of the NHS clinical systems in use within the borough.

In addition to the above initiatives, there are several exciting items on the DFPC programme which are currently being developed including the paper-free pathology project, the online and video consultation software procurement, the GP practice website development, and digital inclusion projects.

Promote prevention

Health and wellbeing priorities:

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

Vaccines are the most effective way to prevent 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.

Flu vaccination

The influenza (flu) vaccine is offered every year on the NHS to help protect people at risk of flu and the complications it brings. During 2020/21, the cohorts for the flu vaccine were amended making the immunisation readily available to all over-50s.

A weekly influenza immunisation meeting was initiated in September 2020 with social care providers to discuss uptake, areas of low acceptance and good practice, and consistent communication across the whole system. Liaising with practice nurses and health care assistants on a monthly basis allowed for supportive conversations and awareness of dilemmas that may have impacted the delivery of the flu programme as well as highlighting individual choices and concerns. Virtual and face-to-face update training sessions were facilitated by NHS Halton CCG. They were well attended and evaluated.

Multi-agency provider meetings have also been initiated to ensure collaborative working to deliver COVID-19 vaccinations.

NHS Halton CCG influenza uptake statistics (sourced from IMMFORM)

>65 years	'At risk' <65 years	Pregnancy	Two years (on 31/08/21)	Three years (on 31/08/21)	'Healthy' 60-65 years
81.6%	50.6%	31.6%	35.5%	43.3%	50.7%

Case study: Let's Do It Together

We launched the 'Let's Do It Together' campaign at the beginning of November 2021, alongside mid-Mersey partners to encourage people to access the right health services at the right time.

Each year, the NHS is faced with increased activity and pressures on services especially during the winter months.

To highlight these challenges, the local NHS in Warrington, Halton, Knowsley and St Helens as well as Warrington Borough Council and Halton Borough Council came together to give people a glimpse of life at the front line of a range of NHS services.

Included in the 'Let's Do It Together' campaign was a week of action on social media platforms which went behind the scenes at NHS 111, A&E, urgent care centres, pharmacies and GP practices across Halton, Knowsley, St Helens and Warrington. Each day, colleagues shared important messages about local NHS services.

We also worked in partnership with Newsquest to run an extensive social media advertising campaign to share our video content with a larger and much more diverse audience. View the full video.

The campaign generated some impressive engagement figures:

556,063
Views of the content

6,009
Click-throughs to relevant websites

1.08%
Click-through rate

Collaborative working across the system

Health and wellbeing priorities:

Ongoing work has continued with Halton Borough Council on the Better Care Fund, a joint working agreement that was refreshed and went through committee and the Executive Partnership Board. Work was commenced with Mid-Mersey at the beginning of the pandemic primarily focusing on the system response to surge capacity and winter plans, but things moved on quickly to hospital catchments and system response to pressures.

A Complex Care Management group, with representatives of NHS Halton CCG and the local authority has also been established. The group, which reports into the Executive Partnership Board, focuses on developing and making recommendations on the strategic commissioning and operational direction of Complex Care Services in Halton.

Medicines Optimisation at scale – Merseyside and Region Stoma Service

The Merseyside and Region Stoma Service (MARSS) has been commissioned across six CCGs within Cheshire and Merseyside and launched in Halton in September. The aim of the service is to improve the quality of care for patients living with a stoma and to ensure patients have access to the correct products to suit their needs.

This new service will ensure specialist stoma nurses directly manage the prescribing of these products, providing ongoing clinician advice and support, ensuring products suit the needs of patients and issues are addressed at an early stage to prevent avoidable complications or admissions.

This will in turn ensure NHS resources are used effectively through improved quality of care for these patients, a more consistent standard of care and reduced risk of waste.

Individual commissioned care

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

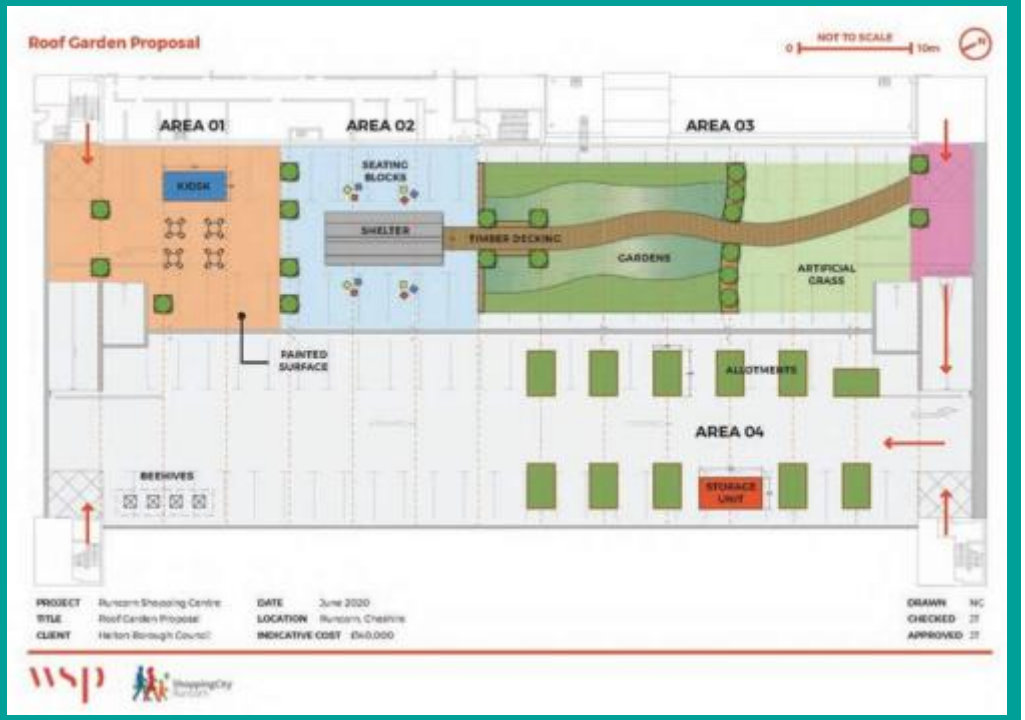
The Individual Commissioning Team received more than 406 patient referrals during 2021/22. In addition, the team worked with Halton Borough Council to ensure that the 381 patients who were supported out of hospital in line with the Discharge to Assess model, were afforded an assessment of their care needs in the community setting.

Case study: Shopping City Rooftop Garden

The Shopping City Roof Garden project will utilise two disused car parks at Runcorn Shopping City as the site for a community roof garden. The garden has the potential to be a unique community asset that will contribute to the health and wellbeing of local people. In a post-COVID-19 environment, the site will be a safe green space that can be utilised by a wide range of partners to deliver health and wellbeing activities.

These will include gardening and food growing, exercise classes, school access, volunteering opportunities, astronomy, science activities and social prescribing.

The initial plan was for the garden to be complete and open by April 2021, however, the project has faced a number of challenges over the last 18 months. The Shopping City changed ownership and we have worked hard to develop a good relationship with the new owners, who now fully support the project. COVID-19 had a significant impact on our ability to move the plans forward, but NHS Halton CCG has continued to work with partners from The Shopping City, Halton Borough Council, Warrington and Halton Teaching Hospital NHS Foundation Trust and Community Shop. The work is still progressing and our hope is that the garden will be open in the summer of 2022.



Funding to construct the garden has been secured from The National Garden Scheme, Well Halton and Halton Borough Council.

Primary care

Primary Care Networks

All 14 practices continue to be members of a primary care network (PCN). In terms of the PCN DES service specifications, the Enhanced Health in Care Homes service specification remained in place with our member practices being aligned to specific care homes. This has enabled practices to support their aligned care homes during the COVID-19 pandemic.

In November 2020, the British Medical Association (BMA) General Practitioners Committee in England agreed with NHSE/I the GP COVID-19 vaccination enhanced service. This service was commissioned in line with agreed national terms and conditions as an enhanced service with all practices accepted the enhanced service and commenced delivery of COVID-19 vaccinations in December 2020. Practices have co-ordinated and delivered COVID-19 vaccinations both at scale through practice based and pop-up models, and continue to safely vaccinate eligible patients in the minimum amount of time, subject to vaccine supply.

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

Be Kind

Staff in general practices across the country work extremely hard to keep people safe while facing huge demand for their services. The autumn of 2021 was looking like one of their busiest ever periods before winter had even arrived.

We worked closely with primary care teams to develop a local campaign to tackle the rise in abuse of primary care staff.

As part of the ‘Be Kind’ campaign, we produced and shared a suite of materials which included social media assets and website copy. The aim of the campaign was to highlight how primary care was working differently during the pandemic, ensuring people were aware of the important changes. We also engaged with local media to secure coverage of our key messages.

Engagement

The team continue 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, these have focused on:

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

Supporting the PCNs to develop a patient voice is ongoing. 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.

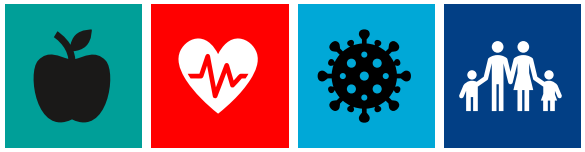
Antimicrobial stewardship and resistance

Health and wellbeing priorities:

Focused work on supporting primary care to ensure key principles were adhered to during the pandemic, especially with regards to remote prescribing. During COVID-19, overall antimicrobial prescribing has fallen significantly but in the last 12 months has started to increase again in line with national antimicrobial prescribing.

Screening programmes

Health and wellbeing priorities:



Screening has been maintained throughout 2021/22, but rates across NHS Halton CCG have seen a slight decline which is consistent across Cheshire and Merseyside localities. Work continues to support signposting individuals who may have missed their screening opportunities during the pandemic.

Quality and contracting visits have reviewed signposting and staff's knowledge of how to refer individuals either opportunistically or following a request. Concern relating to attending the surgery due to COVID-19 infection has been given as a reason, therefore supportive restoration work with primary care has been implemented in conjunction with Quality team members.

Care home support

Health and wellbeing priorities:

We have worked in partnership with Halton Borough Council in supporting the residents and care homes to ensure quality and safe care is maintained during the pandemic. A Quality Improvement Nurse lead has been recruited to work across NHS Halton CCG and local authority to improve quality surveillance and oversight, and to provide professional support to nurses working within care homes.

Quality site visits paused during 2020/21 due to national directives to reduce the number of people entering care homes, which also included the CQC's ability to undertake inspections. Contact with care homes continued via weekly video conferencing.

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

Medicines Management Care Home support

We established a dedicated medicines management (MM) care home team. The team support with ward rounds and MDTs with renewed focus on care homes for people with learning disabilities. Support also includes complex medication reviews, homely remedies, bulk prescribing, proxy ordering, training, audit, reduction of waste and improving ordering, support for incident management and quality improvement.

Community response

Health and wellbeing priorities:

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

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

The aim is to operate the service 12 hours a day, seven days a week from April 2022 – and continue to identify additional opportunities to enhance the service to support patients outside of hospital to maintain or improve their conditions.

Urgent care

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

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

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

Both UTCs have remained available throughout the pandemic, with Runcorn working as a non-COVID site and still available for walk-in presentations and Widnes working as a COVID and non-COVID site offering care for patients with COVID symptoms, or COVID patients with other urgent care needs, as well as urgent care for non-COVID patients through telephone and appointment-based processes.

High-intensity user services

High-intensity user (HIU) services have been extended and are currently commissioned to 30 September 2022. Additional work is underway to extend referral routes into the services. Whilst it was agreed that the services could be extended, it was a requirement for the extra time to be used to engage with system partners regarding the longer-term future of the HIU service concept, to fully explore all potential options.

A system-wide workshop took place on 25 November 2021 to discuss and explore:

- identifying existing HIU cohorts including the professional groups they are in contact with

- listing and describing any existing multi-disciplinary groups that you work with
- discussing what a Gold Standard HIU Service would look like.

