NHS
South Sefton
Clinical Commissioning Group

Annual Report and Accounts

2020 – 2021

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 2020-21, setting out our work and performance during the year, which has been heavily focused around our response to the coronavirus pandemic.

The coronavirus pandemic has arguably been the biggest challenge we have faced putting a lot of pressure on the NHS both nationally and locally, particularly on frontline staff in general practice and in our hospitals. Whilst the global pandemic is far from over there is optimism. As we write this our maturing Primary Care Networks (PCNs) are playing an important role in the vaccination programme that will play a significant role in protecting our most vulnerable and at risk residents.

Like many organisations inside and out of the NHS the pandemic meant we had to rapidly change the way we carry out our day to day business to stay safe – with nearly all our staff home working and holding our public meetings virtually online.

For our patients, this has meant them having to access services in a different way so that we could continue to support their health needs. To do this we paved the way for online access for GP practices and for other services too, all of which is detailed within this report.

The pandemic has seen us working much more closely with our partners across health and care than ever before and some of this work we are extremely proud of like our efforts to support care homes and innovations around medicines management that have gained local and national recognition - most recently with our head of medicines management being awarded a Queen's New Year honours list with an MBE.

In February 2021, the Government published its white paper - integrating health and care. This will further strengthen the work we have been doing with our partners across the borough to develop the Sefton Health and Wellbeing Strategy using our local plan, Sefton2gether to deliver the aims of this.

During 2021 we have been working closely with the Cheshire and Merseyside Health and Care Partnership and the other Cheshire and Mersey CCGs to develop the integrated care system (ICS).

We would like to take this opportunity to thank our colleagues across health and care in Sefton for their tireless work throughout this challenging year and to you, our residents for the support and patience you have shown your local NHS throughout the COVID-19 pandemic.

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 2020-21.

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 2020-21

During the year, as much of our work as possible has been focused on supporting the local NHS response to COVID-19, whilst ensuring patients have continued and safe access to services. Below is a roadmap of some of the significant dates relating to COVID-19 and other pieces of work we have achieved in 2020-21.

31 December 2019 - Global pandemic COVID-19 is announced
The first two cases of COVID-19 were confirmed in the UK on 29 January 2020.

23 March 2020 - National lockdown begins
A national lockdown is announced, and we advised our Sefton residents to stay safe and to follow the rules in place – Hands – Face – Space. We also reviewed the arrangements in place to ensure our staff could be supported to work safely from home and that their health and wellbeing needs could be met.

In April 2020 we launched the 'Kind to your Mind' campaign with Sefton Council and Champs, the Cheshire and Merseyside Public Health Collaborative, to support people's mental wellbeing during the coronavirus outbreak, promoting a range of dedicated online resource.

Working with Sefton Council in April 2020 we established one of the first mobile COVID19 testing sites in the country. The first unit was established in Southport and then later in Bootle enabling essential workers to access COVID-19 tests.

In May 2020 we reminded people it was important to continue to attend their routine child immunisation vaccination appointments during the coronavirus pandemic.

International Nurses Day on 12 May 2020 gave us the opportunity to celebrate the importance of a nurses role, especially during the pandemic, as we supported the 'We are the NHS campaign', encouraging more people to join the profession.

For a week in June 2020 we joined forces with other health organisations across Sefton to raise awareness about diabetes and explain how to access support locally. This was particularly relevant due to the evidence which was emerging that patients with diabetes were more likely to fall ill from COVID-19.

17 July 2020 - Easing of lockdown
We urged residents to stay safe and continue to play their part in reducing the spread of coronavirus (COVID-19) following national guidance on the easing of lockdown.

On 17 July a new service offering telephone and video consultations was launched to provide urgent eye care for people across Sefton whilst keeping them safe.

July 2020 saw the publication by NHS England of the results from the national GP Patient Survey. It showed that patients in Sefton were positive overall about the care they received from their GP practice.

On 30 July in partnership with Sefton Council, Alder Hey Children's Hospital, North West Boroughs Healthcare, schools, voluntary community and faith (VCF) sector colleagues, we were successful in a bid to provide additional early mental health support for children and young people in the borough.

Early September 2020 - Children return to school
In early September 2020 we worked with Sefton Council to let parents know about mental health support for children and young people as they went back to school after lockdown.

In September the 'Sefton in Mind' campaign was launched, and we promoted the release of the updated 'Stay Alive' App on World Suicide Prevention Day.

We also launched the flu vaccination campaign in September with Sefton Council advising residents it was important particularly due to the coronavirus pandemic to have their flu jab if they were eligible.

Also, in September and in partnership with Sefton Council we asked parents and carers of children and young people with Special Educational Needs (SEND) to feedback on 'what could be improved locally?' and 'what was working well?'

12 October 2020 - Local lockdown announced
On 12 October 2020 we asked residents to stay safe as Sefton and other areas of the Liverpool City Region were put into a tier three lockdown.

For the month of October 2020, we encouraged women to be 'breast aware' as around 1 in 8 women are diagnosed with breast cancer during their lifetime. We reminded all residents that GP practices were still open during the pandemic.

In October 2020 we also worked with neighbouring CCGs to ask residents about our language services to help improve our materials. This included interpretation services and alternative formats.

5 November 2020 - Second national lockdown begins
On 13 November we held our first ever virtual Annual General Meeting (AGM). This gave residents, partners and stakeholders the opportunity to learn more about our work during 2019- 2020.

From 16 - 22 November we promoted 'Self-Care Week' a series of short videos showcasing some of the free online and virtual support available to Sefton residents to improve their health and wellbeing.

In November our chief officer, Fiona Taylor was nominated in the regional Parliamentary awards by Southport MP Damien Moore.

8 December 2020 - COVID-19 vaccination programme begins
Our community based COVID-19 immunisation programme run by local GP practices began on 15 December as part of the biggest vaccination programme in NHS history.

As lockdown rules for Christmas were announced our local campaign reminded people of the range of local services that could help them should they become ill over the holiday period.

In December our head of medicines management, Susanne Lynch was recognised in the Queen's New Year honours list with an MBE recognising her work with the pharmacy team in Sefton and responding to the coronavirus pandemic.

4 January 2021 - Third national lockdown announced
In January 2021, 'Talking Matters Sefton' was launched in partnership with the CCG as our new Improving Access to Psychological Therapies (IAPT) service. The service being designed to

help anyone aged over 16 in the borough, this was particularly important to promote during lockdown.

In January we also supported a new engagement exercise called Shaping Care Together (SCT), led by a partnership of NHS organisations; NHS Southport and Formby CCG, NHS West Lancashire CCG and Southport and Ormskirk Hospital NHS Trust. The engagement exercise was designed to help improve hospital services by inviting people to share their views and experiences of local healthcare.

1 February 2021 - South African variant of COVID-19 found in England
On 3 February a new dedicated mobile testing unit was opened in Southport to test for the South African variant of COVID-19.

In February we also thanked volunteers from Sefton who came forward to help with the vaccination programme.

In March we reached a milestone as we vaccinated most of our residents in priority groups 1-9; including people over 50 years of age, the clinically extremely vulnerable or with underlying health conditions, front line health, social care workers and carers. We continue to work through those who have not yet taken up the vaccine in those groups.

To help with vaccine hesitancy, in March we were partners in a campaign that launched across Cheshire and Merseyside to encourage ethnic minorities to take up the vaccine using local residents to promote key messages.

8 March 2021 - New roadmap out of lockdown is issued
We reminded people to stay safe now that lockdown rules are easing with a roadmap[1] taking us to 21 June.

As we move into April 2021 the vaccination programme will focus mainly on the residents who require their second dose of the COVID-19 vaccination.

[1] https://www.gov.uk/government/publications/covid-19-response-spring-2021/covid-19-response-spring-2021-summary

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 2020-21 we had a budget of £312 million to spend on commissioning the following health services for our 156,648 south Sefton residents:

- 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 and Seaforth and Litherland. In addition to working in localities our member practices continue to strengthen the work they do together through Primary Care Networks (PCNs) to provide joint services to their patients, most notably in 2020-21 to provide the GP led COVID-19 vaccination programme.

A Governing Body of elected GPs, practice staff, lay representatives and other professionals makes decisions for 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 2020-21 were commissioned from the following providers:

- Liverpool University Hospitals 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, 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.

[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 document, Sefton2gether, the five year plan for the local NHS. A number of other CCG and partnership plans and strategies also inform our work. These include the Joint Strategic Needs Assessment (JSNA) and Sefton's Health and Wellbeing Strategy - Living Well in Sefton, produced in partnership with Sefton Council.

We co-produced Living Well in Sefton and Sefton2gether with our partners in the Health and Wellbeing Board in 2019-20. Together, our approach to developing these strategies aligns with the emphasis placed in the NHS Long Term Plan on addressing the wider factors that determine good health. Additionally, Sefton2gether explicitly references the role of NHS organisations in addressing these wider determinants through the four pillars of population health.

Our plans also have to meet a number of nationally set standards and requirements like the NHS planning and contracting guidance, the NHS Long Term Plan, Oversight Framework for CCGs and the NHS Constitution[3], 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. Details of this can be found in the performance section of the report where it is explained that performance measures were scaled down due to the pandemic.

Many of our public play an important role in helping us to shape our work and oversee services. We involve our public 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] NHS Constitution - https://www.gov.uk/government/publications/the-nhs-constitution-for-england

Our local challenges

The NHS has faced a real challenge in 2020-21 in fighting the COVID-19 Pandemic which has added to the existing pressures across all sectors. These remain; funding constraints, increased demand, pathway backlog and workforce challenges, for the NHS both nationally and locally in south Sefton.

Despite the pressures created by the pandemic during 2020-21 the CCG maintained focus on the continuous improvement in the quality of services. At the same time as these mounting challenges we considered the recovery from the effects of the global pandemic.

In addition to these challenges, south Sefton has a number of environmental and social elements that need to be factored in when planning and commissioning health services for the population.

These include the following:

- The demographic makeup of our population shows a higher proportion of residents 65 years and over, approximately 19.5%, compared with a national rate of closer to 18%. Populations for this age group indicate significant increases over the next 10 years.
- 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.

Although health is improving in a number of areas there remains unacceptable inequalities in health 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 when looking at locality level information with an approximate 6 year variation between the highest and lowest areas.
- Levels of long term health conditions are much higher than the national average especially Hypertension and Chronic Kidney Disease. Other factors such as obesity, respiratory diseases, mental health disorders and depression are higher in Sefton than nationally.

The Joint Strategic Needs Assessment (JSNA) supports the strategic development and service planning by examining health and social variations and inequalities that exist within Sefton. The information outlined in the JSNA supports commissioning plans and joint working with our health and social care partners.

You can find out more about local health and wellbeing from Sefton's JSNA[4] , Sefton Public Health Annual Report and RightCare Health Inequalities data pack[5] for south Sefton.

[4] Sefton JSNA - https://www.sefton.gov.uk/media/1884/jsna-highlight-report-2018.pdf

[5] 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

Our CCG strategy has been guided by the NHS England Long Term Plan. Building on the 2014 original Shaping Sefton strategy and working in a partnership approach, the new five year plan Sefton2gether has been agreed. The plan looks at the Sefton requirements and has been developed by the NHS, Sefton Council, the voluntary, community and faith (VCF) sector and the people of Sefton. It underpins elements of the Sefton Health and Wellbeing Strategy and our aim is to continually improve health and wellbeing for all in Sefton.

The ambitions and priorities will continue to be implemented over the next three years and importantly this plan is a 'system' based plan for the whole of Sefton.

We are committed to working closely wherever possible with partners to link up where our ambitions align. This will all be carried out under the umbrella of Sefton Health and Wellbeing Strategy and working within the finances available.

We also aim to cut delays, improve the quality of care, bring care closer to everyone's homes and reduce both A&E attendance and hospital admissions.

In line with the ambitions of the national NHS Long Term Plan, we want to refocus our efforts and increase our investment in early intervention and prevention rather than cure – this represents a significant change in the way we have prioritised our resources in the past.

We know that some of the foundations we are building on will take many years to show results. Delivering greater health and care results can take generations but that will not stop us planning and working now to make a positive change for the future. This includes things like increasing vaccination and immunisation rates as well as identifying when we can intervene earlier to stop or reduce ill health getting worse. This will help people live longer, live healthier lives and reduce the need for traditional medical services in the future. By encouraging people to live a healthier lifestyle, such as eating and drinking more healthily, taking more exercise and not smoking, we will hopefully not have to rely on health and care services as much in the future.

We also want to help address some of the structural / wider elements of health, to see how best we can work together with partners on things like; poverty, housing, education, transport, skills, and employment. This includes looking at "social value"; which describes the social benefits achieved from public services. It considers more than just people's wages and income and includes things like; wellbeing, health, inclusion and many other benefits of being employed and active in the community.

We need to prevent and reduce existing conditions which are prevalent in Sefton, like; diabetes, heart disease, cancer and mental health conditions across all ages. We are aware we need to reduce the time people wait for surgery and urgent care and provide value for money to taxpayers. We can do this by thinking more strategically about our future commissioning arrangements with all providers, including the VCF sector.

We are all committed to delivering the key aims of this strategy for Sefton and helping people start well, live well, age well and die well. We want to ensure that health and care across Sefton considers the entire life cycle so that we can help and support, whether it be a new born baby or someone coming towards the end of their life.

We are developing one refreshed implementation plan that will reflect our learning from the COVID-19 pandemic. This will combine the joint actions of the CCG and Sefton Council from the Sefton Health and Wellbeing Strategy[6] and the Children's and Young People Plan[7] to ensure consistent messaging around local strategic aims and priorities.

