NHS
South Sefton
Clinical Commissioning Group

Annual Report and Accounts

2018 – 2019

Staying **local**
& together

Contents

About our annual report and accounts

We produce our annual report and accounts in line with national reporting requirements.

These requirements are set out in a ‘manual’ that we follow, which asks us to report information relating to our work in three main sections as follows:

- Performance report - including an overview, performance analysis and performance measures
- Accountability report - including the members report, corporate governance report, annual governance statement, remuneration and staff report
- Annual accounts

Performance overview

Introduction

Welcome to our Annual Report and Accounts 2018-2019. This document is a guide to the work we have done over the last year, setting out our key achievements and the challenges we have faced along the way.

You will find information about how we are working to improve the quality of the services we commission at the same time ensuring that these services are delivered within the financial resources available to us.

Celebrating the NHS at 70 in 2018 was a memorable occasion for us; we did this at our Big Chat events and with a roadshow in Bootle encouraging residents to give us their views as we look towards the next seven decades.

During the year we shared plans on our ambition to move towards delegated status, taking on full responsibility for the commissioning of general practice services from 1 April 2019.

We received confirmation of our success in bidding for a share of the Cheshire and Merseyside Primary Care Network Development Fund. Over the next two years, GP practices will use the funding to create 'primary care networks'. This will strengthen joint working arrangements between practices, so together we can achieve more for our patients across these bigger areas.

We saw the introduction of extended access meaning that south Sefton patients can now receive healthcare of an evening and a weekend at Litherland Town Hall if they are registered with one of our GP practices.

We have also continued to further develop the health services our residents have access to, a good example of this is the transgender service which has been praised as a model of good practice and is being considered for roll out across Cheshire and Merseyside.

In addition, our medicines management team have been awarded for innovative schemes and continue to expand on these with a recent pharmacy primary care 'hubs' pilot which you can read about later on in this report.

As always we continue to work with key partners, an example of this is the transformation programme 'Sefton Health and Care Partnership' which you can read about on page 12. You will also read about examples of ways we involved residents in our work, ensuring services meet the needs of everyone in south Sefton.

There is no doubt that we continue to face significant financial pressures. However, we have achieved significant efficiencies over the last year and will continue to embrace the responsibility of ensuring that our services are sustainable into the future.

Dr Craig Gillespie

Chair

Fiona Taylor

Chief officer

Purpose of this performance overview

The performance overview section of this report highlights our approach and achievements during the financial year 2018-2019.

It gives a snapshot of who we are, what we do, the challenges we have faced and what we have done as a result.

Our journey in 2018-2019

We have made some good progress as we journeyed through 2018-2019 during an increasingly demanding period for the NHS nationally and locally. More than ever, our focus has been on commissioning the most efficient and effective services possible through our quality, innovation, productivity and prevention programme (QIPP). We achieved some good quality improvements that our patients are benefiting from during the year, whilst at the same time ensuring we are spending all the money we have for healthcare wisely.

Here is a roadmap of some of the significant achievements and challenges from our journey in 2018-2019 that you will read more about later in this report.

April 2018

- We set an ambitious savings target of just over £5.3 million to improve quality and efficiency of the services we commission from our total budget of £250 million.
- We were shortlisted in the 'improving safety in medicines management' category for the HSJ Patient Safety Awards for our work on an innovative programme to help reduce the number of people being readmitted to hospital.
- We supported Diabetes Prevention Week with a stand at Park Run in Crosby to tell people about our prevention programme.

May 2018

- We supported a campaign to encourage the early identification and treatment of sepsis focusing on how community pharmacists can help.
- We celebrated International Nurses' Day by highlighting the work of our quality team.
- We held an event in Maghull to educate local residents on diabetes prevention and the 'Healthier You' prevention courses where 60 residents signed up to the programme.

June 2018

- We were highly commended in the communications category at the prestigious HSJ Value Awards for our work on the Repeat Prescription Ordering Scheme (RPOS).

July 2018

- We celebrated the NHS' 70th birthday at Asda in Bootle with a CCG roadshow, giving people the opportunity to share their experiences on the NHS in the past and present and to find out about plans for the future.
- We were acknowledged for our 'innovative practice' in the 2017-18 NHS England assurance ratings on the Improvement and Assessment Framework (IAF). We maintained the grade 'requires improvement' despite significant challenges.
- We marked 'Your Health Day' with a young people's event with Sefton Young Advisors inviting school children from across Sefton to learn which local NHS service is best for them when they are unwell.

September 2018

- ‘30 Days of Sefton in Mind’ involved partners across the borough promoting good mental health and wellbeing and the support that is available locally to achieve it. It used social media to share case studies and contacts.
- We invited people to have their say on the NHS long term plan as part of a national consultation.
- We held our ‘Annual Review meets Big Chat’ event on 27 September with a focus on the NHS at 70 and our performance and achievements over the past 12 months.
- We secured a £500,000 award from Cheshire and Merseyside Health and Care Partnership’s transformation fund to support the development of our Shaping Sefton vision for more integrated community centred health and care.

October 2018

- We launched the GP extended access service providing support to practices and patients by offering greater access to routine non urgent appointments at weekends and evenings.

November 2018

- Our medicines and prescribing lead, Dr Anna Ferguson helped remind people that antibiotics are not always the answer as part of our work to support the national antibiotic resistance campaign.
- We introduced a new policy in self care week explaining that the prescribing of over the counter medicines is changing.

December 2018

- We launched an eight week urgent care review, asking our residents for their views and experiences of same day healthcare. You can read about this on page 57.

January 2019

- We recruited a designated clinical officer for Sefton and Liverpool to support on health services in the implementation of the Children and Families Act.

February 2019

- We supported the national ‘Help us Help you’ campaign promoting pharmacists and the advice they can offer on minor health concerns.

March 2019

- We are on target to achieve nearly £2.4 million savings against our target, which is around 1% of our total budget for 2018-2019.

Who we are and what we do

We are NHS South Sefton Clinical Commissioning Group (CCG) and we have been responsible for planning and buying – or 'commissioning' – nearly all local health services since 1 April 2013. In 2018-2019 we had a budget of £250 million to spend on commissioning the following health services for our 155,569 south Sefton residents[1]:

- Community based services, such as district nursing and blood testing
- Hospital care, including routine operations, outpatient clinics, maternity and accident and emergency services
- GP out of hours services, giving people access to a doctor when their surgery is closed in the evenings, weekends and bank holidays
- Nearly all mental health services

Our CCG is a membership organisation made up of doctors, nurses, lay representatives and other health professionals, representing all 30 doctor's surgeries in south Sefton. We support practices to be actively involved in the work of the CCG. Much of this work is carried out in 'localities', covering four geographical areas, so practices can really focus on addressing the health needs of their individual communities. Our four localities are Bootle, Crosby, Maghull, Seaforth and Litherland. A Governing Body of elected GPs, practice staff, lay representatives and other professionals makes decisions about our CCG on behalf of the wider membership.

Whilst we support people's right to choose where they are treated and who provides their care[2], the majority of the services we commissioned in 2018-2019 were commissioned from the following providers:

- Aintree University Hospital NHS Foundation Trust – where the majority of our residents receive any general hospital care they may need
- Mersey Care NHS Foundation Trust – providing community services in addition to many of the mental health services we commission
- North West Ambulance Service NHS Trust – providers of patient transport services as well as its network of emergency response vehicles
- Other NHS organisations – including Southport and Ormskirk Hospital NHS Trust, Royal Liverpool and Broadgreen University Hospitals NHS Trust, Liverpool Women's NHS Foundation Trust, Alder Hey Children's NHS Foundation Trust, The Walton Centre and Liverpool Heart and Chest Hospital NHS Foundation Trust
- Community, voluntary and faith sector organisations – like Sefton Carers Centre and the Alzheimer's Society
- Independent and private sector providers – including Go To Doc that is led by doctors and provides our GP out of hours service
- Midlands and Lancashire Commissioning Support Unit –providing many of our administrative and operational functions like procurement and human resources

[1] Source: NHS England - 2016-17 to 2020-21 Allocations, 2015 Unweighted ONS population estimate uplifted by ONS resident population growth at Local Authority level for 2017-2018 allocations https://www.england.nhs.uk/publication/nhs-england-allocations-2016-17-to-2020-21-overall-weighted-populations-for-core-ccg-allocations/

[2] NHS Constitution https://www.gov.uk/government/publications/the-nhs-constitution-for-england

So we can make the right commissioning decisions for our patients' needs, we continually review and monitor local services to make sure they meet the standards and quality we expect. Alongside this, we routinely assess all the information and medical evidence we have about current health and health services in south Sefton, to inform what more we need to do.

Our strategic approach to commissioning services is set out in our strategy for transformation, called Shaping Sefton. A number of other CCG and partnership plans, strategies and targets inform our work too. This includes the Joint Strategic Needs Assessment (JSNA) and Sefton's Health and Wellbeing Strategy, both developed by Sefton Council working together with us. We also have a joint strategy for integration with the council called 'Making it Happen'[3].

Our plans also have to meet a number of nationally set standards and requirements like the NHS planning and contracting guidance[4], Five Year Forward View[5], GP Forward View[6], Improvement and Assessment Framework for CCGs[7] and the NHS Constitution[8], which also sets out the legal rights of our patients' and staff and what is expected from them in return – so we can all get the best from the NHS and the resources it has at its disposal.

We have an annual operational plan, called 'Highway to Health' in 2018-2019, produced jointly with NHS Southport and Formby CCG and which explains the work we are doing towards our Shaping Sefton vision and strategy. You can read more about this on page 11.

Our residents play an important role in helping us to shape our work and oversee services, and we involve them in our work in a number of different ways – from routinely gaining their views and experiences, to inviting representatives to join some of our most important groups and committees.

You will read more about all these different aspects of our work throughout this report and you will also find a range of further information on our website www.southseftonccg.nhs.uk

[3] Find all of these on Sefton Council website - https://www.sefton.gov.uk/17872
[4] NHS Operational Planning and Contracting Guidance 2019/20 indicators - https://www.england.nhs.uk/wp-content/uploads/2018/12/nhs-operational-planning-and-contracting-guidance.pdf
[5] 5YFV - https://www.england.nhs.uk/five-year-forward-view/
[6] GPFV - https://www.england.nhs.uk/gp/gpfv/
[7] Improvement and Assessment Framework - https://www.england.nhs.uk/commissioning/ccg-assess/
[8] NHS Constitution - https://www.gov.uk/government/publications/the-nhs-constitution-for-england

Our local challenges

The NHS is facing the most challenging period in its history. Funding constraints, increasing demand for services and workforce issues are all contributory factors. The picture is no different here in south Sefton.

So, like many other CCGs across the country much of our work during 2018-2019 focused on ensuring continued quality of services amidst these mounting pressures.

Additionally, there are a number of distinct environmental and social factors that we must take account of when we are planning and commissioning health services for south Sefton.

These include the following:

- The demographic makeup of our population shows a higher proportion of residents 65 years and over, approximately 20.5%, compared with a national rate of closer to 18%. Projections over the next 10 years indicate this age group will increase by close to 18%.
- Whilst our residents aged 85 years and over is our smallest age group, the growth over the next 10 years is projected to exceed 22%.
- South Sefton has significantly higher levels of deprivation and child poverty with income deprivation affecting children across a number of Boroughs within the top 1% in the country.

Overall, health in south Sefton is getting better. However, unacceptable inequalities in health persist in different parts of the borough and these present clear areas for improvement:

- Life expectancy for both males and females is lower than the national rate with healthy life rates for males significantly lower. The variation increases significantly within the most deprived areas in Sefton with an approximate 11 year variation between the highest and lowest areas.
- Levels of long term health conditions are much higher than the national average especially those related to the heart. Other factors such as obesity, respiratory diseases and mental health disorders are higher in Sefton than nationally.

The Joint Strategic Needs Assessment (JSNA) outlines recommendations to address the variations and inequalities that exist within Sefton as a whole and in our least affluent communities in the borough. We take these recommendations into account in our commissioning plans and our continued joint working with all health and social care partners through Sefton Health and Wellbeing Board and the wider Sefton Health and Care Partnership will address and tackle such unacceptable inequalities.

You can find out more about local health and wellbeing from Sefton's JSNA[9] , Sefton Public Health Annual Report and RightCare Health Inequalities data pack[10] for south Sefton.

[9] Sefton JSNA - https://www.sefton.gov.uk/media/1488605/jsna-highlight-report-2018.pdf
[10] NHS Rightcare Equality and Health Inequalities pack - https://www.england.nhs.uk/wp-content/uploads/2018/12/ehircp-nw-south_sefton-ccg-dec-18.pdf

Our strategy for health, care and wellbeing

Given all the pressures and challenges we are faced with, it is clear the NHS needs to work differently if it is to remain efficient, effective and sustainable for the future.

Together with NHS Southport and Formby CCG, we have set out a shared vision as part of our Shaping Sefton transformation programme that proposes change and responds to the challenges we face locally.

We call this vision 'community centred health and care', where services work better together, are more personalised, responsive to people's needs and are provided as close to people's homes as possible.

Shaping Sefton is consistent with the thinking set out in the national Five Year Forward View (5YFV) that suggest new models of care to transform and future proof NHS services. During the year the NHS Long Term Plan[11] was published. This builds on the 5YFV and we will be updating our strategy in 2019-2020 to ensure we are able to meet the ambitions the plan has set out to achieve.

Shaping Sefton is also about preventing ill health and supporting greater wellbeing amongst our residents. So, it is closely linked to our work with Sefton Council through the Health and Wellbeing Board.

We have continued to make progress towards this vision in 2018-2019 against Shaping Sefton's three overarching areas of priority, informed by all the information and views we have collected over time. These priority areas are:

- Primary care
- Urgent care
- Care for the most vulnerable

Throughout 2018-2019 the Sefton Health and Care Partnership's transformation board, continued to ensure that we worked closely with our partners from across the borough to make quicker progress with Shaping Sefton. In September Anita Marsland was named as independent chair of the board taking over from Andrew Gibson.

Beyond Sefton, we are working even more closely and systematically with partners in the Cheshire & Merseyside Health and Care Partnership[12] to better understand where bigger system changes might improve care for our local residents.

Importantly, by joining together with a wide range of partners to commission services we aim to achieve more for our residents. This is particularly important in this financially challenging time for all public sector organisations, so we look to pool our resources and coordinate our efforts whenever we can to ensure services across health and social care remain sustainable.

[11] https://www.longtermplan.nhs.uk/
[12] https://www.england.nhs.uk/systemchange/view-stps/cheshire-and-merseyside/

Delivering our strategy in partnership

You will read below about some of our most important organisational partners that we are involving in our work. These organisations are responsible for different aspects of local health and care services, which are described below. They share our vision for more joined up and sustainable health and care services that better meet the health needs of our residents.

NHS England

Together with NHS England, we work to ensure health services for south Sefton residents meet national and local standards. Whilst NHS England is the lead commissioner for primary care services, we have had 'joint commissioning' status from 1 April 2017. This has helped us to support the development of primary care in line with our Shaping Sefton vision for all future health care. During 2018-2019 we made an application to NHS England to become fully delegated for us to take on responsibility for the commissioning of general medical practice services from 1 April 2019.

Locally, during 2018-2019, the Cheshire and Merseyside Area Team continued to oversee standards and hold the contracts for GP surgeries, dentists, pharmacists and opticians, as well as being responsible for some screening and immunisation programmes. Other local teams commission some additional services our residents may need from time to time, such as specialist, prison and armed forces healthcare.

Sefton Health and Wellbeing Board

This partnership board steers much of the work we do together with Sefton Council. Our chair and chief officer are core members of this committee, which brings us together with others who have a lead responsibility for health and social care in the borough. This includes local councillors, council officers, NHS providers, NHS England, representatives of the community voluntary and faith sector and Healthwatch Sefton.

Together, we have devised a Sefton wide strategy for health and wellbeing. This was based on our Joint Strategic Needs Assessment (JSNA) that brings together all the information we have about current services, to highlight where we need to do more in the future. This is particularly important as we continue to work together on addressing the inequalities in health that exist in different parts of the borough. Our five year strategy for improvement, called 'Health in Sefton – 2014-2019'[13] explains more about our joint role in developing the Health and Wellbeing Strategy and you will find examples of our joint work in this report.

Sefton Council

We work closely with our council commissioning colleagues across many areas including social care, mental health and children's services. Our jointly agreed 'Making it Happen' strategy describes our commitment and work towards further integration, which we believe will have great benefits for our residents by making their health and social care more seamless and effective. A well-established Integrated Commissioning Group takes a lead on delivering this strategy. This group is also looking at where we can further pool our resources towards

[13] https://www.southseftonccg.nhs.uk/media/1156/summary_5_year_strategy_september_2014.pdf

achieving better outcomes for our patients. This is part of our work around the Better Care Fund programme[14].

The council is responsible for promoting and protecting good health across Sefton. It works closely with the national body, Public Health England to do this in partnership with NHS England and ourselves. This helps to steer our work to reduce health inequalities in line with the aims of our joint health and wellbeing strategy.

Sefton's Health and Wellbeing Strategy 2014-2020[15] sets out six strategic objectives and throughout this report you can see examples of how our work relates to these and the outcomes we have achieved so far:

1. Ensure all children have a positive start in life
2. Support people early to prevent and treat avoidable illnesses and reduce inequalities in health
3. Support older people and those with long term conditions and disabilities to remain independent and in their own homes
4. Promote positive mental health and wellbeing
5. Seek to address the wider social, environmental and economic issues that contribute to poor health and wellbeing
6. Build capacity and resilience to empower and strengthen communities

Sefton Council is updating the Health and Wellbeing Strategy in 2019-2020 and we are working with our local authority colleagues on this refresh. Together we are aligning this work with the development of our five year plan for health and care[16] that builds on our Shaping Sefton programme, which will describe how we intend to deliver the outcomes of the updated Health and Wellbeing Strategy.

The local authority also holds us to account through its overview and scrutiny functions. Our chief officer is a regular attendee of the Overview and Scrutiny Committee (OSC) for Adult Social Care and Health to update councillors of key work programmes and our chief nurse is a regular attendee of the OSC for Children and Young People.

Other clinical commissioning groups

We work with neighbouring clinical commissioning groups to plan and buy services when there is a benefit for south Sefton residents, or where services are provided across a wider geographical area, like hospital care. We share a management team with neighbouring NHS Southport and Formby CCG as well as employing staff dedicated solely to do our work. This means we are able to maintain efficient running costs and share good practice where it offers benefits to our local residents. It also helps us to work more effectively with Sefton Council and the Health and Wellbeing Board on borough wide programmes and initiatives. This is particularly important when we are addressing the variations in health that exist in different parts of Sefton, so that no one community is disadvantaged and improvements are experienced by all.

[14] https://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/
[15] http://modgov.sefton.gov.uk/documents/s56546/Health%20Wellbeing%20Strategy%202014.pdf
[16] See page 12

Provider organisations

The majority of services we commission are from other NHS organisations like hospital and community services trusts. In addition, we also commission some services from the voluntary, community and faith sector and private providers. We closely monitor the work of all our providers to ensure their services meet the high standards of quality we expect for our patients. We also involve our providers in planning how we might improve care in the future, and a number of these organisations are represented on some of our most important working groups.

Healthwatch Sefton

Healthwatch Sefton gathers and represents the views of people living in the borough. Due to its independence, Healthwatch can challenge those who provide services but it can also work in partnership with us and other statutory bodies to improve frontline health and social care. The chair of Healthwatch Sefton is a co-opted member of our Governing Body. The organisation also has representation on some of our other committees and working groups, including our Engagement and Patient Experience Group.

Performance analysis

To make sure we fulfil all our duties, our performance is regularly measured, monitored and scrutinised. This happens in a number of different ways - through our internal governance structures and processes as described elsewhere in this report, as well as being regularly assessed by NHS England.

There are also a number of documents that set out targets for different areas of our work. This includes the pledges contained in the NHS Constitution, the NHS Outcomes Framework, Better Care Fund and the Improvement and Assessment Framework.

The work you will read about throughout this report has all contributed to our performance for 2018-2019.

Detailed information about our performance during the year, including any significant issues or achievements can be found in our integrated performance reports, which are published on our website[17] in addition to being presented to our Governing Body.

[17] View integrated performance reports here - https://www.southseftonccg.nhs.uk/what-we-do/how-well-our-services-perform/

Performance summary

Improvement and assessment framework

In the latest annual improvement and assessment framework (IAF) results (2017-2018) we were rated as 'requires improvement' by NHS England against 58 performance indicators across the four domains of better health, better care, sustainability and leadership.

Overall, our rating highlighted progress and on-going challenges, whilst continuing to reflect the increasingly testing environment the organisation is operating in. Maintaining the rating of 'requires improvement' during such a difficult year reflects the hard work we have carried out and the improvements we have made.

The information release for Quarter 3 2018-2019 for IAF indicates areas where performance has improved and also where continued improvement is still required. These are summarised below:

Key Areas of Improvement

Better Care:

- *One-year survival from all cancers (122c);*
  Performance has improved against this indicator steadily over the past 16 years. We are now ranked joint best amongst peers alongside St Helens CCG.
- *Improving access to psychological therapies – recovery (123a)*
  Performance has improved significantly and the target of 50% is being exceeded with 56.7% in quarter 3 of 2018-2019. We are now ranked in the best quartile nationally (30th) and the third best amongst peers.
- *People with urgent GP referral having first definitive treatment for cancer within 62 days of referral (122b);*
  Although the target of 85% was not achieved, with a performance of 79.5% in quarter 3 of 2018-2019, this area is improving n improvement and therefore we are no longer in the lowest performing quartile nationally.
- *Reliance on specialist inpatient care for people with a learning disability and/or autism (124a)*
  Performance has improved in quarter 3 of 2018-2019 meaning we are no longer ranked in the lowest quartile nationally.
- *Percentage of patients waiting 6 weeks or more for a diagnostic test (133a)*
  Our performance was 1.64% at February 2019. This means that the target of less than 1% was not achieved. However, performance is improved meaning that we are no longer in the lowest performing quartile.

The assessment is based on performance data for 2017-2018 and in addition to the above we are cited as being in the best quartile range in England are detailed below:

- Patient experience when receiving treatment for Cancer
- Workforce Race and Equality progress
- Low rates of Neonatal mortality and still births
- Patient choices in relation to maternity services
- Primary Care sustainability and transformation

Key Areas for improvement

Better Health:

- *104a Injuries from falls in people aged 65 and over:*
  We are undertaking a gap analysis of service provision for the population need across all health services commissioned.
- *106a Inequality in unplanned hospitalisation for chronic ambulatory care sensitive and urgent care sensitive conditions:*
  We are reviewing pathways across community and acute services with a focus on Primary Care streaming. Changes in pathways have affected recording and reporting of patient flows in relation to increased conversion rates from A&E. We are working closely with our main hospital trust to implement national guidance in this regard.
- *107a Antimicrobial resistance: appropriate prescribing of antibiotics in primary care:*
  Proactive discussions with practices take place on a quarterly basis. In addition, regular audits are carried out in line with the Pan Mersey Area Prescribing Guidelines and peer reviews take place at locality level.

Better Care:

- *121a Provision of high quality care: hospital:*
  Root cause analysis is carried out in collaboration with the main hospital provider and AQuA, the advancing quality alliance, to understand themes, identify lessons learnt and implement action plans to improve.
- *123b Improving access to psychological therapies – access:*
  A number of actions are in place to improve performance such as recruitment of additional staff, increased opening times and group work and training of practitioners to best assist the needs of the population.
- *124b Proportion of people with a learning disability on the GP register receiving an annual health check:*
  Work is being undertaken with practices that have a lower uptake and we are promoting awareness of the importance with key stakeholders.
- *125d Maternal smoking at delivery:*
  We are working closely with Sefton Council the Smoking Cessation service and assisting providers regarding timely referrals.
- *126a Estimated diagnosis rate for people with dementia:*
  Data quality reviews of dementia diagnosis rates are being undertaken along with exploring other options linked to care home patients.
- *127b Emergency admissions for urgent care sensitive conditions:*
  System wide working with all key providers along with the implementation of the Integrated Care, Reablement, and Assessment Service (ICRAS) is expected to improve admission figures for urgent care sensitive conditions.
- *127c Percentage of patients admitted, transferred or discharged from A&E within 4 hours:*
  Workforce review, pathway development and regular monitoring of current performance is being undertaken to establish improvements in A&E 4 hour performance.
- *127f Population use of hospital beds following emergency admission:*
  System wide working across acute, community and local authority provision to focus on stranded and super stranded patients is in place to review and understand delays. Recurrent themes are being identified to support longer term sustainable provision.
- *105c Percentage of deaths with three or more emergency admissions in last three months of life:*

A number of actions have been implemented to ensure reduced levels or emergency admissions for this cohort of patients such as Hospice at Home services, care home education programme, two clinical leads specifically focused on End of Life provisions, and identifying end of life patients in acute care who could be transferred to home if appropriate care and support is in place.

- *128d Primary care workforce:*
  Primary Care Networks will focus on workforce within each of the practices and as localities with targeted recruitments schemes in place based on the needs of the population.

Leadership:

- *163a Staff engagement index:*
  Variation within this measure nationally is small and comparing our CCG score to local providers indicate consistently higher results of engagement within our organisation.

You can read more about the IAF process on NHS England's website[18] and see a breakdown of our full results on the My NHS website[19]. More about our results can also be found in our monthly integrated performance reports[20].

Better Care Fund performance

Sefton Health and Wellbeing Board submits our Better Care Fund (BCF)[21] programme plan which sets out areas of work between Sefton Council and ourselves including funding contributions, scheme level spending plans and national metrics. Quarterly performance monitoring returns are submitted to NHS England on behalf of the Sefton Health and Wellbeing Board. Throughout the year we have reported meeting all national BCF conditions.

Further progress has been made in relation to the expansion and embedding of our Integrated Reablement and Assessment Service (ICRAS) scheme since its launch in October 2017. This process continues to support hospital discharges as well as avoiding unnecessary hospital admission. Progress against our BCF plan is reported in our monthly integrated performance report.

[18] NHS England IAF framework - https://www.england.nhs.uk/commissioning/ccg-assess/
[19] My NHS - https://www.nhs.uk/service-search/Performance/Search
[20] View integrated performance reports here - https://www.southseftonccg.nhs.uk/what-we-do/how-well-our-services-perform/
[21] About the Better Care Fund https://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/

The following table shows overall performance for April 2018 – March 2019, with much relating to the work of our providers. Where providers fall short of expectations, we work with them to support improvement and this sometimes includes contractual measures to ensure our services meet the best possible standards.

NHS Constitution Indicators	CCG	Main Provider
A&E 4 Hour Waits (All Types)		Aintree
Cancer 2 Week GP Referral		Aintree
RTT 18 Week Incomplete Pathway		Aintree
Other Key Targets	**CCG**	**Main Provider**
A&E 4 Hour Waits (Type 1)		Aintree
Cancer 14 Day Breast Symptom		Aintree
Cancer 31 Day First Treatment		Aintree
Cancer 31 Day Subsequent - Drug		Aintree
Cancer 31 Day Subsequent - Surgery		Aintree
Cancer 31 Day Subsequent - Radiotherapy		Aintree
Cancer 62 Day Standard		Aintree
Cancer 62 Day Screening		Aintree
Cancer 62 Day Consultant Upgrade		Aintree
Children & Young people eating disorders routine ref - 4 weeks		
Children & Young people eating disorders urgent ref- 1 week		
CPA Patients discharged and followed up in 7 days		
Dementia Diagnosis Rate		
Diagnostic Test Waiting Time		Aintree
Early Intervention in Psychosis (EIP)		
HCAI - C.Diff		Aintree
HCAI - MRSA		Aintree
HCAI - E Coli		
IAPT Access - Roll Out		
IAPT - Recovery Rate		
Mental Health Measure - CPA		
Mixed Sex Accommodation		Aintree
NHS E-Referral Service Utilisation		
Personal Health Budgets		
RTT 18 Week Incomplete Pathway		Aintree
RTT 52+ week waiters		Aintree
Stroke 90% time on stroke unit		Aintree
Stroke who experience TIA		Aintree

What we are doing to address performance

Accident and emergency services

Again this year has seen failure of the national accident and emergency (A&E) target of 95% of patients waiting no longer than four hours. Performance against this measure has been a significant challenge nationally, not just in Sefton. We are working with all partners through the North Mersey A&E Delivery Board, which brings us together with providers and other commissioners from across health and social care to improve performance against this target. Aintree University Hospital NHS Foundation Trust's performance has fluctuated throughout the year and, due to pressures across the whole health economy, remains below the national target and also the STP trajectory target.