The system workshop highlighted that the current HIU model could be expanded to work with a wider range of referral routes (i.e. from the mental health crisis team and PC24), organisations, and therefore a wider client / patient group. There are plans at some point to conduct a further evaluation to confirm the service really works, which we will need a consistent data set to determine appropriate monitoring levels going forward.

Winter planning

Due to the risk of both flu and COVID-19 co-circulating during winter 2021/22, there was a greater need to protect vulnerable people and support the wider resilience of the healthcare system. This year's flu season presented delivery challenges in comparison to previous years with the continued challenges COVID-19 has bought. This includes:

- the introduction of eligibility for healthy 50 to 64-year-olds as well as the importance of at-risk groups to being vaccinated and uptake of the COVID-19 vaccination programme
- the Infection Prevention Control guidance has ensured significant changes at GP practices and other providers to protect staff and patients and to enable access to the vaccination programmes
- new cohorts of patients have been identified by the Joint Committee of Vaccination and Immunisation (JCVI), who will benefit from the access to the vaccination, and national targets for the uptake of the flu vaccine have increased to ensure robust and effective planning and delivery to the identified cohorts
- different sites and models have been implemented to enable the volume and pace of vaccination whilst maintaining safe social distancing
- outbreak management for flu outbreaks needs to be continued to be managed, as well as the potential to acknowledge and coordinate COVID outbreak.

Halton continued to work collaboratively on the wider Mid-Mersey A&E Delivery Board (A&EDB) footprint, there are clear benefits to have streamlined, consistent approach to seasonal messaging to support the system and patient journeys across the NHS organisations within the Mid-Mersey footprint.

For 2021/22, we supported the national 'Help Us Help You' campaign which also reflects the ongoing COVID-19 campaign and helps people understand how to navigate the NHS and get the right help and advice they need in the most timely and appropriate way – whether that's getting the flu vaccination or accessing the most appropriate service – to better enable the NHS to help them.

The pressures on A&E, hospital, community, primary care and social care services were greater over the last winter months than at any other time during or before the pandemic. Halton worked collaboratively with all partners to ensure safe services were maintained and that patient flow through their care pathways and back to their own homes were optimised through a system response for expansion of services and additional capacity to meet the needs of the population.

24/7 Mental Health Crisis Response

Health and wellbeing priorities:

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

Halton has a 24/7 free confidential text service that people who are struggling to cope can access. It can be used by children, young people and adults by texting the word REACH to 85258. The main conversations people texted about in 2021/22 related to suicide, depression and sadness, stress and anxiety, relationships, isolation and loneliness, and self-harm.

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

System-wide transformation programmes: Service reviews and change programme

Health and wellbeing priorities:

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

Following direction from NHS England, the scope of the System Recovery Plan includes:

- NHS Halton CCG
- NHS Warrington CCG
- BCHFT
- WHHFT.

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

The Group recognises the primacy of place and will engage with place-based change programmes to achieve the delivery of their objectives. The Collaborative Sustainability Group (CSG) will ensure the delivery of our commitment to achieve a sustainable health and care system by enacting the agreed work plan.

The primary focus of the work plan will be to 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 and outcomes for people, grounded on a shared aim to keep people well and happy in their own homes wherever possible.

It will maintain an overview of the implementation of the system design at a partnership level, enabling partners to consider any issues that arise for resolution. The work plan will be determined and sponsored by the Chief Executive Oversight Group. The CSG will receive regular reports from the respective work programmes to provide assurance to the Chief Executive Oversight Group on progress each month.

Community respiratory / targeted lung checks

Health and wellbeing priorities:

COVID Oximetry at Home has continued to be provided during 2021/22. The impact on respiratory care during the COVID-19 pandemic has been significant, with many people requiring escalated levels of critical and acute care, long-term rehabilitative services and preventative monitoring.

Several new work programmes support these cohorts including a Pulse Oximetry at Home service, respiratory virtual wards to enable monitoring post-discharge and long COVID Assessment services, including access to pulmonary rehabilitation services.

In addition, both oral and intravenous therapy is now also available for patients who meet the necessary criteria.

Maternity / community children's services

Health and wellbeing priorities:

Maternity services

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

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

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

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

Community children's services

NHS Halton CCG employs a Commissioning Manager for children. This role involves the implementation of care, education and treatment reviews for children and young people, and is working to enhance transition pathways. A joint health and social care panel process for children and young people in Halton has been introduced to ensure a clear and consistent pathway for referrals and decision making, and to support safe and appropriate commissioning.

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

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

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

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

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

New services

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

Child neuro-developmental pathway

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

Staff training

This year, NHS Halton CCG commissioned BCHFT to deliver newborn observational training to clinicians who support young mothers. The training will enhance the clinicians' skills to support the relationship between mother and baby.

The Feeding Halton Network

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

Holiday Activity Fund

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

Over the last year, the funding has been distributed to 47 VCFSE providers. This equates to more than 6,000 attendances at projects and more than 10,000 meals distributed to local children. NHS Halton CCG plans to continue to support workstreams such as this and recognises the positive impact of these initiatives on the wider determinates of health.

The Children and Young People's Emotional and Mental Health Local Transformation Plan

The 2021/22 refresh of Warrington and Halton's children and young people's 'Local Transformation Plan' is 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 Halton Health and Wellbeing Board in February 2021 and reflects the strength of local partnerships. There continues to be a recognition of the importance of the five key themes from NHS Guidance Future in Mind.

All-age mental health and learning disabilities

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

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

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

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

Learning disability annual health checks

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

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

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

Learning disability and autism peer review

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

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

Learning Disabilities Mortality Review Programme (LeDeR)

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

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

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

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

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

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

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

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

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

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

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

Cancer and End of Life

Health and wellbeing priorities:

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

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

Halton Haven Hospice

The 2020/21 Annual Report stated that a performance notice had been served on Halton Haven Hospice and that it was to operate as a nurse-led service. The notice was lifted in 2021/22, and the service is once again operating as normal. A multi-disciplinary network approach is ensuring patients requiring specialist palliative care have access to the appropriate services within the community.

The hospice has still been operating under significant pressures caused by the pandemic, but has maintained a service within the borough serving the population of Halton.

Targeted lung health checks

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

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

Unfortunately, the uptake in the first cohort has been lower than hoped, probably due to the wave of COVID-19 in the community during the winter months.

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

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

Grail cancer screening

During the year, Halton residents were offered the opportunity to take part in the national pilot for a promising new biomarker blood test for early cancer detection before any symptoms of cancer are present.

The pilot is a three-year, randomised control trial with a goal of 140,000 participants across the country by March 2022.

Faecal Immunochemical Test (FIT)

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

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

Diabetes

The Halton Community Diabetes Service

The Halton Community Diabetes Service is in the final stages of implementation and roll out of the service early in 2022. The service will provide all Halton general practices allocated Community Diabetes Specialist Nurse (DSN) slots to select which of their adults with type 2 diabetes are seen in their practice by the Community DSN.

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

The aim of the service is to:

- improve achievement of the three treatment targets (HbA1c, BP, Cholesterol) in Halton's type 2 diabetic population
- support primary care in managing individuals with type 2 diabetes more effectively and reducing variation
- enable primary care to manage a higher level of disease complexity and increase the knowledge and competency of primary care clinicians

- reduce avoidable Halton type 2 diabetes secondary care emergency admissions and referrals
- improve ability for individuals with type 2 diabetes to self-manage their condition
- improved medicines optimisation for this patient cohort and as such improved safety, quality, and cost-effective use of treatments in line with the locally-agreed pathways and formulary.

Hypertension – BP@Home

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

The additional machines will:

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

Each CCG in Cheshire and Merseyside has been allocated additional BP equipment based on several factors to tackle inequalities. The total number includes a targeted offer of 60 machines to practices that are outliers in their control of BP to target figures.

For Halton, this is an additional 1,398 monitors and cuffs (+250 additional cuffs) that have been allocated to the GP practices for use in home and self-care management.

Case study: Diabetes health inequalities programme

The Diabetes health inequalities project sets out the means of reducing inequality in accessing type 2 diabetes structured education for the following target groups:

- People diagnosed with type 2 diabetes who live in a care home (including care home staff)
- People diagnosed with type 2 diabetes who have a learning disability (LD)
- People diagnosed with type 2 diabetes who have a serious mental illness (SMI).

The project provides access to appropriately tailored diabetes education and enables engagement with the condition. The project has received support from several renowned professionals and the sessions have therefore benefited from a collaboration of experience and knowledge.

The learning disability presentation has received valuable input from Dr Amy Russell (The Wellcome Trust Senior Research Fellow for Health Inequalities, University of Leeds) and the Halton Learning Disability team.

The care home presentation has benefitted from the resources provided by Gill Dunn (Diabetes Specialist Nurse, NHS Buckinghamshire CCG), who previously completed a Diabetes UK-funded project in this area and has kindly shared her learning and case studies. Additional input to this course was provided by Alison Levy (Care Home Dietitian, Cheshire CCG) and Karen Perkins (Advanced Diabetes Nurse, Cheshire CCG). The care home training was very well evaluated in terms of session length, the information provided, and enjoyment amongst attendees during the pilot.

Jane Neve (Nurse Consultant, Mersey Care) has supported the mental health presentation and generated real enthusiasm amongst the team to improve physical health in this area. All the learning disability and SMI groups have or plan to have regular care coordinator attendance to support the patients over a much longer period and enable a level of familiarity, which in turn we hope will improve patient attendance. The University of Oxford have granted a licence to use a validated diabetes evaluation tool which will help to gather valuable feedback on the SMI sessions.

The first group took place on 13 January 2022 and ran for three consecutive weeks; the group was supported by the patient's Mental Health Care Coordinator.

My MHealth

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

The project aims to:

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

Bariatric and weight management services

The North West Bariatric Services procurement process to establish new contracts for tier four bariatric surgery had to be delayed during 2020/21 and 2021/22 due to the COVID-19 pandemic. The tender will now be completed in the first quarter of 2022/23, with mobilisation and commencement of the new contract in quarter three of the same year.

The CCGs in Cheshire and Merseyside were successful in securing a small amount of funding prior to the winter to increase the capacity in local tier three weight management services to help to reduce waiting times to access the service to be within 18 weeks.

The CCGs have also jointly bid for additional funding in 2022/23 to recurrently expand the tier three and four services to meet the growing demand for weight management service and to meet the ambitions of the NHS Long Term Plan. The outcome of the bids will hopefully be known early in 2022/23.

Sustainable development

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

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

Going Concern

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

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

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

On 12 February 2021, the Government issued a White Paper proposing legislative change that would lead to the restructuring of the NHS and the abolition of clinical commissioning croups (CCGs). On 1 July 2022, the services undertaken and commissioned by NHS Halton CCG, together with the assets, liabilities, and staff will be transferred to a new NHS organisation, the NHS Cheshire and Merseyside Integrated Care Board, that will absorb 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 inclusion of financial provision for that service in published documents. Where a CCG ceases to exist, it considers whether or not its services will continue to be provided (using the same assets, by another public sector entity) in determining whether to use the concept of going concern for the final set of financial statements. If services will continue to be provided the financial statements are prepared on the going concern basis.

The CCG will also produce, 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 will also be considered within this financial plan, which will be shared with NHS North West.

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

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

- Healthcare services will continue to be provided for residents of Halton
- NHS Cheshire and Merseyside Integrated Care Board system will produce a collective financial plan, in collaboration with partners, that will be issued to NHS North West
- The CCG has been notified of its financial allocation for the remaining period of its existence during the first quarter of 2022/23.

Accountability Report

Corporate Governance Report

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

Members' report

Members profiles

David Merrill, Interim Chair

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

Dr Andrew Davies, Clinical Chief Officer

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

David Cooper, Chief Finance Officer

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

Michelle Creed, Chief Nurse

Michelle was appointed as Chief Nurse at NHS Halton CCG in 2017 and took on a joint role including NHS Warrington CCG in April 2018. Michelle is a Registered Nurse and Specialist Practitioner and has a BA (Hons) in Health Studies and an MSc in Health Studies. Michelle is passionate about the quality, safety and patient experience of services commissioned and delivered to the population. Michelle retired from her post on 31 March 2022 after over more than years' service working across health and social care, locally, regionally, and nationally.