Our ambitions

A healthy balance

There is a 12-year difference between the life expectancy in the poorest parts of Sefton compared to the richest parts. Our goal is to reduce that gap through targeted advice, information and support with health care when it is needed, helping people to live longer.

Great expectations

We want to make sure that people are able to live their best life by helping them choose to live longer, healthier. We want to help everyone increase the amount of years they live free from any major health conditions.

Early intervention

If people need help, the sooner we step in the better it is. That's why we are promoting early intervention through our health care system, making sure that any worries that people have are seen to as quickly as possible before they turn into major problems.

Prevention

Prevention and intervention go hand in hand. This is why we are encouraging people to stay healthy and active to prevent health and wellbeing problems later on in life.

Empowering self-care

Helping people to care for themselves is very important to us. Self-care and lifestyle changes; such as not smoking, doing more exercise and eating and drinking healthily can make a big difference to everyone – from weight loss to managing existing mental health conditions. This also includes helping those people with long term conditions, eg. diabetes, or recovering from cancer to maintain as healthy a life as possible. After all, real change can only come from within.

Access to high quality services

We want to make sure that everyone's health and care systems are the best that they can be, meet required quality standards and are located where people need them most. We are constantly looking for new ways to improve and meet everyone's needs efficiently and effectively.

6https://modgov.sefton.gov.uk/documents/s94293/Enc.%201%20for%20The%20Health%20and%20Wellbeing%20Strategy%202020-2025.pdf

[7] https://www.sefton.gov.uk/media/1010/children-and-young-peoples-plan-2020-2025-final.pdf

Planning ahead

There are long-term NHS goals that we have to meet to make sure that everyone is well looked after. These goals include; reducing waiting times, supporting maternity services, reducing health inequalities and tackling diabetes, improving outcomes from cancer and supporting people with mental health problems at a local and national level.

Sustainability

We want our health and care system to be financially sound. We must understand how we can manage our money in a way that meets all of everyone's needs. We also want to be able to maintain the high quality of care available, no matter what happens politically and economically. Because of this we have to make sure that we are prepared for all circumstances and have the services in place when and where they are most effective.

Social value

We want the NHS and other public sectors to be of value to the local population. We want to create a service that is trusted, an employer who is fair and loyal and a pillar that the community can depend on. We aim to do this through constant communication and transparency about what we are doing and why. This includes the five main things which make the NHS an "Anchor Institution":

- Purchasing more locally and for social benefit
- Using buildings and spaces to support communities
- Widening access to quality work
- Working more closely with local partners
- Reducing its environmental impact

Working together

We aim to make the most of the resources we have available, both within the NHS and across our partners. We want to ensure we all focus on "whole system delivery" through working together and being as efficient as possible. The overall approach is guided by the need to address the health issues within Sefton, which mean that people are not living as long or as healthily as they could.

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 and Improvement

Together with NHS England and Improvement (NHSE/I), we work to ensure health services for south Sefton residents meet national and local standards. This has been the second year since we took on full responsibility for the commissioning of general medical services from NHSE/I, known as 'full delegation'.

During 2020-21, the Cheshire and Merseyside Area Team continued to oversee standards and hold the contracts for 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.

Cheshire and Merseyside Health and Care Partnership

We have been working closely with the Cheshire and Merseyside Health and Care Partnership and the other Cheshire and Mersey CCGs to develop the integrated care system (ICS).

During the COVID-19 pandemic the partnership has been responsible for the operational coordination work across Cheshire and Merseyside ensuring that residents were made aware of the latest information and guidance on the national vaccination programme and updated on national messages from NHS England.

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[8]. 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 5 year strategy, Sefton2gether will support the delivery of our joint Health and Wellbeing Strategy and you will find examples of our joint work elsewhere in this annual report.

[8] Find Sefton's Health and Wellbeing Strategy here - https://modgov.sefton.gov.uk/documents/s94293/Enc.%201%20for%20The%20Health%20and%20Wellbeing%20Strategy%202020-2025.pdf

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 achieving better outcomes for our patients. This is part of our work around the Better Care Fund programme[9].

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. 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 and the OSC for Children, Young People and Safeguarding to update councillors of key work programmes.

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.

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.

[9] https://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/

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 national regulatory bodies such as NHS England & Improvement.

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 CCG Oversight Framework (previously the Improvement & Assessment Framework). Aligned to this are also specific CCG plans set out in the Operational Plans for CCGs.

The work you will read about throughout this report has all contributed to our performance for 2020-21. Due to the pandemic a number of performance reporting indicators and processes have been paused for the foreseeable future.

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[10] in addition to being presented to our Governing Body.

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

Performance summary

Oversight Framework

Our Oversight Framework (previously known as the Improvement and Assessment Framework) comprises a number of measures across five domains; New Service Models, Preventing Ill Health and Reducing Inequalities, Quality of Care and outcomes, Leadership and Workforce, and Finance and Use of Resources.

Results for the 2019-20 annual assessment for the CCG Oversight Framework rated NHS South Sefton as 'requires improvement'. Overall, our rating highlighted progress and on-going challenges, whilst continuing to reflect the increasingly testing environment the organisation is operating in. Continuing to maintain the rating of 'requires improvement' during such a difficult year reflects the hard work we have carried out and the improvements we have made.

Due to the COVID-19 pandemic the decision was taken nationally to temporarily pause the data collection and reporting of the NHS Oversight Framework. Due to this no quarterly reporting is available for 2020-21; previous information reported can be seen within the 2019-20 annual report.

You can read more about the NHS OF process on NHS England's website[11]. More about our results can also be found in our monthly integrated performance reports[12].

Better Care Fund performance

Sefton Health and Wellbeing Board submits our Better Care Fund (BCF)[13] 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. Progress against our BCF plan is reported in our monthly integrated performance report

[11] NHS England IAF framework - https://www.england.nhs.uk/commissioning/ccg-assess/

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

[13] About the Better Care Fund https://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/

NHS South Sefton CCG Summary Performance Table

The following table shows overall performance for April 2020 – March 2021, 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.

Performance for Quarter 4 2020-21 - South Sefton CCG	CCG	Main Provider
A&E (All Types) (Nat Target 95%)		
A&E 12 hour breaches		
RTT (Nat Target 92%)		
Referral to Treatment Incomplete pathways 52+ Week Waiters (Zero Tolerance)		
Diagnostics (Nat Target less than 1%)		
Cancer - 2 week urgent GP Referral for suspected Cancer (Nat Target 93%)		
Cancer - 2 week wait breast symptoms (Nat Target 93%)		
Cancer - 31 day first definitive treatment (Nat Target 96%)		
Cancer - 31 day standard for subsequent treatment - Drug (Nat Target 98%)		
Cancer - 31 day standard for subsequent treatment - Surgery (Nat Target 94%)		
Cancer - 31 day standard for subsequent treatment - Radiotherapy (Nat Target 94%)		
Cancer - 62 day urgent referral to treatment wait (Nat Target 85%)		
Cancer - 62 day wait for 1st treatment following referral to screening service (Nat Target 90%)		
Ambulance Handovers 30-60 mins (Zero Tolerance)		
Ambulance Handovers 60+ mins (Zero Tolerance)		
Stroke (Target 80%)		
TIA Assess & Treat 24 Hrs (Target 60%)		
Mixed Sex Accommodation (Zero Tolerance)		
Care Programmed Approach (CPA) follow up 7 days 2020/21 - Q3 (Target 95%)		
Early Intervention in Psychosis (EIP) 2020-21 - Q3 (Target 60%)		
IAPT Access (1.59% target monthly - 19% YTD)		
IAPT Recovery (Target 50%)		
IAPT % 6 week waits to enter treatment (Target 75%)		
IAPT % 18 week waits to enter treatment (Target 95%)		
Dementia (Target 66.7%)		
Smoking at time of Delivery (SATOD) 2020-21 - Q3 (National ambition below 6% by 2022)		
MRSA - Zero tolerance		
C.difficile - (measuring against last years targets CCG = 60, LUHFT = 109)		
E coli - (measuring against last year's targets CCG = 128 - *no target for Provider*)		
Children & Young People Mental Health Services (CYPMH) - Q3 and 12 month rolling (Target 50%)		
Children and Young People with Eating Disorders - routine referals within 4 weeks - Q3 (Target 95%)		
Children and Young People with Eating Disorders - urgent referral within one week - Q3 (Target 95%)		
Proportion of CYP new ASD referrals that started an assessment within 12 weeks		

(Target 90%)		
Proportion of CYP new ASD referrals that completed an assessment within 30 weeks (Target 90%)		
Proportion of CYP new ADHD referrals that started an assessment within 12 weeks (Target 90%)		
Proportion of CYP new ADHD referrals that completed an assessment within 30 weeks (Target 90%)		
CAMHS - % Referral to Choice within 6 weeks (Target 92%)		
CAMHS - % Referral to Partnership within 18 weeks (Target 75%)		

What we are doing to address performance

It is well recognised that 2020-21 has been like no other year with the NHS facing huge challenges due to the COVID-19 pandemic. The impact has been felt directly and indirectly across all NHS services which is evident by the deterioration of the majority of key performance indicators. A key focus throughout 2020-21 onwards is the restoration and recovery of services across the health economy but with the understanding that this remains challenging. We are committed to working closely with health and social care colleagues in order to improve service delivery and outcomes.

Urgent care services

Due to the pandemic and the national lockdowns throughout 2020-21 accident and emergency (A&E) performance against the 4 hour target significantly improved against previous years. This is due to a large reduction in patients attending A&E in the early part of the year. Attendances have now steadily increased which has resulted in a drop in performance in the latter part of 2020-21. Our main provider, Liverpool University Hospitals NHS Foundation Trust, has reported a number of 12 hour breaches in year with all breaches followed up with a detailed root cause analysis to ensure an improvement in this area. Fina month performance recorded no 12-hour breaches. Ambulance handover delays continue to occur are in line with previous year's levels.

Stroke, transient ischaemic attack (TIA) and Mixed Sex Accommodation performance has not been reported by the CCG's main provider due to pressures of the pandemic and in line with national direction regarding easing of reporting burden during this time.

Of the three measures linked to healthcare associated infections (HCAI), MRSA, C.Difficile, and E.Coli we failed one, MRSA. Post infection reviews take place after each case with lessons learnt and recommendations for improvement are implemented. The Infection, Prevention and Control (IPC) Programme Board is in place to focus on the reduction of gram negative bloodstream infections and address the need for a system wide collaborative approach.

Planned care services

Planned care services have been significantly impacted at the start of the pandemic back in March/April 2020 with all non-urgent activity ceasing for a number of months. Although restoration and recovery is underway all aspects of planned care remain a challenge.

Referral to treatment performance has dropped against previous years and although waiting lists have dropped due to reduced demand in the first months of 2020-21, patients are waiting longer with increased levels of those waiting over 52 weeks. Waiting list numbers have now started to increase overall but performance has steadied in the mid 60's%. Diagnostic performance faces the same challenges but levels are steadily improving. A focus of the health care system over the coming months is the recovery of planned care and the safety of patients who are currently waiting long periods, support is being provided across the region by Independent Sector providers to reduce waiting times.

Cancer services

As with planned care, Cancer services have been impacted by the global pandemic with a number of pathways affected due to reduced capacity in other linked areas such as diagnostic provision. This can be seen in the 31-day and 62-day performance specifically. Although the CCG saw a reduction in demand via two week wait referrals in the early

months of 2020-21, that demand has now increased and is above levels noted pre-pandemic. As a result, two week and two week breast performance has dropped but started to improve in the latter months of 2021.

The cancer alliance continues to play a vital role in ensuring performance and recovery is organised across the Cheshire and Mersey area. Assurance is also provided by the CCGs main providers as to priority given to those most at clinical risk.

Children and young people services

In its ongoing response to the pandemic, Alder Hey continues to focus on sustaining pre-COVID levels of activity for community therapy services provision and Child and Adolescent Mental Health Services (CAMHS).

Performance has remained steady throughout the year but it has been noted by Alder Hey that demand is likely to increase across all children's services due to the impact of school closures.

Mental health services

As in previous year's access and recovery for the Improving Access to Psychological Therapies service (IAPT) remains challenging with on-going issues linked to low levels of patients entering the pathway. Progress in this area is expected in 2021-22 as a new provider has taken over the contract in the last quarter of 2020-21.

Dementia diagnosis rates have dropped since 2019-20 and are below the target ambition, this service again has been impacted on due to the current pandemic.

Financial performance

We receive funds from the government to meet the healthcare needs of the population in South Sefton and have a duty to ensure that high quality and sustainable services are provided within the funding allocated. This is achieved by working in partnership with local health care providers. We are firmly committed to working with our partners to transform services to improve efficiency and to ensure we prioritise effective and efficient care for our population so that we use 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. At the start of each financial year the CCG agrees a financial plan with NHS England and Improvement. This process was suspended in 2020-21 as a result of the COVID-19 emergency response and a revised financial regime has been in place throughout 2020-21. This means that the usual contracting processes with providers have not been in place during 2020-21 as national arrangements have been in operation.

During the first half of the year this meant that we were required to break even and costs associated with COVID-19 were recovered from central funding.

A summary of COVID related spend for 2020-21 is shown in the table below.

Category of COVID spend	TOTAL £'000
Care Home	3,857
Other care accommodation	29
Domiciliary/Home care	830
Reablement/intermediate care	190
TOTAL	**5,234**

During the second half of the year, funding arrangements have been managed at a local system level through the Cheshire and Merseyside Health Care Partnership (CMHCP). We have received support via the CMHCP for COVID-19 related expenditure in the second half of the year to achieve a full year break even position.

The table below shows the CCG financial performance from 2016 - 2021.

At the end of the 2020-21 financial year, the CCG has reported a break even position as agreed with NHS England and Improvement.