Cancer

Cancer performance for the CCG has been variable throughout the year with 31-day treatment targets consistently achieving the standards for most of the year. The main areas for improvement are two week waits, specifically linked to breast surgery performance, and 62-day treatment metrics. Two week wait performance within breast surgery has steadily dropped over the latter few months linked to capacity constraints at Aintree Trust. Future performance in this area is expected to improve with the Aintree Hospital creating a sustainable workforce to increase capacity and adaptations to existing job plans.

Breaches in the 62-day treatment of patients continue to occur with the majority due, in part, to complex diagnostic pathways. Work is on-going with the Cancer Alliance to provide improvements around 62-day treatment pathways. Specific pathway improvement project managers are due in post at the start of 2019 financial year.

Children & Young People – Eating Disorders

Two waiting time targets have been set for children and young people (CYP) with eating disorders; 100% routine referrals should be seen within 4 week and 95% of urgent referrals within a week. Quarter 3 information shows both measures have failed to achieve the 100% target. Staffing levels have impacted on the Trusts ability to see the patients within the planned timescale. To combat this, the Trust is looking at expanding capacity and alternatives ways to meet the necessary KPIs.

Dementia

Within 2018-2019 we are yet to achieve the 66.7% target of dementia diagnosis rates with consistently between 62-65%. The CCG are endeavouring to achieve the national target by April 2019 and are working closely with NHS England to support this process.

Diagnostic test waiting times

For the whole of 2018-2019 the CCG has failed to record below the 1% threshold for patients waiting for a diagnostic test with the yearend position reporting 1.75% with the majority of breaches occurring for patients waiting for Echocardiography and MRI. Aintree's performance mirrors the CCGs and the Trust are working hard to keep pace with demand. Internal Waiting List Initiatives and closer working with local Providers have been put in place to reduce delays

in the system, and weekly capacity meetings are taking place to maximise utilisation. These actions have significantly reduced waiting times in the latter months of 2018-2019.

Healthcare associated infections

The CCG is failing the targets set against the HCAI metrics for MRSA, C.Difficile, and E.Coli. The CCG reported two cases of MRSA against a zero tolerance target with the cases reported back in July-18 and January-19. C.Difficile cases at year end are 59 against a target of 53, and E.Coli levels have risen to 170 compared with an annual trajectory of 128. The Gram Negative Bloodstream Infection Steering Group continues to meet on a bi-monthly basis with specific work stream areas on surveillance and reporting; continence and hydration to prevent symptoms of Urinary Tract Infection (UTI). The outputs of the work streams should impact on HCAI outcomes (inclusive of both C.Difficile and E.Coli).

Improving Access to Psychological Therapies

The CCG did not meet the target for the year with only one month reporting above the national levels for access rates. Performance has been variable throughout the year with a number of factors contributing, similar performance is noted throughout the CCGs within Merseyside. Recovery rates for patients entering the service have improved with latest levels above the 50% target but again performance in this area has been variable. Waiting time targets for patients entering the service remain well above the target for 6 and 18 weeks. To help increase access to the service Group work continues to be rolled out so as to complement the existing one to one service offer to increase capacity. Recovery rates are being reviewed by the newly appointed clinical lead to identify any learning points from those who failed to reach recovery.

NHS e-referral service usage

The NHS e-Referral Service combines electronic booking with a choice of place, date and time for first hospital or clinic appointments. The national NHS ambition is that e-referral utilisation coverage should be 100% by end of quarter 2 in 2018-2019. Latest national figures for March-19 indicate 62% performance, below the 100% target. The CCG is in discussions with NHS Digital to establish more accurate reporting and is currently reviewing information from local Providers to provide a local picture of performance at Acute Trusts and GP Practices.

Referral to treatment

Since a dip in performance below the 92% standard in late 2017-2018 occurred, the CCG has failed to achieve the target in any month in 2018-2019 with performance fluctuating between 87.9% and 90.5%, yearend figures show performance at 89.1%. Under-performance is mirrored by the CCGs main provider, Aintree Hospital, with the latest levels at 89% for the Trust. A number of actions are being taken to recovery performance which includes improved theatre utilisation, undertaking waiting list initiatives and regular reviews of capacity for this to be maximised. A number of patients have breached the zero tolerance target for waiting over 52 weeks in 2018-2019. To give clear assurance patients will wait no longer than 52 weeks the CCG are requesting patient level commentary on long waiters where patients are waiting 36 weeks or greater.

Personal Health Budgets

Personal health budgets (PHBs) provide an amount of money to eligible residents to support their identified health and wellbeing needs, which are planned and agreed between the person and their local NHS team. We are under plan for personal health budgets as at quarter three but slight improvements have been made. A target date of improvement has been set at the end of quarter one 2019-2020. Actions being taken to address the current performance levels are; a task and finish group established to support process mapping with all stakeholders, PHBs for all adults receiving Continuing Healthcare will be the default position from April 2019, and discussions with providers regarding service specifications are underway.

Stroke - Aintree

The CCG failed to achieve the target for stroke patients in March and only achieved on two occasions in the year. Performance in the year has fluctuated due to bed availability but actions are in place to develop additional HASU beds and recruitment of specialist nurses. Performance is expected to improve in 2019/20 with the Trust stating achievement from quarter 2 onwards.

Financial performance

The CCG has a duty to ensure that local health care meets the needs of the population in south Sefton, providing high quality and sustainable services within the funds allocated from the government for healthcare. This is achieved in partnership with our local health care partners.

Cost pressures have been experienced in recent years reflecting the impact of inflation, population growth and an increased proportion of older people living longer and with more complex care needs. This means that we need to continue to deliver more from every pound we spend.

Our approach to commissioning seeks to ensure that services are transformed to improve efficiency. Through our Shaping Sefton plans we are committed to ensuring that services are transformed together with our local partners, to reduce duplication and improve services for people. We are firmly committed to working to integrate health and care to ensure we prioritise effective and efficient care for our population using our resources in the best possible way.

Clinical commissioning groups have a duty to operate within their available resources and this is described in our CCG constitution. In 2018-2019 the CCG was asked by NHS England to deliver a ‘control total’ of £1 million surplus (0.4% of total CCG funds). The table below shows the CCG financial performance from 2013 to 2019.

At the end of the 2018-2019 financial year we are reporting a £1 million surplus in line with the CCG financial plan for the year.

	2013/14		2014/15		2015/16		2016/17		2017/18		2018/19	
	Allocation £'M	Expenditure £'M	Allocation £'M	Expenditure £'M	Allocation £'M	Expenditure £'M	Allocation £'M	Expenditure £'M	Allocation £'M	Expenditure £'M	Allocation £'M	Expenditure £'M
Programme	222.47	223.84	227.28	224.91	239.42	237.06	241.05	241.36	241.57	244.85	248.26	247.66
Running Cost Allowance	3.68	3.50	4.06	3.58	3.30	3.26	3.27	2.86	3.22	2.93	3.26	2.86
TOTAL	**226.15**	**223.84**	**231.34**	**228.49**	**242.72**	**240.32**	**244.32**	**244.22**	**244.79**	**247.78**	**251.52**	**250.52**
Surplus/ (Deficit) before application of NHS England reserves		2.31		2.85		2.40		0.10		-2.99		1.00

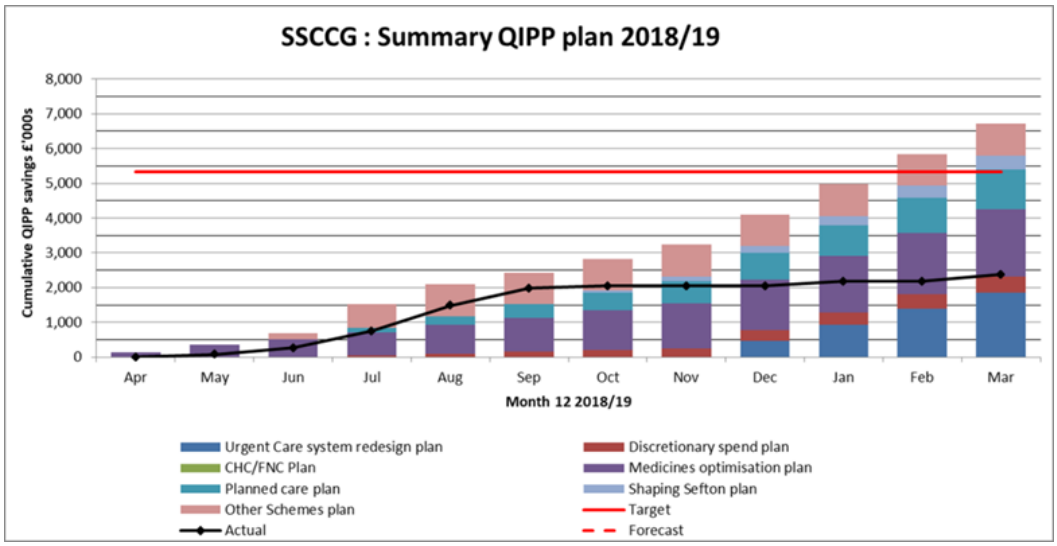
We also have a number of financial duties under the NHS Act 2006 (as amended). Performance against these duties is described in the table below:

Summary Financial Performance 2018-19	Duty Achieved
Expenditure not to exceed income	✓
Capital resource use does not exceed the amount specified in Directions	✓
Revenue resource use does not exceed the amount specified in Directions	✓
Capital resource use on specified matter(s) does not exceed the amount specified in Directions	Not Applicable
Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	Not Applicable
Revenue administration resource use does not exceed the amount specified in Directions	✓

NHS South Sefton CCG is required to assess and satisfy itself that it is appropriate to prepare financial statements on a 'going concern' basis for at least 12 months from the date of the accounts. We have made an assessment of factors affecting the CCG and we have concluded that:

- Healthcare services will continue to be provided for the residents of south Sefton for the indefinite future
- We have appropriate management capacity and capability to implement our CCG long term financial strategy
- We have a robust risk management strategy and processes in place.

Our Governing Body agreed to a financial plan reflecting the NHS England control total of £1 million surplus in May 2018. Our 2018-2019 financial position included a challenging Quality, Innovation, Productivity and Prevention (QIPP) programme to meet planned savings of £5.329 million. We delivered 45% of this in year, which equates to £2.379 million.



We have developed a long term financial strategy to ensure we get the best possible health and care services for our population within the funding available. Our QIPP plans are central to ensuring we deliver value for money for our residents, at the same time contributing to improvement of our financial position.

Our QIPP plan includes schemes categorised under the following headings:

- Elective care pathways -- Elective care is planned care. Areas we have looked at include first outpatient appointments (e.g. with a hospital consultant), admissions (e.g. for a day case operation such as cataract surgery, or an in-patient admission for a procedure requiring one or more nights in hospital), follow up appointments and outpatient procedures.
- Medicines optimisation - Schemes under this heading aim to ensure that medicines provide the greatest possible benefit to people by encouraging medicines reconciliation, medication review and the use of patient decision aids. Some of these are described on page 47.
- Continuing healthcare and funded nursing care - Continuing healthcare (CHC) is a package of care arranged and funded by the NHS for individuals not in hospital and assessed as having a 'primary health need'. NHS funded nursing care is provided by a registered nurse for people who live in a care home. Find out more on page 31.
- Non elective opportunities - Non elective care is unplanned care which could be an emergency or urgent intervention. Reducing avoidable emergency admissions improves the quality of life for people with long term and acute conditions for patients and their families as well as reducing pressures on financial resources.
- Discretionary expenditure - All other areas of expenditure under our control, like day to day running costs of the CCG.

In the autumn of 2016, we worked with other CCGs and providers in North Merseyside to develop 'Acting as One' arrangements in support of wider sustainable and transformation plans, promoting financial stability and mitigating risks right across the local health economy.

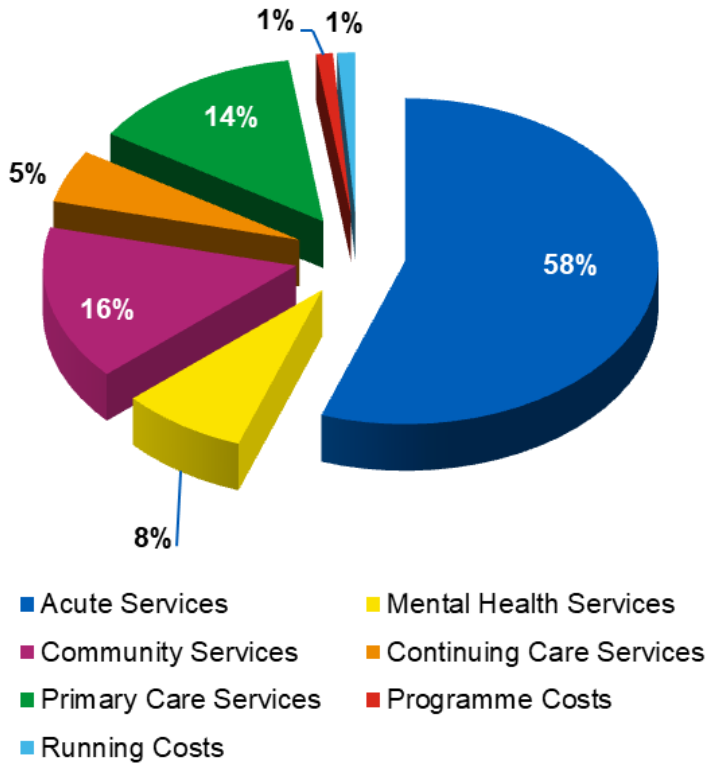
All partners in 'Acting as One' agreed a set of principles for contracting over the two year period 2017-2019. Our expenditure would have increased by £0.882 million had it not been part of the Acting as One arrangements with local providers. The arrangement has therefore helped reduce the financial risk we faced in 2018-2019.

We will continue to contract outside of the “Acting as One” arrangements with other providers. Financial performance will continue to be rigorously monitored for emerging issues and financial risks.

Our CCG finance team is a key enabler in supporting business transformation. There is a strong focus on development and training to ensure the team remains ‘fit for purpose’. During the year the finance team has continued to ensure that the services it provides are of the highest standard. The team are active participants in the North West Skills Development Network and access the resources available through the network to continually develop skills. In 2018-2019 the team was made a Future Focused Finance Accredited Employer at Level 2 and also hold the Finance Skills Development North West - Towards Excellence - Level 2 Accreditation.

Analysis of funding and expenditure

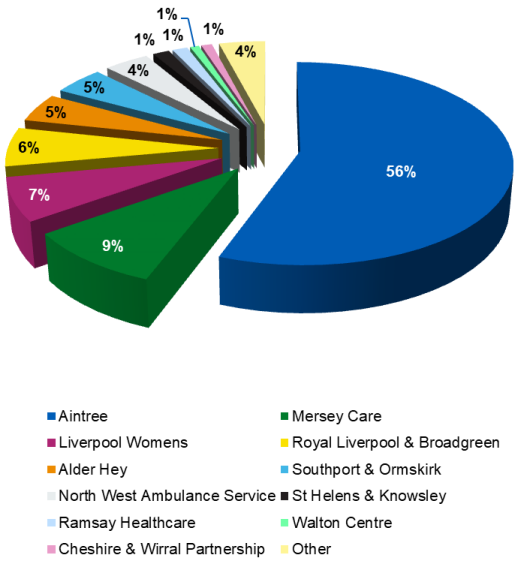
During 2018-2019 we received £251.52m of parliamentary revenue funding. A breakdown of this funding and how it was used is reported in the table below:



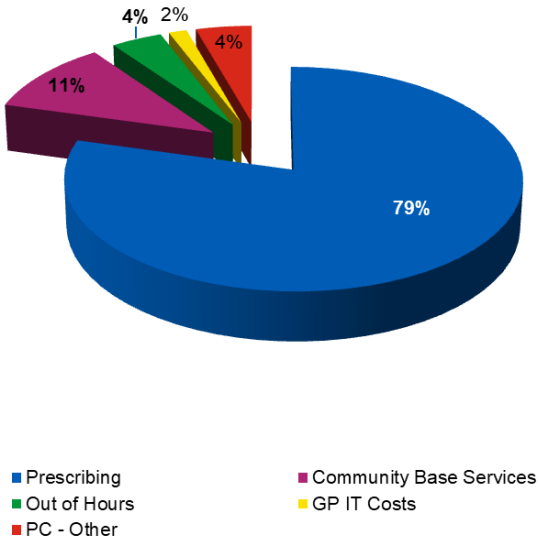
Area	Total Costs (£000s)
Acute Services	138,698
Mental Health Services	20,195
Community Services	38,537
Continuing Care Services	13,174
Primary Care Services	34,387
Programme Costs	2,663
Running Costs	2,862

Our main areas of spend were as follows:

Secondary healthcare – this represents the cost of contracts with hospitals to provide services for our population. This includes accident and emergency, mental illness, general and acute services. Secondary healthcare costs are shown by provider in the following table.



Primary care costs – the majority of this area of spend relates to the costs of drugs prescribed by GPs. Also included are some other services commissioned by GPs and primary care contractors for example, out of hours services and GP IT costs. Also included are the costs associated with GP work carried out on behalf of the CCG.

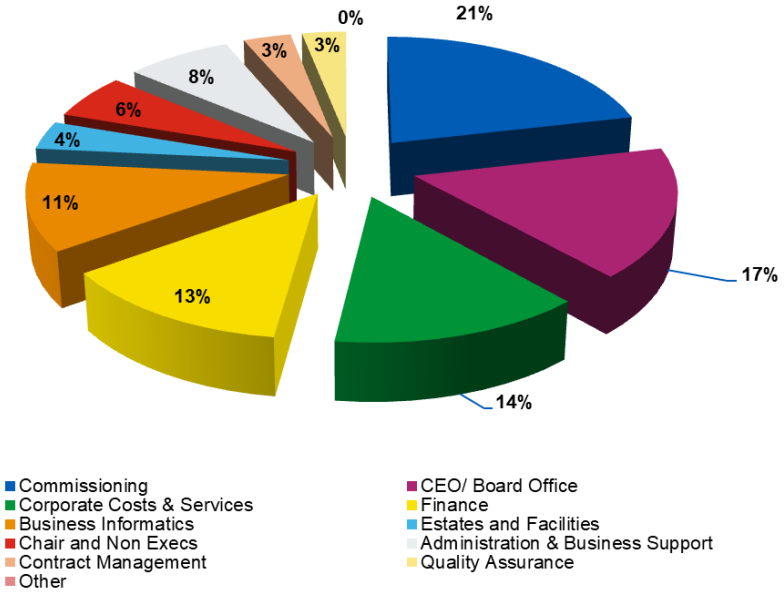


Community Services costs – this relates to the costs of services provided in a community setting for example, district nursing, physiotherapy and community clinics.

Continuing Health Care Services – this is a package of care arranged and funded by the NHS for individuals not in hospital and assessed as having a 'primary health need'. It also includes long term packages of care for people at home, in nursing homes and residential care.

Programme costs – this category of spend mainly refers to non-acute services such as reablement and other mental health services.

Running costs – these are the costs associated with supporting the process of commissioning the healthcare services we provide.



Better payment practice code

We are committed to dealing fairly and professionally with all of our supplier partners. One way that we do this is by working to the Better Payment Practice Code. It means meeting the target to pay all non-NHS trade creditors within 30 days of receipt of goods or a valid invoice (whichever is later) unless other payment terms have been agreed.

	2018-19		2017-18	
	Number %	Value %	Number %	Value %
NHS Payables	**97.19**	**99.08**	**97.21**	**99.93**
Non NHS Payables	**95.37**	**96.76**	**95.90**	**97.00**

Monitoring and ensuring quality

Our Joint Quality Committee with NHS Southport and Formby CCG is responsible for monitoring and providing assurance on the quality of the services we commission to ensure that local and national standards are met. The committee is also responsible for promoting a culture of continuous improvement and innovation around safety, clinical effectiveness and patient experience.

To do this, the committee receives and assesses a wide range of data, including the CCG Quality Performance Dashboard and information from the organisations we commission services from. Quality issues identified by the committee are escalated accordingly and our reported to our integrated performance reports[22] and Governing Body papers[23], all available from our website.

Managing and responding to risks

Our Governing Body is provided with assurance from the Joint Quality Committee that there are structures, systems and processes in place to identify and manage any significant risks that we may face. We continue to identify and manage risks through the corporate risk register which is presented to the Joint Quality Committee ahead of the Governing Body. This helps us to ensure that local health services meet the highest possible standards of quality and patient safety. It also supports us in meeting our statutory duties as well as helping us to plan for a healthcare system which is robust and capable of dealing with unplanned events.

Here are some of the main risks we identified during 2018-2019:

- The financial pressures currently placed on the health and social care system may impact the quality and safety of care for patients.
- System based learning from serious incidents and never events.
- Non-delivery of Quality Innovation Prevention and Productivity (QIPP) plans or other cost reduction plans resulting in increased financial risk for the CCG.

Our Quality Strategy

A drive to secure positive health outcomes for local people and continuously improve the quality of services is at the heart of our work. We have a Quality Strategy 2015-2019[24] that underpins our work and that aligns to the NHS Five Year Forward View. It describes our responsibilities, approach, governance and systems to enable and promote quality across the local health economy as well as providing everyone with the care and compassion they need and enabling their voice to be heard. It supports our commissioning of services to ensure that they are amongst the safest and most effective healthcare provider for every patient.

[22] Integrated performance reports - https://www.southseftonccg.nhs.uk/what-we-do/how-well-our-services-perform/
[23] Governing Body papers - https://www.southseftonccg.nhs.uk/about-us/governing-body/governing-body-meetings/
[24] CCGs Quality Strategy - https://www.southseftonccg.nhs.uk/media/2296/quality-strategy-2015-2019.pdf

Staff development

We are committed to providing professional development opportunities for our staff. One member of the quality team took up a secondment opportunity with NHS England in 2018 allowing them to gain further experience and expertise. The quality team also expanded during 2018 with three new members of staff in newly established posts; a serious incident administrator and two programme managers.

Supporting primary care professionals

Our quality team and primary care team instigated a number of initiatives in 2018-2019 to support the delivery of primary care across south Sefton. These included the commissioning of a variety of training and educational courses for GPs, practice nurses and HCAs. We also arranged a number of protected learning time events with a clinical topic pertinent to GPs, nurses and healthcare assistants working in primary care on clinical themes to support primary care working including an event focusing on 'safeguarding'.

Quality in hospital based care

Our quality team continues to support the delivery of acute care, which includes providing operational support for providers where necessary, specifically when times of increased pressures have been identified. The team also works in collaboration with providers and other stakeholders to ensure any safety concerns are addressed and opportunities for shared learning are acted upon.

Learning Disabilities Mortality Review

The Learning Disabilities Mortality Review (LeDeR) programme has been extended nationally, with the ongoing development of local processes to improve the timeliness of reviews being undertaken with engagement from NHS commissioned services. The assistant chief nurse is the 'local area contact' and a member of the NHS England Cheshire and Merseyside LeDeR Steering Group.

Court of Protection

There have been a number of cases that we have supported through the Court of Protection, working closely with our commissioning support unit, Sefton Council and legal colleagues.

Improving Continuing Healthcare

NHS Continuing Healthcare (NHS CHC) is a package of care for adults aged 18 or over that is arranged and funded solely by the NHS. In order to receive NHS CHC funding individuals have to be assessed according to a legally prescribed decision making process to determine whether they have a 'primary health need'.

We continue to work with Sefton Council colleagues and Midlands and Lancashire Commissioning Support Unit (CSU) to ensure continuous improvements in relation to decision making processes and patient assessments. Additionally, an external review was commissioned by our chief nurse to assess current operational processes and support the development of a CHC end to end service.

Serious incidents

During 2018, a system overview of our serious incident process was carried out resulting in a number of improvements being made. The CCG had recognised the internal process on SI management was not able to provide assurance to the Governing Body and concerns were raised by the CCG Chief Nurse. A programme of work was undertaken as well as investment in staffing to ensure the process became more consistent and robust. To ensure an objective review the CCG requested an internal audit to be carried out by Mersey Internal Audit Agency to test our processes and provide us with further assurance. The final report was completed in January 2019 and we received a score of 'substantial assurance'. This indicates that we have a good system of internal control designed to meet the system objectives, and that controls are generally being applied consistently.

Special educational needs and disability services

During the year we continued to implement the recommendations of a borough wide inspection of special educational needs and disability services (SEND) that took place in 2017. Formal monitoring meetings continue to take place between the Department for Education and NHS England with outcomes being reported to the Department of Health. We have developed a jointly funded model for the Designated Clinical Officer (DCO) with Liverpool CCG and providers. We are continuing to work to improve relationships with parents and we have made new investments in a range of key services. These services have recently been re-inspected and the results are expected to be published in June 2019.

Safeguarding team

We appointed to all the Designated Safeguarding Professionals posts after a decision to bring the Safeguarding team in-house in March 2018. The new team set up included the development of a safeguarding administrative role which has also been recruited to. In July 2018, the Safeguarding team underwent a 'Review of Health Services for Children Looked After and Safeguarding in Sefton' which was carried out by CQC. The team received positive feedback and have developed an action plan addressing the recommendations following the review. A task and finish group was set up to monitor the progress and implementation of the action plan.

Screening and immunisation

Our quality team continues to work collaboratively with Public Health England's screening and immunisation and cervical screening teams to support their on-going programmes of work.

South Sefton CCG		
Cervical Cancer Screening	**Actual**	**Target**
Percentage of women aged 25-64 screened (Q4 2017/18)	70.1%	80%
Percentage of women receiving results within 14 days of testing (Q2 2018/19)	98.7%	98%

Commissioning for quality and innovation

Commissioning for Quality and Innovation, or CQUIN was a system introduced in 2009 to make a proportion of healthcare providers' income conditional on demonstrating improvements in quality and innovation in specified areas of care. We have developed a robust process for reviewing evidence submitted by providers to ensure they are achieving the required targets and quality of care for patients is being maintained.

Being prepared for emergencies

We have a role to play in supporting the management of emergencies such as major incidents, or natural events like flooding and pandemic flu. Our duties are set out in the Civil Contingencies Act 2004, which names CCGs as 'Category 2' responders. This means we are required to share information and cooperate with other agencies in planning for and responding to emergencies should they happen. Like Category 1 responders, such as the Police, Fire service and Local Authority, we must also produce plans to help us to manage the effects of a disruption and ensure that arrangements are in place for informing and warning the public should this be necessary.

The NHS Core Standards for Emergency Planning, Response and Resilience further requires us to ensure that our service providers have plans in place to respond to and recover from emergencies. We gain operational support in meeting our duties from our Commissioning Support Unit through its Emergency Planning, Response and Resilience Team.

Here are some of the ways we met our duties in 2018:

- NHS England's EPRR Core Standards 2018 set out the minimum requirements which NHS organisations and providers of NHS funded care must meet to demonstrate their ability to respond to emergencies and be able to continue providing safe patient care. We achieved a 'substantial' rating
- Our Governing Body lay representative Graham Morris holds the EPRR portfolio as part of his responsibilities. He is a regular and active member of our Governing Body and his attendance can be found on page 93
- We work with CCGs and service providers across Merseyside to ensure the healthcare system can respond to incidents night and day – we have a 24/7 on call system, so service providers and other agencies can contact us round the clock in the event of emergencies
- We have developed business continuity and incident response plans - as well as making sure our own plans are robust, we monitor the plans of our service providers
- Our staff take part in regular training sessions and exercises – so we have the skills and experience to deal with unexpected incident.

Other work to improve quality and performance

Below are some other examples of our work during the year to ensure the quality and performance of the services we commission remains sustainable into the future.

You will see that all of these schemes have links and interdependencies between our three Shaping Sefton strategic priority areas of primary care, urgent care and care for the most vulnerable.