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

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

Julie Langton, Secondary Care Doctor

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

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

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

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

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

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

Nick Atkin, Lay Member

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

Eileen O'Meara, Director of Public Health

Eileen was Director of Public Health and Public Protection for Halton and Clinical Lead for Population Health for Cheshire and Merseyside. She has over 20 years national and international experience working for the NHS and Public Health England, World Health Organisation and UNICEF. She was the joint Chair of Cheshire Local Resilience Partnership and a Fellow of the Faculty of Public Health of the Royal College of Practitioners. Following Eileen's retirement in August 2021, Ifeoma Onyia was appointed as interim Director of Public Health and Public Protection.

Ifeoma Onyia, Acting Director of Public Health and Public Protection

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

Ruth Austen-Vincent, Lay Member

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

Dilys Quinlan, Lay Member

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

Joanne Cripps, Practice Manager representative

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

Gareth Hall, Lay Member

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

Kath Parker, Healthwatch Halton

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

Member practices

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

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

Fir Park Medical Centre (previously Appleton Village Surgery)	Lanark Gardens, Upton Rocks, Widnes WA8 9DT
Grove House Partnership	St Paul's Health Centre, High Street, Runcorn, WA7 1AB
Hough Green Health Park	Hough Green Road, Widnes, WA8 4NJ
Murdishaw Health Centre	Gorsewood Road, Murdishaw, Runcorn, WA7 6ES
Newtown Health Care Centre	Widnes HCRC, Oaks Place, Caldwell Road, Widnes, WA8 7GD
Oaks Place Surgery	Widnes HCRC, Oaks Place, Caldwell Road, Widnes, WA8 7GD
Peelhouse Medical Plaza	Peelhouse Lane, Widnes, WA8 6TN
Tower House Practice	St Paul's Health Centre, High Street, Runcorn, WA7 1AB
Upton Rocks Primary Care	Widnes RUFC Car Park, Heath Road, Widnes, W A8 7NU
Weavervale Practice	Health Centre, Hospital Way, Runcorn, WA7 2UT

Membership engagement

Throughout 2021/22, weekly meetings via Microsoft (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. Protected learning is essential for member practices and their teams to remain up to date with statutory and mandatory training.

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 engagement with our primary medical colleagues and the positive learning from our communications is maintained.

Composition of Governing Body

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

The Governing Body members are:

Name	Role
David Merrill	Chair (interim)
Nick Atkin	Lay Member
Ruth Austen-Vincent	Lay Member
David Cooper	Chief Finance Officer
Michelle Creed	Chief Nurse
Joanne Cripps	GP Practice Manager representative
Dr Andrew Davies	Clinical Chief Officer
Dr Claire Forde	GP member representative

Gareth Hall	Lay Member
Julie Langton	Secondary Care Doctor
Dr Ifeoma Onyia	Interim Director of Public Health (Halton)
Dr Latha Meda	GP member representative
Kath Parker (non-voting member)	Healthwatch Halton
Dilys Quinlan	Lay Member
Dr David Wilson	GP member representative

Others in regular attendance include:

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

Committees, including Audit Committee

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

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

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

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

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

The committees that have been in place include:

- Audit Committee
- Remuneration Committee
- Primary Care Commissioning Committee
- Quality Committee (meetings held between 30 June and 24 November 2021)
- Finance and Performance Committee (meetings held between 30 June and 24 November 2021)
- Urgent Issues Committee (meetings held on 28 April and 26 May 2021)
- Legacy Issues Committee (meetings held between 26 January and 23 March 2022)
- Joint Committee of the Cheshire and Merseyside CCGs (first public meeting held on 28 September 2021. The three sub-committees are Finance and Resource, Performance, and Quality).

The membership of the Audit Committee is as follows:

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

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

Register of Interests

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

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

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

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

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

The register of interests can be found on the website www.haltonwarringtonccg.nhs.uk

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

Modern Slavery Act

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

Personal data related incidents

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

There were no confidentiality breaches during the year 2021/22.

Statement of disclosure to auditors

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

- So far as the member is aware, there is no relevant audit information of which the CCG's auditor is unaware that would be relevant for the purposes of their audit report
- The member has taken all the steps that they ought to have taken in order to make him or herself aware of any relevant audit information and to establish that the CCG's auditor is aware of it.

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 Halton CCG.

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

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

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

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

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

As the Accountable Officer, I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that NHS Halton 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.

Disclosures

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

Dr Andrew Davies
Accountable Officer
NHS Halton Clinical Commissioning Group
22 June 2022

Governance Statement

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

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

Scope of responsibility

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

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

Governance arrangements and effectiveness

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

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

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

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

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

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

Governance arrangements during the COVID-19 pandemic

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

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

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
- 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 2021/22 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 on pages 98-99 (Corporate Governance section of this report).

The Governing Body has met six times in public session and six times in private. In addition, the Governing Body undertook development sessions on six occasions privately. The average attendance of Governing Body members at the public meetings was 67%, and 63% for private meetings.

NHS Halton CCG has an ongoing requirement to review the CCG's governance arrangements to ensure they reflect the principles of good governance. In 2021/22, the CCG continued to monitor its joint working arrangements with NHS Warrington CCG and also with the Cheshire and Merseyside Joint Committee of CCGs.

This included scrutinising the arrangements for identifying and managing conflicts of interest and ensuring that all decisions made are in accordance with the Scheme of Reservation and Delegation.

The development sessions have focussed on transition to the Integrated Care System, inclusive decision making and unconscious bias, a Good Governance training programme held over two sessions, and the mandatory annual Information Governance refresher.

Committees

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

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

The table below provides an illustration of the committees in place during 2021/22.

NHS Halton CCG Governing Body			Cheshire and Merseyside Joint Committee of CCGs
Audit Committee	Remuneration Committee	Primary Care Commissioning Committee	Finance and Resources Sub-Committee (Operational from 9 December 2021)
Joint Quality Committee (Operational to 24 November 2021)	Joint Finance and Performance Committee (Operational to 24 November 2021)		Performance Sub-Committee (Operational from 21 December 2021)

Joint Urgent Issues Committee (Operational to 26 May 2021)	Legacy Issues Committee (Operational from 26 January 2022)	Quality Sub-Committee (Operational from 7 December 2021)

Each committee regularly report reports to the Governing Body for assurance purposes. These Key Issue Reports are available in each Governing Body agenda and can be accessed at www.haltonwarringtonccg.nhs.uk/about-us/our-governing-bodies-and-committees/halton-governing-body

Audit Committee

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

Membership of the committee includes four lay members. The Chair is also the Conflict-of-Interest Guardian.

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

- Risk management, including the Assurance Framework and cyber risk
- Integrated governance
- Internal control
- Internal and external audit
- Financial reporting
- Counter fraud
- Procurement arrangements
- Whistleblowing / freedom to speak up arrangements
- Conflicts of interest arrangements

- Due Diligence, Transition and Close Down Assurance in readiness for the Integrated Care System, due to be implemented on 1 July 2022.

The Audit Committee met nine times during 2021/22 and the average attendance was 69%.

Remuneration Committee

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

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

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

Remuneration Committee met three times during 2021/22 and the average attendance was 53%.

Primary Care Commissioning Committee (PCCC)

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

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

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

The purpose of the committee is to:

- take decisions on the commissioning of primary medical services in the CCG's geographical area

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

The Primary Care Commissioning Committee met six times during 2021/22 and the average attendance was 83%.

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.

From 1 April to 29 June 2021, the Urgent Issues Committee covered essential committee business. This was in response to the Government's request under 'reducing burden and releasing capacity'.

The Quality Committee then operated from 30 June to 24 November 2021. From 25 November 2021 to 31 March 2022, its responsibilities were passed to the Cheshire and Merseyside Quality Sub-Committee or to Legacy Issues Committee (where decisions related to Halton only).

Membership of the committee included two Lay Members, two Governing Body GPs (one each from Halton and Warrington), Secondary Care Doctor, Chief Nurse and Deputy Chief Nurse, Clinical Quality Leads (one each from Halton and Warrington), Healthwatch representative (one each from Halton and Warrington), patient representative (one each from Halton and Warrington).

The committee was chaired by a Lay Member.

The Joint Quality Committee met five times during 2021/22 and average attendance was 60%.

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.

From 1 April to 29 June 2021, the Urgent Issues Committee covered essential committee business. This was in response to the Government's request under 'reducing burden and releasing capacity'.

The Joint Finance and Performance Committee then operated from 30 June to 24 November 2021. From 25 November 2021 to 31 March 2022, its responsibilities were passed to the Cheshire and Merseyside Quality Sub-Committee or to Legacy Issues Committee (where decisions related to Halton only).

Membership of the committee includes two Lay Members, two Governing Body GPs (one each from Halton and Warrington), Chief Finance Officer, Deputy Chief Finance Officer, Chief Commissioner (each from Halton and Warrington). The committee was chaired by a Lay Member.

The Joint Finance and Performance Committee met five times during 2021/22 and the average attendance was 83%.

Urgent Issues Committee

The Urgent Issues Committee was established as a temporary committee arrangement to support urgent decision making during the COVID-19 period. The remit of the committee related to matters previously under the remit of the Quality Committee and Finance and Performance Committee.

The committee was initially established as a Committees in Common, in collaboration with NHS Warrington CCG, but updated terms of reference in January 2021 changed the arrangement to a Joint Committee model. Further changes relating to the committee membership were made on 14 April 2021.

Membership of the committee included all Lay Member representatives (one of whom chaired), two GP Governing Body Members (Halton), two GP Governing Body Members (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 Urgent Issues Committee met twice during 2021/22 and the average attendance was 78%.

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 three times during 2021/22 and the average attendance was 93%.

Joint Committee of Cheshire and Merseyside CCGs

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

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

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

The Joint Committee of Cheshire and Merseyside CCGs met nine times in 2021/22 and all meetings were quorate.

Quality Sub-Committee

The Quality Sub-Committee will provide assurance that effective quality, safety and experience arrangements underpin all services provided and commissioned on behalf of the CCGs. The Sub-Committee will ensure that all 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 2021/22 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 four times during 2021/22 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 2021/22. These meetings were not quorate, however as there were no decisions required, the discussions continued.

UK Corporate Governance Code

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

Discharge of statutory functions

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

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

Risk management arrangements and effectiveness

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

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

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

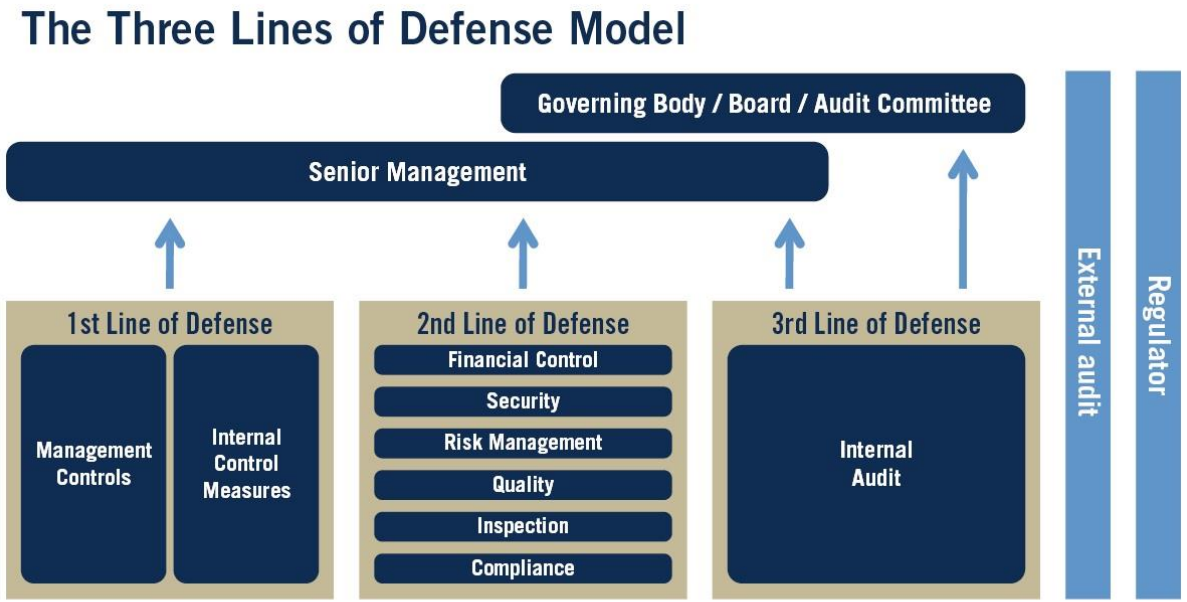
A sound system of internal control is required to support the achievement of the CCG policies, aims and objectives, whilst safeguarding public funds and assets.