	2016/17		2017/18		2018/19		2019/20		2020/21	
	Allocation	Expenditure	Allocation	Expenditure	Allocation	Expenditure	Allocation	Expenditure	Allocation	Expenditure
	£'M	£'M	£'M	£'M	£'M	£'M	£'M	£'M	£'M	£'M
Programme	241.05	241.36	241.57	244.85	248.26	247.66	256.88	266.79	288.77	289.27
Programme - Delegated co-commissioning - General Medical Services	0	0	0	0	0	0	22.42	21.62	20.82	20.33
Running Cost Allowance	3.27	2.86	3.22	2.93	3.26	2.86	3.55	3.34	3.13	3.13
TOTAL	**244.32**	**244.22**	**244.79**	**247.78**	**251.52**	**250.52**	**282.85**	**291.75**	**312.72**	**312.72**
Surplus/ (Deficit) before application of NHS England reserves		**0.10**		**-2.99**		**1.00**		**-8.90**		**0.00**

We 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 2020-21	Duty Achieved
Expenditure not to exceed income	✓
Capital resource use does not exceed the amount specified in Directions	Not Applicable
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	✓

We are 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.
- The COVID-19 pandemic, declared on 12 March 2020, is a material uncertainty however, the Chancellor's statement in the Budget 2020 provided confirmation of NHS funding throughout this pandemic. As a result, Covid-19 does not affect the CCG as a going concern.

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.

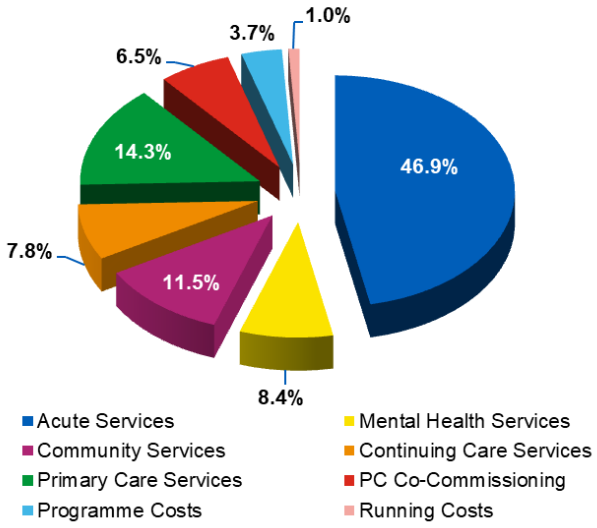
All partners in 'Acting as One' agreed a set of principles for contracting which were in place over the period 2017-2020. These principles have been replaced by a nationally agreed financial and contracting framework during 2020-21 in response to the COVID-19 pandemic.

Our CCG finance team is a key enabler in supporting business transformation. There is a strong focus on continuous development and training to ensure the team remains 'fit for purpose' as business partners to the CCG and the wider local health economy. 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. The team is 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

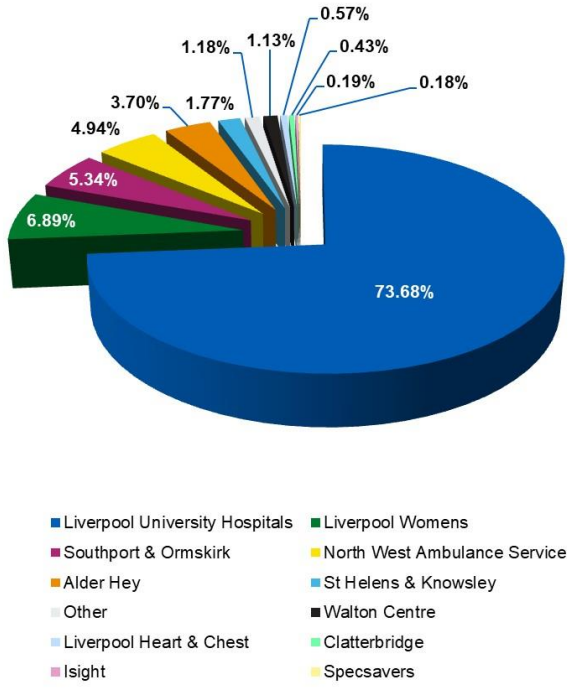
During 2020-21 the CCG received £312.716 million of parliamentary revenue funding. A breakdown of this funding and how it was used is reported in the table below:



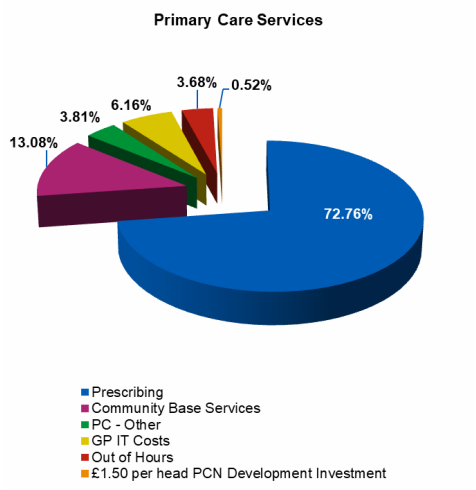
Area	Total Costs (£000s)
Acute Services	146,543
Mental Health Services	26,216
Community Services	35,845
Continuing Care Services	24,441
Primary Care Services	44,800
PC Co-Commissioning	20,328
Programme Costs	11,416
Running Costs	3,127

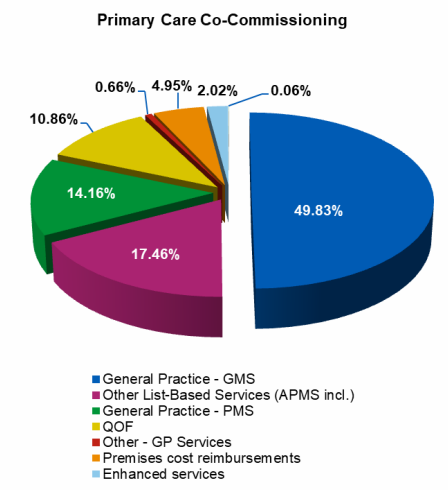
Our main areas of spend were as follows:

Acute Services (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. Other services commissioned by GPs and primary care contractors are included, for example, out of hours services and GP IT costs, along with costs relating to GP clinical leadership undertaken on behalf of the CCG. The CCG is also responsible for delegated co- commissioning of Primary Care – General Medical Services.



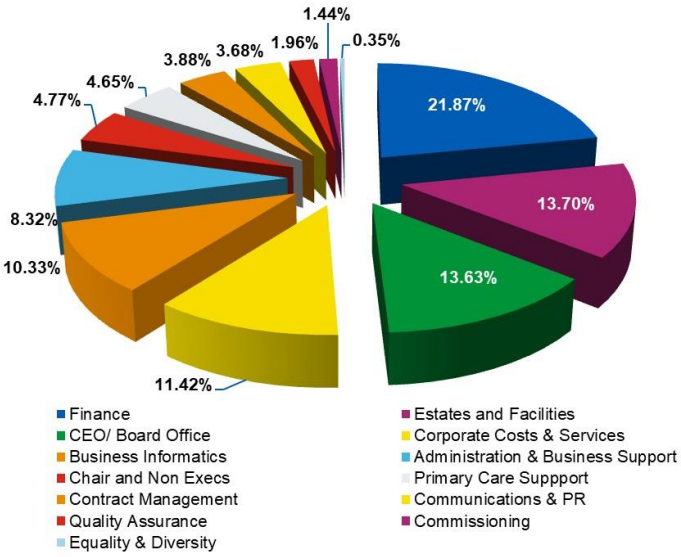


Community Services costs – this relates to the costs of services provided in a community setting for example, district nursing, physiotherapy and community clinics.

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.

	2020-21		2019-20	
	Number %	Value %	Number %	Value %
Non-NHS Payables	**97.53**	**97.07**	**97.01**	**97.07**
NHS Payables	**96.18**	**100.03**	**97.78**	**99.75**

Percentages are calculated by taking the total number / value of paid invoices / credit notes and dividing this by the total number / value payable. Due to credit notes reducing the total value payable it is possible to result in a percentage greater than 100% when there are credit notes that have not been processed for 'payment'.

Monitoring and ensuring quality

The Quality team plays an important role ensuring services commissioned by the CCG are safe, effective, high quality and reflect the voice of people who access them to ensure the services meet the needs of the population.

The team works to promote a culture of openness and transparency where incidents and errors occur, and to nurture a culture of improvement across the health and social care community in Sefton. As such, the team places the needs of people at the centre of all its work to ensure that we learn from people's experiences and we make it a priority to maintain a focus on high quality patient care and outcomes. We have robust processes and governance arrangements to provide our Governing Body with assurance relating to the quality and performance of the services we commission

As outlined in the Health and Social Care Act 2012, we have a duty to ensure improvement in the quality of our services. In order to fulfil this duty, during 2020-21 we have ensured that the established mechanisms remain robust, to ensure that high quality and safe care is commissioned and maintained. The CCG has a number of mechanisms by which it addresses the quality of services. These are listed below:

Quality Performance Group meetings and Contract Quality Review meetings

As part of the contractual process, Contract Quality Performance Group Meetings (CQPG), Contract Quality Review Meetings (CQRM) and Contract Commissioning Quality Review Meetings (CCQRM) are held with our acute, community and independent providers. The CQPG / CQRM / CCQRM meetings focus on quality, providing an opportunity to review areas for improvement and good practice and to monitor any improvement activities in relation to the requirements laid out within the NHS standard contract.

Quality is a key item within the contract meetings. In support of the quality agenda and alongside colleagues across the Merseyside CCGs, we contribute to the established Collaborative Commissioning Forums for NHS Mersey Care NHS Foundation Trust, Liverpool University Hospitals NHS Foundation Trust, Alder Hey Children's Hospital NHS Foundation Trust and Liverpool Women's NHS Foundation Trust. These are services where the lead commissioning organisation is NHS Liverpool Clinical Commissioning Group (Liverpool CCG). This allows time for a more detailed quality discussion and action setting. These meetings provide robust mechanisms where commissioners and providers work together to identify and strive to meet standards that will serve to deliver services for the population of south Sefton.

As part of the CQPG / CQRM / CCQRM arrangements, Mersey Care NHS Foundation Trust has been placed on enhanced surveillance. This is normal process due to the merger of the trust with North West Borough's NHS Trust which is expected to complete in June 2021.

In 2020-21 the CCGs have continued to support DMC Health Care, which provides community dermatology services, with the improvement of learning from serious incidents, in line with the national serious incident framework. This was following a contract performance notice being put in place in February 2020. An action plan is in place, which is monitored at the CQPG with noted improvements.

Due to the unprecedented system pressures due to the COVID-19 pandemic, our contract monitoring arrangements were ceased in their normal format due to the COVID-19 pandemic legislation. However CQPGs, CQRMs and CCQRMs have continued in a virtual

format to support commissioned organisations in relation to; hospital discharges, discharge avoidance, nosocomial infections, infection and prevention control, safe staffing and patient safety. It is anticipated the contract, quality monitoring review processes will be stepped up in 2021-22.

Commissioning for Quality and Innovation

The Commissioning for Quality and Innovation (CQUINs) payments framework was set up in 2009-2010 to encourage service providers to continually improve the quality of care provided to patients and to share a transparent process with commissioners. CQUINs enable CCG commissioners to reward excellence, by linking a proportion of service providers' income to the achievement of national and local quality improvement goals.

CQUINs encourage care providers to share and continually improve how care is delivered. The majority of CQUINs are comprised of a single indicator that is used to measure performance and against which 100% of payment will be determined.

On 31 July 2020 as part of the third phase of the NHS response to COVID-19, it was confirmed the operation of CQUIN for CCGs would remain suspended for all providers until 31 March 2021. NHS commissioned providers would not need to implement CQUIN requirements for the financial year 2020-21, carry out CQUIN audits or submit CQUIN performance data. It was also agreed that for Trusts, an allowance for CQUIN was continued to be built into nationally-set block payments; for non-NHS providers and as a CCG we would continue to make CQUIN payments at the full applicable rate.

Quality review visits

These are undertaken on an ad-hoc basis within provider organisations when the CCG has persistent or increasing quality concerns identified. These visits provide intelligence to gain assurance that there are robust measures in place within an organisation, to ensure that high quality care is in place, or identify areas where improvement is required. The reviews are conducted by a small clinical team from the CCG using a set criteria based on Care Quality Commission (CQC) standards to assess the standard of care, staffing and patient experience.

An example of one of the quality visit taken place in 2020-21, included supporting NHS Liverpool CCG with a focused quality visit on COVID-19 health care acquired infection for Liverpool University Hospitals NHS Foundation Trust.

Quality risk profile

This tool enables commissioners, regulators and providers to come together to share and review information when a serious concern about the quality of care has been raised. This process facilitates rapid collective judgements to be taken, actions agreed and a level of enhanced surveillance implemented effectively. During 2020-21, we have contributed to the Quality Risk Profile (QRP) for DMC Health Care following the concerns in relation to patient waiting lists in another CCG area, where the contract was mutually terminated. We are in the process of commissioning an external review of the patient waiting lists, on the recommendation from NHS England / Improvement Cheshire and Merseyside, to provide assurance.

Joint Quality and Performance Committee

We have a Joint Quality and Performance Committee (JQPC) with NHS Southport and Formby CCG, which is a sub-committee of our Governing Body. Its membership includes our Governing Body Lay Member for Patient and Public Involvement. The committee provides us with assurance in relation to the quality of the systems and processes that have been established by the organisation.

The JQPC includes regular reports on complaints, serious incidents, 'never events' and safeguarding, to identify trends and themes across commissioned services. The committee also reviews inspection reports from regulatory bodies e.g, Care Quality Commission (CQC). Our cross sector Engagement and Patient Experience Group reports directly to JQPC, providing further assurance around the services we commission. You can read more about this group on page 98.