Improving quality in primary care

Whilst NHS England holds the contracts for primary care, we have joint commissioning status for the services provided in the 30 practices that make up our CCG membership in south Sefton and are particularly focused on improving quality.

During 2018-2019 we applied to become delegated commissioners of primary medical care from 1 April 2019. We feel this is an important step that will help us to align our local priorities and improve health.

General Practice Forward View

Published in April 2016 by NHS England the General Practice Forward View (GPFV[25]) sets out a framework of support for primary care so it remains sustainable for the future. Locally, we have carried out a great deal of work in 2018–2019 around the GPFV including:

- Supporting practice manager development.
- The creation of a new post to support practices to develop a 'digital champion' to identify and support digital training needs.
- The promotion and trialling of E consultations in general practice.
- Exploring workforce opportunities including international recruitment.

Local Quality Contract

One of the ways we work to improve the quality of primary care is through our Local Quality Contract (LQC), which our member practices can choose to sign up to and that we further developed in 2018-2019.

There are a number of schemes that make up the contract which are intended to achieve quality improvements, efficiencies in spend elsewhere in the health economy, and sustainability of general practice.

One example is a scheme to provide phlebotomy in a primary care setting, providing arrangements for patients who would normally have been supervised through a hospital appointment to be monitored by the GP practice. This means that by having blood tests in practice, patients can be better monitored with the aim of better detection of conditions.

[25] https://www.england.nhs.uk/gp/gpfv/

Primary Care Networks

During 2018-2019 all four of our localities applied to form Primary Care Networks (PCNs) with the majority of practices engaged in this. GP practices across the whole of Sefton were awarded a total of £900,000 at the start of August to establish these networks. Over the next two years, GP practices will use the award from the Cheshire and Merseyside Primary Care Network Development Fund to create PCNs in all of the CCGs well established geographical 'localities', involving our 30 practices in south Sefton.

PCNs are groups of practices, geographically based that work together to deliver care across a range of partners. They will strengthen joint working arrangements, so practices can achieve more for their patients together across these bigger areas. Importantly, the PCNs will also be looking at how they can work differently and much more effectively with partners from across health and care, including Sefton's vibrant voluntary, community and faith sector.

We are working with the remaining practices not currently part of a network to support them to develop into a network.

Primary care development strategies

This year we published discussion documents setting out our vision for the future of primary care. We shared our ideas with a range of stakeholders, including residents at our Big Chat 10, to help inform our approach.

These documents describe how we would work together with our practice membership to ensure primary care in the borough remains sustainable into the future. Importantly, the strategies describe the central role practices will play in providing improved, better coordinated and joined up care for patients in line with our vision for community centred care set out in Shaping Sefton.

The draft strategies also take into account the demands of NHS England's transformation programme for primary care outlined in the GP Forward View. Experiences and views about general practice gained from residents, member practices and partners have informed the strategies.

We expect our Governing Body to approve our finalised strategies in 2019-2020.

Making Every Contact Count

Following a project carried out last year in our Bootle locality, we have been working with Living Well Sefton to roll out Making Every Contact Count (MECC) training across all our member practices. MECC supports GP practice staff to have opportunistic health chats with patients, encouraging them to improve their wellbeing.

MECC also prepares staff for active patient signposting training, which forms part of the General Practice Forward View (GPFV). This has been an invaluable piece of work to encourage patients to make healthier lifestyle choices and provide staff with the tools and confidence to deliver effective health chats.

As a result of this work, Living Well Sefton[26] has been running a further pilot in Bootle, where mentors from the service spend time in practices, so doctors can refer patients directly to the team for one-to-one support and advice. As well as successfully addressing patients' lifestyle and wellbeing issues, this has freed up GP time in participating practices. Our ambition is to roll this scheme out across south Sefton in the future.

GP extended access

On 1 October 2018 an extended 7 day a week GP service was launched. As part of the GPFV investment, this means that those patients registered with a GP practice in south Seton now have access to book routine, non urgent evening and weekend appointments with a doctor, practice nurse or other healthcare professional through a new service.

The service, called GP Extra operates Monday to Friday, 5pm – 8pm and Saturdays and Sundays from 10am – 1pm at Litherland Town Hall, Hatton Hill Rd, Liverpool L21 9JL. Appointments can be booked via your regular GP practice or through NHS 111[27].

Urgent care

Like other areas of the country, our local health and social care services continue to face significant challenges this year, with high numbers of patients, many of them elderly and with increasingly complex needs, requiring admission to hospital. Our work over the past year has focussed on how we can work collaboratively across the health and social care system to support our local residents and maintain care closer to home wherever possible. Examples of this include:

Netherton care home helps to reduce pressure on hospital beds

We worked with Sefton Council and New Directions in partnership with Mersey Care NHS Foundation Trust and Aintree University Hospital NHS Foundation Trust to develop a care home in Netherton to reduce pressure on hospital beds.

The services provided by James Dixon Court care home now include transition beds – allowing patients to leave hospital earlier and receive extra care prior to returning home – and also providing patients with short-term care rather than them being admitted to hospital. James Dixon Court will also continue to offer long-term accommodation to some residents, while providing enablement beds which will help patients to regain their life skills and confidence, and thus to return home and continue living independently.

This has involved innovative joint working with those partners involved and is a great example of how our Shaping Sefton vision for more joined-up working between health and social care is starting to make a real difference to the lives of some of our most vulnerable residents, so they can be cared for in the right place at the right time.

[26] http://www.livingwellsefton.org.uk/
[27] https://www.southseftonccg.nhs.uk/your-health-and-services/gp-extra/

ICRAS

Our Integrated Community Reablement Assessment Services, known as ICRAS has two main functions. Firstly, it delivers ‘step-up’ services, where people receive their care in more appropriate settings rather than being admitted to hospital. Secondly, its ‘step-down’ care better supports some of our more vulnerable patients transition from hospital to home.

Our ICRAS model is now well established and in place now for over a year. This is a partnership way of working between a range of providers in south Sefton including Aintree University Hospital NHS Foundation Trust, Mersey Care NHS Foundation Trust, Sefton Council and New Direction’s Reablement Service. The number of south Sefton residents who have been supported through our ICRAS model has increased significantly over the past year and is an important part of our ongoing strategy to support care closer to home.

Developing alternatives to transfer to hospital

North West Ambulance Service (NWAS) has been working with Mersey Care NHS Foundation Trust to develop alternative care and treatment options to transfer patients to when they do not need to go to hospital for their condition. There are many examples of where people have called for an ambulance but would benefit from the support of other health or social care services within the community.

This is an example of where we have been able to use our ICRAS service to provide a rapid response with transfer of care from NWAS that allows the person to remain at home. This may involve nursing input, short term care within the home, our community bed facilities, equipment, or timely therapy input.

Launch of NHS 111 online

The online NHS 111 service (www.111.nhs.uk) was launched in Sefton in March 2018. This new, free service provides health advice and signposting to urgent care services online. After asking users to enter their postcode and symptoms, it gives a tailored response on how to manage their issue. It can also generate a call back from a healthcare professional if required.

The service is a partnership between local CCGs, North West Ambulance Service and NHS Digital. It aims to provide a convenient alternative to the main NHS 111 helpline, while at the same time reducing pressure on other urgent and emergency services.

We have seen a steady increase in the number of Sefton residents using this service and aim to promote it further to support our local residents in understanding the range of options available to help them to best manage their health care needs. This is important to ensure that services are accessed appropriately and we make the best use of the resources available in our local community.

Hospital discharge and delays in care

Whilst we are developing initiatives to avoid admission to hospital it is also important that we have systems in place to help discharge from hospital take place in a timely way. Work has been ongoing within Aintree University Hospital NHS Foundation Trust to put processes in place to understand patient needs and ensure that our system providers are working together

at an early stage to start discharge planning. This includes our community and social care partners linking closely with the hospital's teams on a daily basis to support patients when they are ready for discharge and free up beds for those who are acutely ill in A&E.

Community services

Mersey Care NHS Foundation Trust and North West Boroughs Healthcare NHS Foundation Trust (previously 5 Boroughs Partnership) became the new providers of community services across south Sefton in 2017. Over the past year they have been reviewing how they can further improve the services available for south Sefton residents.

Here are two examples:

Phlebotomy service

North West Boroughs Healthcare provides the south Sefton Phlebotomy Service and has successfully undertaken a programme of improvements. These have made a significant difference to the quality of service provided to our residents.

Urgent home visits are now carried out within 24 hours and routine home visits have significantly reduced from historically around a 12 week wait to within two weeks of a referral being made. The team has also worked with patients to ensure that home visits are only undertaken where absolutely necessary, creating more time for other people to be seen in clinic. Clinic waiting times are now between 0 – 5 working days and there is a significant reduction in the number of people who do not turn up for their appointment.

In addition, a drop in clinic has been piloted in Maghull during the year. Healthwatch Sefton has been involved in evaluating the pilot and reported positive feedback from patients of 4.3/5 star. The Friends and Family Test has also shown positive responses with 95.5% confirming 'extremely likely' to recommend our service and the remaining 4.5% 'likely'.

During the coming year the service will continue to explore other ways to continue to improve patient access, such as rolling out open access or drop in clinics and looking at extended opening times.

Falls prevention and community support

We have worked in partnership with NHS Southport and Formby CCG to undertake a detailed review of how we can prevent falls but also support people following a fall. We have a large elderly population and this is an important area of work to support our residents to be safe and stay healthy. We have worked with health and social care partners as well as representatives from our voluntary, community and faith sector to review how we might make improvements across Sefton.

An example of this is a joint initiative between our community services provider Mersey Care NHS Foundation Trust, Sefton Council and Merseyside Fire and Rescue Service, which is helping to prevent falls in older people and avoid unnecessary admissions to hospital. A programme of educational sessions, exercise and assistance to make homes safe is now available to people who are considered to be at risk of falls. This is

part of a proactive approach to support our residents to maintain independence and safety within their own homes.

There is further work to be done to create a falls strategy which helps to prevent falls as our main priority but also provides support to those who have had a fall in regard to rehabilitation and community support.

More funding success to support transformation

Transformation funding from the Cheshire and Merseyside Health and Care Partnership (CMHCP) is supporting partners in Sefton to develop innovative integrated programmes that will benefit borough residents. The funding awards recognise the work emerging across the health and care partnership in Sefton to deliver its vision for better integrated health and care.

Developing care closer to home

In September we were successful along with and partners in securing a £500,000 award from the CMHCP Transformation Fund, NHS South Sefton CCG also received £500,000 and for both of us this was to support the development of out of hospital model of care. We worked with partners to develop community based planned and unplanned services so they are provided closer to home, with the aim of reducing A&E attendance and hospital admissions.

The scheme focuses on three strands of work to achieve this:

- Strengthening existing Integrated Care Teams (ICTs) by piloting an integrated care co-ordinator role. This role is accessed through a single point of contact with triage and navigation to the right care first time, towards more unified and integrated health and social care for residents.
- Reviewing and further developing our ICRAS, which supports people's urgent care needs to avoid their unnecessary admission to hospital and to support their early discharge when they do need to be admitted.
- Developing a social prescribing model, which seeks to maximise our community assets to support the further self-care and self-management of residents.

Care for the most vulnerable

There have been some really exciting and innovative developments in this wide and varied work programme during 2018-2019 as you will read below:

Care homes red bag scheme

During 2018-2019 we supported the national roll out of the innovative red bag scheme across all care homes in our south Sefton CCG area. The red bag scheme is a collaborative approach between care homes, hospitals and ambulance staff to support the hospital transfer pathway.

When a resident becomes unwell and is assessed as needing hospital care, care home staff pack a dedicated red bag that includes the resident's standardised paperwork and their medication, day-of-discharge clothes and other personal items. It is intended to facilitate a smoother handover between care home, ambulance and hospital staff with fewer phone calls and follow-ups made by the hospital staff to care homes looking for health information about the resident.

Diabetes

Preventing diabetes

Following the successful launch of the first wave of the 'Healthier You' National Diabetes Prevention Programme (NHSDPP) in Sefton in 2016, we have now moved to wave three which means that the programme is now fully rolled out across the Cheshire and Merseyside area. Practices are regularly referring patients to the service and we are seeing some good results.

One Sefton patient who was introduced to the programme after advice from their doctor, said: *"I hope to get long term health benefits out of the course which is going well so far. I am already feeling more positive. It's more than just about eating and food, it has an holistic approach including wellbeing, mind and body."*

Another patient said: "*I signed up to the programme as I had a fear of type 2 diabetes and I hoped to achieve better eating and exercise habits. It is going well, it is well presented, friendly and the group has gelled really well."*

Diabetes prevention week

For diabetes prevention week in April 2018 we worked with Diabetes UK to promote the prevention programme. This included promoting the NHSDPP at a Park run event in Crosby and holding an event for residents in Maghull which saw 60 people signing up to the programme as a result.

Education programme

We were successful in our application to the NHS England Diabetes Transformation Programme for Structured Education to enhance the local multi-disciplinary foot team based at Aintree University Hospital NHS Foundation Trust.

GP practices are actively referring their patients with type 2 diabetes to the local 'Diabetes and You' programme for those who have been recently been diagnosed with type 2 diabetes and 'Diabetes and More' for those who have previously received structured education.

To date, approximately 380 patients have completed the programmes, which are being held in local community venues. The programmes help to give patients who have type 2 diabetes an understanding of how to treat it and the confidence to improve their condition, aiming to reduce the risk of them developing complications.

As well as the human cost, type 2 diabetes treatment currently accounts for around ten percent of the annual NHS budget. Nationally, this equates to around £8.8 billion each year of which it is thought that about 80% of the cost is due to treating potentially curable complications. People with a diagnosis of type 1 diabetes are offered a different education programme.

We were ranked as 'outstanding' in the CCG Improvement and Assessment Framework for 2017-2018, in recognition of the work of our practices and community provider in delivering structured diabetes education.

Cancer

Macmillan hubs

In October 2018 we hosted a Macmillan Cancer Support funded post to open up two Macmillan 'hubs', one in Maghull Health Centre and the other at the One Stop Shop in Bootle. The aim of the hubs was to give those affected by cancer more access to support and information services and to promote the two Macmillan centres at Aintree University Hospital NHS Foundation Trust.

Macmillan Recovery Package

We have continued to work with Macmillan Cancer Support to promote the 'Recovery Package' for people with a cancer diagnosis, which has four main elements:

- Holistic needs assessment
- Care planning
- Treatment summary
- Cancer care review

These elements form part of an overall support and self-management package for people affected by cancer. This includes healthy lifestyles, managing consequences of treatment, information, financial and work support.

This service reflects the commitment of the NHS Long Term Plan to transform cancer care and in particular offer personalised care for all patients and better follow up support as described here:

- Surveillance and aftercare that is tailored to individual needs – supported self-management, shared care or complex case management
- Personalised care to address holistic needs from diagnosis onwards, including needs assessment, care plan and health and wellbeing support
- Quality of life metric to demonstrate how well people are living beyond treatment.

The roll out of these interventions will better support and improve the quality of life of people living with and beyond cancer.

Holistic need assessments

After a successful pilot scheme working with Aintree University Hospital NHS Foundation Trust and Sefton CVS we are now starting to roll out holistic needs assessments and care planning in GP practices across south Sefton. This is for people with a new diagnosis of cancer and those at the end of treatment.

Woodlands Hospice Charitable Trust

Woodlands Hospice[28] provides a variety of services with the aim of delivering specialist palliative care in the patients' Preferred Place of Care (PPC). We work closely with Woodlands Hospice to support patients with cancer and other life limiting illnesses, so they can achieve the best possible quality of life at each new stage of their illness. Woodlands Hospice supports patients, families and carers within the Hospice setting via their 15 bedded Inpatient Unit and in their Wellbeing and Support Centre. Services within the Wellbeing and Support Centre include Multi Professional Assessment days, group therapies and outpatient clinics for all professions.

Woodlands Hospice also provides services within the community including its therapy outreach service, a Hospice at Home Service and an End of Life Facilitator working with care homes.

Mental health

We believe in a far more proactive and preventative approach to mental health so as to reduce the long term impact of mental health conditions and dementia. We also believe that improving mental health is just as important as improving physical health and each condition should not be treated in isolation but in a co-ordinated approach which can more effectively deal with the challenges of our ageing population, unacceptable inequalities in health and wide variations in the quality of and access to these services.

Improving Access to Psychological Therapies

Access Sefton is our local Improving Access to Psychological Therapies (IAPT) service. Residents can contact the service directly or via a health professional for a wide range of psychological therapies for common mental health problems such as anxiety and depression.

[28] https://www.woodlandshospice.org

To enable greater access the service in 2018-2019 has expanded its group therapy sessions in addition to the one to one counselling that is offered.

Recognising the links that exist between physical and mental health conditions, the service successfully piloted therapists working as part of a multidisciplinary team in primary care so that people with long term conditions can be offered help as part of their overall care. In 2018-2019 approximately 3,500 people accessed the service in south Sefton.

Reducing mental health out of area acute admissions

Our main mental health provider Mersey Care NHS Foundation Trust has continued to make progress in 2018-2019 reducing admissions to out of area inpatient services, thereby enabling people to be treated closer to their families and carers.

Mental health innovation

In 2018-2019 we piloted a new approach to community services in our Bootle locality. This focuses on providing an integrated response to people's long term physical, mental health and social needs through a new 'behaviourist' role. The aim of this role is to reach out to people to help them address the things 'beyond the treatment room' that are affecting their health, supporting them to take more control. The behaviourist works with patients and their family and friends to unpick the complexity of their lives and find real solutions and work as part of the primary care team to achieve this.

Dementia strategy

Dementia has been identified as one of our strategic priorities and we are committed to working with partners to deliver better outcomes for people with dementia and their carers. Our vision is to enable people to receive timely, appropriate and accurate diagnosis. We also want them to receive the right information and support to make informed decisions and to be able to plan ahead to meet needs and avoid crisis wherever possible. This includes commissioning appropriate and timely services that support patients and their carers to live well with dementia. We are working with the Cheshire and Merseyside Dementia Network to explore further opportunities to improve services across the dementia pathway, and implement improvements in line with the Prime Minister's Challenge on Dementia.

We are working with a range of providers across Sefton to ensure services are available to people diagnosed with dementia and, wherever possible they have choice of services close to where they live. We have continued to support the development of Dementia Friendly Sefton and to date there are well over 12,000 registered 'Dementia Friends' [29]across the borough of Sefton.

We continue to work collaboratively with the Sefton Dementia Action Alliance to embed best practice in commissioned services as well as public services to enable people with dementia and their carers to gain a positive experience when accessing shops and services across Sefton. We recently supported a local cinema to start operating dementia friendly screenings and services for people diagnosed with dementia and their families.

[29] https://www.dementiafriends.org.uk/

Early intervention psychosis

The investment made in 2016-2017 has enabled our early intervention psychosis service to achieve the two week waiting time standard. Early intervention services provided by dedicated early intervention teams are highly effective in improving peoples' outcomes and reducing future demand on mental health services.

Improving hospital liaison and crisis

There has been round the clock mental health liaison support at Aintree University Hospital NHS Foundation Trust since September 2017.

This has greatly enhanced the previous service and is enabling people with mental health conditions, or dementia in a hospital setting to have their needs addressed in a timelier manner and improved working between physical and mental health services.

Child and adolescent mental health

In 2018-2019 we commissioned Venus, a VCF sector organisation, to work with CAMHS. This partnership is helping CAMHS to meet challenging targets around the percentage of children and young people accessing NHS commissioned support.

Sefton's CAMHS moved to a new venue this year, aiming to improve patients experience of the services it provides.. The move to this better environment has been welcomed by the children, young people and families who access the venue.

Sefton has a compliant specialist community eating disorder service that we have jointly developed with NHS Liverpool CCG, which has seen continued growth in referrals during the year.

Sefton continues to have a strong children and young people IAPT programme, with local trainees from different agencies taking up training places during the year.

A new out of hours crisis support service has been established during 2018 and includes an advice line and assessments for young people admitted with a mental health issue via A&E.

We are also working in partnership with Sefton Council, Venus, Young Persons Advisory Service and NHS Liverpool CCG to develop a new pilot service. This offers mental health assessments, screening and support to young people who are becoming known to the criminal justice system but who are not eligible to access the NHS Liaison and Diversion Service.

Medicines management

Unused prescription medicines cost the NHS across Sefton an estimated £2 million a year. In addition, patient safety can be compromised by having large volumes of medication in the home without supervision.

Our approach to medicines management is system wide and has allowed us to deliver real improvements to patient safety and care, whilst also identifying significant cost efficiencies.

Over the last financial year, our medicines management team, consisting of pharmacists and technicians, has delivered over 8,500 engagements with south Sefton patients. You can see a breakdown of that activity below over twelve months:

Patient reviews	Care Homes	Home reviews	Hub	Total
6,616	404	372	1,129	**8,521**

HSJ awards

In April 2018 we were shortlisted in the 'improving safety in medicines management' category for the Health Service Journal (HSJ) Patient Safety Awards for our work on an innovative programme to help reduce the number of people being readmitted to hospital.

This involved medicines management team working with NHS Aintree University Hospital pharmacy team to set up a medication review service for patients being discharged from the hospital to improve patient safety by reducing the number of Adverse Drug Events (ADE) and the number of related hospital readmissions.

In June 2018 we were also finalists and highly commended in the communications category at the prestigious HSJ Value Awards for our work on the Repeat Prescription Ordering Scheme (RPOS).

This was down to us being one of the first CCGs to launch the scheme and by doing so with support from key community influencers such as councillors and MPs and taking a broad approach to its introduction. Working with practices we sent letters to over 130,000 patients, created posters, leaflets and social media posts to support and attended briefings / face to face meetings with partners and their networks.

Self-care medicines policy

In line with national guidance we introduced a medicines self-care policy[30] to explain that over the counter medication for minor illnesses will no longer routinely be prescribed by local GPs.

[30] https://www.southseftonccg.nhs.uk/media/3114/sefton-medicines-self-care-policy-2018-final.pdf

There are, however some exception to this such as if you suffer from a long term condition or if you need treatment for more complex forms of minor illnesses, amongst others.

We launched the policy in self-care week (12-18 November 2018), following NHS England's consultation, which we supported, earlier in the year, with some short videos on social media supported by a press release and leaflets that we displayed in GP practices and pharmacies. Our head of medicines management also went out to a number of stakeholder and community groups to spread the word about the changes.

Care at the Chemist

Our Care at the Chemist (CATC) scheme has been in service for a number of years now. CATC is a quick and easy way to get advice and treatment for a wide range of everyday illnesses and ailments. Pharmacists ordinarily and routinely provide health advice to their customers regardless of Care at the Chemist but the scheme additionally ensures residents have access to a range of medicines for minor illnesses for which they might otherwise consider a trip to the doctor.

Medicines are free for anyone who does not pay for their prescriptions, so long as the person provides their proof of exemption. People who do pay are charged the current prescription charge. If the medicine costs less to buy over the counter than the prescription charge, the person will pay the lower rate.

As of 1 April 2018, there were 11 pharmacies offering Care at the Chemist in south Sefton. A list of participating pharmacies and more information is available on our website.[31]

From April 2018 – March 2019, 15,134 Care at the Chemist consultations were carried out in south Sefton.

Pharmacy 'hub' pilot

A three month pilot was launched on 1 October 2018 to provide dedicated medicines management support to GP practices and their patients around a range of medicines related issues and queries. The hubs will also support the emerging Primary Care Networks.

The pharmacy 'hub' was initially being trialled in the Crosby locality for three months but due to its success and positive feedback this has been extended to six months. The hubs are securely linked to GP practice clinical systems, so doctors and other practice staff can work seamlessly with professionals from our medicines management team to get quicker support and advice.

Key information and figures:

- The pilot is operational weekdays from 9am to 1pm via the GP software system.
- From 1 October 2018 – 31 March 2019 we dealt with a total of 772 queries from GP practices in Crosby and Waterloo.

[31] https://www.southseftonccg.nhs.uk/your-health-and-services/care-at-the-chemist/

- From 1 December 2018 community pharmacies had the opportunity to contact the hub via telephone for any medication related queries for patients registered with the pilot GP practices.
- From 1 December 2018 – 31 March 2019 we received a total of 234 queries from community pharmacies.

Pilot within the pilot

NICE guidelines on medicines optimisation[32] state that when people transfer between different care providers, such as at the time of hospital admission or discharge, there is a greater risk of poor communication and unintended changes to medicines. It is estimated that this affects between 30% and 70% of patients.

Due to this we thought it would be good to pilot something within the hubs to assist with this issue. For those patients registered with our hubs and that are being discharged from hospital we will now check their discharge medication information with the patient and / or their carer and if needed go through a full review with them almost soon as they are home from hospital.

For patients, this means that they will receive seamless after care in a timely manner with their GP medication records being accurately updated in line with the hospital discharge. We have been trialling this in a number of GP practices in south Sefton since January 2019 and it is going well so far.

The pharmacy hub pilot is part of our ongoing work to improve medicines safety for patients and should complement the emerging primary care networks. If the pilot is successful, it will be considered for roll out across our three remaining GP practice localities.

The next step is to send out a questionnaire to GP practices involved and evaluate the results.

New continence service

We introduced a new continence service working with Coloplast and early feedback of the service has been extremely positive with some patients reporting significant improvement to their quality of life. In a survey carried out in November 2018, 70% rated the service as excellent and 84% said it was easy to contact someone at the service in a survey carried out in November 2018. One service user said: *"Overall I have found the ordering and delivery service excellent and the people answering the telephones are courteous and polite - very well done.*" Another said: "*I consider it to be a first class service*."

The service consists of two specialist nurses who are able to offer advice over the phone and visit patients if necessary. These nurses are also able to confirm if a patient has the correct prescription and aim to reduce the number of people admitted to hospital with catheter associated infection admissions whilst improving patient care in Sefton.

[32] https://www.nice.org.uk/guidance/ng5

Out and about

Whenever they can members of the medicines management team get out and about to promote safe medicines advice and support at a range of local events. They also speak regularly with community and patient groups, like People First, to discuss all things related to medicines and pharmacies. This year, this has included attending Sefton Council's Senior Road Users event and Sefton OPERA's keep warm keep well event. The team also work closely with Healthwatch Sefton to ensure any changes are distributed in the best way to patients and to gain patient feedback too.

Going digital

Digital technology is integral to a modern, efficient and responsive health service. Over the last financial year, we have been working closely with our IT delivery partner, NHS Informatics Merseyside (https://www.imerseyside.nhs.uk), to secure investment in digital technology that will improve the way we are able to deliver care whilst enhancing patient experience.

Through investment from NHS England's Estate and Technology Transformation (ETTF) and GPIT programmes, we have been able to work with NHS Informatics Merseyside and our GP practices to optimise the use of existing technologies, introduce a number of new digital patient services as well as invest in our IT infrastructure, in order to ensure we are able to achieve our digital vision for the future.

Our digital vision for the future

Our vision for the future is to be 'digital first' and to engage with our patients and professionals to embrace digital tools that will make a real difference to care quality, efficiency and experience.

To do this, we will continue to work with NHS Informatics Merseyside to identify digital opportunities and to respond to the challenges of the new GP contract and NHS Long Term Plan.

Creating a digital general practice

To help deliver care more effectively, improve communication between our care professionals and provide services that are convenient for our patients, we have begun a number of digital technology projects. You can see examples of how we've created a digital general practice here:

Online consultations (e-Consult)

A new GP online consultation service has been launched and is in the process of being rolled out across GP practices. Patients who submit their symptoms online will get a response typically within one to two working days, which could include advice, direction to other support such as the pharmacy, or be booked in for an appointment if necessary. The service also offers round the clock NHS self-help information, signposting to services, and a symptom checker. For those patients wishing to use the service, in many cases, this will avoid the need to make a visit to the GP practice altogether, saving time and a journey.

GP practice websites

To help improve communication with patients and encourage two way engagement, investment has been secured to provide every GP practice with a new or upgraded practice website if they choose from NHS Informatics Merseyside. These websites can be updated by the practice quickly and easily and integrated with existing NHS online services.

'Express Access' laptops

'Express Access' laptops have been rolled out to our GP practices. These devices give our clinicians access to the information they need wherever they are. They enable secure access

to the EMIS web clinical information system whilst on a home visit or off site. NHS Informatics Merseyside will further rollout Express Access laptops during 2019-2020.