The processes for management of risk, risk registers and Assurance Framework (AF) reflect the risk management principles from International Organisation for Standardisation (ISO) 31000 and also adopt the 'three lines of defence model' 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 acceptable cost. The CCG has developed its risk appetite using the matrix developed by the Good Governance Institute.



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

The Internal Audit review for 2021/22 concludes that an Assurance Framework has been established as follows:

Phase one opinion	
Structure	The organisation's Assurance Framework is structured to meet the NHS requirements.
Engagement	There could be greater visibility of the use of the Assurance Framework by the Governing Body.

Opinion	
Structure	The organisation's Assurance Framework is structured to meet the NHS requirements.
Engagement	The Assurance Framework is visibly used by the organisation.
Quality and alignment	The Assurance Framework clearly reflects the risks discussed by the Board.

An overall opinion for the period 1 April 2021 to 31 March 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.

Annual audit of conflicts of interest management

As required by NHS England's Managing Conflicts of Interest: Revised Statutory Guidance for CCGs (June 2017), an audit of conflicts of interest was completed following the prescribed framework issued by NHS England.

The following compliance levels were assigned to each scope area:

Scope Area	Compliance Level	RAG rating
1. Governance Arrangements	Partially Compliant	Amber
2. Declarations of interests and gifts and hospitality	Partially Compliant	Amber
3. Register of interests, gifts and hospitality and procurement decisions	Fully Compliant	Green
4. Decision making processes and contract monitoring	Fully Compliant	Green
5. Reporting concerns and identifying and managing breaches / non compliance	Fully Compliant	Green

Two recommendations were made to address the partial compliance areas. These have been captured as part of the risk register process and are monitored through to closure via reports to the Audit Committee.

Data quality

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

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

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

Information governance

The NHS Information Governance Framework sets the processes and procedures by which the NHS handles information about patients and employees, in 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 Halton CCG's commissioning support provider to inform needs analysis and service commissioning is subject to robust quality assurance both internally by the provider and by NHS Halton CCG. NHS Halton CCG plans and forecasts are also subject to external scrutiny and sign off by NHS England.

Third party assurances

We receive a level of commissioning support offer through the local Commissioning Support Unit (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 work continued into 2021/22 to review the service offers in line with business requirements and to ensure that the arrangements are fit for purpose. This work remains under review via the lead manager with regular reporting to the Integrated Management Team. There are no identified issues currently.

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 01 April 2021 to 31 March 2022 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 provide assurances to the CCG of improvements within the control environments for each entity. Where qualifications are 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 are routinely shared with the CCG Audit Committee. Any risk highlighted within the reports are assessed for their potential impact locally. These findings are considered alongside internal auditors assessment of internal controls, to inform any required action plans. These plans are subsequently managed using the CCG Risk Management Framework to ensure routine evaluation.

Control issues

No significant control issues have been identified during 2021/22. However, the following has been reported to NHSE/I, as part of the month nine governance statement return:

- The interim CCG Chair is not clinical, as per Constitution requirements. Liaison took place with the LMC and with all member practices in 2021, who have all confirmed they are satisfied with existing arrangements
- The fourth Governing Body GP is not currently recruited to as per Constitution requirements. Liaison took place with the LMC and member practices in 2021 who have all confirmed they are satisfied with existing arrangements
- The Chief Commissioner is listed as a Governing Body member in the Constitution, but organisational change has changed the role from a voting member to a non-voting member. An amendment has not been made to the Constitution due to NHSE/I no longer approving changes to Constitutions.

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

We have in place a robust decision-making framework that enables robust review and scrutiny of the way the CCG's resource allocation is utilised. All proposals to change commissioned services or pathways are initially considered by the Commissioning Oversight Group (COG), a multi-disciplinary forum that provides a management review of the case for change, the evidence base, the link to our strategic objectives as well a critical analysis of what is being proposed. Lead commissioners develop the business case with input from the appropriate clinical lead and ensuring 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), dependant on the level of investment the business case will then be submitted to the Finance and Performance Committee, and more recently the Legacy Issues Committee.

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

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

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

The most recent CCG year-end assessment continues to relate to 2019/20, pre-pandemic, performance rating produced using the, then, new single NHS Oversight Framework. Performance indicators are aggregated at CCG level into three separate domains: Quality of Leadership (25%), Finance (25%), and the remaining performance indicators (50%). CCGs are ranked by their overall scores and divided into four distinct categories:

- Outstanding
- Good
- Requires improvement
- Inadequate.

NHS Halton CCG's 2019/20 assessment rating was 'Requires improvement'. Note: the scores that justify the ratings are not made available.

NHS Halton CCG's financial position in 2019/20 was understood to have had a significant bearing on the assessment rating. NHS Halton CCG has been working with system partners, building on the principles of the NHS England Capped Expenditure Programme (CEP) to develop a shared system recovery plan. This recovery plan set out an agreed approach and suite of activities the system has committed to implement to redress the health economy's financial challenge over the next five years. This plan is aimed to deliver clinically and financially sustainable health care services for the population of Halton over the medium term. The financial regime, introduced to support the COVID-19 pandemic response, has clearly had an impact of delaying some of the objectives outlined within the recovery plan, however CEP principles have underpinned the local strategic approach for service response requirements.

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

We have 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 are:

- 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 receives a report against each of the Standards for Commissioners annually. There is 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
- During 2021/22 and 2020/21, NHS Halton CCG has not had to undertake any NHS Counter Fraud Authority Quality Assurance Inspections. Therefore, there have been no recommendations outlined for implementation or review.

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

The purpose of this Head of Internal Audit Opinion is to contribute to the assurances available to the Accountable Officer and the Governing Body which underpin the Governing Body's own assessment of the effectiveness of the organisation's system of internal control. This Opinion will assist the 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 is in the process of transition to an ICB and like other organisations across the NHS has continued to face unprecedented challenges due to COVID-19.

Our overall opinion for the period 1 April 2021 to 31 March 2022 is: **Substantial Assurance**, that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.

Key Area	Summary
Head of Internal Audit Opinion	The overall opinion for the period 1 April 2021 to 31 March 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 2021/22 Internal Audit Plan has been delivered with the focus on 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: • the organisation's Assurance Framework • core and mandated reviews, including follow up

	• a range of individual risk based assurance reviews • CCG Closedown/ICB Transition support.
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 design and operation of the underpinning Assurance Framework and supporting processes
2. An assessment of the range of individual assurances arising from our risk-based internal audit assignments that have been reported throughout the period. This assessment has taken account the relative materiality of systems reviewed and management's progress in respect of addressing control weaknesses identified
3. An assessment of the organisation's response to Internal Audit recommendations, and the extent to which they have been implemented.

Overall Opinion

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 below provides the context for the opinion and together with the opinion should be read in its entirety.

Assurance Framework

Phase one opinion	
Structure	The organisation's AF is structured to meet the NHS requirements.
Engagement	There could be greater visibility of the use of the AF by the Governing Body.

Opinion	
Structure	The organisation's AF is structured to meet the NHS requirements.
Engagement	The AF is visibly used by the organisation.
Quality and alignment	The AF clearly reflects the risks discussed by the Board.

Core and risk-based reviews issued

Opinion	Objective
1 high assurance opinion: Key Financial Controls	The overall objective of the review was to provide assurance that the most significant key controls in relation to general ledger, budgetary control, accounts receivable, accounts payable and treasury management are appropriately designed and operating effectively in practice.

1 substantial assurance opinion: Data Security and Protection Toolkit (DSPT)	The overall objective of this review was to provide a high-level assessment of the CCG's intended DSPT submission and supporting evidence.
0 moderate assurance opinions	
0 limited assurance opinions	
0 no assurance opinions	

Conflicts of Interest

As required by NHS England's Managing Conflicts of Interest: Revised Statutory Guidance for CCGs (June 2017), an audit of conflicts of interest was completed following the prescribed framework issued by NHS England.

The following compliance levels were assigned to each scope area:

Scope Area	Compliance Level	RAG rating
1. Governance Arrangements	Partially Compliant	Amber
2. Declarations of interests and gifts and hospitality	Partially Compliant	Amber
3. Register of interests, gifts and hospitality and procurement decisions	Fully Compliant	Green

4. Decision making processes and contract monitoring	Fully Compliant	Green
5. Reporting concerns and identifying and managing breaches / non compliance	Fully Compliant	Green

Primary Medical Care Commissioning and Contracting

The Primary Medical Care Commissioning and Contracting Internal Audit Framework for Delegated CCGs was issued in August 2018. NHSE require an internal audit of delegated CCGs primary medical care commissioning arrangements. The purpose of this is to provide information to CCG's that they are discharging NHSE's statutory primary medical care functions effectively, and in turn to provide aggregate assurance to NHSE and facilitate NHSE's engagement with CCGs to support improvement.

The 2020/21 Primary Medical Care Commissioning and Contracting review focused upon commissioning and procurement and provided **Full Assurance** (assurance rating provided as per the NHSE guidance).

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 are undertaking a project assurance role supporting the SBS Project Board in the implementation of the ICS ledger
- **Contracting:** Review on 'implied contracts' (ongoing)
- **Delegated Duties:** Undertaking of a review on the transfer of delegated duties at CCG level and the operational effectiveness of the Joint Committees who have received the delegated duties. MIAA have

also been requested to support the planned Audit Chairs session risk and governance regarding effectiveness of the operation of the Joint Committees

- **Governing Body Assurance Framework risks:** Provision of support to the workstream lead
- **System Group Representation and Reporting:** Attendance and contribution at Finance Workstream Group and Governance Leads Workstream Group.

CCG transition – local support

Timeline: CCG closedown to ICB

- **September 2021 onwards:** We are working with the individual CCGs and with the ICB to collate the key themes from our work as part of our risk assessment process to develop a draft ICB Internal Audit plan. Internal Audit work will be prioritised both before and after the establishment of the ICB based on this risk assessment
    - Ongoing MIAA support to your transition working groups
- **October 2021 onwards:** Provision of assurance at both an individual CCG level (each individual CCG Audit Committee) and ICB (shadow Audit Committee when established) as to the effectiveness of the transition process
    - MIAA will seek involvement to enable us to support the development and implementation of new systems and ongoing audit of systems following implementation
- **December 2021 onwards:** MIAA will make arrangements to ensure that each individual Head of Internal Audit Opinion is signed and issued in line with reporting timeframes. We will compile a schedule of all relevant outstanding actions from our work with the individual CCGs and will also work with the ICB to ensure the seamless and effective transfer of responsibilities
    - We will work with the ICB to undertake a detailed risk assessment to help inform the planning process.

To enable us to comment on the processes in place regarding the adequacy of transition plans, we have undertaken 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 effective processes have been established for the completion and monitoring of the Due Diligence Checklists.

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 progress** with regards to the implementation of recommendations. We will continue to track and follow up outstanding actions.

We have raised four recommendations as part of the reviews undertaken during 2021/22. All recommendations raised by MIAA have been accepted by management. Of these recommendations: none were critical or high risk recommendations.

Internal Audit Coverage and Outputs

The 2021/22 Internal Audit Plan has been delivered with the focus on the provision of your Head of Internal Audit Opinion. This position has been reported within the progress reports across the financial year.