Quality Surveillance Group

A network of Quality Surveillance Groups (QSGs) have been established across the country to bring together different parts of health and care systems locally and in each region of England to routinely share information and intelligence to protect the quality of care patients receive. The information includes NHS commissioned health services and independent providers including care homes. Over the past year, we have played an active role in the Merseyside and Cheshire QSG which meets on alternate months. This has included highlighting;

- COVID-19 outbreaks and deaths in care homes
- Seeking assurance from Liverpool University Hospitals NHS Trust on cancer improvement plans as a result of COVID

The local health economy still has challenges to meet to improve the quality of patients

care. These are to:

- Reduce levels of harm in the event of serious incidents, in particular 'never events'.
- Reduce Healthcare Acquired Infections (HCAI's) in particular C difficile and Gram negative Bacterium
- Achieve the four hour A&E standard and eliminate corridor care
- Promote patient dignity by eliminating mixed sex accommodation breaches
- Reduce the waiting times following a GP referral to treatment

We continue to be an active member of this group and contribute to the discussion regarding the future role and function of QSG.

Single Item Quality Surveillance Group

If quality concerns arise within a single organisation based on an outcome of a review of soft intelligence, with support from NHS England we will convene a Single Item Quality Surveillance Group (SI QSG). The aim of the meeting is:

- To gain a collective understanding of the issues

- To gain assurance that the organisation will develop a coherent, robust and sustainable plan to mitigate risks and progress improvements at pace
- To discuss and agree any offers of support from commissioners
- Consider any additional implications

In October 2020 we contributed to a SI QSG for Liverpool University Hospitals NHS Trust following a CQC inspection, in relation to poor care. The trust was also experiencing pressures relating to COVID-19 infections. The SI QSG established a common understanding between commissioners and regulators of potential issues, the level of risk these potential issues may pose and how they may be mitigated. Further meetings are in place to provide oversight. The trust is already on 'enhanced surveillance' due to the acquisition of previous Royal Liverpool and Broadgreen University Hospitals NHS Trust by Aintree Hospitals NHS Foundation Trust in October 2019.

Safeguarding

Our Safeguarding Service continues to support the CCG in discharging its statutory responsibilities to safeguard the welfare of adults and children at risk of abuse, and children in care and to ensure that the health services it commissions are also compliant in this respect. CCGs are also required to demonstrate that they have appropriate systems in place for discharging their statutory duties in terms of:

- A clear line of accountability for safeguarding, properly reflected in the CCG governance arrangements, i.e. a named executive lead to take overall leadership responsibility for the organisation's safeguarding arrangements
- Clear policies setting out the commitment and approach to safeguarding including safe recruitment practices and arrangements for dealing with allegations against people who work with children and adults as appropriate
- Training staff in recognising and reporting safeguarding issues, appropriate supervision and ensuring that staffs are competent to carry out their responsibilities for safeguarding.
- Effective inter-agency working with local authorities, the police and third sector organisations which includes appropriate arrangements to cooperate with local authorities in the operation of Local Safeguarding Children's Boards and the Merseyside Safeguarding Adult Board
- Employing, or securing, the expertise of Designated Doctors, Named GPs and the Designated Nurses for Safeguarding Children and for Looked After Children, and the Designated Safeguarding Adult Manager

Safeguarding Adults Boards

Have a statutory responsibility to;

- Ensure effective arrangements for information sharing
- Effective systems for responding to abuse and neglect of adults
- Supporting the development of a positive learning culture across partnerships for safeguarding adults to ensure that organisations are not unduly risk averse

During 2020-21, we remained an active member of the Merseyside Safeguarding Adults Board (MSAB) and sub-groups which covers the areas of Knowsley, Liverpool, Sefton

and Wirral. In line with its statutory requirements the board has reviewed, and approved a number of Safeguarding Adult Reviews and Learning Reviews. An annual report has been produced which we contributed to.

In 2020-21 a review was undertaken of the current MSAB arrangements, with a decision made for Sefton to no longer be a member of MSAB. To support future developments of a Sefton specific safeguarding adult board the CCGs have contributed to the Sefton Safeguarding Adult Governance Group, and the transition plan.

There has been additional resource in year with the introduction and appointment of the Named GP for Safeguarding Adults. The post will aim to strengthen safeguarding adults at risk of abuse and neglect across primary care.

Local Safeguarding Children Board

With the publication of new statutory guidance in 2018, we have actively worked with children's services and Merseyside Police to ensure compliance with the new Multi-Agency Safeguarding Arrangements. The model was adopted in September 2019 following extensive consultation and approval. We are an active member of the Safeguarding Children Board, Corporate Parenting Board and Child Death Overview Panel and their subgroups. This includes support and oversight of the health input to commissioned reviews and the dissemination of learning.

There has been an increase in capacity of the Designated Doctor for Safeguarding, and the Named GP Safeguarding Children during this year.

We have continued to support and demonstrate progress against action plans arising from safeguarding inspection frameworks including Care Quality Commission (CQC), Joint Targeted Area Inspection and Special Educational Needs and Disability.

Sefton Safer Community Partnership

We are a statutory member of the Sefton Safer Community Partnership, which has a clear priority for partners in Sefton to ensure the safety of the residents in Sefton. As a partnership, organisations across the borough of Sefton work towards reducing crime and reassuring communities. We have supported the work of Sefton Safer Community Partnership in the learning from Domestic Homicide Reviews in highlighting best practice and learning from individual reviews.

Special Educational Needs and Disabilities

Sefton Council has a duty to assess the Special Educational Needs and Disability, known as SEND, of children and young people and provide appropriate services. We have a duty to cooperate in the delivery of these services across the south Sefton area. Sefton received a written statement of action following a revisit by inspectors from Ofsted and the CQC in April 2019. This was to review the progress of actions from the previous inspection in November 2016, as sufficient progress had not been made in some areas.

We have a SEND health performance improvement group. Its membership comprises representatives from our quality and commissioning teams, our commissioned providers, Sefton Council, Sefton Parent Carer Forum and the voluntary, community and faith (VCF) sector. This group reviews the health actions of the joint health and social care SEND action plan, to hold members to account on performance and outcomes. This group reports directly through to the SEND Continuous Improvement Board.

Significant improvements have been made during 2020-21of the action plan. These improvements have been made in relation to:

- Reduction in waiting times for therapy including dietetics, speech and language and physiotherapy
- Review of the Autistic Spectrum Disorder (ASD) pathway, although further work is being undertaken including CCG investment into the service
- Reduction in the waiting times for Children and Adolescent Mental Health Services (CAMHS), although further work is being undertaken, including additional CCG investment
- Improved timescales and quality of the initial health assessments
- Improved performance with health assessments being completed in a timely manner, the outcomes of which contribute to the education, care health care plan for children who are looked after

These improvements were formally recognised in a follow up visit by the Department for Education (DfE) in December 2020.

Learning Disabilities Mortality Review

People with a learning disability often have poorer physical and mental health than other people and may face barriers to accessing health and care to keep them healthy. It is well recognised people with a learning disability are dying earlier than they should, from things which could have been treated or prevented.

The learning from deaths of people with a learning disability (LeDeR) programme was set up as a service improvement programme by NHS England. It looks at why people are dying and what we can do to change services locally and nationally to improve the health of people with a learning disability and reduce health inequalities.

We have a Local Area Contact (LAC) in place to support the programme. During 2020-21 our LeDeR LAC took up the role and function across Sefton and Liverpool, providing a North Mersey approach to LeDeR. In a year there have been improvements our LeDeR performance with a requirement for all cases raised on the platform as of the 1 May 2020 to be completed by the 31 December 2020. This accounted for a total of 36 cases. Of these 94% (34) were completed within timescale. Two of the cases were subsequently completed and closed on the system by the end of January 2021, and the remaining is subject to multi-agency review processes and exempt. Since the 1 May 2020 a further nine cases have been reported, these are being managed within the requirements for allocation within three months and closure within six months. The KPI against allocation within three months will be removed from CCG reporting requirements in 2021-22.

During 2020-21 the LAC has developed the LeDeR multi-agency panel for all cases to be reviewed. This mechanism supports system learning across health and social care. A task and finish group is also in place to support the development of North Mersey LeDeR processes. As a North Mersey area, additional investment was secured for a 12 month period for a LeDeR co-ordinator. The post will support the LAC and NHS commissioned providers across the North Mersey area. We published our first LeDeR annual report with our LeDeR action plan in place.

The multi-agency LeDeR panel and the action plan are reported through to our Joint Quality and Performance Committee.

During 2020-21 there was a rise in the number of deaths being reported on the LeDeR platform due to COVID-19. We supported the NHS England's rapid review of deaths with the outcomes feeding into the national review and learning.

Quality impact assessments

We have a process to ensure that any commissioning arrangements, whether these be; changes to services, or part of cost improvement programmes, include consideration of any quality impacts whether positive improvements or negative consequences. This process allows for preventative action to be taken to mitigate against these risks. The process has been reviewed during 2020-21 to ensure a consistent application across all commissioning decisions. This ensures improved risk mitigation and quality monitoring across all commissioned services.

Care homes and independent care sector

During 2020-21 the Quality and Safeguarding team, have continued to work collaboratively with Sefton Metropolitan Council (Sefton MBC) to support:

- Quality and safeguarding concerns in care homes
- Providing train the trainer on the appropriate use of personal protective equipment (PPE) including donning and doffing of PPE
- Providing specialist FFP3 fit testing for all care staff across Sefton where clinically appropriate, utilising staff from the CCG and mutual aid across the system
- COVID vaccination of staff and residents in care homes and supported living providers.

During 2020-21 we contributed and have been an active partner in overseeing care homes as part of the COVID-19 response.

The 'telehealth' support offer has been expanded so that staffs within care homes have access to support for residents who are ill or require support for existing long-term conditions (LTCs) such as COPD, diabetes, etc. This was a requirement of the COVID-19 discharge guidance. To support this, national COVID-19 funding has been used to provide equipment for care homes such as smart phones, blood pressure monitors and oxygen saturation monitors.

Health Care Acquired Infections (HCAI)

The reduction in HCAI remains a priority for us which has been challenging during 2020-21 due to the COVID-19 pandemic. We supported Liverpool CCG following concerns raised to CQC in relation a number of issues including infection and prevention control measures in Liverpool University Hospitals NHS Foundation Trust. This related to an increase in nosocomial and staff COVID-19 infections. Following the visit, the trust reviewed and put in place additional social distancing measures.

Serious Incidents – reporting

We continue to manage serious incident reporting in accordance with the National Serious Incident Framework and ensure this is interpreted locally. During 2020-21 we have continued to scrutinise all incidents in the Serious Incident Review Group (SIRG) that have met the serious incidents threshold to ensure root causes are identified, actions implemented, and lessons have been learnt. The quality team supports the SIRG in NHS Liverpool CCG where serious incidents are managed from key NHS services across Sefton where NHS Liverpool CCG is the lead commissioner.

From January to June 2020, there were a series of surgical Never Events that had resulted in harm to patients that had occurred across Liverpool University Hospitals NHS Foundation Trust. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. We have been supporting the trust and Liverpool CCG in the oversight and assurance from the trust action plan, to ensure effective risk management and governance systems are in place to mitigate and prevent further occurrence.

In 2020-21 we identified the role of the Patient Safety Specialist, who is part of the Quality Team. This is a national requirement for all NHS organisations as part of the NHS patient Safety Strategy. The CCG's Patient Safety Specialist will have oversight of and provide support for patient safety activities across the commissioned organisations. Part of the role will be to ensure that systems thinking, human factors and just culture principles are embedded in all patient safety activity.

Continuing Healthcare and Complex Care

We commission Midlands and Lancashire Commissioning Support Unit to provide the oversight and management for commissioning packages of care for continuing healthcare (CHC) and Complex Care, Children's Continuing Care and mental health Section 117 after care. A model is in place utilising the ADAM dynamic purchasing tool to source packages of care which are prioritised on the basis of quality and cost.

The national framework for continuing health care (CHC) was suspended between March 2020 and September 2020 as a response to the COVID-19 pandemic. Discharge to assess process was developed for patients during this time to ensure capacity in acute trusts during surge periods as a consequence to the COVID-19 pandemic. Since the reintroduction of the framework, the focus has been to ensure deferred cases of assessment are completed by the end of March 2021, as well as the reintroduction of CHC business as usual processes. The CCG has a plan in place and is on track to review deferred assessments by the end of March 2021. During quarter 4 2021, the CHC performance monitoring process was revised and extended to cover the north Mersey foot print.

Personal Health Budget (PHB) numbers have continued to increase, with a particular increase for direct payments for young people with SEND. PHBs for CHC are progressed as business as usual. There has been a particular focus to increase the number of PHBs for children and young people in receipt of Continuing Care and with SEND requirements. A PHB awareness raising plan is in place, which is monitored at the SEND health performance improvement group, which reports to SEND Continual Improvement Board.

Screening

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. Cervical screening has been adversely impacted by the pandemic in terms of individuals accessing screening.

The national Cervical screening target for practices is to ensure that 80% of eligible individuals participate in the screening programme.

During the year practices in South Sefton reached a target of 49.5%.

There is a further national target that requires the NHS to ensure results are delivered within 14 days.

That target is to ensure that 98% of all results are returned within 14 days.

During 2020-21, 94.8% of the cohort that was screened received their results letters, meaning that the screening service missed this target.

Primary Care

We became delegated in April 2019, which means that we have delegated authority to commission primary care services from our GP practices on behalf of NHS England and Improvement (NHSE/I). Merseyside Internal Audit Authority (MIAA) conducts internal audits of delegated CCGs to provide assurance that they are discharging NHSE/I's statutory primary medical care functions effectively. In April 2020, MIAA provided us with an overall assurance rating of 'substantial assurance'.