Digital waiting rooms

The waiting room provides patients with their first impression of the GP practice. To help support our GP practices to use this space as a tool for informing, educating and engaging patients, a programme of work has begun to rollout the Envisage GP waiting room TV and call system, as well as an electronic check-in system. These information screens can be used to inform patients about the range of services offered by the practice, such as flu and baby clinics, with the check-in system helping to improve efficiency for both patients and practice staff. A pilot is also currently underway to introduce digital devices in reception areas to allow patients to access online services whilst in the practice.

Digitising Lloyd George records

A programme has been agreed to digitise Lloyd George records, which are patient notes held in paper form. The programme will involve these records being scanned into the EMIS Web clinical information system, improving access and efficiency and allowing GP practices to free up space in their surgeries previously used to store the paper records.

'Rightfax'

Following the national directive to end the use of fax machines in the NHS by March 2020[33] an electronic fax solution is now available which will replace physical fax machines. This service provides a secure in-bound and out-bound fax facility, which provides GP practices with greater flexibility for monitoring and management and allows them to reduce the amount of paper used.

Digital champions

NHS Informatics Merseyside is working with our GP practices to identify a 'Digital Champion' within each practice, who has strong IT skills and is passionate about the use of digital tools to improve care quality and experience. With support from NHS Informatics Merseyside, their role will be to support both their colleagues and patients in the use of the new digital services outlined above.

Investing in our technical infrastructure

As the beating heart of our health service, our doctors, nurses and wider health care professionals rely on having access to timely and accurate information in order to make informed decisions about care delivery. To enable this to happen, significant investment has been made in our technical infrastructure in order to ensure that this remains fit for purpose and able to fully support the digital tools and systems we have in place.

Wi-Fi

GP practice and patient Wi-Fi has been rolled out to every GP practice using a secure and resilient infrastructure.

[33] https://www.gov.uk/government/news/health-and-social-care-secretary-bans-fax-machines-in-nhs

Network bandwidth

Bandwidth across our GP practice network has been upgraded with a 100MB link to support the expansion of digital services such as the possible future use of video consultations.

Local Area Network upgrade

New Local Area Network (LAN) switches have been installed in GP practices to help enhance performance, reliability and security.

Computer refresh

A programme to review the computers in use across GP practices has begun in order to identify those that need to be replaced or upgraded. This will ensure that our entire computer estate is Windows 10 compliant by March 2020 and continues to comply with all cyber security and general usage standards.

NHS app

We are working with Informatics Merseyside and GP practices to progress the full rollout of the NHS App and ensure its features are made available to Sefton patients. The App will allow patients to access a range of services at home or on a mobile device such as a tablet or mobile phone. Some of the key features of the app once fully implemented include the ability for patients to:

- check your symptoms
- find out what to do when you need help urgently
- book and manage appointments at your GP surgery
- order repeat prescriptions
- securely view your GP medical record
- register to be an organ donor
- choose how the NHS uses your data

Digital optimisation

To ensure our GP practices are getting the most value from their clinical systems and tools, we will work with them to review their processes and to identify any best practice and ways in which technology can be used to improve the efficiency and delivery of care.

Digital exemplars

We have identified a GP practice and a local GP practice network to become ‘Digital Exemplars’. Their role will be to embrace the use of technology and demonstrate its value to others and to pilot new digital services and emerging technologies.

Involving our residents

We are committed to putting the voice of patients and the public at the heart of our commissioning and we believe this is fundamental to achieving better health and wellbeing.

Our patients know the quality of existing health services from first hand experience and the view of our residents can help us to determine what more we need to do to achieve our aims, so services are 'patient centred' and better focused around their local needs.

Our CCG Constitution [34]reflects our commitment and our legal duty under the National Health Service Act 2006 and Social Care Act 2012 to involve our residents in developing and commissioning health services.

Our Communications and Engagement Strategy [35]describes our legal duty to involve in greater detail. It also outlines our principles and approach to involving our residents and the partners we work with.

This section focuses on how we have involved people in our work in 2018-2019 and you can read more examples throughout this report, like our medicines management schemes (see page 47).

Our framework for involvement

We have developed, and continue to develop, structures and processes to ensure that we embed involvement in our daily work.

You can see our framework for involvement in full on our website[36]. The examples below illustrate some of its key elements – reflecting our CCG Constitution and our Communications and Engagement Strategy – and how they have supported and provided assurance in 2018-2019 around our public and patient involvement work:

Our committees and groups

Governing Body - a lay representative dedicated to patient and public involvement sits on our Governing Body, where our most important work is debated and approved. The chair of Healthwatch Sefton is also a member of the Governing Body [37]providing independent representation from patients and residents. We hold bi-monthly Governing Body meetings in public, where residents are invited to hear members discussing and making decisions about our work. Ahead of the start of these formal meetings, there is an opportunity for people to meet some of the doctors and other professionals who make up the committee. They are also welcome to ask any questions or queries they have during this session.

[34] https://www.southseftonccg.nhs.uk/about-us/our-constitution/
[35] https://www.southseftonccg.nhs.uk/media/2304/ssccg_commsengagement_january-2018_6.pdf
[36] https://www.southseftonccg.nhs.uk/get-involved/our-framework-for-involvement/
[37] https://www.southseftonccg.nhs.uk/about-us/governing-body/

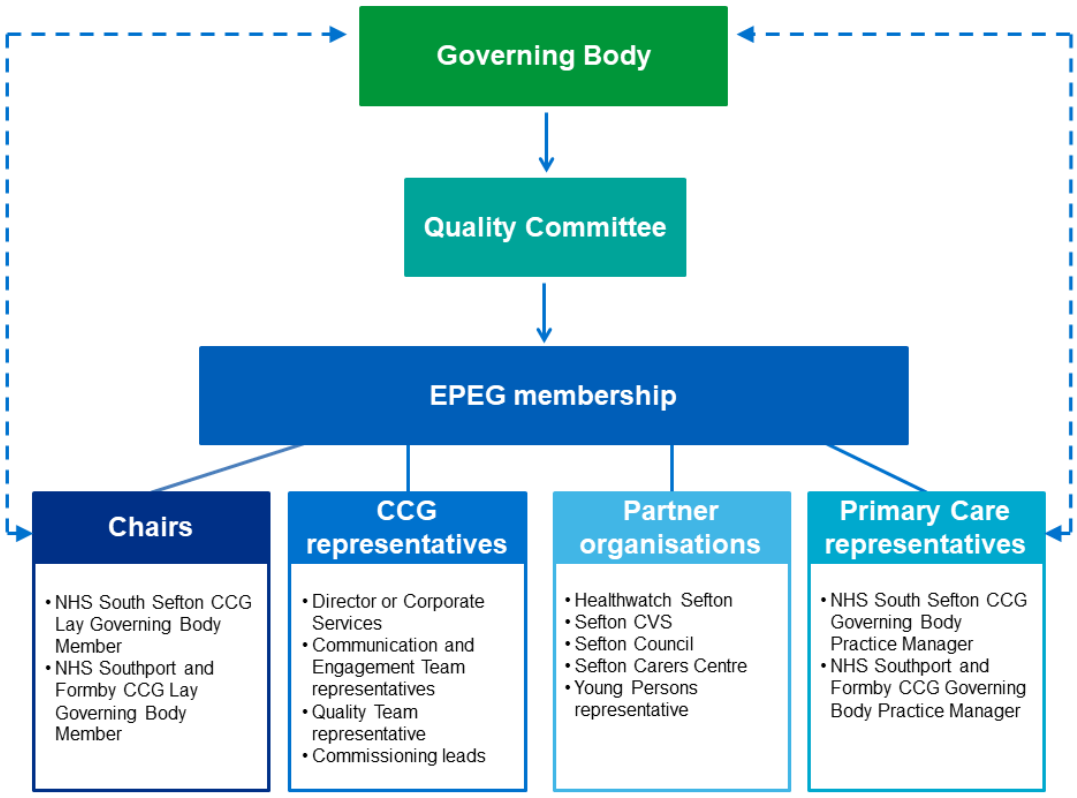
Quality Committee - overseeing patient experience is one of the main responsibilities of this committee and our Quality Strategy[38] describes this. The committee provides our Governing Body with direct assurance of the experience our patients receive from the services we commission, taking action when this falls below what we expect.

EPEG - our engagement and patient experience group, known as EPEG [39]is embedded in the structures and processes that oversee our involvement work and reports directly to our Quality Committee. The group brings us together with patient representatives and key partners from across health and care in Sefton to provide us with assurance and advice about our statutory responsibilities around engagement and consultation. The group also monitors involvement and patient experience in the services we commission. An example of this in 2018-2019 related to ongoing concerns with car parking at Aintree Hospital, particularly in relation to the extra costs incurred by patients and visitors when clinics are delayed. Through regular review of patient experience at the hospital, EPEG was able to identify this reoccurring issue and escalate to the provider with Healthwatch Sefton and our Quality Committee for action. As a result, the hospital put a new system in place where patients can now request a refund for the additional parking costs incurred due to delayed clinics.

Other committees - processes and systems for involvement are embedded in some of our most important committees such as our Corporate Governance Support Group that oversees complaints and other insight that informs our involvement work, and our Clinical Advisory Group. The work of these committees and groups is also underpinned by some of our most important strategies, policies and protocols, such as our disinvestment policy and procedures which also contribute to our involvement framework.

You can see how our main committees and groups for overseeing and assuring involvement activities work together in the following diagram.

[38] https://www.southseftonccg.nhs.uk/media/2296/quality-strategy-2015-2019.pdf
[39] https://www.southseftonccg.nhs.uk/get-involved/epeg/



External assurance mechanisms

As well as our internal committees, groups, policies and processes there are a number of external committees and forums that provide helpful challenge to help shape our work.

We keep Sefton Council's relevant **Overview and Scrutiny Committees** (OSCs) up to date on our work and any involvement plans we have to change or reconfigure local health services, in line with our responsibilities to them. In 2018-2019, our chief officer has continued to attend meetings of the OSC for Adult Social Care and Health to present update reports and more focused presentations. Topics for members of the committee to feed into and scrutinise have included our draft primary care strategy and a focus on our medicines management work.

We are also able test our involvement plans with **Sefton Council's Engagement and Consultation Standard Panel**. This well established partnership forum provides valuable advice and guidance. This year, the panel has advised on our involvement plans for the review of urgent care services and our health policies review. For both of these projects, the panel's local knowledge has been particularly useful helping us to identify groups and contacts that are often difficult to involve in our work, such as those that are homeless and from lesbian, gay, bisexual and transgender (LGBT) communities.

Service changes and developments

As part of any plans for service development or change, we design and carry out specific involvement exercises. These vary in scale depending on the degree of change and the impact of these changes for patients and residents. Stakeholder mapping and equality impact assessments are integral to developing our involvement plans, as well as demographic monitoring of those who take part in our exercises.

The latest phase of our **review of local health policies** required a targeted approach to engagement. As some of the policies and treatments only affect a small number of people, we needed to understand who would be particularly affected. Our approach needed to involve those patients and carers, whilst also giving the wider population - and minority groups - the opportunity to comment. Our 'stakeholder analysis' and 'equality impact assessment' tools have helped us to do this, which have supported the development of an engagement plan, which is appropriate in scale and in its approach**.** Further information about the review can be found on our website[40].

We began a **review of our urgent care services** in December 2018. Urgent care ranges from pharmacy and GP services, through to NHS 111, walk in centres, A&E and emergency ambulances. As we work to transform our urgent care system working collaboratively with neighbouring CCGs across the north Merseyside, understanding our residents views and experiences of these services is important. We carried out an eight week engagement inviting people to complete a survey. We also worked with local partners and stakeholders, attending several meetings and events to discuss people's views and experiences first hand. In total, we attended 33 events and had over 1000 face to face conversations with people.

We will use The CCG will use the feedback from these involvement exercises to help inform the decisions itwe makes about the future development of the policies and services under review.

Co-production - working with patient, public or carer representatives

Whenever appropriate, we invite patient, public or carer representatives to get directly involved in our day to day commissioning work, such as taking part in procurement processes or joining our working groups to enable services and programmes to be 'co-produced'.

This year we have continued to work with transgender residents to further develop our **Trans Health Sefton** service, tackling poor outcomes, health inequalities and patient safety issues. We have led the roll out of this approach across other CCG areas in Merseyside through the co-designed 'CMAGIC' pathway[41], which is being considered for piloting at a national level.

We know from national research and local engagement that access to services for deaf patients is poor yet in general they do not complain about their care and their experiences of healthcare. We worked with **Merseyside Society for Deaf People** (MSDP), a local trusted charity, to provide a solution. MSDP has become a point of access for D/deaf people around complaints and patient experience. To support this, we commissioned a British Sign Language video[42] to signpost people to the charity for help, advice and support from our website. We are sharing this film with all services we commission including hospital services, general practices, community services and mental health teams to raise awareness with their patients too.

The procurement panel for our new **7 day GP extended access service** included a patient representative. Their role specifically focused on aspects of the service like location, clinic times and how patient experience would be captured and used to inform ongoing developments.

[40] https://www.southseftonccg.nhs.uk/
[41] https://www.southseftonccg.nhs.uk/get-involved/how-we-use-your-views/how-cmagic-was-developed-to-give-trans-people-a-say-in-their-care/
[42] https://youtu.be/PfnjV_7QKew

Our involvement database

We invite residents who are interested in getting involved or who want to learn more about our work to join our mailing list[43]. In 2018 – 2019, we have used the system to introduce a new email newsletter to more regularly inform people about opportunities to get involved, including local and national engagement and consultation such as the local urgent care review, review of local health policies and NHS Long Term Plan proposals. Encouragingly, the number of residents and stakeholders interested in getting involved in our work continues to grow. We now have 187 residents and 587 organisations signed up to our database.

Our annual review and Big Chat events

Since 2012, we have combined our annual general meetings with our popular 'Big Chat' style engagement events to make these sessions as meaningful as possible for our residents.

At **Big Chat 10** in September 2018, we gave an update on 'Shaping Sefton' and the transformation work we are starting to carry out in partnership through the Sefton Health and Care Partnership Board. We specifically focused on the future of primary care, the new 7 day GP access service, the role of VCF organisations in supporting people's health and wellbeing and some ideas for transforming community services. Feedback from table discussions was captured and summarised in the event report[44], which can be found on our website and is being used to help us develop our plans in 2019-2020.

Here is a comment from our residents about the event:

'I've found it quite interesting … there was some new material and also it began to look at things on a more strategic basis but I don't think it took it to its logical conclusion. I think what we're hearing today is only the start of really quite a long process.'

This year we have used feedback from our earlier **Big Chat 9** in September 2017 to inform the development of our new medicines management policy. At the Big Chat we talked with people about a proposal to stop the prescribing of over the counter medicines (OTC) such as paracetamol, which can be easily bought from a chemist or supermarket. It was estimated that this would save us around £15,000 per year and hopefully reduce the pressure on GP appointments. Attendees at the event expressed a great deal of support for the changes and there was agreement that there would be positive financial benefits for the local NHS.

NHS England launched a national consultation in December 2017 asking for views about this proposal, which we also promoted locally with our residents and partners, encouraging them to get involved.

How we used the feedback – responding to Big Chat 9 feedback and the outcomes from the national consultation, we launched a medicines self care policy[45] in November 2018. The policy explains that over the counter medicines will no longer be routinely prescribed. It responds to people's views around affordability and vulnerability, setting out some clear

[43] https://www.southseftonccg.nhs.uk/get-involved/join-our-mailing-list/
[44] https://www.southseftonccg.nhs.uk/media/3317/ssccg-big-chat-10-summary-report-september-2018.pdf
[45] https://www.southseftonccg.nhs.uk/get-involved/how-we-use-your-views/making-positive-financial-savings-by-introducing-a-new-policy/

exemptions to this new approach. The launch included going out to different community groups to feedback and talk about the changes.

Our communication and feedback systems

We use all our communication channels and networks to keep people informed about healthcare developments and provide opportunities to get involved and comment. We also use these channels as part of our approach to feedback the outcomes of our involvement activities.

As well providing daily updates and news, our websites and Twitter account invite people to comment or ask questions. This two way communication is an important way to hear from residents about their experiences and views of local healthcare, and is captured and used in the same way as other feedback we collect. For example, the website and Twitter comments received during the recent urgent care review and the current review of health policies will be included alongside all other feedback in the engagement report that commissioners use to help them make decisions about these health services.

When we talk to local residents and partners about our work, we often capture some of their views through filmed interviews, which we can then share more widely on our websites and through our Twitter[46] and You Tube[47] channels.

We have also improved our website this year to better reflect the range of involvement work we carry out and to better promote the opportunities for our residents to take part. We have also added a range of accessibility functions to the website such as text to speech and translation, font size and colour contrast options.

[46] https://twitter.com/NHSSSCCG
[47] https://www.youtube.com/channel/UCVF6RjsbZXnXFmoHqMzSJnQ

Working with partners and the community

This year we built on our networks and further developed the close working relationship we enjoy with partners. As well as supporting us to share and cascade information about how people can learn more and have their say on local healthcare developments, we have been using their meetings and groups to undertake more face to face engagement.

Below are some examples of how we have done this in 2018-2019:

Healthwatch Sefton – jointly hosting healthcare themed events

We have been strengthening our collaborative work with our Healthwatch colleagues to plan and deliver themed 'Community Champion' involvement events, introduced for the first time this year. These events invite Community Champions – who represent specific Sefton localities and groups – to come along to learn more about and discuss specific healthcare topics. Some of the topics have included **urgent care services** and the **7 day GP access service**. This valuable feedback has been collated and will inform the future developments of these services.

Sefton CVS – stakeholder mapping exercise

Working with our Sefton CVS colleagues, we recently undertook a 'stakeholder mapping' exercise which involved a review of our catalogue of stakeholder groups and contacts. This refresh enabled us to update and expand on the number and types of groups that we work with. In particular, this helped us to establish links with our most hard to reach communities, including those representing individuals who are homeless, military veterans and from the gypsy/traveller communities. This was particularly helpful in supporting us in our recent review of urgent care services, as we were able to reach and involve more diverse groups.

Sefton Young Advisors – 'Your Youth Health Event Day'

This year we worked together with Sefton Young Advisors (YAs) to plan and deliver a 'Your Youth Health Day' event, inviting pupils from local secondary schools to learn and talk about local health services. The aims were to find out what young people know about local health services, how they use these and what support they need to better look after their own health. The event feedback has helped to understand more about young people's knowledge and experience of health services and how to better communicate with them. Some of the young people's comments about the benefits of the event included:

"I have learnt about NHS 111 which I never knew about before "

"I have had fun and learnt some things that I have never thought of before, like going to my local pharmacy for advice"

How we are using the feedback - we are working with the YAs to develop recommendations for next steps based on the views and suggestions that young people shared at the event. You can read about these outcomes from our website[48].

[48] https://www.southseftonccg.nhs.uk/

Working with other groups

To update and feedback about our work to stakeholders and public, we regularly attend our partners meetings and events. For example, we attend local older people's forums such as Sefton Pensioners Advocacy Centre meetings, Sefton Opera's 'Keep Well, Keep Warm' and Sefton Council's Senior Road User's events to speak to residents about how they can better manage their medicines. We also use these forums to promote and engage people in our involvement projects such as our review of urgent care services and review of local health policies.

We also continue to regularly attend the Sefton CVS Health and Social Care Forum to update and talk to members about our plans. This year, this has included providing an update and the opportunity to discuss our plans for transforming local services and an overview of the NHS Long Term Plan, what this means for Sefton and how people can share their views on these plans.

Community involvement – celebrating the NHS at 70

As part of NHS at 70, we also established contacts with local supermarkets and their community involvement teams to engage with local residents. We used their public spaces to host stands to celebrate the achievements of the NHS and also talk to people about getting involved, signing up interested people to our involvement database.

Patient Participation Groups

A number of our GP practices have patient participation groups (PPGs). These enable patients to have their say about services at their practice and hear about our wider work. Whenever possible we ask practices to share information and updates with their groups and encourage them to get involved.

With Healthwatch Sefton, we are starting to explore how we can further support practices to enhance the work of their PPGs. As we work with practices to develop and improve how we deliver local GP services, PPGs have an important role in capturing the views of patients to help inform these proposals and plans, particularly the development of Primary Care Networks.

Supporting and developing involvement

As well as inviting and encouraging people to get involved in our work and routinely asking residents and stakeholders about how we can do this better, this year we have also been looking at other ways we can support involvement more widely.

National consultations

Throughout the year, we have supported and promoted several national consultations, encouraging local residents and stakeholders to get involved and share their views. This included consultations around the NHS Long Term Plan and prescribing of low priority items.

Local NHS provider developments

This year we have promoted and involved residents and patients in some of our providers involvement activities including a proposed reconfiguration of orthopaedic services[49] at Royal Liverpool and Aintree University Hospitals, which would involve moving some of the services to different hospital sites. Views from Sefton residents have been used to identify issues and concerns around access to these services. Our residents said that travelling to other sites such as Broadgreen Hospital for treatment could be a problem for some patients, so minor modifications to clinic times were being considered to address this.

Promoting involvement and training opportunities

We have also been looking at other ways we can support involvement this year. This has included promoting becoming an NHS foundation trust member at one of the local NHS provider organisations, becoming a Healthwatch Sefton member or CVS volunteer and joining NHS England's involvement hub which provides information and training to support people to get more actively involved both locally and nationally. As well as our public, we also provide support to our commissioning staff to ensure they are able to build involvement activities into their work.

How we use the feedback we receive

After each of our involvement exercises has ended, we collate and analyse the feedback we receive and produce a report of the key findings. We share these reports with our public and partners and we use them to inform the development of the services we commission. The insight we gather from the involvement activities we carry out helps us to understand what patients and the public think about local services and our plans for developing or changing them. In particular, it helps us to identify what is working well and if there are any specific areas of patient concern that we need to address as we take plans forward.

In addition, as part of the decision making process about changes to the future provision and delivery of any service, our CCG Governing Body is required to take account of the views of local patients and residents in line with statutory duties[50].

[49] https://www.rlbuht.nhs.uk/departments/medical-specialisms/major-trauma-and-orthopaedics/
[50] https://www.england.nhs.uk/participation/involvementguidance/

You can find our involvement reports and any updates about how we have used the information to inform service delivery or development on our website, along with reports carried out by our partners that affect our residents[51].

How we evaluate our involvement work

We assess the effectiveness of our involvement activities in a number of different ways, from external assurance mechanisms, to regularly asking residents about how well we involve them. This year, the update of our Communications and Engagement Strategy was informed by the views gained about our involvement activities. We also introduced a new email update focusing on involvement opportunities for residents and partners. This was as a result of recommendation from an internal audit of our systems and processes to involve stakeholders carried out by Merseyside Internal Audit Agency (MIAA). We received a 'significant assurance' rating in the MIAA review from the previous year. At the end of 2018 -2019, we prepared for the second annual NHS England assessment against community and patient involvement standards, as part of its wider CCG assurance framework. The outcome of our self-assessment will be known in July 2019 and we hope to build on our result for 2017-2018, when we achieved a good or 'green' rating.

[51] https://www.southseftonccg.nhs.uk/get-involved/previous-exercises/

Equality and diversity

We want to ensure that we commission services fairly, so that no community or group is left behind in the changes that we make to healthcare services as we work towards the vision and challenges set out in NHS England's Long Term Plan[52].

We continue to work internally and in partnership with our providers, community and voluntary sector and other key organisations to ensure that we advance equality of opportunity and meet the exacting requirements of the Equality Act 2010 during these difficult and challenging times.

You can read a full account of how we respond to our duties in our full equality and diversity annual report that will be available from May 2019, which we publish on our website. It sets out how we pay 'due regard' to our public sector equality duty, which we consider daily as we make commissioning decisions on behalf of the population we serve.

Our duties

We are required to prepare and publish equality objectives to meet our specific duty as outlined in the Equality Act 2010. Our four year objectives plan is specific and measurable, and it is aimed at tackling a diverse range of barriers faced by people who share protected characteristics in relation to health services we commission and support.

Our equality objectives are:

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

Equality delivery systems 2

We strive to improve our equality performance during these very difficult and challenging times. To help us set our equality objectives and improve access and outcomes for people who face barriers we have implemented our equality delivery systems (EDS) 2 toolkit. Information about EDS 2 is contained within our full Equality and Diversity Annual Report 2018. We host the Merseyside CCG Equality & Inclusion Service. During 2018 the service has led a collaborative approach to EDS 2 across Merseyside which includes Sefton, and involves all 12 NHS providers. Equality leads from commissioners and providers have worked with national and local organisations, networks and groups who represent the views of people with protected characteristics to understand the key 'barriers' to access and poor outcomes. For example to understand 'barriers' that impact on our Black, Asian and Minority Ethnic (BAME) communities we worked with the national Race Equality Foundation and our local BAME community development project and equal voice network. They identified language barriers including varied quality in translation and interpretation (T&I) services and varied understanding of cultural sensitivity across NHS services. As a result of this work we are refreshing our equality objectives to include cultural sensitivity and this will be presented to our Governing Body in early 2019-2020.

[52] https://www.longtermplan.nhs.uk/

Provider performance

We are working closely with our providers to improve equality performance on access and outcomes for protected groups through robust contract monitoring, via the quality contract schedule. Key areas of focus include:

- Information standards, including reasonable adjustments are implemented and meet the needs of our disabled community.
- Decision making across trusts pays ‘due regard’ to our Public Sector Equality Duty prior to decisions being made.
- Ensuring specific duties are met.

Our staff

We have duties to meet under the Equality Act 2010 in relation to workforce and organisational development. We take positive steps to ensure that our policies deal with equality implications around recruitment and selection, pay and benefits, flexible working hours, training and development, policies around managing employees and protecting employees from harassment, victimisation and discrimination. It is mandatory for all our staff to complete equality training and, in addition, we have a workforce equality plan, which has contributed to us paying due regard to our Workforce Race Equality Standard (WRES).

As a direct result of our WRES and EDS 2 work, the commissioner and provider collaborative that we lead is working with staff from BAME backgrounds across Sefton on a number of positive action programmes, including extending existing staff support networks in Merseyside for CCG and NHS providers in the borough.

Reducing health inequality

Learning Disability Directed Enhanced Service (DES)

A Learning Disability Annual Health Check Direct Enhanced Scheme (DES) was commissioned by NHSE in 2018-2019 and is available to GP practices nationally to deliver to their own registered population. The scheme is optional for practices to participate in, and is over and above the GP core contract.

Historic participation in the DES has been low, and in an attempt to increase the number of health checks delivered, the CCG has worked with NHSE through a service level agreement to create a local solution to provide a flexible option for practice participation.

The CCG secured participation from South Sefton Primary Health Care Limited (SSPHC) (South Sefton Federation) to work alongside practices to deliver the DES in a different way, which has meant an increase in health checks from 85 completed in 2017-2018, to 230 completed in 2018-2019.

Trans Health Sefton – a unified approach to gender care

Now in its second year, the 'Trans Health Sefton – a unified approach to gender care' service has gone from strength to strength.

The clinic is the first of its kind and described as a true grass roots initiative. It is now fully operational and already improving access locally. Health inequalities have been reduced and there has been an improvement in patient experience, safety and wellbeing.

The aim of the service was to achieve an integrated approach to care with primary care providers and ensure close links with local Trans support services and expert centres at a national level which it has been successful in doing across Sefton.

Since the Sefton service opened its doors in April 2017, 60 patients have been seen. Many of these patients have expressed their satisfaction and praised the staff's awareness of trans peoples issues.

Outcomes so far include:

- Improved mental wellbeing
- Reduced travel times to clinics
- Reduced waiting times for appointments

The service model developed in Sefton has been shared as an example of good practice with NHS England and a collaborative of interested parties, commissioners, GPs and patients have come together with the aim of rolling out the Sefton service across Cheshire and Merseyside[53].

Dr Anna Ferguson runs the service for Sefton and is a local GP with a specialist interest in the field of gender medicine and she has been instrumental in getting this up and running.