Of the reviews completed in the year, assurance ratings were given in three cases. Assurance ratings were not applicable in three reviews, due to the nature of this work. The audit assignment element of the Opinion is limited to the scope and objectives of each of the individual reviews. Detailed information on the limitations (including scope and coverage) to the reviews has been provided within the individual audit reports and through the Audit Committee Progress Reports throughout the year.

A summary of the reviews performed in the year is provided below:

Review	Assurance opinion	Recommendations raised				
		Critical	High	Medium	Low	Total
1. Key Financial Systems	High	-	-	-	1	**1**
2. Primary Care Framework: Commissioning and Procurement	Full	-	-	-	1	**1**
3. DSPT	Substantial	-	-	-	-	**-**
4. Assurance Framework	N/A	N/A	N/A	N/A	N/A	**N/A**
5. Transition Review	N/A	N/A	N/A	N/A	N/A	**N/A**
6. Conflict of Interest	N/A	-	-	2	-	**2**
Total		**-**	**-**	**2**	**2**	**4**

Contribution to governance, risk management and internal control enhancements: Additional areas where MIAA have provided added value contributions

Detailed insight into the overall Governance and Assurance processes gained from liaison throughout the year with the Senior Management Team, regular review of Governing Body papers.

Involvement and relationship with the organisation (for example attendance and contribution to the Due Diligence, Transition and Closedown Group).

Ongoing discussion with lead officers, managers and lay members throughout the year.

Engagement with MIAA Insights benchmarking, best practice and outcome reporting.

Opportunities/ Involvement through MIAA events. Including the Learning Series, Audit Committee Members Network events, and Quality Improvement Network.

Wider organisation context

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

During the COVID-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.

Steve Connor
Managing Director, MIAA
March 2022

Louise Cobain
Assurance Director, MIAA
March 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 Joint Finance and Performance Committee
- The Joint Quality Committee
- The Joint Urgent Issues 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 Quality Committee, Finance and Performance Committee, Urgent Issues Committee and Legacy Issues Committee have joint arrangements in place with NHS Warrington CCG, with appropriate terms of reference
- An additional Due Diligence, Transition and Close Down Group has been formed jointly with NHS Warrington CCG to ensure robust due diligence and governance arrangements are in place leading up to the transition to the Integrated Care Board implementation
- The Governing Body and Primary Care Commissioning Committee meet regularly in public.

Conclusion

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

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

Dr Andrew Davies
Accountable Officer
NHS Halton Clinical Commissioning Group
22 June 2022

Remuneration Report

Remuneration Committee

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

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

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

Additionally, the Remuneration Committee:

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

Our Remuneration Committee must always:

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

The Remuneration Committee met three times during 2021/22.

The Remuneration Committee meeting of 1 March 2022 was inquorate. In response to this, members were sent a summary of discussions and asked to provide comments for inclusion in the report to the Governing Body.

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 2021/22, 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 2021/22 (including salary and pension entitlements) (subject to audit)

Name	Title	Salary (bands of £5,000) £'000	Expense payments (rounded to the nearest £00) £'00	Performance pay and bonuses (bands of £5,000) £'000	Long term performance pay and bonuses (bands of £5,000) £'000	All pension-related benefits (bands of £2,500) £'000	Total (bands of £5,000) £'000
Dr A Davies	Chief Officer	85-90	0	0	0	45-47.5	130-135
G Hall	Chair	10-15	0	0	0	0	10-15
D Cooper	Chief Finance Officer	50-55	0	0	0	0	50-55
D Merrill	Deputy Chair	10-15	0	0	0	0	10-15
M Creed	Chief Nurse	70-75	6200	0	0	175.5-180	255-260
R Austen-Vincent	Lay Member	-5-10	0	0	0	0	-5-10

Dr C Forde	GP Board Member	0-5	0	0	0	0	0-5
Dr L Meda	Lay Member	10-15	0	0	0	0	10-15
Dr D Wilson	GP Board Member	10-15	0	0	0	0	10-15
Dr J Langton	Secondary Care Doctor	25-30	0	0	0	0	25-30

Notes:

1. Dr Andrew Davies is the Clinical Chief Officer shared with NHS Warrington CCG. His salary is shown as the value of the recharge to NHS Halton CCG (FTE with NHS Warrington CCG is within £170,000 - £175,000 salary range). The Pension related Benefits show the full benefit from NHS Warrington CCG.
2. Mr David Cooper is the Chief Finance Officer shared with NHS Warrington CCG. His salary is shown as the value of the recharge to NHS Halton CCG (FTE with NHS Warrington CCG is within £120,000 - £125,000 salary range).
3. Mrs Michelle Creed is the Chief Nurse shared with NHS Warrington CCG. Her salary is shown net of the salary charge to NHS Warrington CCG (FTE with NHS Halton CCG is within £110,000 - £115,000 salary range).

Information for the previous year 2020/21 is below, as required, to allow for comparison.

Senior manager remuneration 2020/21 (including salary and pension entitlements)

Name	Title	Salary (bands of £5,000) £'000	Expense payments (rounded to the nearest £00) £'00	Performance pay and bonuses (bands of £5,000) £'000	Long term performance pay and bonuses (bands of £5,000) £'000	All pension-related benefits (bands of £2,500) £'000	Total (bands of £5,000) £'000
Dr A Davies	Chief Officer	85-90	0	0	0	40-42.5	125-130
G Hall	Chair	5-10	0	0	0	0	5-10
D Cooper	Chief Finance Officer	45-50	0	0	0	0	45-50
B Webb	Acting Chief Finance Officer	15-20	0	0	0	10-12.5	25-30
D Merrill	Deputy Chair	10-15	0	0	0	0	10-15
M Creed	Chief Nurse	45-50	5300	0	0	0	50-55
L Thompson	Chief Commissioner	85-90	4500	0	0	0	85-90

R Austen-Vincent	Lay Member	5-10	0	0	0	0	5-10
Dr C Forde	GP Board Member	15-20	0	0	0	0	15-20
Dr L Meda	Lay Member	10-15	0	0	0	0	10-15
Dr D Wilson	GP Board Member	35-40	0	0	0	0	35-40
Dr J Langton	Secondary Care Doctor	20-25	0	0	0	0	20-25

Notes:

1. Dr Andrew Davies is the Clinical Chief Officer shared with NHS Warrington CCG. His salary is shown as the value of the recharge to NHS Halton CCG (FTE with NHS Warrington CCG is within £170,000 - £175,000 salary range). The Pension related Benefits show the full benefit from NHS Warrington CCG.
2. Mr David Cooper is the Chief Finance Officer shared with NHS Warrington CCG. His salary is shown as the value of the recharge to NHS Halton CCG (FTE with NHS Warrington CCG is within £120,000 - £125,000 salary range).
3. Bryan Webb was acting Chief Finance Officer from 31 March 2020 to 30 June 2020. His salary is shown as the value of the recharge to Halton CCG (FTE with Warrington £120,000 - £125,000)
4. Mrs Michelle Creed is the Chief Nurse shared with NHS Warrington CCG. Her salary is shown net of the salary charge to NHS Warrington CCG (FTE with NHS Halton CCG is within £90,000 - £95,000 salary range).

Pension benefits as at 31 March 2022 (subject to audit)

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 31 March 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 2021 £'000	Real increase in Cash Equivalent Transfer Value £'000	Cash Equivalent Transfer Value at 31 March 2022 £'000	Employer's contribution to stakeholder pension £'000
M Creed	Chief Nurse	5-10	25-27.5	45-50	140-145	-	-	-	0
Dr A Davies	Accountable Officer	0	0	10-15	35-40	248	10	258	0
Dr A Davies	Accountable Officer	2.5-5	-	20-25		251	53	304	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.

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 of for loss of office (subject to audit)

There was no compensation for loss of office in 2021/22.

Payments to past members (subject to audit)

There were no payments to past members in 2021/22.

Pay multiples (subject to audit)

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

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

The banded remuneration of the highest paid member of the Governing Body in NHS Halton CCG in 2021/22 was £170,000 - £175,000 (2020/21: £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
2021/22	5.34	5.34	4.10	4.10	3.15	3.15
2020/21			4.22	4.22		

The banded remuneration of the highest-paid member of the Governing Body in NHS Halton CCG in 2021/22 was £170,000 - £175,000 (2020/21 £170,000 - £175,000). This was 4.10 times (2020/21 4.22 times) the median remuneration of the workforce, which was £42,121 (2020/21 £40,894). In 2021/22 no employees received remuneration in excess of the highest-paid member of the Governing Body. Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions.

As at 31 March 2022, remuneration ranged from £0 - £5,000 salary range to £170,000 - £175,000 salary range (0% change against 2020/21: £0 - £5,000 to £170,000 - £175,000) based on annualised, full-time equivalent remuneration of all staff (including temporary and agency staff). Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions. There were no non-consolidated performance-related pay or benefits-in-kind paid during 2021/22 (2020/21: nil).

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

Year	75th percentile	Median	25th percentile
2021/22	32,306	42,121	54,764

The calculation of the ratio between the remuneration of the highest paid director and the 25th percentile, median, and 75th percentile remuneration of the workforce is based on full time equivalent employees in post at 31 March 2022 on an annualised basis. This includes staff that 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 each staff member at mid-point of their respective salary range, excluding the highest paid Director, and ranked for the purpose of this exercise. A median will not be significantly affected by exceptional salaries (large or small) that may influence an average (mean) calculation – hence it is more transparent in highlighting whether a Director is being paid significantly more than the middle (ranked) staff member's remuneration within the organisation.

Staff Report

Our people are our most valuable assets, and our staff remain at the centre of what we do. During the year we have strengthened our staff engagement processes to support staff wellbeing as staff have continued to work from home in the main, although we were pleased to be able to reopen our offices in early 2022 in line with national guidance.

To support staff, we have continued to undertake regular one-to-one Health and Wellbeing conversations in addition to the working from home Risk Assessments. This ensured that staff were provided with support and that adjustments could be made where required.

A virtual whole CCG staff brief takes place weekly, led by the Clinical Chief Officer, where staff receive an update from the Integrated Management Team, in addition to the latest information regarding the transition to the Integrated Care Board 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. The CCG monthly development sessions have continued to take place and have been focussed on supporting staff during the transition to the Integrated Care Board.

We continue to gauge the views of our staff via the regular We Are One, Cheshire and Merseyside Staff Surveys, putting in place actions in response to any concerns or issues raised by our staff.

All staff are able to continue to work from home if they wish to do so, and have been provided with IT equipment and other support as identified through the risk assessments and health and wellbeing conversations. We also continue to offer flexible/agile 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.

Number of senior managers

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

Staff numbers and costs (subject to audit)

We directly employ 75 people ranging from senior managers to support staff.

We pride ourselves on looking after our people and have a range of staff support policies, including flexible working and carers leave. In addition, our approach to agile/flexible working supports our staff to achieve work life balance.

For a detailed breakdown on staff numbers, please see note four of the Annual Accounts at the end of this Annual Report.

For information on Staff Engagement and Wellbeing, see the Staff Report.

Staff composition

As at 31 March 2022, our gender analysis is as follows:

	Headcount by Gender				% by Gender		
Staff Grouping	**Female**	**Male**	**Unknown**	**Totals**	**Female**	**Male**	**Unknown**
Governing Body	7	6	1	14	50.0%	42.9%	7.1%
Other Senior Management (Band 8C+)	3	1	0	4	75.0%	25.0%	0.0%
All other employees	44	13	0	57	77.2%	22.8%	0.0%
Grand total	**54**	**20**	**1**	**75**	**72.0%**	**26.7%**	**1.3%**

Senior Staff Analysis by Band (based on staffing at 31.03.2022 - Extracted from ESR 20.04.2022)

Pay Band	Headcount
Apprentice	0
Band 1	0
Band 2	0
Band 3	5
Band 4	2
Band 5	7
Band 6	13
Band 7	16
Band 8 - Range A	5
Band 8 - Range B	9
Band 8 - Range C	0
Band 8 - Range D	2
Band 9	0
Medical	5
VSM	10
Gov Body (off payroll)	1
Grand total	**75**

Sickness absence data

The sickness absence data for the CCG in 2021 was whole time equivalent (WTE) days available of 13,897.77 and WTE days lost to sickness absence of 540.87 and average working days lost per employee was 8.76 which was managed through the absence management policy.