Maintaining Quality in Primary Care

2020-21 has been like no other year with general practice adapting to support the pandemic response, whilst also administering the COVID-19 vaccination programme, the largest vaccination programme in the history of the NHS.

The pandemic has resulted in unprecedented demands on general practice, practices have remained open, providing safe patient access by careful appointment planning to minimise waiting times and maintain social distancing. General practice implemented a remote triage model, where clinicians determine the most appropriate consultation, either telephone, video or face to face. E-consult has remained available as a flexible way for patients to access their practice.

We supported the stability of general practice by implementing a process to access a national COVID-19 expansion capacity programme.

Shielding Programme

General practice supported the shielding programme, identifying patients who are clinically extremely vulnerable, to ensure additional support for individuals.

Red Sites/Acute Visiting Scheme

In response to the pandemic, 'red sites' to treat patients with COVID-19/respiratory symptoms were identified, alongside an expanded/repurposed acute visiting service to support the treatment of patients in their own homes. The establishment of these services was as a result of collaborative working across the system to enable the change required at pace.

Antibody Testing

Antibody Testing was introduced nationally to improve understanding about the spread of the COVID-19 virus. As such we developed partnerships with our Primary Care colleagues to ensure that all primary care staff, social care staff and our CCG staff could access this programme efficiently. This involved working with Sefton Council, Acute Trusts, Local Laboratories and IT colleagues to develop pathways and communicate these effectively to quickly introduce this programme.

Expanded flu programme

General practice has delivered a successful influenza immunisation programme for many years now; however an expansion of that programme in 2020-21 to include patients aged between 50 and 65 was also implemented.

COVID-19 Vaccination Programme

In November 2020, NHSE/I asked individual GP practices, in collaboration with other GP practices in their PCN grouping to prepare to deliver the COVID-19 vaccination programme. The link to the service specification is provided below:

Coronavirus » Enhanced Service Specification: COVID-19 vaccination programme 2020/21 (england.nhs.uk)

Our primary care team visited several potential sites, to identify appropriate vaccination facilities for authorisation by NHSE/I. Maghull Town Hall, and North Park Medical Centre were mobilised at pace.

We worked with partner organisations to develop appropriate processes, including appointment and patient call systems, and recruitment for the teams required to deliver the vaccination programme.

GP practices in PCN groupings who had signed up to the enhanced service were mobilised to commence the vaccination programme. We supported the transition to the PCN groupings to take over the full management of the programme delivery.

Alongside delivery of vaccinations at the designated sites, a vaccination programme for care / residential homes, housebound, and hard to reach patients was rolled out.

The programme has been extremely successful in the first phase of the national immunisation roll out in securing high vaccination rates amongst our most vulnerable and at risk residents.

Additionally, the programme has demonstrated a true system wide collaboration of local organisations and also with our residents through our COVID-19 Volunteer Vaccination programme.

Sefton COVID-19 Volunteer Vaccination programme

Working in partnership with Sefton CVS and our fellow CCG counterparts, we set up the volunteer programme in January 2021, when it quickly become clear that urgent additional support would be needed to ensure the smooth operation of our local GP led COVID-19 vaccination sites.

Using Sefton CVS' established Volunteer Centre to recruit and manage the programme, we received initial interest from 300 people. At the end of March 2021, there were over 150 active volunteers across all four local vaccination sites in Sefton.

Due to the pace of the programme, staff from Sefton CVS and the CCGs in Sefton have continued to work together collaboratively and innovatively to ensure the safety of volunteers, staff and patients. At the same time they have been able to ensure a well-rounded and positive experience of volunteering has been provided to those giving their time to the programme through ongoing training and support.

The programme is now registered with a volunteer recognition scheme run by The Volunteer Centre Sefton. It means volunteers receive certificates recognised by the Mayor of Sefton's

Office, The Volunteer Centre Sefton and Sefton CVS and these are awarded during a high profile annual awards event during Volunteers Week in June.

What our volunteers do

Welcoming patients - Volunteers support the sites at the front of the vaccination centre, greeting patients and supporting them with where they need to go.

Patient flow and social distancing - Volunteers work across the vaccination centre to ensure that patients move safely and efficiently through the site.

Logistics and supplies - Volunteers support clinical teams to ensure that they have enough supplies at their stations so that they can vaccinate patients efficiently.

Recovery area - Volunteers ensure that patients are directed to the recovery area after their vaccination and inform them when they are free to leave; usually involves having a socially distanced chat and where necessary alerting clinical staff to any problems.

Measuring impact - The following stories and videos describe some of the potential benefits.

What our volunteers say

"Volunteering has helped me so much, I have been out of work for a year, I work in the beauty industry and due to restrictions I have struggled to get work. I started applying for so many jobs and the rejection was getting me down as well as money worries. Things were getting harder, but then I saw an advert for volunteering and I thought I would love to do that! My mood was so low then after I got an email to start volunteering I was thrilled! I skipped there for my first shift I loved it. I am very much a people's person and I love helping others. Every time I come home the first thing I say is how much I have loved it. Volunteering has helped me so much with my confidence and feeling wanted."

"From my experience volunteering has been a game changer. I feel extremely valued as a team member. Everyone is always appreciative of all that we do.
What has been amazing are the comments from family, friends and neighbours. They say "well done "and "thank you". During lockdown I have felt at times undervalued, as I was not part of the community. Now I feel fully engaged, positive and have a willingness to help others. I look forward to doing my shifts and feel extremely proud of my efforts. Thank you for the privilege of being part of the team."

Volunteering – A site manager perspective

"It really is a pleasure working with the volunteers; I view them like every other member of the team whose contribution is essential to the smooth running of the clinic and facilitating a positive experience for the public moving through it. They ensure a warm and friendly welcome, a safe journey through the site; maintain a hygienic setting and probably the most important element provide a listening ear and a friendly conversation when many of the patients haven't been over their door since last spring. I hope you will encourage them to share any ideas on how it might be tweaked to improve everyone's experience, particularly if their own could be improved by something I could change."

Facts and Figures

100%	…of all volunteers who were recruited and have requested to do shift have been placed at a site.
4,146	…of volunteer hours have been given since 11/01/21 until 31/03/21 (across four sites).
£54,602.82	…is financial value of volunteer hours (using Sefton's average earnings figure of £13.17 per hour).
100%	…of volunteers have enjoyed their volunteering experience so far.*
94%	…of volunteers would recommend volunteering at a local vaccination site to their friends and family.*
79	… number of days that the Sefton COVID-19 Volunteer Vaccination Programme has been running. (31/03)
4	… Vaccination sites that have welcomed volunteers in Sefton.

***Figures taken from a volunteer survey that is currently underway. Subject to change.**

You can see a video highlighting the experience of some of our volunteers and staff here https://www.youtube.com/watch?v=Lvrv2-Nypvc

7-Day Access

A 7 day access service providing routine primary care in the evenings and weekends is operational from Litherland Town Hall. Patients can access this service through their GP practice. There are a range of clinicians/ services available including first contact physiotherapy.

Primary Care Networks

Further developments of Primary Care Networks (PCNs) has taken place encouraging collaborative working and supporting primary care at scale. Following a merger of Bootle, Crosby and Maghull PCNs, there are now two PCNs across south Sefton.

Alongside the COVID-19 vaccination programme, PCNs have run several other schemes to support patients in the local area, including utilisation of a pharmacy hub to support with medicine management in practices, and working collaboratively with our voluntary sector organisations to have social prescribing link workers across each PCN to support patients. Throughout the pandemic, PCNs have focused upon the delivery of a national PCN Direct Enhanced Service (DES), which includes a scheme to enhance the health of residents in care homes.

Urgent care

There have been significant pressures on our urgent care service in the past year but with many positive changes introduced to ensure that care can be provided safely and on a timely basis.

Residents who require urgent care have been encouraged to ring NHS111 first who will direct people to the most appropriate health service which may include a walk-in centre, GP practice, pharmacy or hospital. If patients are assessed as needing to attend a hospital emergency department then they will be given a booked time slot. People should still dial 999 as normal in a medical emergency. This enhanced service, offering booked slots in our emergency department for the first time, where appropriate, is part of the national NHS 111 First programme which aims to ensure that patients will be treated in the right place, right time, first time.

Our Walk-in Centre at Litherland is now accessed via a telephone triage and appointment system with patients seen either face-to-face or via video consultation. Patients are still seen on a same day basis but at an agreed time. These new ways of working have been important to ensure that services are accessed appropriately, and we make the best use of the resources available in our local community. In addition, we carried out a lot of work to remind people of the importance of their high street pharmacy in providing expert advice on minor illnesses and ailments to support people in self-care.

Hospital admission and discharge processes

In addition we have been working in collaboration with the hospital and community teams to ensure that patients do not have to stay in hospital any longer than needed and that services are in place to support residents into the most appropriate place for their care. The emphasis has been on out of hospital care and effective care planning, particularly for the frail elderly population. The aim is to ensure that patients do not need to go to hospital due to avoidable conditions and that proactive management can keep individuals well for longer, meaning that they have more time spent at home with family and loved ones.

Hospital services, community services, social care and North West ambulance services have been working together to ensure that patients care needs are met at home. The aim of which is to promote independence and self-care. Examples of this include:

ICRAS

Our Integrated Community Reablement Assessment Services, known as ICRAS was created by the merger of a number of community teams across health and social care. These integrated teams are co-located and have a single point of contact to enable easy access from primary care services and secondary care services.

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 patient’s transition from hospital to home. ICRAS is suitable for patients who have been recently clinically assessed and are at imminent risk of hospital admission without support, but who can wait a maximum of two hours for assessment.

Initial review of ICRAS indicates that the services are being successful in supporting more people in their own homes and avoiding the need for hospital admission. The service also works closely with Liverpool University Hospitals NHS Foundation Trust to enable people to be discharged safely to the community with the support they need e.g. social care, nursing or therapy. The ICRAS approach continues to be an important component in supporting our residents within the local community.

Some initiatives have been developed specifically in response to the pandemic with services in place to support aspects of urgent and ongoing care for those who have suffered from Covid-19. Examples include:

COVID Oximetry @Home

This service has been rolled out across Sefton in response to the significant challenges and impact that the pandemic has had on local residents. This at-home monitoring service will be available for those with a positive COVID-19 test result or clinical diagnosis of COVID-19 (within the last 14 days), who have coronavirus symptoms, and are identified as being particularly clinically vulnerable to having low blood oxygen levels due to their age or a pre-existing condition. The service helps to monitor vulnerable patients with COVID-19 from their own homes and identify when alternative care arrangements may be more appropriate. This scheme has also helped to ensure that hospital beds are available to those who need them most during the COVID-19 pandemic.

Long COVID Assessment Service

Local services have been developed in every part of the country to bring together the right professionals to provide physical, cognitive and psychological assessments for those experiencing suspected post-COVID syndrome (Long COVID), so that they can be referred to the right support.

Liverpool University Hospitals NHS Foundation Trust (LUHFT) now has a long COVID-19 service available for GPs to refer Sefton residents into. The service is available for symptomatic patients who are more than 12 weeks from their COVID-19 infection and is suitable for patients who were treated either in hospital or in the community. The assessment service links with our Sefton therapy and community services as well as online resources to ensure follow-up care at a local level.

High Intensity User Service

The high intensity user (HIU) service is provided by Sefton CVS (community voluntary services) and involves a high intensity intervention for approximately 12 weeks that works with a cohort of patients that regularly access A&E and 999 emergency response. The service uses highly trained HIU outreach workers that perform high intensity therapy and try to establish the ‘real’ reason for using emergency services regularly. Service users within this cohort usually have complex lifestyles, social issues and/or multiple physical and mental health conditions that require wraparound care and support that is often not accessible from a single service. The HIU outworkers provide a truly holistic approach to care, which is extremely flexible to the individuals needs and preferences to encourage engagement. The fundamental aim is to provide users with the knowledge, skills and use coping mechanisms to enable users to become independent and eradicate reliance on emergency services, while knowing what services to access for additional support when required. The service is being delivered across Sefton and started in September 2020. So far we have seen a significant reduction in A&E attendances and admissions within this

cohort. We have seen extremely positive feedback in relation to the quality and impact the service has made to users as well as acute services that manage some of these users.

Community services

Community services have played an important role in the past year supporting residents within their own homes avoiding hospital admission but also supporting early discharge. This is particularly important given ongoing pressures on our acute services but with the potential to support aspects of this care within community settings.

Mersey Care NHS Foundation Trust currently provides community services across south Sefton. These services include blood testing, community matrons, district nursing, treatment rooms, foot care, intermediate care, respiratory services, cardiology services and adult diabetes and adult dietetics.

Mersey Care NHS Foundation Trust provides these services to our population to ensure that patients are cared for closer to home. Our providers build on previous work to improve health and wellbeing of our residents. Work has begun to look at how we can improve and develop these services to better meet the needs of our residents and in line with our Sefton2gether programme to provide more care closer to home. Examples of this include:

Integrated Care Teams (ICT)

The ICT approach has been further strengthened during 2020 and provides co-ordinated health and social care for patients who are at high risk of emergency admission to hospital – such as those with long term conditions and frail or vulnerable older people. They aim to maintain our residents in their own home and all the different members of the team meet regularly to help manage condition, maintain well-being and prevent unnecessary admission to hospital.

The team has health and social care professionals who work closely with GPs. This includes district nurses, community matrons, medicines management, therapists, health care trainer and a social worker. The team are able to access extra advice and help from a range of services that are appropriate for a person's care. This may include heart failure nurses, respiratory team, diabetes team and dieticians. Residents receiving support through the ICT will be referred if necessary but may not need input from all of these services.