[53] https://www.southseftonccg.nhs.uk/get-involved/how-we-use-your-views/how-cmagic-was-developed-to-give-trans-people-a-say-in-their-care/]

Voluntary, community and faith (VCF) sector

We commission a range of services from local voluntary, community and faith (VCF) organisations towards improving wellbeing and addressing health inequalities in Sefton. This supports our priority work in Shaping Sefton, our annual operational plan, 'Highway to Health', as well as the Joint Strategic Needs Assessment and Health and Wellbeing Strategy that we work on together with the council.

Below is a list of these services:

Organisation	Description of the service	Priority health areas addressed by services
Sefton Advocacy	Advocacy service for people aged 16+	Advocacy Supporting mental health, older people and Learning Disabilities agendas
Sefton CAB	Mental Health Project.	Advocacy support for in-patients at Clock View Hospital Mental health support Supporting hospital discharges
Imagine	Individual Placement Support Employment Service	Mental health support
Sefton CVS	Children, Young People and Family Lead (Every Child Matters) Health and Wellbeing Development Officer & Support Officer Health & Wellbeing Trainers x 4 (Supporting South Sefton Virtual Ward Programme) Community Development Worker BME Communities	Children and families Wellbeing and reablement Community and housing for people with mental health issues Support for BME communities
Alzheimer's Society	Dementia Community Support Service. Dementia Peer Group Support Service. Improving Public and Professional	Dementia support for patients and their families/carers

	Awareness Service	
SWACA, Sefton Women's and Children's Aid	Women and Children's Aid centre, Child and Adolescent Mental Health	Children and families – Domestic Violence Support
SWAN Centre	Counselling and Listening Service Outreach Service Support Group - Staying Out Project	Women's Mental Health Support
Sefton Age Concern	Befriending and Reablement Service	Dementia
Expect	Service provided at Bowersdale Resource Centre	Support for people with mental health issues
Sefton Carers Centre	Advocacy for Parent Carers	Children and families
CHART, Crosby Housing Reablement Team,	Crosby Housing Re enablement Team	Wellbeing and reablement
Netherton Feelgood Factory	Health Promotion	Mental Health Wellbeing and reablement
Parenting 2000	Children and families needing support: special needs, low self-esteem and confidence, emotional issues, drugs and alcohol, domestic abuse, bereavement	Children and families
Stroke Association	Intermediate Care (Carers and advocacy, Communication)	Wellbeing and reablement

Below are some of the highlights and outcomes achieved by these VCF groups in 2018-2019 to improve the health and wellbeing of all our residents. Below are some of the highlights and outcomes achieved by these VCF groups in 2018-2019 to improve the health and wellbeing of all our residents.

Age Concern Liverpool and Sefton

The befriending and reablement service promotes older people's social independence via positive health, support and wellbeing to prevent social isolation. Work has taken place with GP practices to support older patients experiencing bereavement, loneliness and benefit issues.

Alzheimer's Society

The society continued to deliver dementia support sessions in GP practices during 2018-2019. Pre-arranged sessions are booked and delivered on the basis of need in particular GP practices. The service also provides a Side-by-Side service, which has successfully matched a number of service users with volunteers enjoying a range of activities including dancing, theatre trips, coffee shop trips, shopping and walking. Dementia peer support groups during this year included Singing for the Brain, Active & Involved, reading sessions and memory cafes across the borough. Alzheimer's Society also showcased a memory garden at the Southport Flower Show, over 750 people stopped to have a chat, pick up a leaflet or ask for advice or support.

Citizens Advice Sefton

This service offers various forms of advice to in-patients at Clock View Hospital in Walton. During 2018-2019 the majority of support required related to benefits payments (including Universal Credit applications), housing, mobility debt, health and community care, housing, legal, relationships and family, travel and transport issues.

Crosby Housing and Reablement Team (CHART)

During 2018-2019 the service accommodated approximately 150 service users and supported a further 120 people to stay in their current place of residence. The service helped around 40 people avoid admission to hospital and enabled around 80 patients to be discharged. In addition to this, the service prevented around 60 people from becoming homeless.

Expect Limited

Expect Limited provides an environment where service users can participate in formal and informal centre based and wider community activities. These activities include helping service users in regaining skills lost due to illness, developing new skills and knowledge, improving social inclusion, gaining independence, having access to more choice and increasing fitness, improving health and safety, financial stability and enjoyment. A variety of structured activities were delivered during 2018-2019 including drama, music, comedy workshops, weekly cooking activities, summer parties and groups such as Let's Talk Mental Health, together with outreach support.

Imagine independence

This service supports individuals with mental disorder living in the community. It promotes independence and recovery, providing support to maintain health and wellbeing, reducing admissions to residential, nursing care and in-patient settings. During 2018-2019 Imagine Independence assisted service users with completing personal profiles and search for paid employment. A number of service users attended job interviews. Around 100 people managed to secure paid work for over 16 hours per week and around 30 managed to secure paid work for less than 16 hours per week. The service supported people in retaining their current employment and liaised with employers on their behalf.

Netherton Feelgood Factory

This service provides a safe space for people with complex mental and social care needs (Upstairs @ 83 offers open access drop-in, one-to-one counselling, group interventions, welfare advice and support). Three paid staff were employed together with a small number of volunteers. Examples of work carried out during 2018-2019 include issues relating to domestic violence, family issues, unemployment due to mental health related issues, anxiety and depression.

Parenting 2000

The service provides counselling and support to vulnerable children, young people and families most in need – where deprivation, poverty and emotional wellbeing dramatically affect everyday family life promoting and embedding parenting skills, providing a place where all parents, carers, young people and children can access information, advice and support enabling people to meet the diverse challenges that life presents.

Sefton Advocacy

During 2018-2019 the service has provided advocacy for a large number of people across the Sefton footprint ranging from housing, benefits, grants, care home advice, safeguarding and wellbeing. During this year, Sefton Advocacy has helped the CCGs to develop an independent service funding model; this involved supporting individuals to identifying their most suitable support agency. The service is also supporting IAPT services across the borough. This enables service users to access advice about to benefit applications and suitable housing.

Sefton Carers Centre

The service provides specialist advocacy, peer support, advice and guidance. This includes advocacy for parent carers to pursue rights to services and to meet needs due to barriers, especially for children with emotional or behavioural issues. The centre has reported an increase in tribunal cases during this year whilst Universal Credit advice and support has been a key issue for those presenting to the service. A number of volunteers have been recruited to the (non-personal care) sitting service, enabling carers to take a short break. Physical and emotional health and wellbeing has also been provided through counselling and holistic therapies (91% of therapy users reporting this had a marked or significant positive impact on them). The service has also been key in working with the CCGs to develop Personal Health Budgets.

Sefton Council for Voluntary Service

BME community support worker – this role links with communities in accessing a range of services that impact on health and wellbeing. This helps to improve access and uptake of services including appropriate mental health services such as IAPT. Help is given to service users to access primary care and supporting asylum seekers and refugees with mental health and physical health conditions. The majority of enquiries during 2018-2019 were around mental health, legal issues, safeguarding, benefits, finance, debt and general health.

Children, Young People and Families Lead (Every Child Matters) - provided representation on various working groups and partnerships enabling participation of voluntary, community and faith (VCF) sector organisations in decision making, helping identify gaps and needs (including

under-represented groups) and developing training opportunities. During 2018-2019 the service facilitated a number of network and forum meetings. As part of a restructure, the Children, Young People & Families Lead now has responsibility for more focussed management of VCF capacity building, volunteer co-ordination and collaborative working with both Sefton Council and both CCGs in Sefton.

Health and Wellbeing Trainers - develop pro-active care programmes to encourage better self-care and behavioural change, to relieve anxiety, prevent unnecessary hospital admissions and signpost to other health and social care services.

Sefton Women's And Children's Aid (SWACA)

SWACA provides crisis intervention, early intervention and prevention to overcome the impact of domestic abuse. This includes advocacy, advice, programmes of work, parenting support, legal advice and therapeutic support, plus multi-agency training and VCF partnership working. The service has seen an increased demand identified during 2018-2019. Referrals came from various sources. The top three referrers to the service were from the police (41%), self-referrals (19%) and safeguarding children (15%). Other referral sources included adult social care, children's centres, family and friends, housing and VCF organisations.

Sefton Council asked for a Sefton Women's & Children's Aid (SWACA) Children's Worker to be assigned to two children, S&M, as part of a Child Protection Plan. The children have witnessed numerous incidents of physical and emotional abuse. As the sessions developed, the children began to open up about their experiences.

S disclosed that there were a lot of arguments in the family home and a safety plan was developed to address this. Mum was advised not to allow her partner into the family home. S feels things at home are much better without mum's partner there. M is a lot calmer and plays better with his friends. Mum has been referred to the Mirror Project, one of SWACA's Adult Women Support Group programmes to understand the impact domestic abuse on herself and the children. The SWACA Children's Worker is focusing on supporting the children, dealing with their emotions, raising self-esteem and developing their support networks.

"I wouldn't be where I am if it wasn't for [Sefton Women's & Children's Aid]. I would never have had the strength or the courage to leave and stand up for what I know I deserve."

South Sefton service user

Stroke Association

The association provides information, advice and support for patients and their families post stroke and is delivered within hospital and community settings alongside a multi-disciplinary team of health and social care professionals. As plans evolve, work is being undertaken to ensure stroke's new priority status is supported by ambitious and deliverable interventions across the whole National Stroke Programme pathway. During this year, it was reported that a significant number of service users accessing the service were under the age of 50 and a number of these patients were assisted in going back to work. Other areas of support included welfare benefits, available financial and emotional support and help for young families. The service also attends weekly discharge planning meetings with the Early Supported Discharge Team. Group meetings held during the period included the communication group, peer support group and Merseyside life after stroke voluntary group.

G is a 79 stroke survivor with receptive and expressive aphasia, balance issues and some left-hand weakness. He lives with his wife and is her main carer. His son supports at weekends as he lives out of the area. To meet G's needs an initial home visit was completed. Information was provided on stroke, fatigue and communication. To address anxieties about a further stroke, lack of conversational engagement and isolation, the Stroke Association referred G to the Psychology Team for support; encouraged him to join the Communication Group; referred him to the Speech and Language Team; supplied him with befriending support (that also helped with his conversation); and supplied a grant for communication software. As a result his mood, confidence, speech, aphasia and overall health have all improved.

Swan Women's Centre

The service provides support, information and therapeutic interventions, focusing on women experiencing stress, isolation and mental ill-health. The centre also provides an outreach service, available by professional referral, for women diagnosed with severe mental illness, and those that do not fit the mental illness criteria but who need support. The emotional wellbeing support group offers support to women, via a qualified counsellor with experience of group therapy.

"I have felt extremely empowered by my counselling sessions. As a woman who was abused by my mother, I had a lifelong sense that I had done something wrong, that my opinions and thoughts had no merit. I found it very difficult to make decisions, believing very strongly that my decisions were always wrong. My Counsellor has helped me to unravel those thoughts, and think clearly about where and with whom responsibility really lies for events, behaviours actions or feelings. I have also been learning how to set boundaries to ensure that I am not victimised as I have been by various people throughout my life. I am just starting to learn how to approach conflict in a positive way, having had limited capacity to deal with conflict effectively without aggression or fear. The Swan Centre provided me with the opportunity to get the help I needed, when I needed it."

South Sefton service user

Working towards a sustainable NHS

As an NHS organisation and as a spender of public funds, we have an obligation to work in a way that has a positive effect on the communities for which we commission and procure healthcare services. Sustainability means spending public money well, the smart and efficient use of natural resources and building healthy, resilient communities. By making the most of social, environmental and economic assets we can improve health both in the immediate and long term even in the context of the rising cost of natural resources.

We acknowledge this responsibility to our patients, local communities and the environment by working hard to minimise our footprint.

As part of the NHS, public health and social care system, it is our duty to contribute towards the level of ambition set in 2014 of reducing the carbon footprint of the NHS, public health and social care system by 34% (from a 1990 baseline) equivalent to a 28% reduction from a 2013 baseline by 2020. It is our aim to meet this target by reducing our carbon emissions by 28% by 2020 using 2013 as the baseline year.

Policies

In order to embed sustainability within our business it is important to explain where in our process and procedures sustainability features.

Area	Is sustainability considered?
Commissioning (environmental)	Yes
Commissioning (social impact)	Yes
Suppliers impact	Yes
Travel	No

As an organisation that acknowledges its responsibility towards creating a sustainable future, we help achieve that goal by running awareness campaigns that promote the benefits of sustainability to our staff.

Sustainability

The second annual review of the progress and prospects in sustainable development for the health and care system was published in April 2018 by the Sustainable Development Unit (SDU). It shows that the SDU work across the system has delivered financial savings from reducing the energy, water and waste bill of the NHS. This has demonstrated in year cost savings in excess of £90m and carbon savings of 330,000 cubic tonnes, avoiding over £13m in care and treatment costs since last year. This is based on the NHS Estates Returns Information Collection date (ERIC) from NHS providers.

Partnerships

We recognise that as a commissioning organisation rather than a provider of services, most of our carbon footprint derives from commissioning health and care services. As a commissioning and contracting organisation, we will need effective contract mechanisms to deliver our ambitions for sustainable healthcare delivery.

The NHS policy framework already sets the scene for commissioners and providers to operate in a sustainable manner. Crucially for us as a CCG, evidence of this commitment will need to be provided in part through contracting mechanisms.

Our direct resources used through transport, travel and electricity are negligible compared to the resources used through the services we commission, predominantly through our main providers. Our priority therefore is to work in partnership with our main providers to improve their performance and to minimise the harm and maximise the positive gain that can be made to health from the way our providers operate. For commissioned services here is the sustainability comparator for our providers:

Organisation Name	SDMP	On track for 34% reduction	GCC	Healthy travel plan	SD reporting score
Aintree University Hospital NHS Foundation Trust	Yes	Yes	Yes	Yes	Good
Mersey Care NHS Foundation Trust	Yes	Yes	No	No	Good
Southport and Ormskirk Hospital NHS Trust	Yes	No	No	Yes	Minimum
Royal Liverpool and Broadgreen University Hospitals NHS Trust	Yes	No	Yes	Yes	Excellent
Alder Hey Children's NHS Foundation Trust	Yes	No	No	Yes	Poor

This information has been taken from the April 2018 organisational summaries as collated by the Sustainable Development Unit. More information on these measures is available here: http://www.sduhealth.org.uk/policy-strategy/reporting/organisational-summaries.aspx

Workforce operations

We have a small workforce and a small headquarters, so we are a relatively low carbon emitting organisation. We lease our office in Bootle from NHS Property Services, and we will work with them to provide all the required information about carbon emissions in future years.

As a responsible employer, we encourage our employees to use public transport and the location of our offices in Bootle and Southport is within a short walking distance of main train and bus routes. In addition to this, we offer our employees the opportunity to purchase a bike through the national cycle scheme where the employee can pay through a salary deduction over 12 month period. We also offer a salary sacrifice scheme for low emission cars for employees to consider minimising their impact on the environment.

Accountability report

Our organisational structure helps us to work effectively and commission the best healthcare possible, spending our share of NHS funding wisely. This section gives you more information about our Governing body, member practices and staff. It also details the composition and roles of our most important committees.

Corporate governance report

Members report

Governing Body membership

The table below shows the people who made up our Governing Body in 2018-2019, their roles and the committees they were a part of.

Name	Role	Governing Body	Approvals Committee	Audit Committee	Clinical QIPP Advisory	Finance and Resources Committee	Joint Commissioning Committee	Joint QIPP & Financial Recovery Committee	Joint Quality Committee	Remuneration Committee
Dr Craig Gillespie	Acting Clinical Vice Chair, GP	Yes	X	X	Yes	X	Yes	Yes	X	X
Dr Andrew Mimnagh *3.*	Clinical Chair	Chair	X	X	Yes	X	X	Yes	Yes	X
Graham Morris	Vice Chair & Lay Member – Governance and Audit	Yes	Chair	Chair	X	Chair	Yes	Yes	X	Chair
Matthew Ashton *or deputy*	Director of Public Health, Sefton MBC *(co-opted)*	Yes	X	X	X	X	X	X	X	X
Graham Bayliss	Lay member – Patient and Public Engagement	Yes	Yes	Yes	X	Yes	Yes	X	Yes	Yes

Name	Role	Governing Body	Approvals Committee	Audit Committee	Clinical QIPP Advisory	Finance and Resources Committee	Joint Commissioning Committee	Joint QIPP & Financial Recovery Committee	Joint Quality Committee	Remuneration Committee
Dr Peter Chamberlain *2.*	GP Clinical Director	Yes	X	X	Yes	Yes (from November 18)	X	X	X	X
Lynne Creevy *1.*	Practice Manager	Yes (from September 2018)	X	X	X	X	X	X	X	X
Debbie Fagan	Chief Nurse	Yes	Yes	X	Yes	Yes	X	Yes	Yes	X
Dr Gina Halstead *	GP Clinical Director	Yes	x	x	X	x	X	X	yes	x
Dwayne Johnson	Director of Social Services & Health, Sefton MBC *(co-opted)*	Yes	x	x	X	x	X	X	x	x
Maureen Kelly	Healthwatch *(co-opted)*	Yes	x	x	X	x	X	X	x	x
Martin McDowell	Chief Finance Officer	Yes	Yes	x	Yes	Yes	X	Yes	Yes	x
Dr Ricky Sinha	GP Clinical Director	Yes	x	x	Yes	x	X	X	x	Yes
Dr Sunil Sapre	GP Clinical Director	Yes	x	x	Yes	Yes	X	X	x	x

Name	Role	Governing Body	Approvals Committee	Audit Committee	Clinical QIPP Advisory	Finance and Resources Committee	Joint Commissioning Committee	Joint QIPP & Financial Recovery Committee	Joint Quality Committee	Remuneration Committee
Dr Jeff Simmonds	Secondary Care Doctor	Yes	Yes	Yes	Yes	x	X	Yes	Yes	Yes
Fiona Taylor	Chief Officer	Yes	Yes	x	Ex officio member	Ex officio member	X	Yes	Ex officio member	x
Dr John Wray	GP Clinical Director	Yes	x	x	Yes	Yes	X	X	x	x

*Clinical Lead for Quality

1. *Joined part way through year: mid-September 2018*
2. *Joined the F&R Committee part way through year: November 2018*
3. *Absence due to long term sickness*

Conflicts of interest

We have a managing conflicts of interest and gifts and hospitality policy that can be found on our website[54]. To accompany the policy we have a formal register of interests and a register of hospitality and gifts, all of which can be found on our website. All formal meeting agendas commence with a 'declaration of interest' and the chair of the meeting will address any declarations made in accordance with the policy and record any such matters and actions in the formal meeting minutes

Personal data related incidents

Our Joint Quality Committee ensures that any information we hold about our patients' care is held securely and in line with data protection legislation and wider information governance requirements. We report any personal data breaches to the Information Commissioner's Office (ICO). We also report breaches in our information governance annual report that we publish on our website. When breaches do occur, we work hard to strengthen our systems, and our staff carry out regular training to ensure their work complies with national standards and regulations. In 2018-2019 there were no breaches of personal data reported to the ICO.

Modern Slavery Act

We fully support the Government's objectives to eradicate modern slavery and human trafficking. Our Slavery and Human Trafficking Statement for the financial year ending 31 March 2019 is published on our website[55].

[54] Find links to these documents here - https://www.southseftonccg.nhs.uk/about-us/our-constitution/
[55] Find our statement here - https://www.southseftonccg.nhs.uk/get-informed/modern-slavery-and-human-trafficking/

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 Fiona Taylor to be the accountable officer of NHS South Sefton.

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

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

Under the National Health Service Act 2006 (as amended), NHS England has directed each CCG to prepare for each financial year financial statements in the form and on the basis set out in the Accounts Direction. The financial statements are prepared on an accruals basis and must give a true and fair view of the state of affairs of the CCG and of its net expenditure, changes in taxpayers' equity and cash flows for the financial year.

In preparing the financial statements, the accountable officer is required to comply with the requirements of the Group Accounting Manual issued by the Department of Health 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 Group Accounting Manual issued by the Department of Health have been followed, and disclose and explain any material departures in the financial statements

- Prepare the financial statements on a going concern basis

To the best of my knowledge and belief, I have properly discharged the responsibilities set out under the National Health Service Act 2006 (as amended), Managing Public Money and in my Clinical Commissioning Group Accountable Officer Appointment Letter.

I also confirm that:

- As far as I am aware, there is no relevant audit information of which the CCG's auditors are unaware, and that as accountable officer, I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the CCG's auditors are aware of that information
- That the annual report and accounts as a whole is fair, balanced and understandable and that I take personal responsibility for the annual report and accounts and the judgments required for determining that it is fair, balanced and understandable

Fiona Taylor

Accountable officer

23rd May 2019

Governance statement

Introduction and context

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

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

Scope of responsibility

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

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

Governance arrangements and effectiveness

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

The CCG is a clinically led membership organisation made up of general practices. Member practices are responsible for determining the governing arrangements for the organisation which are set out its constitution.

The constitution has been developed to reflect and support the objectives and values defined by the CCG and to ensure that all business functions discharged by the CCG are discharged in an open and transparent manner. It has been developed with the member practices and localities.

The CCG operates across the geographical area defined as south Sefton.

The Governing Body comprises a diverse range of skills from executive and lay members and there is a clear division of responsibility between running the Governing Body and running the operational elements of the CCG's business. The chair is responsible for the leadership of the Governing Body and ensures that directors have had access to relevant information to assist

them in the delivery of their duties. The lay members have actively provided scrutiny and challenge at Governing Body and sub-committee level.

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

Governing Body meetings have been well attended by members of the senior leadership team and lay members during the year ensuring that the Governing Body has been able to make fully informed decisions to support and deliver the strategic objectives.

Strategic objectives
To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target and to support delivery of financial recovery.
To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Five Year Forward View", underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.
To ensure that the CCG maintains and manages performance and quality across the mandated constitutional measures.
To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
To advance integration of in-hospital and community services in support of the CCG locality model of care.
To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

The Governing Body is assured of its effectiveness in terms of performance management through the regular corporate performance reports on finance, QIPP, quality and key performance indicators as set out in national guidance.

The CCG comprises membership from the practices in the following table.

Practice name and address	
15 Sefton Road	15 Sefton Road, Litherland, Liverpool , Merseyside, L21 9HA
Aintree Road Medical Centre	1B Aintree Road, Bootle, Liverpool, L20 9DL
Blundellsands Surgery	1 Warren Road, Blundellsands, Liverpool, L23 6TZ
Bootle Village Surgery	204 Stanley Road, Bootle, L20 3EW
Bridge Road Medical Centre	66-88 Bridge Road, Litherland, Liverpool, L21 6PH
Concept House Surgery	17 Merton Road, Bootle, Merseyside, L20 3BG
Crosby Village Surgery	3 Little Crosby Road, L23 2TE
Crossways Practice	168 Liverpool Road, Crosby, L23 0QW
Eastview Surgery	81-83 Crosby Road North, Waterloo, L22 4QD
Ford Medical Practice	91-93 Gorsey Lane, Litherland, Liverpool, L21 0DF
Glovers Lane Surgery	Glovers Lane, Netherton, L30 5TA
High Pastures Surgery	138 Liverpool Road North, Maghull, L31 2HW
Hightown Village Surgery	1 St Georges Road, Hightown, L38 3RY
Kingsway Surgery	30 Kingsway, Waterloo, L22 0QW
Litherland Practice – (Interim provider – UC24)	Hatton Hill Road, Litherland, Liverpool, Merseyside, L21 9JN
Liverpool Rd Medical Practice	133 Liverpool Road, Crosby, Liverpool, Merseyside, L23 5TE
Maghull Family Surgery (Dr. Sapre)	Maghull Health Centre, Maghull, L31 0DJ
Maghull Health Centre	Maghull Health Centre, Maghull, L31 0DJ
Maghull Practice	Maghull Health Centre, Maghull, L31 0DJ
Moore Street Medical Centre	77 Moore Street, Bootle, Liverpool, L20 4SE
Netherton Surgery	Netherton Health Centre, Magdalen Square, Bootle, Merseyside, L30 5SP

North Park Health Centre	290 Knowsley Road, Bootle, Merseyside, Liverpool, L20 5DQ
Orrell Park Medical Centre	Trinity Church, Orrell Lane, Liverpool, L9 8BU
Park Street Surgery	Park Street, Bootle, Liverpool, L20 3DF
Rawson Road Medical Centre	136-138 Rawson Rd, Liverpool, L21 1HP
Seaforth Village Surgery	20 Seaforth Road, Liverpool, Merseyside, L21 3TA
The Strand Medical Centre	272 Marsh Lane, Bootle, L20 5BW
Thornton Practice	Bretlands Road, Thornton, L23 1TQ
Westway Medical Centre	Westway Medical Centre, Maghull, L31 0DJ

In the latest annual improvement and assessment framework (IAF) results (2017-2018) we were rated as 'requires improvement' by NHS England against the leadership domain (amber rating). During the year the CCG continued to develop its leadership capability (clinical and managerial) by participating in the NHS England Commissioning Capability Programme (CCP) as well as securing dedicated time for development. There has been substantial involvement by the CCG in the work of the Cheshire & Merseyside Health and Care Partnership and progress made towards shared decision making models, all of which will lead to sustained improvements in services both at scale and for our population.

The CCG is able to demonstrate leadership in terms of quality and finance and proactively seeks to engage the public in its work and use patient feedback to inform the way forward. The outputs of our audits confirm that there are robust governance and accountability arrangements in place and that these are appropriately refreshed to support the new operating environment across Cheshire and Merseyside.

The Governing Body is also assured of its effectiveness via the provider performance reports and compliance with constitutional standards. Further assurances on effectiveness are also provided as part of NHSE IAF quarterly and annual assessment processes.

The Governing Body is supported by a sub-committee structure comprising the committees listed below.

Joint Quality Committee

The main functions of the committee are:

- To monitor standards and provide assurance on the quality of commissioned services, by the CCG to ensure that local and national standards are met
- To promote a culture of continuous improvement and innovation with respect to safety, clinical effectiveness and patient experience

The committee's key responsibilities are to:

- Ensure all decision making is consistent with the CCGs' QIPP priorities
- Ensure the business of the committee supports the Sefton Transformation Programme including "place base" developments.
- Approve arrangements including supporting policies to minimise clinical risk, maximise patient safety and secure continuous improvement in quality and patient outcomes
- Approve the arrangements for handling complaints
- Approve the CCGs' arrangements for engaging patients and their carers in decisions concerning their healthcare
- Approve arrangements for supporting NHS England in discharging its responsibilities to secure continuous improvement in the quality of general medical services in conjunction with the CCG and NHSE Joint Commissioning Committees
- Approve and monitor the arrangements in respect of Safeguarding (children and adults)
- Monitor the quality of commissioned services, compliance with Controlled Drugs Regulations 2013

The committee comprises the chief nurse and quality officer, lay members, clinicians and other CCG officers to ensure that the committee is appropriately skilled and resourced to deliver its objectives.

Joint Quality Committee has been well attended by all CCG officers, lay members and clinicians throughout the year so there has been robust scrutiny and challenge at all times. This has enabled the Joint Quality Committee to provide robust assurances to the respective Governing Body and to inform the Governing Body of key risk areas.

The committee is supported by a Corporate Governance Support Group, Engagement and Patient Experience Group, Medicines Operational Group and Serious Incident Review Group.

In respect of 2018-2019, key items of note were:

- Provider performance
- Quality surveillance
- Corporate risk registers (detailing specific quality risks)
- Safeguarding assurance
- Chief nurse business update
- Serious incident reports
- Review of Serious incident reporting procedures and implementation of a revised governance framework
- SEND statement of action implementation

Audit Committee

The Codes of Conduct and Accountability, issued in April 1994, set out the requirement for every NHS Board to establish an Audit Committee. That requirement remains in place today and reflects not only established best practice in the private and public sectors, but the constant principle that the existence of an independent audit committee is a central means by which a Governing Body ensures effective internal control arrangements are in place.

In September 2017 the CCG Governing Body in conjunction with NHS Southport and Formby CCG Governing Body agreed to support the proposals for the respective Audit Committees to meet as "committees in common" as a more efficient and effective way of supporting the statutory business of the CCGs. That arrangement came into effect during October 2017 and continued to operate in that way throughout 2018-2019.

A "committees in common" arrangement enables the two committees to meet at the same time in the same place with a shared agenda, however both committees must remain quorate at all times to ensure compliance with the CCGs' constitutions.