Staff sickness absence 2021	2021 Number
Total days lost	540.87
Total staff years	61.77
Average working days lost	8.76

Staff turnover percentages

The CCG Staff Turnover Rate for 2021/22 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 10.96. The CCG's Average FTE Staff in Post during the year was 60.78. The CCG Staff Turnover Rate for the year was 18.03%.

CCG Staff Turnover 2021/22	2021/22 Number
Average FTE employed 2021/22	60.78
Total FTE leavers 2021/22	10.96
Turnover rate	18.03%

Staff engagement percentages

NHS Halton CCG did not participate in the Civil Service People Survey or the NHS Staff Survey during 2021/22.

Staff policies

We are committed to an environment that promotes equality and embraces diversity in its performance as an employer. It adheres to legal and performance requirements and mainstreams its equality and diversity principles through its policies, procedures and processes. To ensure that our policies do not have an adverse impact in response to the requirements of The Equality Act 2010, policies are equality impact assessed during the policy development processes. We will take action when necessary to address any unexpected or unwarranted disparities and monitor workforce and employment practices to ensure that employment policies are fairly implemented.

We are committed to ensuring that staff receive appropriate awareness training in equality and diversity to undertake their role. Equality and diversity training is mandatory for all staff and is appropriate for the duties that they are required to undertake.

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

We strive to enable all staff to achieve their full potential in an environment of dignity and mutual respect. This is underpinned by ensuring that every employee is annually appraised in a Performance Development Review (PDR).

Regardless of the challenges of the past two years, we have continued to strive to encourage all employees to develop the skills and abilities they require to carry out their current and any likely future role in the organisation.

Policies applied during the year

All operational polices were applied during the year, these include:

- Annual leave
- Managing absence
- Maternity leave
- Grievance
- Disciplinary
- Freedom to Speak Up (whistleblowing)

No formal action in line with HR policies was applied during the year.

Trade Union Facility Time Reporting Requirements

In compliance with the above Regulations the following information is provided:

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

Other employee matters

We are wholly supportive of partnership working and as such we are an active participant in the Staff Partnership Forum facilitated by NHS Midlands and Lancashire Commissioning Support Unit (MLCSU).

We utilise this forum as a vehicle and mechanism to support proactive staff engagement, consultation and, where appropriate, negotiation.

We do not employ anyone who undertakes relevant union official duties as outlined in the Trade Union (TU) Facility Time Publication Requirements Regulations 2017 and therefore no time is released from this employer in relation to official duties.

We liaise and work with MLCSU TU representatives and area/regional representatives from those recognised unions whose time will be recorded with their employing authority.

Expenditure on consultancy

There was no expenditure on consultancy during 2021/22.

Off-payroll engagements

Table 1: Off-payroll engagements longer than six months

For all off-payroll engagements as at 31 March 2022 for more than £245 per day and that last longer than six months:

	Main department	Agencies	ALBs
No. of existing engagements as at 31 March 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

Where the reformed public sector rules apply, entities must complete Table 2 for all new off-payroll engagements, or those that reached six months in duration, between 1 April 2021 and 31 March 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 2021 and 31 March 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 2021 and 31 March 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

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

Table 1 – Exit packages

There were no exit packages in 2021/22.

Table 2 – Analysis of other departures

There were no other departures in 2021/22.

Employee benefits and staff numbers (subject to audit)

NHS HALTON CCG - Annual Accounts 2021-22

. Employee benefits and staff numbers

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	1,133	5	**1,138**	1,446	15	**1,461**	2,579	21	**2,599**
Social security costs	130	-	**130**	163	-	**163**	293	-	**293**
Employer contributions to the NHS Pension Scheme	319	-	**319**	205	-	**205**	524	-	**524**
Gross employee benefits expenditure	**1,582**	**5**	1,587	**1,814**	**15**	1,829	**3,396**	**21**	3,417
Less recoveries in respect of employee benefits (note 4.1.2)	-	-	**-**	-	-	**-**	-	-	**-**
Total - Net admin employee benefits including capitalised costs	**1,582**	**5**	1,587	**1,814**	**15**	1,829	**3,396**	**21**	3,417
Less: Employee costs capitalised	-	-	**-**	-	-	**-**	-	-	**-**
Net employee benefits excluding capitalised costs	**1,582**	**5**	1,587	**1,814**	**15**	1,829	**3,396**	**21**	3,417

2.1.2 Employee benefits	Admin			Programme			Total		**2020-21**
	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	1,194	2	**1,196**	1,733	3	**1,736**	2,927	5	**2,932**
Social security costs	75	-	**75**	148	-	**148**	223	-	**223**
Employer contributions to the NHS Pension Scheme	316	-	**316**	179	-	**179**	495	-	**495**
Other pension costs	-	-	**-**	-	-	**-**	-	-	**-**
Apprenticeship Levy	-	-		-	-				
Other post-employment benefits	-	-	**-**	-	-	**-**	-	-	**-**
Other employment benefits	-	-	**-**	-	-	**-**	-	-	**-**
Termination benefits	-	-	**-**	-	-	**-**	-	-	**-**
Gross employee benefits expenditure	**1,585**	**2**	1,587	**2,060**	**3**	2,063	**3,645**	**5**	3,650
Less recoveries in respect of employee benefits (note 4.1.2)	-	-	**-**	-	-	**-**	-	-	**-**
Total - Net admin employee benefits including capitalised costs	**1,585**	**2**	1,587	**2,060**	**3**	2,063	**3,645**	**5**	3,650
Less: Employee costs capitalised	-	-	**-**	-	-	**-**	-	-	**-**
Net employee benefits excluding capitalised costs	**1,585**	**2**	1,587	**2,060**	**3**	2,063	**3,645**	**5**	3,650

Dr Andrew Davies
Accountable Officer
NHS Halton Clinical Commissioning Group
22 June 2022

Parliamentary Accountability and Audit Report

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

Annual Accounts

Entity name:	NHS HALTON CCG
This year	2021-22
Last year	2020-21
This year ended	31-March-2022
Last year ended	31-March-2021
This year commencing:	01-April-2021
Last year commencing:	01-April-2020

NHS HALTON CCG - Annual Accounts 2021-22

Statement of Comprehensive Net Expenditure for the year ended 31 March 2022

	Note	2021-22 £'000	2020-21 £'000
Staff costs	2	3,417	3,650
Purchase of goods and services	4	264,985	261,143
Depreciation and impairment charges	4	244	238
Other Operating Expenditure	4	2,010	1,778
Total operating expenditure		**270,656**	**266,809**
Comprehensive Expenditure for the year		**270,656**	**266,809**

NHS HALTON CCG - Annual Accounts 2021-22

Statement of Financial Position as at 31 March 2022			
		2021-22	**2020-21**
	Note	**£'000**	**£'000**
Non-current assets:			
Property, plant and equipment	7	289	561
Intangible assets	9	43	15
Total non-current assets		**331**	**576**
Current assets:			
Trade and other receivables	11	4,191	3,812
Cash and cash equivalents	12	67	46
Total current assets		**4,258**	3,858
Total assets		**4,590**	**4,434**
Current liabilities			
Trade and other payables	14	(22,488)	(21,050)
Total current liabilities		**(22,488)**	(21,050)
Non-Current Assets plus/less Net Current Assets/Liabilities		**(17,898)**	(16,617)
Assets less Liabilities		**(17,898)**	(16,617)
Financed by Taxpayers' Equity			
General fund		(17,898)	(16,617)
Total taxpayers' equity:		**(17,898)**	(16,617)

Notes 1 to 18 form part of this statement

The financial statements were approved by the Governing Body on 15.6.22 and signed on its behalf by:

NHS HALTON CCG - Annual Accounts 2021-22

Statement of Changes In Taxpayers Equity for the year ended 31 March 2022

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

	General fund £'000	Total reserves £'000
Changes in taxpayers' equity for 2020-21		
Balance at 01 April 2020	(7,309)	**(7,309)**
Adjusted NHS Clinical Commissioning Group balance at 31 March 2021	**(7,309)**	**(7,309)**
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2020-21		
Net operating costs for the financial year	(266,809)	(266,809)
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial Year	**(266,809)**	**(266,809)**
Net funding	257,501	257,501
Balance at 31 March 2021	**(16,617)**	**(16,617)**

Notes 1 to 18 form part of this statement

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Statement of Cash Flows for the year ended 31 March 2022	Note	**2021-22 £'000**	**2020-21 £'000**
Cash Flows from Operating Activities			
Net operating expenditure for the financial year		(270,656)	(266,809)
Depreciation and amortisation	4	244	238
Increase in trade & other receivables	11	(379)	3,986
Increase in trade & other payables	13	1,437	5,370
Net Cash Inflow (Outflow) from Operating Activities		**(269,354)**	(257,215)
Cash Flows from Investing Activities			
(Payments) for property, plant and equipment		0	(329)
Net Cash Inflow (Outflow) from Investing Activities		0	(329)
Net Cash Inflow (Outflow) before Financing		**(269,354)**	(257,544)
Cash Flows from Financing Activities			
Grant in Aid Funding Received		269,374	257,501
Net Cash Inflow (Outflow) from Financing Activities		**269,374**	257,501
Net Increase (Decrease) in Cash & Cash Equivalents	12	**20**	(43)
Cash & Cash Equivalents at the Beginning of the Financial Year		**46**	89
Cash & Cash Equivalents (including bank overdrafts) at the End of the Financial Year		**67**	46

Notes on pages 1 to 18 form part of this statement

Notes to the financial statements

1 Accounting Policies

NHS England has directed that the financial statements of Clinical Commissioning Groups (CCG's) 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 CCG's, 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

These accounts have been prepared on a going concern basis. The Health and Social Care Bill was introduced to the House of Commons on 6th July 2021 this proposed legislation that would lead to the restructuring of the NHS and the abolition of CCG's. The services undertaken and commissioned by the CCG, together with the assets, liabilities and staff will be transferred to a new organisation NHS Cheshire and Merseyside Integrated Care 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 inclusion of financial provision for that service in published documents. Where a CCG ceases to exist, it considers whether or not its services will continue to be provided (using the same assets, by another public sector entity) in determining whether to use the concept of going concern for the final set of financial statements. If services will continue to be provided the financial statements are prepared on the going concern basis as at 31 March 2022

1.2 Accounting Convention

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

1.3 Joint arrangements

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

1.4 Pooled Budgets

"The CCG has entered into a pooled budget arrangement with Halton Borough Council in accordance with section 75 of the NHS Act 2006. Under the arrangement, funds are pooled for the provision of Adult's Learning Disability, Mental Health, Community Support Services and the Better Care Fund. The pooled budget note in the accounts provides details of the income and expenditure.
The pool is hosted by Halton Borough Council. The CCG accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement, this is shown on Note 16 of the Accounts."

1.5 Operating Segments

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

1.6 Revenue

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

• As per paragraph 121 of the Standard the CCG will not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less,
• The CCG is to similarly not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date.
• The CCG is to similarly not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date.
• The FReM has mandated the exercise of the practical expedient offered in C7(a) of the Standard that requires the CCG to reflect the aggregate effect of all contracts modified before the date of initial application.

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

1.7 Employee Benefits

1,7,1 Short-term Employee Benefits

"Salaries, wages and employment-related payments, including payments arising from the apprenticeship levy, are recognised in the period in which the service is received from employees, including bonuses earned but not yet taken.
The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period."