Phlebotomy

This is a service which supports high numbers on a daily basis and which was significantly impacted at the start of the pandemic due to the need to maintain safe social distancing and ensure adherence with infection prevention control requirements. This led to long waiting times to access the service. Significant work has been undertaken in the past year to support new ways of working and to increase capacity to previous levels. We now have an online booking system in place where residents can book their own appointments. There has been a need to see more people within their own homes due to housebound or shielding requirements which have placed additional pressure on the service. Where possible residents are asked to attend the clinics to make best use of resources and ensure that those who do need to be seen in their own home can be supported on a timely basis.

Virtual support

As with all our health services a mixed approach of telephone and video consultations are now being used to reduce risk of infection but also make best use of our health care

teams at this time. This has proved to be a positive aspect to how people can be supported on a more timely basis. Access to clinics and care within the home remains in place where patients need to be seen face-to-face.

Mersey Care NHS Foundation Trust continues to work closely with other organisations such as Liverpool University Hospital Foundation NHS Trust, Sefton Council and the VCF sector, with the aim of delivering seamless care arrangements from hospital to community.

Supporting Mental Health

Sefton Community Voluntary Services (CVS) have been working across Sefton to support individuals who have social issues and/or multiple physical and mental health conditions that require wraparound care and support that is often not accessible from a single service.

Sefton CVS provide individuals with knowledge, skills and use coping mechanisms to enable individuals to become independent and eradicate reliance on emergency services. We have seen extremely positive feedback in relation to the quality and impact on the health and wellbeing of individuals and reduced demand on acute emergency services.

Care for the most vulnerable

Diabetes

COVID-19 presents an increased risk to those with a diagnosis of diabetes. We have worked with the Diabetes Regional Team to share information with general practices and help to identify and support those with increased risk including facilitating access to vaccination.

Patient education is a key part of diabetes prevention and management. The pandemic has meant that it has not been possible to hold face to face education sessions. The response has been an acceleration of existing plans to offer digital solutions alongside traditional models.

On-line education resources for those at risk of developing diabetes – "Healthier You"- the National Diabetes Prevention Programme are now available.

Digital structured education for patients with a diabetes diagnosis has been developed in a programme called "My Diabetes, My Way." The resources promote understanding of the condition and give patients more confidence in self –management. This means they are less likely to develop complications. Patients with all types of diabetes and their families and carers can access high quality information. Patients can also monitor their own blood test results.

Diabetes Nurse Educators also offer telephone calls for those who prefer to be supported in this way and we plan to recommence small group face to face sessions as soon as restrictions are lifted.

Further work is needed to promote both "Healthier You" and "My Diabetes, My Way" and increase uptake of both initiatives.

Cancer

The NHS Long Term Plan sets bold ambitions over the next seven years to advance the detection of cancer at an early stage and thereby increase survival. We continue to work collaboratively with practices and Primary Care Networks (PCNs) to deliver these improvements; for example, increasing participation in national cancer screening programmes, raising awareness of the signs and symptoms of different cancers and ensuring the diagnostic process is as swift as possible.

Support for Cancer patients

As with much of our work this year COVID-19 has had a significant and on-going impact on cancer care. GP referrals to hospital for suspected cancer fell considerably during the first phase of the pandemic. We think this is because people didn't present to their general practitioner with worrying symptoms. Now referrals have increased to beyond pre-pandemic levels but there remains concern that access to the diagnostic services needed to confirm or rule out cancer may have been delayed in some instances. For some people treatment options for cancer were reduced.

Therefore, it was clear very early on that increased emotional and wellbeing support for people affected by cancer should be a priority.

Along with this and the fact that access to usual support from friends, family and

professionals reduced because of measures taken to reduce the spread of COVID-19, Macmillan Cancer Support funded a Virtual Wellbeing Service to work with cancer nurse specialists at Aintree Hospital to help vulnerable patients and those who needed particular support at this time.

We continue to fund the Right By You initiative delivered by Sefton CVS. This service provides holistic needs assessment for people who have received a cancer diagnosis to ensure they receive support for any physical, emotional, practical and financial concerns.

Faecal immunochemical testing

Sefton GPs are now able to request faecal immunochemical testing (FIT) for suitable patients with gastro-intestinal symptoms. The test looks for small traces of blood in stool and the results give an indication of the likelihood that an individual has a colorectal cancer. This means that a cancer diagnosis can be made more quickly. In other cases, FIT helps to rule out cancer and the need for patients to undergo some types of further investigation.

Specialist Palliative Care/End of Life Care Services

We continue to support Specialist Palliative Care Services and End of Life Care. This helps to support improved patient/family experience, reduced levels of inappropriate emergency admissions and length of stay for patients in the last 12 months of life.

Woodlands Hospice Charitable Trust

Woodlands Hospice provides a variety of services with the aim of delivering specialist palliative care in the patients' Preferred Place of Care (PPC). South Sefton CCG work closely with Woodlands Hospice to support patients with life limiting illnesses, so they can achieve the best possible quality of life at each 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 therapy outreach service, Hospice at Home Service and an End of Life Facilitator supporting with care homes.

Hospice at Home Service

Hospice at Home offers additional support to patients wishing to stay at home as they approach the end of their life. The service works alongside other existing community services and offers:

- A specialist sitting service
- Accompanied transfer to home
- Crisis intervention/crisis prevention delivered by a Consultant-led medical team

End of Life Care – St Joseph's Hospice

We commission and spot purchase end of life beds from St Joseph's hospice, a 29 bedded unit providing end of life care.

St Joseph's is a nurse-led service and provides ongoing support to residents and their families. Clinical activity is supported by their in-house NMP (non-medical prescriber) nurses. We support a visiting GP and a local network of specialist clinical support.

We continue to work with other providers of end of life care, the aim of which is to improve integration across the workforce, including but not exhaustive:

- Local Authority
- North West Ambulance Service
- Community Providers of end of life care
- Primary Care
- Care Homes
- Hospice's
- Out of Hours Services

Specialist Palliative care services and End of Life care are also provided via our community services – Merseycare Community Foundation Trust.

Integrated Mersey Palliative Care Team

The Integrated Mersey Palliative Care Team (IMPaCT) model began at Woodlands as a pilot in July 2020. It is a Consultant-led model, designed to integrate Hospital, Hospice and Community Palliative Care services to ensure our patients receive a timely response which meets their needs, from the most appropriate healthcare professional, and reduce duplication across all services.

Initially, this started from the transformation of the Woodlands Wellbeing & Support Centre services as part of the response to COVID into an IMPaCT Hub, able to triage referrals for hospice and palliative care medical outpatient services, and crisis calls from patients and carers in the community.

Shortly after the pilot started, the Hospice team were joined in the IMPaCT Hub by the Triage Coordinator for the Aintree Hospital Specialist Palliative Care advisory team, helping to integrate care for patients transitioning from the community to hospital and hospice. From August 2020, a Nurse-Led Surveillance system was introduced, with Senior Nurse Key workers monitoring their own caseload of patients known to specialist services on an ongoing basis, and responding to changes in patients' phase of illness and level complex needs, linking in with other elements of the wider specialist palliative care team as appropriate. This caseload has increased from 65 active patients at the start of the pilot to 167. This freed up medical resource to develop an ambulatory care model from late August 2020, enabling patients to be seen by a Specialist Palliative Care consultant within 1-2 working days when they require that level of input, an improvement from the previous average wait time of 15 working days under the traditional medical outpatient system.

In October 2020, the one phone number IMPaCT line was introduced, hosted by Merseycare's Single Point of Contact to allow patients and carers to contact one number for any palliative care needs, linking with the IMPaCT Hub to triage and determine an appropriate response. The Community Specialist Palliative Care advisory team began to spend time in the IMPaCT hub from October, and a triage coordinator role for their service is in development.

Next steps for the model are to direct referrals and calls for the CSPCT service into the IMPaCT Hub to enable access to MDT triage and services, with Consultant supervision and oversight, and to improve information sharing across different electronic systems, along with developing existing Specialist Therapy and Bereavement Services. The IMPaCT at Woodlands Hub team are working closely with the pilot IMPaCT Hub in Marie Curie Hospice Liverpool to ensure visions and principles of the model are aligned to improve equity in palliative and end of life care services across the city.

Response to COVID-19

We worked together with Sefton Council, community services, regulators and care homes to support each other through COVID–19. Acting as a multi-disciplinary team able to respond to support and regulatory requirements with care homes, ensuring a wraparound offer to maintain quality and service delivery.

All care homes are aligned to a Primary Care Network (PCN) and have a named health professional, who provide weekly calls and when necessary arrange multi-disciplinary meeting with other relevant professionals.

Weekly meetings take place to update care homes on new guidance i.e. opening to visitors and what form of support they require and how this may be delivered. The homes have been allocated clinical leads which offer a weekly check in and at the height of the pandemic daily calls from the CCG and Sefton Council's quality team were offered.

Personal Protective Equipment

Providers were able to access Personal Protective Equipment (PPE) at no cost from the national portal. In addition and before this was established, emergency PPE was available to all through the Merseyside resilience forum arrangements, with collection from Bootle Town Hall or delivered as required.

This no longer seems to be an issue with homes advising of enough stock, and Sefton reflecting well on the national tracker for consistent PPE supply in comparison to regional neighbours.

We also worked together across the system to deliver PPE training, with access to expert support and advice seven days a week from the Infection Control Team in Sefton.

Education, Training and Support

Various forms of education have been offered to care homes via Sefton Council's website as well as from Queenscourts Hospice and Liverpool University Hospital Foundation Trust.

Our clinical lead, offered advice on verification of death and the importance of care planning. Care planning templates have been developed to help support the development of care planning in care homes.

Homes have also been offered RESTORE 2 training and provided with Pulse Oximetry devices to detect any changes to their resident's oxygen levels and alert to possible COVID 19 infection.

We have worked with the Sefton Council to commission QWELL - an online portal to access counselling and support for all Social Care Provider Staff. The Care Home Cell produce a monthly training resource for all care homes that details offer of access to training and support from across the Health and Care sector.

Funding

Care homes have been offered the opportunity to bid for care home grants to support development of offer, particularly around Dementia and to support initiatives that cannot be funded through other routes.

Care homes have received financial support from us and Sefton Council to support them with additional costs that have incurred as a result of the pandemic. In addition, national funding such as the Infection Control Fund has been passported to providers and discretionary funding has also been allocated to care homes. The Care Home Strategy outlines future approaches to joint working.

Technology

We have worked with Sefton Council to support homes with technology. Smart phones and an IPad have been given to each home to support virtual assessments of residents to reduce the risk of infection.

We are currently commencing pilots around technological solutions to support care homes with timely delivery of care records and information. We have worked together to understand the baseline of needs around technology in our care homes to inform the delivery of the Care Home Strategy.

Vaccinations

We worked collaboratively with Sefton Council and our community service providers to ensure all care home residents and staff were offered and received their first COVID-19 vaccinations by the week commencing 5 March 2021.

Plans are now in place for second vaccinations to be offered. We have supported vaccine hesitancy by producing a detailed Q&A document, briefing sessions and sharing case studies.

Learning Disability Homes

As with the above all Learning Disability Homes have been offered their first vaccinations and the second dates for vaccinations are in place.

Housebound residents

Housebound residents have been identified and offered their first vaccinations with plans in place to offer the second in April 2021.

Mental Health and Learning Disability

Like other areas of England the COVID-19 pandemic is impacting on people's mental health. Our services had to adjust to the measures put in place to stop the spread of the virus whilst continuing to deliver services safely. The CCG recognises that the pandemic has affected people's mental health in two distinct ways. Firstly by affecting those people already with pre- existing mental health conditions and secondly we know that social isolation and quarantine can impact on people's mental and emotional wellbeing.

We continue to recognise that improving mental health should not be done in isolation to physical health and it remains our ambition to integrate mental and physical health. The community mental health transformation funding being provided by NHS England over the next three year period should be a viewed as catalyst to fulfilling this ambition.

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 effectively deal with the needs of our population, unacceptable inequalities in health and wide variations in the quality of access to these services.

Improving Access to Psychological Services

On 1 January 2021, following a procurement process Mental Health Matters became our new provider for Improving Access to Psychological Services (IAPT) services across Sefton. We are working with the provider to ensure that the service is able to provide help for common mental health problems such as anxiety and depression by offering face to face, on line support and group work.

Mental health crisis

To enable rapid access our main mental health provider, Mersey Care NHS Trust Foundation Trust established a 24/7 help line in April 2020, 12 months ahead of schedule, offering advice and support to patients and referrers. The Crisis Resolution and Home Treatment service has continued to offer an alternative to hospital for those people with mental health conditions who are experiencing crisis.

Early Intervention Psychosis

In September 2020 the Early Intervention Psychosis (EIP) service provided by Mersey Care NHS Foundation Trust was rated Level 4 - Top Performing by national audit. This rating is an increase on the previous rating of Level 3 - Performing well. This demonstrates good progress has been made in improving access to the NICE recommended interventions which the service offers as part of an overall package of care. Early intervention services provided by dedicated early intervention teams are highly effective in improving peoples' outcomes and reducing future demand on mental health services.

Dementia

The Memory Assessment Service operated by NHS Mersey Care Foundation has been severely impacted by the COVID-19 pandemic, the service was suspended from April 2020 across Sefton with only emergency virtual assessments taking place, were possible. The consequence of this service suspension has led to a decline in assessments and diagnosis rates; At January 2021 south Sefton – 57.1% with the National Ambition at 66.7%. As the planned lockdown eases and the service reopens we would expect the diagnosis rates to

recover during 2021.