The principal functions of the committee are as follows:

- To support the establishment of an effective system of integrated governance, risk management and internal control, across the whole of the CCGs' activities to support the delivery of the CCG's objectives
- To review and approve the arrangements for discharging the CCGs' statutory financial duties
- To review and approve arrangements for the CCGs' standards of Business Conduct including conflicts of interest, the register of interests and codes of conduct
- To ensure that the organisation has policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and to approve such policies

The committee comprises four members of the clinical commissioning group Governing Body:

- Lay member (governance) (chair) and conflict of interest guardian
- Lay member (patient experience & engagement)
- Secondary care doctor

The Audit Committee chair or vice chair and one other member are necessary for quorum purposes. In addition to the committee members, officers from the CCG are also asked to attend the committee as required. This always includes senior representation from finance.

In carrying out the above work, the committee primarily utilises the work of internal audit, external audit and other assurance functions as required.

A number of representatives from external organisations have attended to provide expert opinion and support:

- Audit Manager - MIAA
- Anti-Fraud Specialist - MIAA
- Audit Director - Grant Thornton
- Audit Manager - Grant Thornton

The Audit Committee supports the Governing Body by critically reviewing governance and assurance processes on which the Governing Body places reliance. The work of the Audit Committee is not to manage the process of populating the Governance Assurance Framework or to become involved in the operational development of risk management processes, either at an overall level or for individual risks; these are the responsibility of the Governing Body supported by line management. The role of the Audit Committee is to satisfy itself that these operational processes are being carried out appropriately.

Internal audit

Role - An important principle is that internal audit is an independent and objective appraisal service within an organisation. As such, its role embraces two key areas:

- The provision of an independent opinion to the accountable officer (chief officer), the Governing Body, and to the Audit Committee on the degree to which risk management, control and governance support the achievement of the organisation's agreed objectives
- The provision of an independent and objective consultancy service specifically to help line management improve the organisation's risk management, control and governance arrangements

Internal audit, together with CCG management, prepared a plan of work that was approved by the Audit Committee and progress against that plan has been monitored throughout the year.

During 2018-2019, MIAA has reviewed the operations of the CCG. No major issues have been identified. Reports have been provided for all completed reviews and in all cases action plans have been agreed. Actions have or will be implemented and progress against action plans is regularly monitored.

An appropriate level of assurance has been provided for all areas reviewed in 2018-2019. This means that there were no areas reported by MIAA where weaknesses in control, or consistent non- compliance with key controls could have resulted in failure to achieve the review objective. In particular the arrangements in place for the management of risk were given a "substantial assurance" rating.

External audit

Role - The objectives of the external auditors are to review and report on the CCG's financial statements and on its Annual Governance Statement (AGS).

Anti-fraud specialist

Role - The CCG is committed to taking all necessary steps to counter fraud, bribery and corruption. To meet its objectives, it has adopted the four-stage approach developed by the NHS Counter Fraud Authority (CFA).

The NHS CFA unified approach to tackling all crime against the NHS (Tackling Crime against the NHS: A Strategic Approach') is delivered across four key operational areas:

- To ensure that the organisation's strategic governance arrangements have embedded anti-crime measures across all levels
- To inform and involve NHS staff and the public through raising awareness of crime risks against the NHS, and publicising those risks and effects of crime
- Prevent and deter individuals who may be tempted to commit crime against the NHS and ensure that opportunities for crime to occur are minimised
- To detect and investigate crime and hold to account those individuals who have committed crimes by prosecuting and seeking redress

The anti-fraud specialist, together with CCG management, prepared a plan of work that was approved by the Audit Committee and progress against that plan continues to be monitored throughout the year. The Audit Committee approved an updated anti-fraud, bribery and corruption policy at its January 2018 meeting that remained in operation during 2018-2019.

Regular items for review

The Audit Committee follows a work plan approved at the beginning of the year, which includes:

- Losses and special payments
- Outstanding debts
- Financial policies and procedures
- Tender waivers
- Declarations of interest
- Self-assessment of the committee's effectiveness
- Information Governance Toolkit
- Risk registers reviews

In respect of 2018-2019, key items of note are:

- Annual Governance Statement 2017-2018;
- Annual Accounts 2017–2018;
- Annual report 2017-2018, approved;
- ISA 260 2017-2018 an "except for" qualified opinion on regularity from the external auditors, Grant Thornton. The CCG reported a deficit in its financial statements for the year ending 31 March 2018, thereby breaching its duty under the National Health

Service Act 2006, as amended by paragraph 223I of Section 27 of the Health and Social Care Act 2012;

- Conflict of Interest and Gifts and Hospitality Policy – approved October 2018
- Governing Body Assurance Framework and Corporate Risk Registers.
- Registers of interest, conflicts, sponsorship and procurements.

Remuneration Committee

The committee ensures compliance with statutory requirements and undertook reviews of very senior managers' remuneration to comply with the requirements set out in the NHS Codes of Conduct and Accountability and the Higgs report.

In September 2017 the CCG Governing Body in conjunction with NHS Southport and Formby CCG Governing Body agreed to support the proposals for the respective Remuneration Committees to meet as "committees in common" as a more efficient and effective way of supporting the statutory business of the CCGs. That arrangement came into effect during October 2017 and continued to operate this way during 2018-2019.

A "committees in common" arrangement enables the two committees to meet at the same time in the same place with a shared agenda, however both committees must remain quorate at all times to ensure compliance with the CCGs' constitutions.

During the year, the committee has reviewed the following:

- Annual very senior manager (VSM) salary review
- GP pensions arrangements
- Governing Body member contracting arrangements

Finance and Resource Committee

The committee oversees and monitors financial and workforce development strategies; monitors the annual revenue budget and planned savings; develops and delivers capital investment; is responsible for reviewing financial and workforce risk registers; and financial, workforce and contracting performance.

In respect of 2018-2019, key items of note within the year are:

- Review of financial strategy and plans
- Review CCG operational budgets
- Review and discussion of monthly financial reports
- QIPP plan updates
- CSU performance reports
- IT updates
- Estates work programme updates
- Workforce reports
- Prescribing updates
- HR policies – approval

Joint QIPP and Financial Recovery Committee

The principal function of the committee is to monitor progress on the implementation and benefit realisation of the CCGs QIPP plans, providing assurances to the Governing Body that the CCG is on track to achieve its QIPP targets.

Clinical QIPP Advisory Group

This group is responsible for providing clinical advice in respect of the development of all QIPP schemes and makes recommendations to the Joint QIPP Committee. The group is not decision making, but advisory in its capacity.

Joint Commissioning Committee

The committee is a joint committee of NHSE and the CCG, with the primary purpose of jointly commissioning primary medical services for the people of south Sefton. This committee is established as a sub-committee of the Governing Body.

The role of the Joint Commissioning Committee is to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act except those relating to individual GP performance management, which have been reserved to NHS England.

Governing Body Members - Committee Attendance 2018-2019

Member	Governing Body	Approvals Committee	Audit Committee	Clinical QIPP Group	Finance & Resources Committee	Joint Commissioning Committee	Joint QIPP & Financial Recovery Committee	Joint Quality Committee	Joint Remuneration Committee
Dr Craig Gillespie	4 of 5	X	x	6 of 11	x	5 of 6	0 of 10	X	x
Dr Andrew Mimnagh *3.*	0 of 5	X	x	0 of 11	x	X	0 of 10	0 of 9	x
Graham Morris	4 of 5	2 of 3 *(4.)*	4 of 5	X	10 of 11	1 of 6	7 of 10	X	2 of 3
Matthew Ashton *or deputy*	4 of 5	X	x	X	x	X	X	X	x
Graham Bayliss	5 of 5	3 of 3	3 of 5	X	8 of 11	4 of 6	X	5 of 9	1 of 3
Dr Peter Chamberlain *2.*	4 of 5	X	x	0 of 11	3 of 5 (from Nov18)	X	0 of 10	x	X
Lynne Creevy *1.*	1 of 2	X	x	X	x	X	X	X	X
Debbie Fagan	5 of 5	2 of 3	x	2 of 11	6 of 11	X	9 of 10	8 of 9	x
Dr Gina Halstead *	5 of 5	x	x	0 of 11	x	X	0 of 10	9 of 9	x
Dwayne Johnson	3 of 5	x	x	X	x	X	X	x	x
Maureen Kelly	1 of 5	x	x	X	x	X	X	x	x
Martin McDowell	5 of 5	3 of 3	x	X	10 of 11	X	9 of 10	3 of 9	x
Dr Ricky Sinha	2 of 5	x	x	0 of 11	x	X	0 of 10	x	1 of 3
Dr Sunil Sapre	4 of 5	x	x	0 of 11	7 of 11	X	0 of 10	x	x
Dr Jeff Simmonds	1 of 5	2 of 3	3 of 5	5 of 11	x	X	6 of 10	4 of 9	2 of 3
Fiona Taylor	3 of 5	0 of 3	x	Ex officio Member	Ex officio member	X	3 of 10	Ex officio member	x
Dr John Wray	3 of 5	x	x	3 of 11	3 of 11	X	4 of 10	x	x

* Clinical Lead for Quality

1. *Joined part way through year: mid-September 2018*
2. *Joined the F&R Committee part way through year: November 2018*
3. *Absence due to long term sickness*
4. *One meeting attended by Helen Nichols, Southport & Formby CCG Governing Body, as per joint arrangement: June 2018*

UK corporate governance code

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

Whilst the detailed provisions of the UK Corporate Governance Code are not mandatory for public sector bodies, compliance is considered to be good practice. This Governance Statement is intended to demonstrate the clinical commissioning group's continued aspirations to comply with the principles set out in this code.

Up to the date of this statement the CCG has continued to work towards full compliance with the code.

Discharge of statutory functions

In light of recommendations of the 2013 Harris Review, the clinical commissioning group has reviewed all of the statutory duties and powers conferred on it by the National Health Service Act 2006 (as amended) and other associated legislative and regulations. As a result, I can confirm that the clinical commissioning group is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions.

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

Risk management arrangements and effectiveness

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an on-going process designed to:

- Identify and prioritise the risks to the achievement of the organisation's policies, aims and objectives
- Prevent and deter risks from arising by ensuring there is sufficient resource and capacity to support the CCGs strategy and objectives
- Evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically

The CCG has embedded processes in place to manage risks associated with service development or change. Stakeholder mapping, quality impact and equality impact assessments are integral to developing plans for proposed change and to manage risks which may impact on those affected by change.

Capacity to handle risk

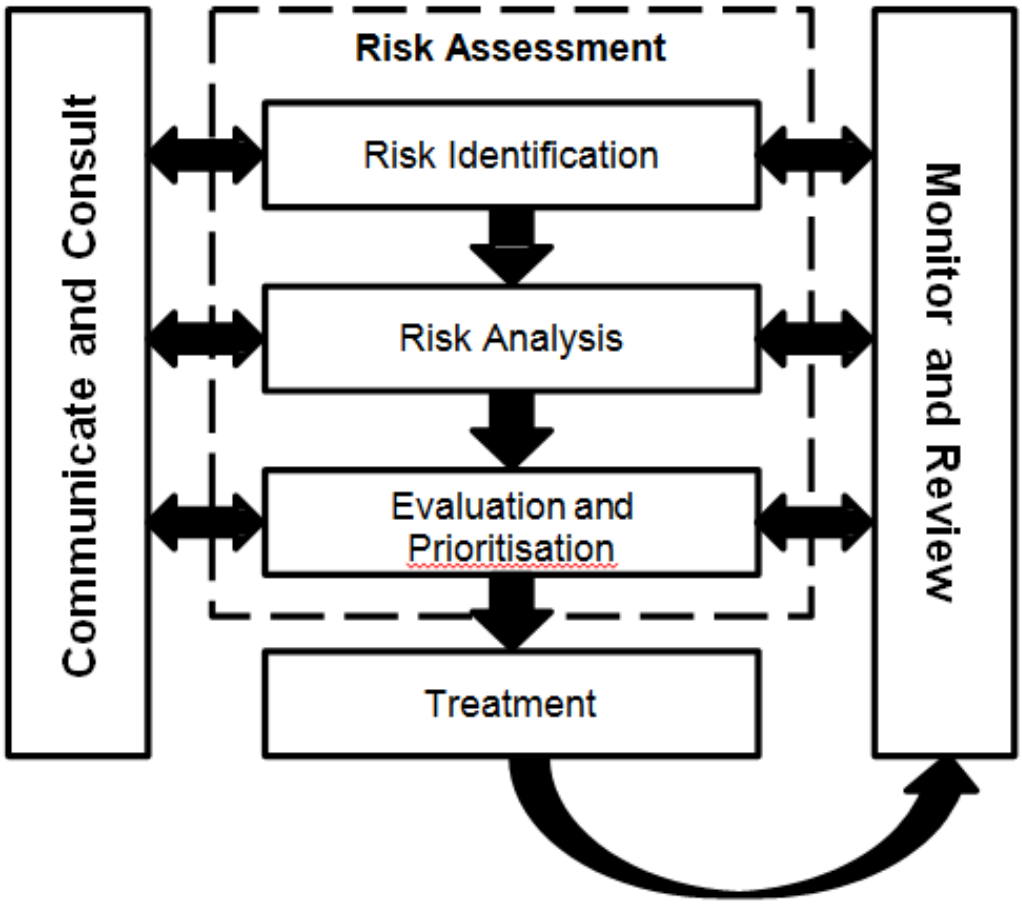
The Governing Body has developed and approved the corporate objectives, and the evaluation of the risks to achieving these objectives are set out in the Governing Body assurance framework which is regularly reviewed and scrutinised by the Leadership Team, Corporate Governance Support Group, Audit Committee and the Governing Body. The Governing Body assurance framework is a key document, the purpose of which is to provide the Governing Body with 'reasonable' assurance that internal systems are functioning effectively. It is a high level document that is used to inform and give assurance to the Governing Body that the risks to achieving key objectives are recognised and that controls are in place or being developed to manage these risks.

The senior management team has responsibility for ensuring that all objectives are appropriately resourced to secure delivery and to mitigate risks to delivery arising.

To ensure that there are effective controls in place to deter and prevent fraud the CCG has appointed an anti-fraud specialist (AFS), the service is provided by Mersey Internal Audit Agency (MIAA). The AFS undertakes an approved programme of work with the CCG ensuring that there are appropriate controls and mechanisms in place.

Risk management framework

The CCG has adopted the risk management framework described in the NHS Executives Controls Assurance risk management standard. This draws on the main components of risk strategy, that is risk identification, risk analysis, evaluation and prioritisation and risk treatment.



Risk assessment

Risks are rated, and controls that will address these risks are identified, gaps in control or assurance are noted and action plans to close gaps summarised and updated. Potential and actual sources of assurance are identified and the latter are also rated for the level of assurance provided. A summary of the assurance levels for all assurance framework entries is updated each quarter and accompanies the full document. The corporate risk register provides the Governing Body with a summary of the principal risks facing the organisation, with a summary of the actions needed and being taken to reduce these risks to an acceptable level. The information contained in the corporate risk register should be sufficient to allow the Governing Body to be involved in prioritising and managing major risks. The risks described in the corporate risk register will be more wide-ranging than those in the Governing Body assurance framework, covering a number of domains.

Where risks to achieving organisational objectives are identified in the corporate risk register these are added to the Governing Body assurance framework; and where gaps in control are identified in the Governing Body assurance framework, these risks are added to the corporate risk register. The two documents thus work together to provide the Governing Body with assurance and action plans on risk management in the organisation. The corporate risk register is updated and presented for review and scrutiny at the same time as the Governing Body assurance framework.

The CCG commissions a range of training programmes which include specific mandatory training for particular staff groups which aims to minimise the risks inherent in their daily work. Information governance, counter fraud, fire, health and safety, equality and diversity and safeguarding training are mandatory training requirements for all staff.

To ensure that there is a mechanism for public stakeholders to assist in the management of risks that impact on the public, the CCG has established an Engagement and Patient Experience Group (EPEG). This group reviews proposals for service change ensuring compliance with the Public Sector Equality Duty and other relevant laws before progressing further with consultation.

The CCG also consults with the Overview and Scrutiny Committee on any proposals potentially impacting on the public so that there is holistic and system wide assessment and mitigation of risks.

Other sources of assurance internal control framework

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

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

Annual audit of conflicts of interest management

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

The internal audit plan includes an element of time to facilitate the annual review of conflicts of interest management.

This has been completed as part of the internal audit plan for 2018/19. The CCG has been assessed as fully compliant in each of the following areas:

- Governance Arrangements
- Declaration of interests and gifts and hospitality
- Register of interests, gifts and contract monitoring
- Reporting concerns and identifying and managing breaches/ non-compliance.

Data quality

Data services are provided by a specialist centre known as “Data Services for Commissioners Regional Offices” (DSCRO). These services are commissioned through Arden & Gem CSU that process and quality assures that data that is received from providers and works with the CCG to challenge providers if inconsistencies are identified. DSCROs are regional processing centres for NHS Digital who are granted powers by the Health and Social Care Act 2012 to lawfully process patient identifiable information.

Midlands and Lancashire CSU is commissioned to provide the CCG with inter alia, performance reports, contract monitoring reports, quality dashboards and other activity and performance data.

The CCG’s business intelligence team also assess the quality of the data provided and ensure that concerns are addressed through the provider information sub group meetings.

These processes provide assurances that the quality of the data upon which the membership and Governing Body rely is robust.

Information Governance

All key information assets have been identified by the asset owners on an information asset register. The data security and confidentiality risks to each asset have been identified and control implemented to mitigate risks.

The risks to the physical information assets are minimal, and pose no significant information governance concern for the CCG.

All inbound and outbound flows of data have been identified through a data flow mapping tool. All data flows are being transferred appropriately.

The NHS Information Governance Framework sets the processes and procedures by which the NHS handles information about patients and employees, in particular personal identifiable information. The NHS Information Governance Framework is supported by a Data Security and Protection Toolkit (DSPT) (replaces the 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 that there are robust information governance systems and processes in place to help protect personal and corporate information. We have established an information governance management framework and have developed information governance policies and procedures in line with the Data Security and Protection Toolkit. We have ensured all staff undertake annual information governance training and have implemented a staff information handbook which contains information to ensure staff awareness of their roles and responsibilities.

The chief finance officer is the CCG's senior information risk owner (SIRO) and the chief nurse and quality officer is the CCG's Caldicott Guardian.

There are processes in place for incident reporting and the investigation of serious incidents. Information risk assessment and management procedures are in place and we continue to work to ensure that a risk culture remains fully embedded throughout the organisation against identified risks.

Business critical models

Officers of the CCG have reviewed the Macpherson report to consider the implications for the CCG. A report was provided to Audit Committee in April 2018 which provided assurance on CCG processes in place for business critical models.

The CCG's internal auditors have also undertaken a review of the CCG Financial Systems including Management Accounting procedures during 2018-2019 which included estimation techniques. The CCG received high assurance for this review with no significant concerns reported in respect of the control

Our business critical models and processes have been identified as risk assurance and risk management, financial and resources control, contracting and procurement processes, policy planning, forecasting and commissioning of health services, quality assurance processes, business management and corporate processes and governance arrangements.

Third party assurances

The CCG has delegated arrangements in place with providers external to the CCG for some services. Where the CCG relies on third party providers, assurance is requested to seek assurance on the effectiveness of controls and processes in place. This usually takes the form of service auditor reports.

Pension obligations

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the scheme are in accordance with the scheme rules, and that member pension scheme records are accurately updated in accordance with the timescales detailed in the regulations. 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.

A national issue has been identified whereby GP Governing Body and Clinical Lead roles have not been treated correctly for the purposes of pension. These roles were previously considered to be non-pensionable however, following contract review it has come to light that these roles should have been subject to contributions by both the employer and employee. The CCG is currently undertaking a review of individual contracts with support from Midlands and Lancashire Commissioning Support Unit in order to resolve this issue.

Equality, diversity and human rights obligations

Control measures are in place to ensure that the clinical commissioning group complies with the required public sector equality duty set out in the Equality Act 2010.

Sustainable developments obligations

The CCG will develop plans to assess risks, enhance performance and reduce its impact, including against carbon reduction and climate change adaptation objectives. This includes establishing mechanisms to embed social and environmental sustainability across policy development, business planning and in commissioning. As accountable officer I will ensure the clinical commissioning group complies with its obligations under the Climate Change Act 2008, including the Adaptation Reporting power, and the Public Services (Social Value) Act 2012. Further details of how the CCG meets these obligations are contained in the 'working sustainably' section of the report.

Risk assessment in relation to governance, risk management and internal control

NHS South Sefton CCG has a risk management strategy. The following key elements are contained within the strategy:

- Aims and objectives
- Roles, responsibilities and accountability
- The risk management process – risk identification, risk assessment, risk treatment, monitoring and review, risk prevention
- Risk grading – criteria
- Training and support

We have established a number of mechanisms for identifying and managing risks including risk profiling methodology, incident reporting, complaints and litigation data, and staff concerns or whistleblowing. The CCG whistleblowing policy has been widely communicated across the organisation and the Chief Nurse is the dedicated Freedom to Speak Up Lead.

Risk management and the ensuing development of risk registers is generally achieved using a dual 'top-down' and 'bottom-up' approach to identifying and managing risks. The 'top-down' element has been addressed through the development of a Governing Body assurance framework and corporate risk register identifying strategic high-level risks. These two documents are based on models which have previously been accepted as meeting audit requirements.

Key risks identified during 2018-2019 are:

- **Risk -** Emerging cost pressures and underperformance against the CCG QIPP plan which could have impacted on the CCGs ability to meet statutory financial duties.
  Mitigations -
    - On-going monitoring of the financial position
    - Cost containment reviews.
    - Regular check and challenge sessions with Commissioning Leads regarding QIPP scheme progress and delivery.
- **Risk -** Delivery of performance targets around RTT, Accident and Emergency, Ambulance services and Mental Health/ Dementia services.
  Mitigations –
    - The CCG produces an Integrated Performance Report, which is reviewed by the Governing Body on a monthly basis including performance against all NHS Constitutional Standards and providing a focus at Governing Body level for actions in progress.
    - A system wide approach to Urgent Care has been adopted with significant involvement by the CCG. Weekly Multi Agency Discharge Events (MADE) involve representatives from health and social care and provide focus on areas requiring urgent action.
    - The CCG is working with providers to improve access around Mental Health services including IAPT and Children and Young People mental health services.

Overall the CCG is vigilant to the potential risks to the CCG operating licence and maintains a system of strong internal control and risk management. However no organisation can be complacent and the CCG recognises this and has taken steps during the year in a number of key areas to ensure that compliance with the operating licence is maintained and protected.

Effective governance arrangements – as highlighted above the CCG keeps under constant review the governance structures and committees that support the Governing Body in the discharge of its role and responsibilities.

Performance information – during the year the integrated performance report which is presented formally to the Governing Body has been subject to regular review, refinement and further strengthening so as to fully meet the needs and requirements of the Governing Body and provide them with assurance as to compliance with the CCG's licence and statutory duties.

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

The CCG seeks to gain best value through all of its contracting and procurement processes. The CCG has approved a scheme of delegation, prime financial policies and a schedule of financial limits that ensures there are proper controls in respect of expenditure.

The agreed limits for quotation and tendering are detailed in those policies and staff are required to properly assess bids for services in accordance with the policies.

The CCG buys procurement expertise and support from the Midlands and Lancashire CSU and this service is delivered by appropriately trained and accredited individuals.

All newly acquired services are subject to robust assessment to ensure that patients are able to benefit from quality, value for money services.

The Governing Body is informed by its committees on the economic, efficient and effective use of resources and in particular by the Audit Committee and the Finance and Resources Committee that oversees and directs the use of the CCG resources. In doing so Governing Body members benefit from the experience and skills of a strong and competent senior management team, who work within a strong framework of performance management. The 2018-2019 year end results for the quality of leadership indicator (part of the IAF) will be available from July 2019 on the MyNHS website[56].

Through the CCG's Joint QIPP Committee programmes of work and service redesign and transformational programmes are all clinically led by Governing Body members who are supported by project leads and a project management infrastructure.

All significant investment decisions are subject to a rigorous assessment and prioritisation process that is applied in such a way as to determine the relative effectiveness of the proposal, including the impact upon key strategic outcomes and objectives. Use is also made of data and support from our public health colleagues in the local authority.

Delegation of functions

The CCG had delegated arrangements in place with providers external to the CCG for the following:

- St Helens and Knowsley NHS Trust – payroll processing
- NHS Shared Business Services – provision of transactional finance services
- Midlands and Lancashire Commissioning Support Unit –aspects of Continuing Healthcare (CHC), Individual Funding Requests (IFR) and Funded Nursing Care (FNC) reviews, Business Intelligence, Human Resources and Organisational Development, Medicines Management, Risk Management Corporate Governance and compliance
- Informatics Merseyside that provides our information technology services and support

[56] MyNHS website - https://www.nhs.uk/service-search/performance/search

During 2018-2019 any identified risks associated with delegated arrangements have been monitored through the CCG's governance and risk management processes. The CCG has monitored risks associated with these activities through periodic evaluation of relevant key performance indicators, regular attendance at local user groups and close partnership working.

Counter fraud arrangements

The CCG complies with the NHS Counter Fraud Authority Standards for Commissioners: Fraud, Bribery and Corruption as found at the following link https://cfa.nhs.uk/counter-fraud-standard

An accredited anti-fraud specialist is contracted via Mersey Internal Audit Agency to provide counter fraud services. The chief finance officer is the CCG executive Governing Body member. The anti-fraud specialist attends Audit Committee meetings, providing formal updates of progress against the annual counter fraud plan and programme of activities. The CCG performs a self-assessment of the NHS Counter Fraud Authority for Commissioners, the results of which are reported to Audit Committee.

Head of internal audit opinion

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 or organisational performance, regulatory compliance, the wider operating environment and health and social care transformation.

This opinion is provided in the context that the CCG like other organisations across the NHS is facing a number of challenging issues and wider organisational factors.

Roles and Responsibilities

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

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

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

The organisation's Assurance Framework should bring together all of the evidence required to support the AGS requirements.

In accordance with Public Sector Internal Audit Standards, the Head of Internal Audit (HoIA) is required to provide an annual opinion, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes (i.e. the organisation's system of internal control). This is achieved through a risk-based plan of work, agreed with management and approved by the Audit Committee, which can provide assurance, subject to the inherent limitations described below. The opinion does not imply that Internal Audit has reviewed all risks and assurances relating to the organisation. The opinion is substantially derived from the conduct of risk-based plans generated from a robust and organisation-led Assurance Framework. As such, it is one component that the Governing Body takes into account in making its AGS.

Opinion

Our opinion is set out as follows:

- Basis for the opinion
- Overall opinion
- Commentary

Basis

The basis for forming our opinion is as follows:

Basis for the Opinion
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 risk based internal audit assignments that have been reported throughout the period. The assessment taken account of the relative materiality of systems reviewed and management's progress in 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

Our overall opinion for the period 1 April 2018 to 31 March 2019 is:

Substantial Assurance can be given that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.

Commentary

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

Our opinion covers the period 1st April 2018 to 31st March 2019 inclusive, and is underpinned by the work conducted through the risk based internal audit plan.

Assurance Framework
The organisation's Assurance Framework to meet the NHS requirements, is visibly used by the Governing Body and clearly reflects the risks discussed by the Governing Body.