1.7.2 Retirement Benefit Costs

"Past and present employees are covered by the provisions of the NHS Pensions Schemes. These schemes are unfunded, defined benefit schemes that cover NHS employers, General Practices and other bodies allowed under the direction of the Secretary of State in England and Wales. The schemes are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities.
Therefore, the schemes are accounted for as if they were a defined contribution scheme; the cost recognised in these accounts represents the contributions payable for the year. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions.
For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the CCG commits itself to the retirement, regardless of the method of payment.
The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

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

1.7.3 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 CCG 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 CCG;
· It is expected to be used for more than one financial year;
· The cost of the item can be measured reliably; and,
· The item has a cost of at least £5,000; or,
· Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or,
· Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives."

1.9.2 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 CCG's business or which arise from contractual or other legal rights. They are recognised only:

· When it is probable that future economic benefits will flow to, or service potential be provided to, the CCG;
· Where the cost of the asset can be measured reliably; and,
· Where the cost is at least £5,000.

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

· The technical feasibility of completing the intangible asset so that it will be available for use;
· The intention to complete the intangible asset and use it;
· The ability to sell or use the intangible asset;
· How the intangible asset will generate probable future economic benefits or service potential;
· The availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it; and,
· The ability to measure reliably the expenditure attributable to the intangible asset during its development."

1.10.2 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 CCG expects to obtain economic benefits or service potential from the asset. This is specific to the CCG and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over the shorter of the lease term and the estimated useful life.

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

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

1.11 Leases

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

1.11.1 The CCG as Lessee

"Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate on interest on the remaining balance of the liability. Finance charges are recognised in calculating the CCG's surplus/deficit.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.
Contingent rentals are recognised as an expense in the period in which they are incurred.
Where a lease is for land and buildings, the land and building components are separated and individually assessed as to whether they are operating or finance leases."

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 CCG's cash management."

1.13 Provisions

"Provisions are recognised when the CCG has a present legal or constructive obligation as a result of a past event, it is probable that the CCG will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties.
Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rate as follows:
All general provisions are subject to four separate discount rates according to the expected timing of cashflows from the Statement of Financial Position date:
• A nominal short-term rate of 0.47% (2020-21: -0.02%) for inflation adjusted expected cash flows up to and including 5 years from Statement of Financial Position date.
• A nominal medium-term rate of 0.70% (2020-21: 0.18%) for inflation adjusted expected cash flows over 5 years up to and including 10 years from the Statement of Financial Position date.
• A nominal long-term rate of 0.95% (2020-21 1.99%) for inflation adjusted expected cash flows over 10 years and up to and including 40 years from the Statement of Financial Position date.
• A nominal very long-term rate of 0.66% (2020-21: 1.99%) for inflation adjusted expected cash flows exceeding 40 years from the Statement of Financial Position date.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.
A restructuring provision is recognised when the CCG has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with on-going activities of the entity."

1.14 Clinical Negligence Costs

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

1.15 Non-clinical Risk Pooling

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

1.16 Carbon Reduction Commitment Scheme

"The Carbon Reduction Commitment scheme is a mandatory cap and trade scheme for non-transport CO2 emissions. The CCG 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 CCG, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the CCG. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingent liabilities and contingent assets are disclosed at their present value."

1.18 Financial Assets

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

Financial assets are classified into the following categories:

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

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

1.18.1 Financial Assets at Amortised cost

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

1.18.2 Financial assets at fair value through other comprehensive income

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

1.18.3 Financial assets at fair value through profit and loss

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

1.19 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 CCG recognises a loss allowance representing the expected credit losses on the financial asset.

The CCG adopts the simplified approach to impairment in accordance with IFRS 9, and measures the loss allowance for trade receivables, lease receivables and contract assets at an amount equal to lifetime expected credit losses. For other financial assets, the loss allowance is measured at an amount equal to lifetime expected credit losses if the credit risk on the financial instrument has increased significantly since initial recognition (stage 2) and otherwise at an amount equal to 12 month expected credit losses (stage 1).

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds and Exchequer Funds assets where repayment is ensured by primary legislation. The CCG therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally DHSC provides a guarantee of last resort against the debts of its arm's lengths bodies and NHS bodies and the CCG does not recognise allowances for stage 1 or stage 2 impairments against these bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an impairment gain or loss."

1.20 Financial Liabilities

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

1.20.1 Financial Guarantee Contract Liabilities

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

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

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

1.20.2 Financial Liabilities at Fair Value Through Profit and Loss

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

1.20.3 Other Financial Liabilities

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

1.21 Value Added Tax

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

1.22 Foreign Currencies

The CCG's functional currency and presentational currency is pounds sterling and amounts are presented in thousands of pounds unless expressly stated otherwise. Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. At the end of the reporting period, monetary items denominated in foreign currencies are retranslated at the spot exchange rate on 31 March. Resulting exchange gains and losses for either of these are recognised in the CCG's surplus/deficit in the period in which they arise.

1.23 Critical accounting judgements and key sources of estimation uncertainty

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

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

"The DHSC GAM does not require the following IFRS Standards and Interpretations to be applied in 2021-22. These Standards are still subject to HM Treasury FReM adoption, with IFRS 16 being for implementation in 2022/23, and the government implementation date for IFRS 17 still subject to HM Treasury consideration.

IFRS 16 Leases – IFRS 16 Leases has been deferred until 1 April 2022, but CCGs will still need to provide adequate disclosure on the impact of the new standard. HM Treasury have issued application guidance which will assist entities in assessing the impact and this can be found at IFRS_16_Application_Guidance_December_2020.pdf (publishing.service.gov.uk).

IFRS 16 Leases will replace IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The CCG will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2022, the CCG will apply the standard retrospectively without restatement and with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the CCG's incremental borrowing rate. The CCG's incremental borrowing rate will be a rate defined by HM Treasury. For 2022, this rate is 0.95%. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. No adjustments will be made on 1 April 2022 for existing finance leases.
For leases commencing in 2022/23, the CCG will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

The CCG has completed an assessment of the impact of the standard should it have been adopted in 2021-22, reviewing all leases and contracts to ascertain if they do contain a lease. There are no leases within the CCG that fall into this category.

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	2021-22 Total £'000	Permanently employed Number	Other Number	Total Number
Employee Benefits						
Salaries and wages	2,579	21	2,600			
Social security costs	293	0	293			
Employer Contributions to NHS Pension scheme	524	0	524			
Gross employee benefits expenditure	3,396	21	3,417			
Less recoveries in respect of employee benefits (note 4.1.2)	0	0	0			
Total - Net admin employee benefits including capitalised costs	3,396	21	3,417			
Less: Employee costs capitalised	-	-	-			
Net employee benefits excluding capitalised costs	3,396	21	3,417	57.75	3.23	57.75

2.1.2 Employee benefits	Total Permanent Employees £'000	Other £'000	2020-21 Total £'000	Permanently employed Number	Other Number	Total Number
Employee Benefits						
Salaries and wages	2,927	5	2,932			
Social security costs	223	0	223			
Employer Contributions to NHS Pension scheme	495	0	495			
Gross employee benefits expenditure	3,645	5	3,650			
Less recoveries in respect of employee benefits (note 4.1.2)	0	0	0			
Total - Net admin employee benefits including capitalised costs	3,645	5	3,650			
Less: Employee costs capitalised	0	0	0			
Net employee benefits excluding capitalised costs	3,645	5	3,650	57.75	2.08	59.83

3.0 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:

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 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.

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 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	2021-22 Total £'000	2020-21 Total £'000
Purchase of goods and services		
Services from other CCGs and NHS England	588	1,496
Services from foundation trusts	108,601	104,389
Services from other NHS trusts	59,452	56,128
Services from Other WGA bodies	-	11
Purchase of healthcare from non-NHS bodies	35,791	37,929
Purchase of social care	11,734	11,809
Prescribing costs	25,931	26,888
General Ophthalmic services	-	16
GPMS/APMS and PCTMS	21,828	19,491
Supplies and services – clinical	-	1
Supplies and services – general	537	587
Consultancy services	-	13
Establishment	76	108
Transport	-	48
Premises	261	1,431
Audit fees	62	58
Other non statutory audit expenditure		
· Other services	12	14
Other professional fees	101	324
Legal fees	-	32
Education, training and conferences	11	370
Total Purchase of goods and services	**264,985**	**261,143**
Depreciation and impairment charges		
Depreciation	272	182
Amortisation	(28)	56
Total Depreciation and impairment charges	**244**	**238**
Other Operating Expenditure		
Chair and Non Executive Members	97	96
Grants to Other bodies	1,907	1,622
Other expenditure	6	60
Total Other Operating Expenditure	**2,010**	**1,778**
Total operating expenditure	**267,239**	**263,159**

Internal Audit and Counter Fraud Services are provided by Liverpool University Hospitals Foundation Trust (previously Royal Liverpool and Broadgreen University Hospitals NHS Trust)
The Cost shown in Audit Fees relate to our External audit Fees. In accordance with SI 2008 no 489. the Companies (Disclosure of Auditor Remuneration and Liability Liability Limitation Agreements) Regulations 2008, where a CCG contract with its auditors provides for a limitation of the auditors liability the principal terms of this limitation must be disclosed. The CCG's contact with its external auditor with the absolute liability of both parties being capped at 2 million (2020-21 2 million) This is in line with the Standard Consultancy one approach and the external auditors standard terms and conditions. The Audit fees are shown gross of Vat
Included within Other Audit fees is the Mental Health Investment Standard Audit Fee

NHS HALTON CCG - Annual Accounts 2021-22

5 Better Payment Practice Code

Measure of compliance	2021-22 Number	2021-22 £'000	2020-21 Number	2020-21 £'000
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the Year	5,430	76,621	4,518	69,267
Total Non-NHS Trade Invoices paid within target	5,275	73,061	4,410	68,199
Percentage of Non-NHS Trade invoices paid within target	**97.15%**	**95.35%**	**97.61%**	**98.46%**
NHS Payables				
Total NHS Trade Invoices Paid in the Year	400	171,853	867	167,882
Total NHS Trade Invoices Paid within target	395	171,680	860	167,418
Percentage of NHS Trade Invoices paid within target	**98.75%**	**99.90%**	**99.19%**	**99.72%**

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6. Operating Leases

6.1 As lessee

The Majority of Leases in 2020-21 related to Payments to NHS property Services and Community Health partnerships. With the introduction of IFRS16 as Halton CCG doesn't have any leases we have now coded these Invoices to Premises which is the appropriate place for these transactions

6.1.1 Payments recognised as an Expense	**2021-22**		**2020-21**		
	Buildings £'000	**Total £'000**	**Buildings £'000**	**Other £'000**	**Total £'000**
Payments recognised as an expense					
Minimum lease payments	0	**0**	1,424	-	**1,424**
Contingent rents	-	**-**	-	-	**-**
Sub-lease payments	-	**-**	-	-	**-**
Total	**0**	**0**	**1,424**	**-**	**1,424**

6.1.2 Future minimum lease payments	**2021-22**		**2020-21**		
	Buildings £'000	**Total £'000**	Buildings £'000	Other £'000	Total £'000
Payable:					
No later than one year	-	**-**	-	9	**9**
Between one and five years	-	**-**	-	-	**-**
After five years	-	**-**	-	-	**-**
Total	**-**	**-**	**-**	**9**	**9**

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7 Property, plant and equipment

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

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

01F - Annual Accounts 2020-21

8 Property, plant and equipment

2020-21	Buildings excluding dwellings	Plant & machinery	Information technology	Total
	£'000	£'000	£'000	£'000
Cost or valuation at 01 April 2020	329	31	925	1,285
Cost/Valuation at 31 March 2021	**329**	**31**	**925**	**1,285**
Depreciation 01 April 2020	-	28	514	542
Charged during the year	44	2	137	182
Depreciation at 31 March 2021	**44**	**30**	**651**	**725**
Net Book Value at 31 March 2021	**285**	**1**	**275**	**561**
Purchased	285	1	275	561
Total at 31 March 2021	**285**	**1**	**275**	**561**
Asset financing:				
Owned	-	1	275	276
Held on finance lease	285	-	-	285
Total at 31 March 2021	**285**	**1**	**275**	**561**

Economic Lives	Miminum Live Years	Maximum Life (Years)
Buildings excluding dwellings	**4**	**5**
Plant & machinery	-	2
Information technology	0	4