During the pandemic we commissioned voluntary, community and faith (VCF) sector organisations have continued to support people with dementia and their carers in a variety of ways, including video calls and weekly telephone calls. In addition the Alzheimer's Society has continued to offer on line support / telephone support to individual families offering advice and guidance in specific circumstances and through other networks.

The Dementia Friendly Sefton group continues to meet virtually bi monthly. The group is now quite diverse and has continued to support people with dementia and carers in various settings despite the impact of the difficulties incurred due to the pandemic.

Learning Disability

The CCG is part of the Transforming Care Programme that continues to reduce the use of inpatient facilities for people with a Learning Disability with service users being better supported to remain in the community. The Intensive Support Team established across Sefton and Liverpool in 2019 is contributing to this reduction. Service users with a Learning Disability are being offered a physical health check in line with national guidance.

We are also involved in the Learning Disability Mortality Review (LeDeR) programme which was commissioned by NHS England to improve the standard and quality of care for people with a learning disability. Learning from reviews are aimed at informing service improvements and reducing the premature mortality of people with a learning disability.

As part of the integrated work with Sefton Council there is recognition with health and social care staff of the need to prioritise improvements in the quality of services, so that people with a learning disability are supported to live longer, healthier lives.

Medicines Management

Our approach to medicines management (MM) is system wide, working with our counterpart CCG in Southport and Formby, primary care networks (PCNs) and GP practices allowing us to deliver real improvements to patient safety and care, whilst also identifying significant cost efficiencies. We also work closely with our colleagues in our local hospitals. The medicines management team (MMT) is made up of clinical pharmacists, pharmacy technicians, a prescribing support officer, dedicated administrative and data business intelligence support.

Medicines Management Hub

The Sefton MM hub continues to deal with medication related queries from GPs, PCNs and community pharmacies, such as: supply shortages, local formulary issues and general medicines information enquiries. The hub also carries out medicines reconciliations for patients discharged from hospital. If patients are identified as needing a more in depth medication review or support in relation to their medication, the hub is able to arrange such a review from one of the team's clinical pharmacists.

Between April 2020 and March 2021 the MM hub dealt with 5,387 medication queries from GP practices, 2,757 community pharmacy queries, and reconciled 6,578 post hospital discharge summaries for patients in NHS South Sefton CCG.

Interventions made by the MM hub team contribute to improving patient care by reducing hospital discharge medication errors. Communication with patients and carers contribute to improving patient care by ensuring that the patient has the correct medication and understands how to take their medication correctly. Interactions with secondary care colleagues and community pharmacies have helped to develop relationships and promote the role of the CCG MMT as a clinical resource.

Improving Quality of Prescribing and Supporting Patients

Working with our PCNs and identifying patients via the MM hub the clinical pharmacists undertake medication reviews with patients. These can be referred to as "structured medication reviews". During the year the MM team have completed 944 structured medication reviews for patients in South Sefton. Of the reviews completed 329 were undertaken with residents living in care homes and 615 patients living in their own homes. The MM team have also reviewed the medicines of 18 patients newly registered to a GP practice in south Sefton.

The Central Alerting System (CAS) is a web-based cascading system for issuing patient safety alerts, important public health messages and other safety critical information and guidance to the NHS and others. From April 2020 to March 2021 the MMT have reviewed and actioned 47 CAS alerts involving medicines.

Response to COVID-19

Sefton's MMT devised and rolled out innovative approaches during the COVID-19 pandemic, resulting in significant additional support to vulnerable patients, as well as general practice, community pharmacy and care homes in the Sefton area.

The team quickly responded to the COVID-19 pandemic by further developing existing schemes and implementing new developments, to improve medicines management for patients.

In a 10-week period between March and May this year, the MM hub handled 1,994 medicine- related queries from GPs (55% increase), 1,921 pharmacy queries regarding medicines (211% increase) and 1,868 hospital discharges (22% increase).

In the first weeks of the lockdown, the MMT team reviewed 8,500 patients eligible for a post- dated prescription across the borough.

To further support patients and practices, the team searched GP practice systems to identify patients prescribed medication without a pharmacy nominated for the Electronic Transfer of Prescriptions (EPS).

The team phoned vulnerable patients to discuss the benefits of EPS along with the NHS App and to check how they were coping with the collection of their medication, food supplies and if they needed support with loneliness. As well as EPS nominations being arranged for 1,000 patients, reducing footfall in practices and pharmacies, the team was also able to, where appropriate, make referrals to the council helpline for additional support. This meant that for those patients who could not easily contact their surgery or pharmacy, for example, because of shielding, were assured that for at least three months their medications would be automatically sent to their local community pharmacy. By post-dating prescriptions, the duration of prescriptions was kept the same and hence protected medicine supplies while also helping to relieve pressure in community pharmacies and primary care.

A community pharmacy COVID-19 medicines service was commissioned in two pharmacies – one for each CCG area – to hold a protected stock of end of life drugs and drugs used for the symptom management of COVID-19. Also, the pharmacies offered a one-hour fast-track delivery service through a request from the prescriber.

A major area of work for the MMT has been their support for local care homes. The team produced a COVID-19 Homely Remedy Policy which allowed care homes to administer paracetamol and codeine linctus for patients showing symptoms suggestive of COVID-19 without delay. The team reviewed around 2,600 patients living in care homes in Sefton, for their suitability to receive the COVID-19 homely medicines if the need was to arise. The team provided general medicines management training and COVID-19 Homely Remedy Policy training and dedicated support online for care homes across Sefton.

The MMT has supported the COVID-19 vaccination programme within South Sefton. This has included being involved in the planning, providing pharmaceutical oversight of the programme and at the vaccinations sites. The MMT have undertaken every dilution of the Pfizer vaccine in south Sefton at the vaccination sites. Team members have also vaccinated patients and the pharmacist prescribers have supported clinically checking the vaccination is suitable for individual patients.

Care at the Chemist

Our minor ailment service, Care at the Chemist (CATC), has been available to our patients for a number of years. CATC supports patients to self- care by providing access to treatment and advice for a wide range of everyday illnesses and ailments from a number of local community pharmacies. Pharmacists ordinarily and routinely provide health advice to their customers regardless of CATC 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 supplied on CATC are free for anyone who does not pay for their prescriptions. 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.

From April 2020 - March 2021 – 6,857 Care at the Chemist consultations were carried out in south Sefton.

A list of participating pharmacies and more information is available on our website[14]

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

Going digital

Our vision for the future is to be 'digital first' and to support our patients and professionals to embrace digital tools in order to make a real difference to care quality, efficiency and experience.

Over recent years, through investment from NHS England's Digital First and GP IT programmes, we have been able to work with our IT delivery partner - NHS Informatics Merseyside (https://www.imerseyside.nhs.uk) 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.

Whilst this investment certainly helped prepare us for the digital challenges presented by Covid- 19, the impact of the pandemic rapidly accelerated our digital journey and our plans have progressed significantly in order to deliver the 'digital first' approach needed for the safe delivery of care during what can be aptly referred to as the greatest global health emergency in our history.

To help ensure that we continue to deliver care effectively, improve communication between our care professionals and provide services that are convenient for our patients, 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.

Further information about our digital progress to-date and plans for the future are outlined below.

Our digital response to COVID-19

The scale and pace of our digital adoption over the past 12 months has been unprecedented. Necessity has forced the NHS to adapt the way services are delivered, with people accepting that during the pandemic, remote care was the right and only option.

Whilst this has helped to create a firm foundation and confidence for our digital journey ahead, there is an appreciation that not everyone prefers accessing services remotely, with concerns of a shift towards call-centre-style medicine causing a digital divide. Whilst a careful balance needs to be found in order to meet the needs of all those accessing services and support, there is widespread acknowledgement that the digital advances made during the pandemic have delivered many benefits for general practice, most notably greater efficiency.

'Digital-first' primary care, where patients use digital and online tools for faster and improved access to advice, support and treatment, is an important aim of the NHS Long Term Plan. As a result of the pandemic, practices have increasingly moved towards total triage (where every patient contacting the practice is triaged before an appointment) and remote consultations which have not only helped improve access for patients but have also helped improve GP efficiency and all-round safety.

The move towards this 'digital first' approach also supports other national drivers including extended access schemes to ensure everyone has improved access to general practice

services. In addition to this, the promotion of online patient services such as the NHS app and the ability to manage referral bookings online are also making it easier for patients to access information and book, check, change and cancel appointments online without help from the practice.

Digital optimisation

To ensure GP practices continue to get the most value from their clinical systems and digital tools, throughout the pandemic NHS Informatics Merseyside has been working with practices to review their processes, identify best practice and ways in which digital technology can be used to improve care quality, safety and efficiency.

This has not only involved the introduction of new digital tools and the promotion of online services but has also involved security expertise and investment in our underlying digital infrastructure.

Online consultations (e-Consult)

An online consultation service called e-Consult is now being used by all South Sefton GP practices. The service is not for booking appointments or ordering repeat prescriptions, the service patients with advice and guidance on their symptoms following the completion of a simple online form that can be accessed directly from the GP practice website. The service will be reviewed again as GP practices return to previous ways of working.

Patients who submit their symptoms will receive a response typically within one to two working days, which could include advice or the offer of an appointment if necessary. The service also offers round the clock NHS self-help information, signposting to services, and a symptom checker. In many cases, use of the service will avoid the need to make a visit to the GP practice, saving time and a journey.

In response to COVID-19, the e-Consult video consultation service was provided to all practices free of charge for a six-month period. The e-Consult service has also been integrated with the NHS App so that patients using this service could submit an online consultation directly from within the app itself.

To date, in south Sefton, there have been 48,278 patient online consultations submitted, with an estimated total of 28,967 appointments saved in general practice.

Video consultations

All GP services across south Sefton can now offer video consultations, where patients can speak to their GP using the video camera on their smartphone, tablet or computer. This has not only helped to reduce risks surrounding the spread of infection but also helps save time by reducing the need to travel for a face-to-face appointments.

In South Sefton, there have been 1,882 video consultations carried out since April 2020.

Text messaging

The iPlato text messaging service has been introduced for practices across South Sefton to help improve communication with patients and support the delivery of care. In response

to Covid-19, text messaging credits have been provided to support practices in sending out vital communications.

'Express Access' laptops

'Express Access' laptops have been provided to all GP practices in order to support the safe and efficient delivery of remote care and home working.

These devices use the latest Windows 10 operating system and provide healthcare professionals with access to the information they need from wherever they are in order to deliver timely and effective care such as accessing the EMIS Web clinical system whilst out on a home visit.

Plans are in place over the next 12 months to move to a single device approach where all clinicians and 'mobile' staff members will be supplied with these laptops which have the ability to be 'docked' in a practice as a desktop and also used in a remote environment. These digital devices will be equipped with the latest digital tools such as Microsoft 365.

Microsoft 365

Microsoft 365 is a cloud-based service that includes the latest version of Microsoft Office, as well as other useful apps, such as Microsoft Teams and OneDrive, to enable users to collaborate with colleagues, work more efficiently and create, access and share files from anywhere on any device.

Currently this service is being rolled out to GP practices across south Sefton as part of a phased approach. To date, Microsoft Teams has gone live across all GP practices providing online meeting and team collaboration services, with plans to launch the latest version of Microsoft Office, Exchange Online (cloud-based access to email and calendar services) and One Drive (cloud-based file storage) in the very near future.

Digitising Lloyd George records

NHS Informatics Merseyside is currently supporting a number of practices with the digitisation of their Lloyd George patient records. This project will see paper records securely removed from practices, scanned and uploaded directly back into the electronic patient record. To date, 26 practices within south Sefton have completed this one-off process.

The following benefits have been reported:

- Provision of a more holistic view of a patient's history
- Convenient access to the entire record electronically enabling timely and informed care decisions
- An average of two hours per week admin time being saved[15]

In addition to this, funding has also been secured for the roll out PDF redaction software to help practices hide sensitive information where information sharing is required for care purposes.

[15] Across , South Sefton and Southport & Formby CCGs

Electronic faxes (Rightfax)

Following the national directive to phase out the use of fax machines in the NHS by March 2020[16] an electronic fax solution called Rightfax has been made available to practices. This service provides a secure in-bound and out-bound fax facility, which provides practice staff with greater flexibility for monitoring and management, and reduces the amount of paper used. Across South Sefton, 22 practices are live or in the process of going live with this digital solution.

NHS App

The NHS App is available to all patients in south Sefton and provides a simple and secure way to access a range of NHS services from a smartphone or tablet. Users can:

- Check symptoms
- Find out what to do when you need help urgently
- Book and manage appointments at your GP practice
- Order repeat prescriptions
- Securely view your GP medical record
- Register to be an organ donor
- Choose how the NHS uses your data

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 website from NHS Informatics Merseyside. These websites can be updated by the practice quickly and easily using the Umbraco Content Management System (CMS) and integrated with existing NHS online services. The sites are hosted and supported by NHS Informatics Merseyside and are developed in accordance with the NHS design principles and latest accessibility standards. This service is also available to those wishing to move from a third-party provider.

Digital waiting rooms

The waiting room provides patients with their first impression of the GP practice. To help support practices to use this space as a tool for informing, educating and engaging patients, a programme of work has been completed to rollout the Envisage GP waiting room TV and call system, as well as an electronic check-in system.

The Envisage GP waiting room tv and call screen 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.

In addition to this, funding has been secured to introduce a reception device at each GP practice in south Sefton, which will enable patients to access online services and support whilst in the practice. Patients will be supported by an identified Digital Health Champion from within the practice who will be responsible for supporting patients to access online services where required in order to improve digital health literacy and inclusion.

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

Digital Health Champions

With guidance from NHS Informatics Merseyside, Digital Health Champions will be identified at each practice and will be responsible for supporting their colleagues and patients in the use of new online health services to help improve digital literacy and support the NHS shared drive for digital inclusion.