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	Fully Compliant	
2. Declarations of interests and gifts and hospitality	Fully Compliant	
3. Register of interests, gifts and hospitality and procurement decisions	Fully Compliant	
4. Decision making processes and contract monitoring	Fully Compliant	
5. Reporting concerns and identifying and managing breaches / non compliance	Fully Compliant	

Risk Based Reviews
We issued

3 **high** assurance opinions	• Provider Contract Management • Key Financial Controls • Budgetary Control
3 **substantial** assurance opinions:	• Serious Incidents • Risk Management • Data Security & Protection
0 **moderate** assurance opinions	N/A
0 **limited** assurance opinions	N/A
0 **no** assurance opinions	N/A

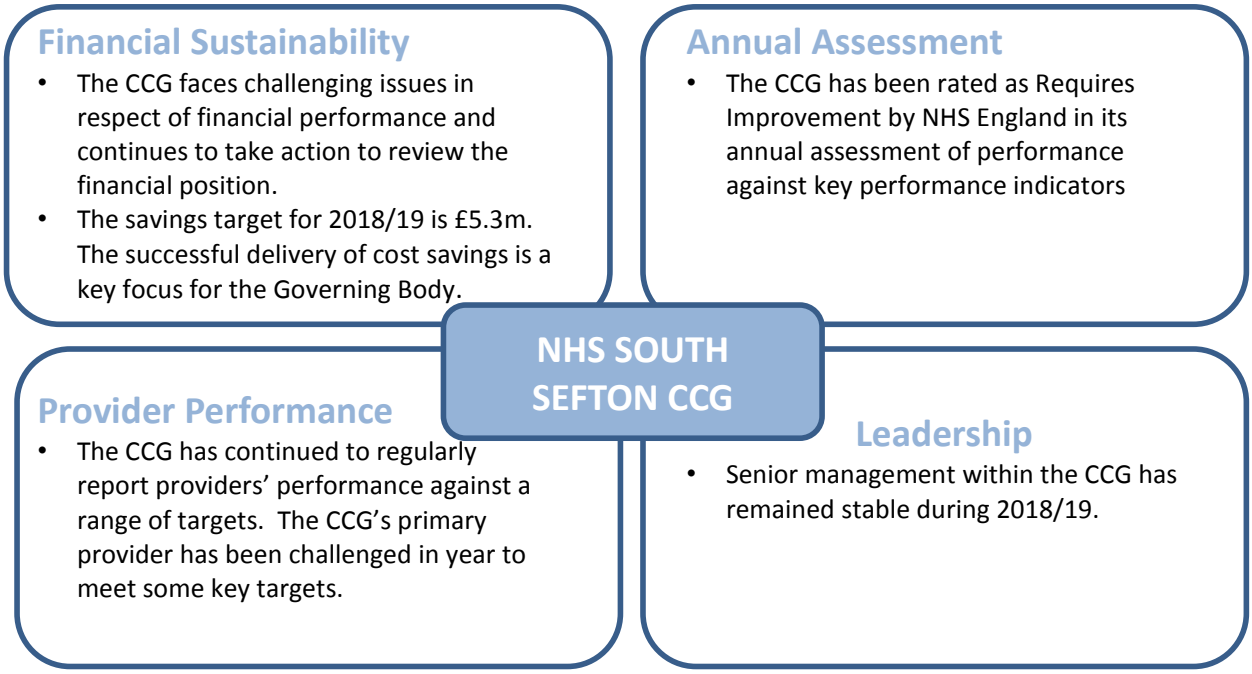
We raised no critical or high risk recommendations in respect of the above assignments.

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.

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.



The CCG is part of the Cheshire & Mersey Health and Care Partnership, working in partnership to deliver transformation across the region.

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.

Tim Crowley

Head of Internal Audit, MIAA
March 2019

Internal Audit Reports issued in 2018-2019

Review	Assurance Opinion	Recommendations Raised				
		Critical	High	Medium	Low	Total
Assurance Framework	N/A	-	-	-	-	-
Conflicts of Interest	N/A	-	-	-	-	-
Provider Contract Management	High	-	-	-	1	1
Key Financial Systems	High	-	-	-	-	-
Budgetary Control	High	-	-	-	1	1
Serious Incidents	Substantial	-	-	2	1	3
Risk Management	Substantial			1	2	3
Data Security & Protection	Substantial	-	-	-	-	-
TOTAL		**-**	**-**	**3**	**5**	**8**

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 principal objectives have been reviewed.

I have been advised on the implications of the result of this review by the Governing Body, the Audit Committee, Joint Quality Committee and the Finance and Resources Committee. If appropriate a plan to address weaknesses and ensure continuous improvement of systems has been put in place.

The Governing Body received the minutes of all committees including the Audit Committee, Joint Quality Committee, Finance and Resources Committee, and Joint QIPP and Financial Recovery Committee. The Joint Quality Committee approves relevant policies following review and assessment by the Corporate Governance Support Group and the Audit Committee monitors action plans arising from internal audit reviews.

Internal audit is a key component of internal control. The Audit Committee approves the internal audit plan, and progress against this plan is reported to each meeting of the committee. The individual reviews carried out throughout the year assist the head of internal audit to form his opinion, which in turn feeds the assurance process.

Conclusion

No significant internal control issues have been identified. This is confirmed by the head of internal audit opinion and also by the internal reviews that have provided the CCG with high or substantial assurance on the arrangements in place. The report of the head of internal audit is attached to this governance statement.

Fiona Taylor

Accountable officer

23rd May 2019

Remuneration report

Introduction

Section 234B and Schedule 7A of The Companies Act, as interpreted for the public sector in the General Accounting Manual, requires NHS bodies to prepare a Remuneration Report containing information about directors' remuneration.

In the NHS, the report is prepared in respect of the Senior Managers of the NHS body. 'Senior Managers' are defined as: 'those persons in senior positions having authority or responsibility for directing or controlling major activities of the NHS body. This means those who influence the decisions of the Clinical Commissioning Group as a whole, rather than the decisions of individual directorates or departments.' For the purposes of this report, this includes the CCG's Governing Body members.

Remuneration Committee

The terms of reference for the Remuneration Committee are approved by the Governing Body and contained within the CCG Constitution. The Constitution also sets out membership of the Remuneration Committee and is available on the CCG website.

The CCG Remuneration Committee membership is made up Governing Body members from NHS South Sefton CCG and NHS Southport & Formby CCG. The committee is a joint Remuneration Committee due to the shared management relationship between the two CCGs.

Name	Title	July 2018	October 2018	March 2019
NHS South Sefton CCG				
Graham Morris	Chair and Governing Body Lay Member	×	✓	✓
Graham Bayliss	Governing Body Lay Member	✓	×	×
Dr Ricky Sinha	GP Clinical Director	×	×	✓
Dr Jeff Simmonds	Secondary Care Doctor	✓	✓	×
NHS Southport & Formby CCG				
Helen Nichols	Chair and Governing Body Lay Member	×	✓	✓
Gill Brown	Governing Body Lay Member	×	×	×
Dr Kati Scholtz	GP Clinical Director	✓	×	✓
Dr Jeff Simmonds	Secondary Care Doctor	✓	✓	×

Policy on remuneration of senior managers

Since the creation of CCGs there has been no mandated guidance on a standardised approach to senior manager remuneration for Clinical Commissioning Groups and as such the CCG continues to use the report commissioned by the Hay Group to provide guidance on the appropriate level of remuneration for Governing Body members and senior executives.

NHS England's Guidance (Remuneration guidance for Chief Officers (where the senior manager also undertakes the accountable officer role) and Chief Finance Officers) continues to be used as a reference for the remuneration of the Chief Officer and Chief Finance Officer roles within the CCG.

Both NHS England and the Hay Group guidance reviewed the pay and employment conditions of other employees in order to determine the framework for senior manager's remuneration. The terms and conditions of service for all NHS staff, except very senior managers (VSMs) are nationally agreed by the NHS Staff Council. These terms and conditions include, pay and allowances; terms of employment such as leave and hours of working; the process for ensuring effective employee relations; and regulations with regard to equality and diversity.

The performance of all senior managers is measured and assessed using our personal development review process which is also extended to all employees throughout the organisation.

Pensions

NHS staff pensions are covered separately under the NHS rules on superannuation; however, individuals who are employed by the NHS automatically become a member of the NHS Pension Scheme. Membership is voluntary and individuals can currently opt not to join and leave the scheme at any time.

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, i.e. an defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is 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 scheme is accounted for as if it were a defined contribution scheme: the cost to the clinical commissioning group is taken as equal to the contributions payable to the scheme for the accounting period. Further information with regard to pension benefits can be found on the NHS Pensions website at www.nhsba.nhs.uk/pensions.

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

The accounting policy relating to pension costs is described in the Notes 1.7 and 4.1 to the Financial Statements and pension liabilities existing at 31 March 2019 are disclosed within the Statement of Financial Position under other payables.

Under the Pensions Act 2008, every employer in the UK must put certain staff into a pension scheme and contribute towards it. This is known as 'automatic enrolment'. In addition to the NHS Pension Scheme detailed above, the CCG operates a National Employment Savings Trust (NEST) pension scheme as an alternative qualifying scheme. The CCG has worked with the outsourced payroll provider throughout 2018-2019 to ensure compliance with all legal duties.

A national issue has been identified whereby GP Governing Body and Clinical Lead roles have not been treated correctly for the purposes of pension. These roles were considered to be non-pensionable however following contract review it has come to light that these roles should have been subject to contributions. The CCG is currently undertaking a review of individual contracts to quantify the financial implication of the corrective action.

Policy on senior manager's service contracts

Senior Managers (Officers) hold permanent contracts of employment and are subject to a six month notice period. Governing Body members, excluding Chief Officer, Chief Finance Officer and Chief Nurse, are Office Holders.

All other members of staff are covered by Agenda for Change contracts of employment with contractual entitlements in line with the national NHS Terms and Conditions of Service as negotiated by the NHS Staff Council.

Contracts are compliant with both UK and EU legislation and approved by the CCG's Remuneration Committee. Any future amendments to these contracts or the remuneration associated with them are reviewed by the Remuneration Committee and recommended to the Governing Body for approval on an annual basis. Where required the Committee has access to professional advice from the MLCSU HR team and CCG legal advisers, Hill Dickinson LLP.

The CCG does not have any very senior managers paid in excess of £150,000 per annum.

Senior manager remuneration subject to audit

The table below sets out the salaries and allowances we have paid, or that are payable to our senior managers in 2018-2019.

Name	Title	Salary (Bands of £5,000)	Expense payments (taxable) (Rounded to the nearest £100) £	Performance pay and bonuses (Bands of £5,000)	Long term performance pay and bonuses (Bands of £5,000)	All pension relates benefits (Bands of £2,500)	2018/19 (Bands of £5,000)	2017/18 (Bands of £5,000)
Taylor FL	Chief Officer	60 - 65	2,300	-	-	7.5 - 10	70 - 75	75-80
McDowell M	Chief Finance Officer / Deputy Chief Officer	50 - 55	2,300	-	-	5 - 7.5	60-65	65-70
Fagan DC	Chief Nurse	45-50	-	-	-	5 - 7.5	55-60	80-85
Mimnagh A	Chair	10-15	-	-	-	-	10-15	55-60
Gillespie C	Clinical Vice Chair & GP Clinical Director	20-25	-	-	-	-	20-25	15-20
Wray J**	GP Clinical Director	45-50	-	-	-	-	45-50	30-35
Sinha R	GP Clinical Director	15-20	-	-	-	-	15-20	15-20
Chamberlain PJ**	GP Clinical Director	50-55	-	-	-	-	50-55	15-20
Sapre S	GP Clinical Director	15-20	-	-	-	-	15-20	15-20
Halstead G**	GP Clinical Director	30-35	-	-	-	-	30-35	10-15
Simmonds J	Secondary Care Doctor	10-15	-	-	-	-	10-15	0-5
McDowell D*	Secondary Care Doctor	0-0	-	-	-	-	0-0	15-20
Morris GL	Vice Chair & Lay member - Governance	10 - 15	-	-	-	-	10 - 15	10-15
Bayliss G	Lay member - Engagement and Patient Exerience	5 - 10	-	-	-	-	5 - 10	5-10
Bennett L*	Practice Manager	0-0	-	-	-	-	0-0	0-5
Creevy L	Practice Manager	0-5	-	-	-	-	0-5	0-5

**These members ceased tenure and have been included for reference to prior year figures.*

*** Total paid in 2017/18 and 2018/19 includes payments for additional clinical roles and duties performed by members.*

Payments reflect the role in carrying out Governing Body duties. In addition, payments were made to the individuals highlighted to reflect the additional clinical roles and duties performed by GP Governing Body members. These payments are also disclosed in the related party transactions as part of the annual accounts.

We have a joint management arrangement with neighbouring NHS Southport and Formby CCG. The chief officer (Fiona Taylor), chief financial officer (Martin McDowell) and chief nurse (Debbie Fagan) receive remuneration for undertaking these roles for both CCGs.

Their total banded remuneration from these roles is:

- Fiona Taylor £125,000 to £130,000 and £17,500 to £20,000 all pension related benefits
- Martin McDowell £100,000 to £105,000 and £12,500 to £15,000 all pension related benefits
- Debbie Fagan £90,000 to £95,000 and £12,500 to £15,000 all pension related benefits

The total remuneration of the chief officer and chief finance officer includes a 20% supplement on their basic salary paid in accordance with NHS England guidance and agreed by our Remuneration Committee to recognise the joint roles that they undertake, as officers covering two CCGs. They hold the same positions with NHS Southport and Formby CCG.

Pension benefits subject to audit

Name	Title	Real increase in pension at age 60 (bands of £2,500)	Real increase in pension lump sum at age 60 (bands of £2,500)	Total accrued pension at age 60 at 31 March 2019 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2019 (bands of £5,000)	Cash equivalent transfer value at 1 April 2018 £'000	Cash equivalent transfer value at 1 April 2019 £'000	Real increase in cash equivalent transfer value* £'000	Employers contribution to partnership pension £'000
Taylor FL	Chief Officer	0 - 2.5	0	55 - 60	170 - 175	1,161	1,321	125	0
McDowell M	Chief Finance Officer / Deputy Chief Officer	0 - 2.5	0	30 - 35	75 - 80	504	597	79	0
Fagan DC	Chief Nurse	2.5 - 5.0	2.5 - 5.0	35 - 40	90 - 95	529	663	118	0

The information in the table above for our chief officer (Fiona Taylor), chief finance officer (Martin McDowell) and chief nurse (Debbie Fagan) relates to their total pension benefits arising from their joint management roles in Southport & Formby CCG and South Sefton CCG.

Certain members do not receive pensionable remuneration therefore there will be no entries in respect of pensions for certain members.

In April 2015 there were reforms to public service pension schemes (firefighters, judges, member of the armed forces, NHS staff, teachers and civil servants). This moved employees from final salary schemes to career average schemes with retirement age equal to state pension age.

For the NHS, this meant the introduction of the 2015 scheme with protected members remaining in their existing section of the 1995/ 2008 scheme. The Court of Appeal ruled on the 20th December 2018 that this protection amounts to direct unlawful discrimination on age grounds. This judgement is referred to as the McCloud judgement Pension benefits and related cash equivalent transfer values do not allow for a potential adjustment arising from the McCloud judgement.

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme.

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

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

Real increase in CETV

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

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

During 2018-2019 the CCG has not made any payments for loss of office.

Payments to past members

During 2018-2019 the CCG has not made any payments to any past senior managers.

Pay multiples subject to audit

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

The banded remuneration of the highest paid director/member of the Governing Body in NHS South Sefton CCG in the financial year 2018-2019 was £62,500 (2017-2018: £62,500).

This was 3.54 times (2017-2018: 3.14) the median remuneration of the workforce, which was £17,648 (2017-2018: £19,923).

In 2018-2019, no employees (2017-2018: 0) received remuneration in excess of the highest paid member of the Governing Body. Remuneration ranged from £0 to £5,000 (2017-2018: £0 to £5,000) to £60,000 to £65,000 (2017-2018: £60,000 to £65,000).

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

The pay multiple calculation has been amended to reflect the overall charge to the organisation rather than the shared cost with NHS Southport & Formby CCG due to the joint management arrangements in place; this is in line with the Group Accounting Manual 2018-2019

Staff report

Our staff and members are our greatest asset. To ensure we remain to be an effective and innovative organisation into the future, we must continually support our members and staff to grow and develop their knowledge and skills in line with the latest developments in healthcare and technologies. Our refreshed organisational development plan highlights five priority areas for actions that we have been progressing over the last twelve months. These are:-

1. Integrated care in localities
2. Commissioning capacity and capability
3. Programme management approach for delivery of QIPP and transformation
4. System leadership, team and talent management
5. Public engagement and partnership working for transformation

Here are some examples of how we have developed this work to support our membership and workforce:

Our Governing Body

Our Governing Body participates in a development session every other month which provides an opportunity for reflection on national and local developments to inform our strategy and how it is delivered. Governing Body members have also been able to access a range of personal development opportunities, with some members participating in national development programmes or network events with other CCGs.

Our members

Our member practices are supported to carry out their commissioning responsibilities in a number of different ways.

- Continuing professional development sessions are regularly organised for clinical staff and these are called Protected Learning Time (PLT) events. The CCG also supports monthly “in-house” sessions, which enables all GP practices to hold individual educational and practice training events.
- Regular meetings in localities enable key issues relating to local services to be raised and discussed, so that the Governing Body and lead commissioners are kept informed in order to influence commissioning decisions.
- Our nurse facilitators support the development and access to education, training and mentoring for practice nurses and healthcare assistants and the CCG became one of the first in the county to host student nurse placements
- We hold quarterly membership meetings where practices come together to discuss wider CCG work and initiatives to improve patient care
- A weekly e-bulletin provides members with updates on CCG work, along with relevant national publications and development opportunities
- An intranet site provides a wide range of information designed to support our members, which we are continuing to update in based on member’s feedback

Staff numbers and costs subject to audit

At the end of March 2019 we employed 140 people (68 whole time equivalents) to help us carry out our work. This includes commissioning and medicines management professionals, doctors, nurses and administration and support staff. The majority of our staff work jointly with NHS Southport & Formby CCG through our shared management team arrangements.

	Permanent Employees £'000	Other Employees £'000	Total £'000
Salaries & Wages	2,104	45	2,149
Social Security	550	-	550
Employer Contributions to NHS Pension Scheme	659	-	659
Other pension costs	1	-	1
Apprenticeship Levy	16	-	16
Total	**3,330**	**45**	**3,375**

	Permanent	Other	Total
Administration and estates staff	42	5	47
Nursing, midwifery and health visiting staff	4	-	4
Scientific, therapeutic and technical staff	17	-	17
Total		**5**	**68**

Staff composition

	Governing Body	Very Senior Managers	Other employees	Total
Male	10	0	31	4
Female	4	0	95	9
Total	**14**	**0**	**126**	**140**

There were no very senior managers (according to definition within the Group Accounting Manual) who were included in the membership of the CCG Governing Body

Our staff also continues to access a broad range of development programmes relevant to their roles to assist them in their day-to-day work:

- We are committed to being a fair and equal employer and our workplace policies

are in line with all relevant equality, diversity and human rights legislation to ensure none of our staff are disadvantaged by our working, training or recruiting processes.

- We meet regularly to discuss business and performance, and to share ideas and innovation. During 2018-2019, we once again held our annual CCG Away Day which encompassed a staff awards ceremony, providing a great opportunity to celebrate some great individual and team achievements.
- We ensure our staff have the resources and development opportunities to help them carry out their day to day work, including support to complete essential core training requirements, holding annual personal development reviews, promoting and providing staff support and occupational health services focusing on health and wellbeing, as well as ensuring easy access to information through our intranet.
- Following a successful grant application to the North West Leadership Academy we have begun to refresh our approach to personal development planning, ensuring staff know how to lead an excellent development conversation and can facilitate access to a range of flexible opportunities to help staff develop.
- We have launched a new dedicated monthly e-bulletin as a result of staff views gained through a review of our existing communications channels
- In 2018-2019 we participated in the national NHS Staff Survey, which reported very pleasing results with the vast majority of responses demonstrating higher scores that the national average. Lessons learned continue to inform our organisational development planning.

Sickness absence rates

Rates of sickness absence in our organisation are low. Our annual rolling sickness absence at the end of March 2018 was 3.88%. We have policies in place that set out how we manage and support staff through periods of illness or other types of leave.

Disabled employees

We ensure our disabled staff are treated equally, without discrimination and shown due regard.

The Trade Union (Facility Time Publication Requirements) Regulations 2017

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

The CCG had no relevant union officials during the year ended 31 March 2019 and consequently the CCG can confirm the following:

- There were no employees who were relevant union officials
- The percentage time spent on facility time was nil
- The percentage of the paybill spent on facility time was nil
- No hours were spent on paid Trade Union activities by relevant officials in the period

Staff Partnership Forum

We acknowledge that the effective and productive conduct of employee relations benefits significantly from a recognised forum within which all stakeholders play an active role in partnership working. In support of this, we have a recognition agreement with trade unions and staff side representatives and actively participate in the Cheshire & Merseyside Staff Partnership Forum which aims to identify and facilitate the workforce and employment aspects of the NHS locally in developing arrangements to implement required changes which may affect the workforce. The Staff Partnership Forum is the main body for actively engaging, consulting and negotiating with key staff side stakeholders.

The forum is authorised to agree, revise and review policies and procedures which may relate to changes in employment legislation and regulation and the terms and conditions of employment affecting our staff covered by the national Agenda for Change Terms and Conditions.

Any policies approved by the Staff Partnership Forum during this period were subsequently ratified by the Finance & Resource Committee or Quality Committee which are both sub- committees of the Governing Body.

Expenditure on consultancy

During 2018-2019 the CCG spent £238.96k on consultancy services. The majority of this was incurred on consultancy services to develop the CCG's Transformation Plan.

Off-payroll engagements longer than 6 months

For all off-payroll engagements as at 31 March 2019, for more than £245 per day and that last longer than six months:

The number that have existed:	Number
• For less than one year at the time of reporting	0
• For between one and two years at the time of reporting	0
• For between two and three years at the time of reporting	0
• For between three and four years at the time of reporting	0
• For four or more years at the time of reporting	2
Total number of existing engagements as of 31 March 2019	2

All existing off payroll engagements, outlined above, have at some point been subject to a risk based assessment as to whether assurance is required that the individual is paying the right amount of tax and, where necessary, that assurance has been sought.

New off-payroll engagements

For all new off-payroll engagements between 1 April 2018 and 31 March 2019, for more than £245 per day and that last longer than six months:

	Number
Number of new engagements, or those that reached six months in duration, between 1 April 2018 and 31 March 2019	0
Number of the above which include contractual clauses giving the clinical commissioning group the right to request assurance in relation to Income Tax and National Insurance obligations	0
Of which, the number:	
• Assessed as caught by IR35	0
• Assessed as not caught by IR35	0
Number engaged directly (via PSC contracted to department) and are on the Departmental payroll	
Number of engagements reassessed for consistency / assurance purposes during the year	
Number of engagements that saw a change to IR35 status following the consistency review	0

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 2018 and 31 March 2019:

	Number
Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year	0
Total number of individuals on payroll and off-payroll that have been deemed “board members, and/or senior officials with significant financial responsibility”, during the financial year. This figure should include both off-payroll and on-payroll engagements.	15

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

Exit Packages

Exit package cost band (inc. any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	Number	£	Number	£	Number	£	Number	£
Less than £10,000	0	0	0	0	0	0	0	0
£10,000 - £25,000	0	0	0	0	0	0	0	0
£25,001 - £50,000	0	0	0	0	0	0	0	0
£50,001 - £100,000	0	0	0	0	0	0	0	0
£100,001 - £150,000	0	0	0	0	0	0	0	0
£150,001 – £200,000	0	0	0	0	0	0	0	0
>£200,000	0	0	0	0	0	0	0	0
TOTALS	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

There were no redundancy or exit costs for NHS South Sefton CCG during 2018-2019

Analysis of Other Departures

	Agreements Number	Total Value of agreements £'000
Voluntary redundancies including early retirement contractual costs	**0**	**0**
Mutually agreed resignations (MARS) contractual costs	**0**	**0**
Early retirements in the efficiency of the service contractual costs	**0**	**0**
Contractual payments in lieu of notice	**0**	**0**
Exit payments following Employment Tribunals or court orders	**0**	**0**
Non-contractual payments requiring HMT approval**	**0**	**0**
TOTAL	**0**	**0**

There were no costs of other departures for NHS South Sefton CCG during 2018-2019

Fiona Taylor

Accountable Officer

23 May 2019

Parliamentary accountability and audit report

NHS South Sefton 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 report on page 160. An audit certificate and report is also included in this Annual Report at page 126.

Independent auditor's report to the members of the Governing Body of NHS South Sefton CCG

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of NHS South Sefton CCG (the 'CCG') for the year ended 31 March 2019, which comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Statement of Changes in Taxpayers Equity, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2018-19.

In our opinion, the financial statements:

give a true and fair view of the financial position of the CCG as at 31 March 2019 and of its expenditure and income for the year then ended; and

have been properly prepared in accordance with International Financial Reporting Standards (IFRSs) as adopted by the European Union, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2018-19; and

have been prepared in accordance with the requirements of the Health and Social Care Act 2012.

Basis for opinion

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

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you were:

the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or

the Accountable Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the CCG's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Other information

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

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

We have nothing to report in this regard.

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

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

We have nothing to report in this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion:

the parts of the Remuneration and Staff Report to be audited have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2018-19 and the requirements of the Health and Social Care Act 2012; and

based on the work undertaken in the course of the audit of the financial statements and our knowledge of the CCG gained through our work in relation to the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources, the other information published together with the financial statements in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Opinion on regularity required by the Code of Audit Practice

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

Matters on which we are required to report by exception

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

we issue a report in the public interest under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit; or

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

we make a written recommendation to the CCG under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit.

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

Responsibilities of the Accountable Officer and Those Charged with Governance for the financial statements

As explained more fully in the Statement of Accountable Officer's responsibilities set out on pages 80 to 81, the Accountable Officer is responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions, for being satisfied that they give a true and fair view, and for such internal control as the Accountable Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

The Audit Committee is Those Charged with Governance. Those charged with governance are responsible for overseeing the CCG's financial reporting process.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

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

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

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

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

Under the Code of Audit Practice, we are required to report to you if, in our opinion we have not been able to satisfy ourselves that the CCG has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2019.

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

Responsibilities of the Accountable Officer

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

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

We are required under Section 21(1)(c) and Schedule 13 paragraph 10(a) of the Local Audit and Accountability Act 2014 to be satisfied that the CCG has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and to report where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion issued by the Comptroller and Auditor General in November 2017, as to whether in all significant respects, the CCG had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined this criterion as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the CCG put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2019, and to report by exception where we are not satisfied.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to be satisfied that the CCG has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Report on other legal and regulatory requirements – Certificate

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

Use of our report

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

Robin Baker

Robin Baker, Key Audit Partner

for and on behalf of Grant Thornton UK LLP

Liverpool

28 May 2019

Statement of Comprehensive Net Expenditure for the year ended 31 March 2019

	Note	2018-19 £'000	2017-18 £'000
Income from sale of goods and services	2	(4,542)	(1,027)
Other operating income	2	-	(86)
Total operating income		**(4,542)**	**(1,113)**
Staff costs	4	3,375	3,156
Purchase of goods and services	5	251,590	245,197
Depreciation and impairment charges	5	39	14
Provision expense	5	(200)	200
Other Operating Expenditure	5	255	332
Total operating expenditure		**255,058**	**248,899**
Net Operating Expenditure		**250,516**	**247,786**
Total Comprehensive Net Expenditure for the year		**250,516**	**247,786**

Statement of Financial Position as at 31 March 2019

	Note	2018-19 £'000	2017-18 £'000
Non-current assets:			
Property, plant and equipment	8	116	115
Total non-current assets		**116**	115
Current assets:			
Trade and other receivables	9	3,709	1,938
Cash and cash equivalents	10	136	105
Total current assets		**3,845**	2,043
Total assets		**3,961**	2,158
Current liabilities			
Trade and other payables	11	(14,656)	(13,900)
Provisions	12	-	(200)
Total current liabilities		**(14,656)**	(14,100)
Assets less Liabilities		**(10,694)**	(11,942)
Financed by Taxpayers' Equity			
General fund		(10,694)	(11,942)
Total taxpayers' equity:		**(10,694)**	(11,942)

The notes on pages 134 to 162 form part of this statement.