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9 Intangible non-current assets

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

Economic lives

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

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10.0 Trade and other receivables	Current 2021-22 £'000	Current 2020-21 £'000
NHS receivables: Revenue	1,370	1,491
NHS prepayments	36	21
NHS accrued income	45	1,304
NHS Non Contract trade receivable (i.e pass through funding)	-	7
Non-NHS and Other WGA receivables: Revenue	2,528	224
Non-NHS and Other WGA prepayments	62	9
VAT	55	7
Other receivables and accruals	95	749
Total Trade & other receivables	**4,191**	**3,812**
Total current and non current	**4,191**	**3,812**

10.1 Receivables past their due date but not impaired	2021-22 DHSC Group Bodies £'000	2021-22 Non DHSC Group Bodies £'000	2020-21 DHSC Group Bodies £'000	2020-21 Non DHSC Group Bodies £'000
By up to three months	73	16	220	-
By three to six months	9	(159)	104	-
By more than six months	19	(2)	480	49
Total	**102**	**(144)**	**804**	**49**

Of the Receivables amount above £1,048,815 has subsequently been recovered post the Statement of Financial position date
The CCG did not hold any collateral against receivables as at 31 March 2021-22

After reviewing the outstanding debt it was deemed unnecessary to provide for an expected credit loss

11 Cash and cash equivalents	2021-22 £'000	2020-21 £'000
Balance at 01 April 2021	46	89
Net change in year	21	(43)
Balance at 31 March 2022	**67**	**46**
Made up of:		
Cash with the Government Banking Service	67	46
Cash and cash equivalents as in statement of financial position	**67**	**46**
Balance at 31 March 2022	**67**	**46**

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12 Trade and other payables	Current 2021-22 £'000	Current 2020-21 £'000
NHS payables: Revenue	372	2,485
NHS accruals	2,777	779
Non-NHS and Other WGA payables: Revenue	2,332	3,119
Non-NHS and Other WGA accruals	3,849	2,651
Social security costs	38	42
Tax	34	31
Other payables and accruals	13,086	11,943
Total Trade & Other Payables	**22,488**	**21,050**
Total current and non-current	**22,488**	**21,050**

Other payables include £180k outstanding pension contributions at 31 March 2022 (31 March 2021 193k)

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13 Financial instruments cont'd

13.1

	Financial Assets measured at amortised cost 2021-22 £'000	Total 2021-22 £'000
Trade and other receivables with NHSE bodies	1,348	1,348
Trade and other receivables with other DHSC group bodies	521	521
Trade and other receivables with external bodies	2,169	2,169
Cash and cash equivalents	67	67
Total at 31 March 2022	**4,105**	**4,105**

13.2 Financial liabilities

	Financial Liabilities measured at amortised cost 2021-22 £'000	Total 2021-22 £'000
Trade and other payables with NHSE bodies	826	**826**
Trade and other payables with other DHSC group bodies	2,601	**2,601**
Trade and other payables with external bodies	18,989	**18,989**
Other financial liabilities	-	**-**
Private Finance Initiative and finance lease obligations	-	**-**
Total at 31 March 2022	**22,416**	**22,416**

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14 Operating segments

The CCG considers that it only has one operating segment consisting of Healthcare services.

15 Events after the Reporting Period

On the 12 February 2021, the Government issued a White paper proposing legislation that would lead to the restructuring of the NHS and the abolition of CCG's. It is indended that this abolition occurs on 30 June 2022. in the white paper and subsequent guidance, the Government has made an employment committment to staff below Board level that their jobs are secure. Certain Board level members of staff are not covered by the employment guarantee and have been notified that there is a risk of redundancy. Management have confirmed, in accordance with National Policy and guidance, that it is intended to retain talent within the system and therefore theses Board level staff will transfer to NHS Cheshire and Merseyside Integrated Care Board on 1 July 2022 and suitable alternative employment will be sought within the system and the NHS. The clinical commisssion group considers that no legal or constructive obligation was created that mght require a provision or contingent liability to be include or disclosed in the financial statements.

NHS HALTON CCG - Annual Accounts 2021-22

16 Joint arrangements - interests in joint operations

CCG Disclosure in relation to joint arrangements in line with the requirements in IFRS12 - Disclosure of interests in other entities

16.1 Interests in joint operations

			Amounts recognised in Entities books ONLY 2021-22				Amounts recognised in Entities books ONLY 2020-21			
Name of arrangement	Parties to the arrangement	Description of principal activities	Assets £'000	Liabilities £'000	Income £'000	Expenditure £'000	Assets £'000	Liabilities £'000	Income £'000	Expenditure £'000
Integrated pool for Adult Continuing Healthcare	NHS Halton CCG/ HALTON BOROUGH COUNCIL	POOLED BUDGET ARRANGEMENTS FOR THE PROVISION OF CARE PACKAGES FOR ADULTS WHO QUALIFY FOR CHC/FNC, ARE S117 OR JOINT FUNDED	0	0	3196	3101	513	513	3467	3399
Better Care Fund	NHS Halton CCG/ HALTON BOROUGH COUNCIL	POOLED BUDGET ARRANGEMENT FOR THE PROVISION OF INTEGRATED SPEND ON HEALTH AND SOCIAL CARE	0	0	11431	11431	0	0	10,891	10,891

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17 Related party transactions

Details of related party transactions with individuals are as follows:

Name	Role in CCG	Role in Relatd party	Related Party Organisation	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
				£'000	£'000	£'000	£'000
Mr David Cooper	Chief Finance Officer	Chief Finance Officer	NHS Warrington CCG	1,663	4,582	318	1,047
Mr Andrew Davies	Chief Clinical Officer	Chief Clinical Officer	NHS Warrington CCG	1,663	4,582	318	1,047
Mr Andrew Davies	Chief Clinical Officer	Wife is employed at Fairfield Independent Hospital	Sister	150	0		0
Mrs Michelle Creed	Chief Nurse	Chief Nurse	NHS Warrington CCG	1,663	4,582	318	1,047
Dr Claire Forde	GP Governing Body M	GP Partner	Grove House Practice	2,108	0	35	0
Dr Claire Forde	GP Governing Body M	Part Owner	St Paul's Health Centre	4,086	0	140	0
Mr David Merrill	Deputy Chair	Registered with Halton Carers Centre	Halton Carers Centre	3,189	0	202	0
Mr David Merrill	Deputy Chair	Close friend of Chair, Treasurer and one other Trust	Widnes & Runcorn Cancer Support Centre	49	0	11	
Mr G Hall	CCG Lay Member	Audit Committee Chair	NHS Warrington CCG	1,663	4,852	318	1,047
Mr G Hall	CCG Lay Member	Vice Chair	St Helens & Knowsley Hospitals Trust	52,859	0	554	
Dr D Wilson	Chair	Senior Partner	Grove House Practice	811	0	113	0
Dr D Wilson	Chair	Locality lead	Mid Mersey LMC	544	0		0

The Department of Health is regarded as a related party, during the year Halton CCG had a significant number of material transactions with entities for which the department is regarded as the parent department

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18 Financial performance targets

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

	2021-22 Target	**2021-22 Performance**	**2020-21** Target	**2020-21** Performance
Expenditure not to exceed income	270,704	270,656	266,887	266,809
Capital resource use does not exceed the amount specified in Directions	-	-	-	-
Revenue resource use does not exceed the amount specified in Directions	270,704	270,704	266,887	266,809
Capital resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	-	-
Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	-	-
Revenue administration resource use does not exceed the amount specified in Directions	2,562	2,516	2,584	2,584

Acronyms

A&E Accident and Emergency

ADHD Attention Deficit Hyperactivity Disorder

AF Assurance Framework

AHT Abusive Head Trauma

AMHES Advancing Mental Health Equalities Strategy

AGM Annual General Meeting

AGS Annual Governance Statement

AMR Anti Microbial Resistance

BAME Black, Asian, and Minority Ethnic

BCHFT Bridgewater Community Healthcare NHS Foundation Trust

BMA British Medical Association

BPAS British Pregnancy Advisory Service

CAB Citizen's Advice Bureau

CAS Clinical Assessment Service

CCG Clinical Commissioning Group

CDOP Child Death Overview Panel

CETV Cash Equivalent Transfer Value

CHC Continuing Healthcare

CIPFA Chartered Institute of Public Finance and Accountancy

CMHCP Cheshire and Merseyside Health and Care Partnership

COPD Chronic Obstructive Pulmonary Disease
COG Commissioning Oversight Group
COVID-19 Coronavirus
CQC Care Quality Commission
CQPG Clinical Quality Focus Group
CQUIN Commissioning Quality and Innovation
CSDG Commissioning and Service Development Group
CSG Collaborative Sustainability Group
CT Computerised Tomography
CTPA CT Pulmonary Angiogram
CTRs Care and Treatment Reviews
CUES COVID-19 Urgent Eyecare service
DCO Designated Clinical Officer
DES Directed Enhanced Services
DMO Designated Medical Officer
DNA Did not attend
DSCRO Data Services for Commissioners Regional Offices
DSPT Data Security and Protection Toolkit
ED Emergency Department
EDS2 The Equality Delivery System
eFI Electronic Frailty Index
EIA Equality Impact Assessment

eRS e-Referral Service
ESR Electronic Staff Record
EU European Union
FIT Faecal Immunochemical Test
FReM Financial Reporting Manual
FTE Full time equivalent
GAM Group Accounting Manual
GAU Gynaecology Assessment Unit
GNBSI Gram Negative Bloodstream Infection
GP General Practitioner
HCCG Halton Clinical Commissioning Group
HMT Her Majesty's Treasury
HR Human Resources
IAF Improvement and Assurance Framework
IASAB Internal Audit Standards Advisory Board
ICC Incident Co-ordination Centre
ICS Integrated Care System
ICTB Integrated Commissioning and Transformation Board
IMT Integrated Management Team
ISO International Organisation for Standardisation
JCVI Joint Committee on Vaccination and Immunisation
JSNA Joint Strategic Needs Assessment

IUC Integrated Urgent Care
LD Learning Disability
LeDeR Learning Disabilities Mortality Review
LES Locally Enhanced Services
LMC Local Medical Committee
LPS Liberty Protection Safeguards
MCA Mental Capacity Act
MIAA Mersey Internal Audit Agency
MLCSU Midlands and Lancashire Commissioning Support Unit
MOU Memorandum of Understanding
MRSA Methicillin-resistant Staphylococcus aureus
MSA Mixed sex accommodation
MSK Musculoskeletal
NHS National Health Service
NHSE NHS England
NHSE/I NHS England and Improvement
NICE National Institute for Care and Excellence
NIMS National Immunisation Management Service
NWBHFT North West Boroughs Healthcare NHS Foundation Trust
OCATS Orthopaedic Clinical Assessment Treatment Service
PCCC Primary Care Commissioning Committee
PCN Primary Care Network

PDP Personal Development Plan

PDR Performance Development Review

PE Pulmonary Embolism

PIFU Patient Initiated Follow Up

PLT Protected Learning Times

PMO Programme Management Office

PPE Personal Protective Equipment

PPG Patient Participation Group

PSED Public Sector Equality Duty

PSIAS Public Sector Internal Audit Standards

QOF Quality and Outcomes Framework

RAS Referral Assessment Service

RTT Referral to Treatment Times

SDEC Same Day Emergency Care

SEG Staff Engagement Group

SEND Special Educational Needs and/or Disability

SLAM Service Level Agreement Modelling

SMI Severe mental illness

SOP Standard Operating Procedure

STOMP Stopping the Over-Prescribing of Psychotropic Medication

SUS Secondary Uses Services

TU Trade union

TUPE Transfer of Undertakings (Protection of Employment) Regulations 1981

UCR Urgent Community Response

VCFSE Voluntary, Community, Faith and Social Enterprise

WCCG Warrington Clinical Commissioning Group

WDP Warrington Disability Partnership

WHHFT Warrington and Halton Teaching Hospitals NHS Foundation Trust

WRES Workforce Race Equality Standard