The financial statements on pages 130 to 133 were approved by the Governing Body on 23 May 2019 and signed on its behalf by:

Fiona Taylor
Chief Accountable Officer
23 May 2019

Statement of Changes In Taxpayers Equity for the year ended 31 March 2019

	General fund £'000	Revaluation reserve £'000	Other reserves £'000	Total reserves £'000
Changes in taxpayers' equity for 2018-19				
Balance at 01 April 2018	(11,942)	-	-	**(11,942)**
Transfer between reserves in respect of assets transferred from closed NHS bodies	-	-	-	**-**
Impact of applying IFRS 9 to Opening Balances	-			**-**
Impact of applying IFRS 15 to Opening Balances	-			**-**
Adjusted NHS Clinical Commissioning Group balance at 31 March 2018	**(11,942)**	**-**	**-**	**(11,942)**
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2018-19				
Net operating expenditure for the financial year	(250,516)			**(250,516)**
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial Year	**(262,458)**	**-**	**-**	**(262,458)**
Net funding	251,764	-	-	**251,764**
Balance at 31 March 2019	**(10,694)**	**-**	**-**	**(10,694)**

	General fund £'000	Revaluation reserve £'000	Other reserves £'000	Total reserves £'000
Changes in taxpayers' equity for 2017-18				
Balance at 01 April 2017	(9,879)	-	-	**(9,879)**
Transfer of assets and liabilities from closed NHS bodies as a result of the 1 April 2013 transition	-	-	-	**-**
Adjusted NHS Clinical Commissioning Group balance at 31 March 2018	**(9,879)**	**-**	**-**	**(9,879)**
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2017-18				
Net operating costs for the financial year	(247,786)			(247,786)
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial Year	**(247,786)**	**-**	**-**	**(247,786)**
Net funding	245,723	-	-	245,723
Balance at 31 March 2018	**(11,942)**	**-**	**-**	**(11,942)**

Statement of Cash Flows for the year ended 31 March 2019

	Note	2018-19 £'000	2017-18 £'000
Cash Flows from Operating Activities			
Net operating expenditure for the financial year		(250,516)	(247,786)
Depreciation and amortisation	5	39	14
(Increase)/decrease in trade & other receivables	9	(1,771)	(121)
Increase/(decrease) in trade & other payables	11	755	2,051
Increase/(decrease) in provisions	12	(200)	200
Net Cash Inflow (Outflow) from Operating Activities		**(251,693)**	(245,642)
Cash Flows from Investing Activities			
(Payments) for property, plant and equipment		(40)	(115)
Net Cash Inflow (Outflow) from Investing Activities		**(40)**	(115)
Net Cash Inflow (Outflow) before Financing		**(251,733)**	(245,757)
Cash Flows from Financing Activities			
Grant in Aid Funding Received		251,764	245,723
Net Cash Inflow (Outflow) from Financing Activities		**251,764**	245,723
Net Increase (Decrease) in Cash & Cash Equivalents	10	**31**	(34)
Cash & Cash Equivalents at the Beginning of the Financial Year		**105**	139
Effect of exchange rate changes on the balance of cash and cash equivalents held in foreign currencies		0	0
Cash & Cash Equivalents (including bank overdrafts) at the End of the Financial Year		**136**	105

The notes on pages 134 to 162 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 shall meet the accounting requirements of the Group Accounting Manual issued by the Department of Health and Social Care. Consequently, the following financial statements have been prepared in accordance with the Group Accounting Manual 2018-19 issued by the Department of Health and Social Care. The accounting policies contained in the Group Accounting Manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to clinical commissioning groups, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Group Accounting Manual permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the clinical commissioning group for the purpose of giving a true and fair view has been selected. The particular policies adopted by the clinical commissioning group 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

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

Where a clinical commissioning group ceases to exist, it considers whether or not its services 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.

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 Pooled Budgets

The clinical commissioning group has entered into a pooled budget arrangement with Sefton Metropolitan Borough Council in accordance with section 75 of the NHS Act 2006. Under the arrangement, funds are pooled for:

- Self-Care, Wellbeing and Prevention
- Integrate Care at locality level building on Virtual Ward and Care Closer to home initiatives
- Intermediate Care and Re-ablement

The pool is hosted by Sefton Metropolitan Borough Council. The clinical commissioning group accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement

1.4 Operating Segments

Income and expenditure are analysed in the Operating Segments note and are reported in line with management information used within the clinical commissioning group.

1.5 Revenue

The transition to IFRS 15 has been completed in accordance with paragraph C3 (b) of the Standard, applying the Standard retrospectively recognising the cumulative effects at the date of initial application.

In the adoption 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 clinical commissioning group will not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less,
- The clinical commissioning group 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 clinical commissioning group to reflect the aggregate effect of all contracts modified before the date of initial application.

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.

The value of the benefit received when the clinical commissioning group 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 corresponding non-cash training expense are recognised, both equal to the cost of the training funded.

1.6 Employee Benefits

1.6.1 Short-term Employee Benefits

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

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

1.6.2 Retirement Benefit Costs

Past and present employees are covered by the provisions of the NHS Pensions Schemes. These schemes are unfunded, defined benefit schemes that cover NHS employers, General Practices and other bodies allowed under the direction of the Secretary of State in England and Wales. The schemes are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the schemes are accounted for as though they were defined contribution schemes: the cost to the clinical commissioning group of participating in a scheme is taken as equal to the contributions payable to the scheme for the accounting period.

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

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

1.7 Other Expenses

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

1.8 Grants Payable

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

1.9 Property, Plant & Equipment

1.9.1 Recognition

Property, plant and equipment is capitalised if:

- It is held for use in delivering services or for administrative purposes;
- It is probable that future economic benefits will flow to, or service potential will be supplied to the clinical commissioning group;
- It is expected to be used for more than one financial year
- The cost of the item can be measured reliably; and
- The item has a cost of at least £5,000; or,
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or,

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

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

1.9.2 Measurement

All property, plant and equipment is measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets that are held for their service potential and are in use are measured subsequently at their current value in existing use. Assets that were most recently held for their service potential but are surplus are measured at fair value where there are no restrictions preventing access to the market at the reporting date

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

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

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are re-valued and depreciation commences when they are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful economic lives or low values or both, as this is not considered to be materially different from current value in existing use.

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

1.9.3 Subsequent Expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to

its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

1.9.4 Depreciation, Amortisation & Impairments

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

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

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

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

1.10 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.

1.10.1 The Clinical Commissioning Group 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 clinical commissioning group'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.

1.11 Cash & Cash Equivalents

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

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

1.12 Provisions

Provisions are recognised when the clinical commissioning group has a present legal or constructive obligation as a result of a past event, it is probable that the clinical commissioning group will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rate as follows:

- Early retirement provisions are discounted using HM Treasury's pension discount rate of positive 0.29% (2017-18: positive 0.10%) in real terms. All general provisions are subject to four separate discount rates according to the expected timing of cash flows from the Statement of Financial Position date:
- A nominal short-term rate of 0.76% (2017-18: negative 2.42% in real terms) for inflation adjusted expected cash flows up to and including 5 years from Statement of Financial Position date.
- A nominal medium-term rate of 1.14% (2017-18: negative 1.85% in real terms) 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 1.99% (2017-18: negative 1.56% in real terms) 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 1.99% (2017-18: negative 1.56% in real terms) for inflation adjusted expected cash flows exceeding 40 years from the Statement of Financial Position date.

All 2018-19 percentages are expressed in nominal terms with 2017-18 being the last financial year that HM Treasury provided real general provision discount rates.

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.

1.13 Clinical Negligence Costs

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

1.14 Non-clinical Risk Pooling

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

1.15 Financial Assets

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

Financial assets are classified into the following categories:

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

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

1.15.1 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.

1.15.2 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.

1.15.3 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.

1.15.4 Impairment

For all financial assets measured at amortised cost or at fair value through other comprehensive income (except equity instruments designated at fair value through other comprehensive income), lease receivables and contract assets, the clinical commissioning group recognises a loss allowance representing the expected credit losses on the financial asset.

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

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

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

1.15.5 Financial Liabilities

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

1.15.6 Financial Liabilities at Fair Value through Profit and Loss

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial liabilities at fair value through profit and loss. They are held at fair value,

with any resultant gain or loss recognised in the clinical commissioning group's surplus/deficit. The net gain or loss incorporates any interest payable on the financial liability.

1.15.7 Other Financial Liabilities

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

1.16 Value Added Tax

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

1.17 Losses & Special Payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the clinical commissioning group not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

1.18 Critical accounting judgements and key sources of estimation uncertainty

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

1.18.1 Critical accounting judgements in applying accounting policies

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

- Accruals - Included within the financial statement to the extent that the CCG recognises an obligation at the 31 March 2019 for which it had not been invoiced. Estimates of accruals are undertaken by management based on the information available at the end of the financial year, together with past experience, and
- Provisions - Recognised when the CCG has a present legal or constructive obligation as a result of a past event, it is probably that the Clinical Commissioning Group will

be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation.

1.18.2 Sources of estimation uncertainty

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

- Activity is accounted for in the financial year it takes place, and not necessarily when cash payments are made or received. The Clinical Commissioning Group has a robust process for identifying that activities have taken place and for identifying the appropriate accounting period. Therefore the degree of estimation uncertainty is considered to be low;
- The prescribing accrual for the final month of the year is based upon forecasted figures provided by the Business Services Authority and estimates undertaken by management based on information available at the end of the financial year, together with past experience, and
- Individual packages of care primarily fall into the areas of Continuing Healthcare (CHC) and Funded Nursing Care (FNC). Monthly financial information from DPS is one month in arrears, and so estimates are required to establish an expected monthly charge and year end forecast. The estimates are therefore a reflection of DPS data and local knowledge.

1.19 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 2018-19. These Standards are still subject to HM Treasury FReM adoption, with IFRS 16 being for implementation in 2019-20, and the government implementation date for IFRS 17 still subject to HM Treasury consideration.

- IFRS 16 Leases – Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRIC 23 Uncertainty over Income Tax Treatments – Application required for accounting periods beginning on or after 1 January 2019.

2. Other Operating Revenue

	2018-19 Total £'000	2017-18 Total £'000
Income from sale of goods and services (contracts)		
Education, training and research	**20**	10
Non-patient care services to other bodies	**4,168**	887
Prescription fees and charges	**264**	130
Other Contract income	**91**	-
Total Income from sale of goods and services	**4,542**	**1,027**
Other operating income		
Charitable and other contributions to revenue expenditure: non-NHS	**-**	20
Other non contract revenue	**-**	66
Total Other operating income	**-**	**86**
Total Operating Income	**4,542**	**1,113**

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

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

	Education, training and research £'000	Non-patient care services to other bodies £'000	Prescription fees and charges £'000
Source of Revenue			
NHS	10	4,099	-
Non NHS	10	69	264
Total	**20**	**4,168**	**264**

	Education, training and research £'000	Non-patient care services to other bodies £'000	Prescription fees and charges £'000
Timing of Revenue			
Point in time	20	4,168	264
Over time	-	-	-
Total	**20**	**4,168**	**264**

4. Employee benefits and staff numbers

4.1 Employee benefits

	Permanent Employees £'000	Other £'000	2018-19 Total £'000	2017-18 Total £'000
Employee Benefits				
Salaries and wages	**2,104**	**45**	**2,149**	**2,051**
Social security costs	**550**	**-**	**550**	**496**
Employer Contributions to NHS Pension scheme	**659**	**-**	**659**	**609**
Other pension costs	**1**	**-**	**1**	**-**
Apprenticeship Levy	**16**	**-**	**16**	**-**
Other post-employment benefits	**-**	**-**	**-**	**-**
Other employment benefits	**-**	**-**	**-**	**-**
Termination benefits	**-**	**-**	**-**	**-**
Gross employee benefits expenditure	3,330	45	3,375	3,156
Less recoveries in respect of employee benefits	**-**	**-**	**-**	**-**
Total - Net admin employee benefits including capitalised costs	3,330	45	3,375	3,156
Less: Employee costs capitalised	**-**	**-**	**-**	**-**
Net employee benefits excluding capitalised costs	3,330	45	3,375	3,156

Please see pages 109 to 124 of the annual report for further information on staff costs

4.2 Average number of people employed

	2018-19			2017-18		
	Permanently employed Number	Other Number	Total Number	Permanently employed Number	Other Number	Total Number
Total	**63.00**	**5.00**	**68.00**	**64.00**	**4.00**	**68.00**
Of the above:						
Number of whole time equivalent people engaged on capital projects	**-**	**-**	**-**	**-**	**-**	**-**

Please see pages 109 to 124 of the annual report for further information on staff costs

4.3 Exit packages agreed in the financial year

There have been no exit packages in 2018-19 (2017-18: Nil)

Where the CCG has agreed early retirements, the additional costs are met by the NHS entities and not by the NHS Pension Scheme, and are included in the tables. Ill health retirement costs are met by the NHS Pension Scheme and are not included in the tables. The Clinical Commissioning Group had no ill health retirements in 2018-19 (2017-18: Nil).

4.4 Pension Costs

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

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 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 2019, is based on valuation data as 31 March 2018, updated to 31 March 2019 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. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

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

For 2018-2019, employers' contributions of £659k were payable to the NHS Pensions Scheme (2017-2018: £609k) at the rate of 14.38% of pensionable pay.

5. Operating expenses

	2018-19 Total £'000	2017-18 Total £'000
Purchase of goods and services		
Services from other CCGs and NHS England	842	576
Services from foundation trusts	157,574	150,390
Services from other NHS trusts	26,395	28,424
Purchase of healthcare from non-NHS bodies	30,320	28,332
Prescribing costs	27,494	28,923
General Ophthalmic services	17	10
GPMS/APMS and PCTMS	3,254	3,923
Supplies and services – clinical	451	417
Supplies and services – general	765	512
Consultancy services	239	87
Establishment	3,341	2,549
Premises	385	529
Audit fees	46	46
Other non statutory audit expenditure		
· Internal audit services	24	32
· Other services	10	-
Other professional fees	389	330
Legal fees	-	32
Education, training and conferences	44	85
Total Purchase of goods and services	**251,590**	**245,197**
Depreciation and impairment charges		
Depreciation	39	14
Total Depreciation and impairment charges	**39**	**14**
Provision expense		
Change in discount rate	-	-
Provisions	(200)	200
Total Provision expense	**(200)**	**200**
Other Operating Expenditure		
Chair and Non Executive Members	172	211
Expected credit loss on receivables	(2)	-
Other expenditure	85	121
Total Other Operating Expenditure	**255**	**332**
Total operating expenditure	**251,683**	**245,743**

Internal audit services during the year were provided by Mersey Internal Audit Agency and hosted by The Royal Liverpool & Broadgreen University Hospitals NHS Trust.

In accordance with SI 2008 no.489, The Companies (Disclosure of Auditor Remuneration and Liability Limitation Agreements) Regulations 2008, where a CCG contract with its auditors provides for a limitation of the auditor's liability, the principal terms of this limitation must be disclosed. The contract for the provision of external audit services is held by Grant Thornton UK LLP. This limitation has been confirmed as £2 million. The external audit fees include Value Added Tax (VAT).

A national issue has been identified whereby GP Governing Body and Clinical Lead roles have not been treated correctly for the purposes of pension. These roles were considered to be non-pensionable however following contract review it has come to light that these roles should have been subject to contributions. The CCG is currently undertaking a review of individual contracts to quantify the financial implication of the corrective action.

6. Better Payment Practice Code

Measure of compliance	2018-19 Number	2018-19 £'000	2017-18 Number	2017-18 £'000
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the Year	4,514	39,886	4,810	37,554
Total Non-NHS Trade Invoices paid within target	4,305	38,594	4,613	36,420
Percentage of Non-NHS Trade invoices paid within target	**95.37%**	**96.76%**	**95.90%**	**96.98%**
NHS Payables				
Total NHS Trade Invoices Paid in the Year	2,209	187,827	2,222	182,156
Total NHS Trade Invoices Paid within target	2,147	186,098	2,160	182,030
Percentage of NHS Trade Invoices paid within target	**97.19%**	**99.08%**	**97.21%**	**99.93%**

The Better Payment Practice Code required the Clinical Commissioning Group to aim to pay all valid invoices by the due date or within 30 days of the receipt of a valid invoice, whichever is later. The Better Payment Practice Code sets out target compliance of 95%.

7. Operating Leases

7.1 As lessee

7.1.1 Payments recognised as an Expense

	2018-19				2017-18			
	Land £'000	Buildings £'000	Other £'000	Total £'000	Land £'000	Buildings £'000	Other £'000	Total £'000
Payments recognised as an expense								
Minimum lease payments	-	299	2	**301**	-	473	1	**474**
Contingent rents	-	-	-	**-**	-	-	-	**-**
Sub-lease payments	-	-	-	**-**	-	-	-	**-**
Total	**-**	**299**	**2**	**301**	**-**	**473**	**1**	**474**

The Clinical Commissioning Group has arrangements in place with NHS Property Services and Community Health Partnerships Limited for use of property assets. Although no formal contracts are in place the substance of the transactions involved convey the right of the Clinical Commissioning Group to use the property assets. In accordance with IAS17 and the Group Accounting Manual 2018-19 payments are required to be disclosed as operating lease payments. All payments made are shown in note 7.1.1 above.

7.1.2 Future minimum lease payments

While our arrangements with NHS Property Services and Community Health Partnerships Limited fall within the definition of operating leases, the rental charge for the remainder of the current leases have not yet been agreed. Consequently, this note does not include future minimum lease payments for these arrangements.

8. Property, plant and equipment

2018-19	Plant & machinery £'000	Information technology £'000	Total £'000
Cost or valuation at 01 April 2018	74	172	246
Additions purchased	-	40	40
Cost/Valuation at 31 March 2019	**74**	**212**	**286**
Depreciation 01 April 2018	74	57	131
Charged during the year	-	39	39
Depreciation at 31 March 2019	**74**	**96**	**170**
Net Book Value at 31 March 2019	**-**	**116**	**116**
Purchased	-	116	116
Donated	-	-	-
Government Granted	-	-	-
Total at 31 March 2019	**-**	**116**	**116**

8.1 Economic lives

	Minimum Life	Maximum Life (Years)
Plant & machinery	0	4
Information technology	0	4

9. Trade and other receivables

	Current 2018-19 £'000	Current 2017-18 £'000
NHS receivables: Revenue	2,040	1,618
NHS accrued income	126	(3)
Non-NHS and Other WGA receivables: Revenue	98	252
Non-NHS and Other WGA prepayments	1,141	24
Non-NHS and Other WGA accrued income	225	-
Expected credit loss allowance-receivables	(9)	-
VAT	52	-
Other receivables and accruals	36	47
Total Trade & other receivables	**3,709**	**1,938**
Included above:		
Prepaid pensions contributions	**-**	**-**

There were no non-current receivables in 2018-19 (2017-18: Nil)

There were no prepaid pension contributions included in 2018-19 (2017-18: Nil)

9.1 Receivables past their due date but not impaired

	2018-19 DHSC Group Bodies £'000	2018-19 Non DHSC Group Bodies £'000	2017-18 DHSC Group Bodies £'000	2017-18 Non DHSC Group Bodies £'000
By up to three months	303	25	768	46
By three to six months	60	1	326	133
By more than six months	107	10	451	55
Total	**470**	**36**	**1,545**	**234**

10. Cash and cash equivalents

	2018-19 £'000	2017-18 £'000
Balance at 01 April 2018	105	139
Net change in year	31	(34)
Balance at 31 March 2019	**136**	**105**
Made up of:		
Cash with the Government Banking Service	136	105
Cash with Commercial banks	-	-
Cash in hand	0	0
Current investments	-	-
Cash and cash equivalents as in statement of financial position	**136**	**105**
Bank overdraft: Government Banking Service	-	-
Bank overdraft: Commercial banks	-	-
Total bank overdrafts	**-**	**-**
Balance at 31 March 2019	**136**	**105**
Patients' money held by the clinical commissioning group, not included above	**-**	**-**

11. Trade and other payables

	Current 2018-19 £'000	Current 2017-18 £'000
NHS payables: Revenue	1,384	2,111
NHS accruals	1,060	497
NHS deferred income	-	191
Non-NHS and Other WGA payables: Revenue	4,431	2,633
Non-NHS and Other WGA accruals	4,061	7,567
Non-NHS and Other WGA deferred income	32	-
Social security costs	83	76
VAT	-	7
Tax	76	66
Payments received on account	530	-
Other payables and accruals	2,998	753
Total Trade & Other Payables	**14,656**	**13,900**

There were no non-current payables in 2018-19 (2017-18: Nil)

12. Provisions

	Current 2018-19 £'000	Non-current 2018-19 £'000	Current 2017-18 £'000	Non-current 2017-18 £'000
Pensions relating to former directors	-	-	-	-
Pensions relating to other staff	-	-	-	-
Restructuring	-	-	-	-
Redundancy	-	-	-	-
Agenda for change	-	-	-	-
Equal pay	-	-	-	-
Legal claims	-	-	-	-
Continuing care	-	-	-	-
Other	-	-	200	-
Total	**-**	**-**	**200**	**-**
Total current and non-current	**-**		**200**	

	Other £'000	Total £'000
Balance at 01 April 2018	**200**	**200**
Arising during the year	-	**-**
Utilised during the year	-	**-**
Reversed unused	(200)	**(200)**
Unwinding of discount	-	**-**
Change in discount rate	-	**-**
Transfer (to) from other public sector body	-	**-**
Transfer (to) from other public sector body under abso	-	**-**
Balance at 31 March 2019	**-**	**-**
Expected timing of cash flows:		
Within one year	-	**-**
Between one and five years	-	**-**
After five years	-	**-**
Balance at 31 March 2019	**-**	**-**

13. Contingencies

The Clinical Commissioning Group has assessed the likelihood and impact of contingent assets and liabilities as at 31 March 2019. The likelihood is assessed as remote and the impact would be not material.

14. Clinical Negligence Costs

The value of provisions carried in the books of the NHS Litigation Authority in regard to CNST claims as at 31 March 2019 was nil (2017-18: Nil)

15. Commitments

15.1 Capital commitments

	2018-19 £'000	2017-18 £'000
Property, plant and equipment	24	-
Intangible assets	-	-
Total	**24**	**-**

16. Financial instruments

16.1 Financial risk management

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

Because NHS clinical commissioning group is financed through parliamentary funding, it is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The clinical commissioning group has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the clinical commissioning group in undertaking its activities.

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

16.1.1 Currency risk

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

16.1.2 Interest rate risk

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

16.1.3 Credit risk

Because the majority of the NHS clinical commissioning group and revenue comes parliamentary funding, NHS clinical commissioning group has low exposure to credit risk. The maximum exposures as at the end of the financial year are in receivables from

customers, as disclosed in the trade and other receivables note.

16.1.4 Liquidity risk

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

16.1.5 Financial Instruments

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

16.2 Financial assets

	Financial Assets measured at amortised cost 2018-19 £'000	Equity Instruments designated at FVOCI 2018-19 £'000	Total 2018-19 £'000
Trade and other receivables with NHSE bodies	1,956	-	1,956
Trade and other receivables with other DHSC group bodies	211	-	211
Trade and other receivables with external bodies	321	-	321
Other financial assets	36	-	36
Cash and cash equivalents	136	-	136
Total at 31 March 2019	**2,660**	**-**	**2,660**

16.3 Financial liabilities

	Financial Liabilities measured at amortised cost 2018-19 £'000	Other 2018-19 £'000	Total 2018-19 £'000
Trade and other payables with NHSE bodies	1,191	-	**1,191**
Trade and other payables with other DHSC group bodies	1,815	-	**1,815**
Trade and other payables with external bodies	7,929	-	**7,929**
Other financial liabilities	2,998	-	**2,998**
Private Finance Initiative and finance lease obligations	-	-	**-**
Total at 31 March 2019	**13,933**	**-**	**13,933**

17. Operating segments

	Gross expenditure £'000	Income £'000	Net expenditure £'000	Total assets £'000	Total liabilities £'000	Net assets £'000
Commissioning of Healthcare Services	255,058	(4,542)	**250,516**	3,961	(14,656)	(10,694)
Total	**255,058**	**(4,542)**	250,516	**3,961**	**(14,656)**	**(10,694)**

The Clinical Commissioning Group has only one segment: Commissioning of Healthcare Services. All internally generated reports to the CCG Governing Body are based on one operating segment.

18. Related party transactions

Details of related party transactions with individuals are as follows:

	Payments to Related Party £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	Amounts due from Related Party £'000
Sefton Metropolitan Borough Council	10,007	-	1,367	38
Bridge Road Medical Centre	171	-	-	6
Vickers & Partners	30	-	-	-
The Blundellsands Surgery	280	-	4	-
Tong & Gillespie	35	-	-	-
Dr Goldberg	159	-	-	
Hughes & Partners	153	-	-	-
Alternative Futures Group	60	-	26	-
S2S Health Ltd	209	-	-	-
Maghull Health Centre	41	-	-	-

The Department of Health is regarded as a related party. During the year the Clinical Commissioning Group has had significant number of material transactions with entities which the Department is regarded as the parent. For example:

- NHS England (including commissioning support units);
- NHS Foundation Trusts;
- NHS Trusts;
- NHS Litigation Authority, and
- NHS Business Services Authority.

In addition the Clinical Commissioning Group has had a number of material transactions with other government departments and other central and local government bodies, mainly Sefton Metropolitan Borough Council.

19. Events after the end of the reporting period

With effect from 1 April 2019, NHS England has delegated co-commissioning responsibility for primary care medical services to the Clinical Commissioning Group.

Increasingly, all health partners in the local health economy will need to collaborate to ensure long term financial sustainability at the same time as improving clinical services for our populations. In the future, this may mean potential organisational reconfiguration and as at the 31 March 2019 discussions are ongoing.

20. Losses and special payments

Losses

The total number of NHS clinical commissioning group losses and special payments cases, and their total value, was as follows:

	Total Number of Cases 2018-19 Number	**Total Value of Cases 2018-19 £'000**	Total Number of Cases 2017-18 Number	Total Value of Cases 2017-18 £'000
Administrative write-offs	-	-	3	44
Fruitless payments	-	-	-	-
Store losses	-	-	-	-
Book Keeping Losses	-	-	-	-
Constructive loss	-	-	-	-
Cash losses	-	-	-	-
Claims abandoned	-	-	-	-
Total	**-**	**-**	**3**	**44**

Special payments

	Total Number of Cases 2018-19 Number	**Total Value of Cases 2018-19 £'000**	Total Number of Cases 2017-18 Number	Total Value of Cases 2017-18 £'000
Compensation payments	-	-	-	-
Compensation payments Treasury Approved	-	-	-	-
Extra Contractual Payments	-	-	-	-
Extra Contractual Payments Treasury Approvec	-	-	-	-
Ex Gratia Payments	-	-	-	-
Ex Gratia Payments Treasury Approved	-	-	-	-
Extra Statutory Extra Regulatory Payments	-	-	-	-
Extra Statutory Extra Regulatory Payments Treasury Approved	-	-	-	-
Special Severance Payments Treasury Approve	-	-	-	-
Total	**-**	**-**	**-**	**-**

21. Pooled Budgets

Better Care Fund

The Clinical Commissioning Group share of the income and expenditure handled by the pooled budget in

	2018-19	2017-18
	£'000	£'000
Income	(14,377)	(14,063)
Expenditure	14,377	14,063
Total	**-**	**-**

The Better Care Fund (BCF) came into operation on 1 April 2015, with £3.46 billion of NHS England's funding to CCGs ring-fenced for the establishment of the fund. To administer the fund, CCGs were required to establish joint arrangements with local authorities to operate a pooled budget to deliver more integrated health and social care.

South Sefton CCG is party to a BCF pooled budget arrangement with Southport & Formby CCG and Sefton Council. The income and expenditure referenced above, is analysed within note 5 Operating Expenses.

22. 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:

	2018-19	**2018-19**	2017-18	2017-18
	Target	**Performance**	Target	Performance
Expenditure not to exceed income	256,058	255,058	245,723	248,899
Capital resource use does not exceed the amount specified in Directions	40	40	115	115
Revenue resource use does not exceed the amount specified in Directions	251,516	250,516	244,794	247,786
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	3,263	2,862	3,248	2,931

The CCG has complied with requirements of statutory directions and these matters have been appropriately reflected and disclosed in the financial statements. At the end of the 2018-19 financial year, the CCG reported a £1.0 million surplus.

NHS South Sefton CCG

Merton House, Stanley Road, Bootle, L20 3DL 0151 317 8456

southsefton.ccg@nhs.net

www.southseftonccg.nhs.uk

On request this report can be provided in different formats, such as large print, audio or Braille versions and in other languages.