Digital exemplars

A GP practice and a local practice network have been identified as 'Digital Exemplars'. Their role will be to embrace the use of digital technology, to demonstrate its value to others and to pilot new digital services and emerging technologies.

IT security

Data and cyber security services are provided by NHS Informatics Merseyside. This service has achieved ISO27001 certification for 'the provision of informatics security consultancy, support and technical services' and has also achieved the government-backed NHS Cyber Essentials accreditation.

The IT security service has been supporting the phased rollout of Microsoft 365 and the security policies, including Multifactor Authentication requirements, to ensure that this is being managed in accordance with the Data Security and Protection Toolkit (DSPT).

Prior to Covid-19, the service had been working with practices to support the completion of the Data Security and Protection Toolkit, which is an online self-assessment tool that all organisations that have access to NHS patient data and systems must complete to provide assurance that good data security standards are being practiced and that personal information is handled correctly.

In addition to this, the service has also been supporting practices with the completion of Data Protection Impact Assessments (DPIA), which is a process designed to help systematically analyse, identify and minimise data protection risks.

Digital 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 in place

Wi-Fi

All GP practices across South Sefton now have access to practice and patient Wi-Fi services on a secure and resilient infrastructure.

Network bandwidth

Network bandwidth across the GP practice network has been continually upgraded to keep

pace with the rapid expansion of digital tools and online services such as video consultations. Each practice has had their primary and secondary network links upgraded from 10 to 30 megabytes per second and data centre links upgraded to 1GB.

Local Area Network (LAN) upgrade

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

Hardware refresh

A programme to review the computers in use across GP practices is about to commence. This will support our plans for a single device approach and will ensure all devices are utilising the latest operating systems and services.

Digital place-based strategy

Across health and social care there is growing emphasis on place-based care and the need to view health and social care as a single system.

To support the development of Sefton Place, a Digital Strategy is being developed to combine a standard set of objectives across health and care providers to optimise the use of digital technology.

Being prepared for emergencies

The past year has been characterised by COVID-19 which is a great example of how we are prepared for an emergency. Like many we were challenged to maintain business as usual activities and respond to the local demands of a global pandemic. This we have done whilst having adopted home working as the principal means of meeting our objectives.

To ensure our staff could be supported to work safely from home and that their health and wellbeing needs could be met we quickly organised the following:

- A staff circumstance, skills and capacity survey
- Risk assessment arrangements were put into place
- A redeployment protocol was implemented and we formally signed-up to a North West Memorandum of Understanding in respect of staff redeployment
- An Employee Assistance Programme was commissioned from Vivup, an external provider, for an initial three-month period to support the health and wellbeing of staff
- Revised policies and processes were implemented in line with national guidance and local feedback in relation to expenses
- Staff communications were strengthened with at least weekly bulletins implemented since 30 March 2020 and have continued throughout
- Line managers and staff were supported with information, advice and guidance on wide- ranging issues including but not limited to: Health and safety, operational HR issues and staff engagement
- A staff survey was carried out to do a temperature check on how staff were feeling with the new working at home arrangements and to support their ongoing wellbeing, as well as helping to resolve any issues in terms of access to equipment that were resolved as part of this

Working with Sefton Council we established one of the first mobile COVID-19 testing sites in the country and did so working closely with the military. The first unit was established in Southport and then later in Bootle and these facilities enabled essential workers to access COVID-19 tests.

Against the backdrop of coronavirus, we continued to prepare for the possibility of the UK leaving the EU without a deal.

We continue to work with our commissioned providers in both primary and secondary care to deliver services at the same time as managing the impacts of separation, testing and vaccination. There was still a need to plan for winter pressures. We have continued to provide support to the local system through engagement with NHS England and by the provision of a continuously available on call service.

We are a member of and has been an active participant in the Cheshire and Mersey Local Health Resilience Partnership's Commissioning Sub-Group Forum run under the auspices of NHS England. We continue to receive advice and guidance on our business continuity activities and emergency response preparations from Midlands and Lancashire Commissioning Support Unit.

We have robust business continuity and emergency response plans in place. These have been reviewed during the period and continue to provide the necessary guidance needed to enable us to respond effectively. Changes to the way we operate have been considered by the CCG's

Corporate Governance Support Group, the Incident Management Team and the Leadership Team.

We were rated “Fully Compliant” under NHS England’s annual EPRR Core Standards assessment and we sought and gained similar assurance from the secondary care providers where we are the lead commissioner. We have undertaken a “sounding board” of lessons learned and listened to staff feedback related to our COVID-19 response.

The EPRR activity in 2020-21 has clearly been dominated by coronavirus. However, we are confident that we remain able to respond to any challenge to the way we operate and to our objectives.

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.

Like all other aspects of our work however, COVID-19 has restricted and changed what we have been able to do during 2020-21 to involve our residents.

National restrictions around COVID-19 have meant we have been unable to carry out the many face to face activities that bring us together with residents and other partners that would normally be part of our day to day work.

So, for example we were unable to hold our annual Big Chat event, which brings us together with our residents to talk about our latest plans and gain their views. Our Engagement and Patient Experience Group (EPEG) that you will read more about in this section, did not meet at the start of the pandemic when our work focused solely on our initial response to COVID-19.

Whilst we continue to work in line with national COVID-19 safe guidelines, we have been able to restart a small number of our involvement activities. As we end 2020-21 we are actively looking at how we resume more of this work, taking different approaches to ensure as many of our residents as possible have the chance to get involved in our work.

We recognise that it is particularly important for us to hear from those who have been most affected by the effects of the pandemic in the year ahead and we will continue to work closely with our partners across the borough to do this.

Our approach to involving you

We have established structures and processes in the CCG to ensure that we embed involvement in our daily work. These illustrate how we meet our statutory obligations and they are underpinned by the following two important documents.

- Our CCG Constitution 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 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

You will read more about our existing structures and processes in this section, along with some examples of the work we have been able to carry out during the year.

All of the groups, committees and forums mentioned in this section met virtually online during 2020-21 to ensure they met COVID-19 safe guidance. In some cases the frequency and focus of these meetings were also affected by our response to the pandemic.

Our framework for involvement

You can see our framework for involvement in full on our website[17]. 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 2020- 2021 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[18] providing independent representation from patients and residents. We hold bi-monthly Governing Body meetings. We have not been able to hold meetings in public but we continue to publish papers and meeting notes, which contain any questions our residents ask us to consider and the responses.

Quality and Performance Committee - overseeing patient experience is one of the main responsibilities of this committee and our Quality Strategy describes this. It is a joint committee with our neighbouring CCG in Sefton. 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.

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17 https://www.southseftonccg.nhs.uk/get-involved/

18 https://www.southseftonccg.nhs.uk/about-us/governing-body/governing-body-meetings/

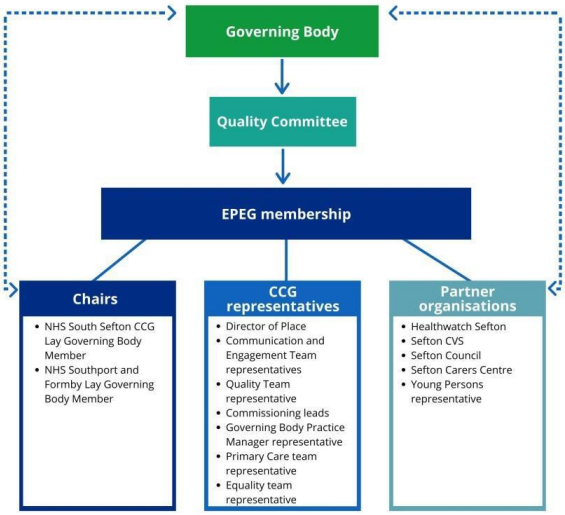
EPEG - our Sefton wide engagement and patient experience group, known as EPEG is embedded in the structures and processes that oversee our involvement work and reports directly to our Quality and Performance Committee. The group is chaired by our Governing Body lay representative for patient involvement and their counterpart from our neighbouring CCG in Sefton. It brings us together with patient representatives and key partners from across health and care in the borough 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. Meetings were temporarily suspended following the start of the first lockdown in 2020 following our March meeting. They resumed with a focused COVID-19 session in August 2020, where the group considered a number of presentations on the impact of the pandemic on the health and wellbeing of our residents.

Highlights included the following:

- Equality and health inequality considerations and the early work to address some of the barriers faced by different communities in the borough
- Results from two surveys about the impact of views to healthcare and access to services carried out by Healthwatch Sefton and Sefton Young Advisers
- Planned service changes in response to COVID-19 to ensure safe, ongoing access to services in primary care and hospitals
- Patient experience during the period of some of our provider trusts
- Innovations by our medicines management team

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:



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 involved in any plans we have to change or reconfigure local health services, in line with our responsibilities to them. In 2020 - 2021, 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 that members of the committee fed into and scrutinised included our system wide plan to deal with winter pressures, our community vaccination programme and the reconfiguration of spinal services in Cheshire and Merseyside.

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. The panel's local knowledge is particularly useful in 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. We are also members of the panel, enabling us to share our good practice with partners and learn from their examples too.

Strategic programmes and service developments or changes

As part of our planning for any strategic transformation programmes, or service developments or changes, 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.

We asked Sefton residents for their views and experiences of **language and interpretation services** that they access at their GP practice in November 2020. The results of this exercise is helping us to improve the quality and consistency of these services across the borough. We worked with partner CCGs and provider trusts to carry out a survey. All of the information gathered is being used to inform a new service specification for local NHS languages services, ahead of a tender/bid process. This work also continues to build on an action plan that was developed following an engagement with the D/deaf community in 2018 to help improve patient experiences in relation to accessing healthcare services. We worked with our Sefton Equal Voice Network to particularly encourage participation from those who most experience barriers accessing these services.

Shaping Care Together is a major work programme that is focused on improving services for residents in Southport, Formby and West Lancashire. A listening exercise began in early 2021, calling for views and experiences focusing on services at Southport and Ormskirk Hospital NHS Trust. As some residents in other areas of Sefton sometimes access services at the trust, they were also invited to share their views and experience.

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'.

We are working closely with parents of children and young people with **special education needs and disabilities (SEND)** to improve services. This year we have worked with partners and parents to design and carry out a survey to gauge people's experiences and views of our SEND services, as well as exploring how we might increase uptake of personal health budgets to provide greater choice and flexibility of care to those eligible.

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[19]. In 2020–2021, 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. Encouragingly, the number of residents and stakeholders interested in getting involved in our work continues to grow.

Our annual general meeting

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.

We were unable to hold our regular Big Chat engagement style annual general meeting event due to COVID-19. So we held a virtual AGM streamed online to our residents and partners.

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 as providing daily updates and news, our website 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.

When we talk to local residents and partners about our work, we often capture some of their views through filmed interviews, which we then share more widely on our websites and through our Twitter[20] and You Tube[21] channels.

This year we widened the information included on our website to better reflect the range of involvement work we carry out and to better promote opportunities for our residents to take part.

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[19] https://www.southseftonccg.nhs.uk/get-involved/join-our-mailing-list/

[20] https://twitter.com/NHSSSCCG

[21] https://www.youtube.com/channel/UC3zskxhEM5dWeJtypBBmTOA

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 2020-21:

Healthwatch Sefton Community Champion events

We have continued this year to collaborate with Healthwatch Sefton to deliver themed 'Community Champion' involvement events. These sessions invite Community Champions – who represent specific Sefton localities and groups – to learn more about specific healthcare topics, such as **NHS 111 First** and our **local COVID-19 vaccination service.** We also routinely ask for views to help shape future healthcare and plans.

Working with other groups and forums

We link with our Sefton CVS colleagues to ensure our catalogue of stakeholder groups and contacts is up to date and continues to expand on the number and types of groups that we work with. In particular, this helps 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.

We also attend meetings and events organised by our partners to gain views about our current involvement activities or to feedback on how we have used peoples views from previous exercises. This year the meetings and networks we attended included Sefton Older Persons Forum and Sefton Health and Social Care Forum to discuss COVID-19 related topics including our local vaccination programme.

Sefton Information and Communications Group

This group was formed in 2020 bringing together communications professionals from partners across health and care in Sefton to work together more closely to promote key information about COVID-19 to Sefton residents. The group is co-chaired by representatives from the CCG and Sefton Council's Public Health team. Joint work has included the development of community gatekeeper communications packs, providing resources to aid the dissemination of information to some of the borough's communities that have been hardest impacted by COVID- 19.

Cheshire and Merseyside Health and Care Partnership are part of the steering group and have recently worked with us and other partners across the borough to launch a campaign to encourage the Black, Asian and Minority Ethnic groups to take up their vaccination using local faces to promote the positive messages around the vaccine. We are now working with partners to further roll this out in Sefton.

In the longer term, this group will support the work of **Sefton's Health and Wellbeing Strategy** and our underpinning strategy for local NHS services, **Sefton2gether** that we developed with partners last year.

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 NHS England and Involvement's consultation on 'Integrated Care: next steps to build strong and effective integrated care systems across England'. This has informed the development of the White Paper published in February 2021 setting out a blueprint for future health and care.

Provider and partner developments

This year we have promoted and involved residents and patients in some of our partner and providers' involvement activities including Sefton Council's engagement exercises around sexual health services for young people, Healthwatch Sefton's online hospital engagement event and Mersey Care NHS Foundation Trust's plans for a low secure hospital in the borough.

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[22].

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[23].

[22] https://www.england.nhs.uk/participation/involvementguidance/
[23] https://www.southseftonccg.nhs.uk/get-involved/previous-exercises/

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. For the second year in a row, we received the highest green star rating in the annual NHS England and Involvement self-assessment process, against community and patient involvement standards.

Equality, diversity and human rights obligations

Promoting equality is at the heart of our core values, ensuring that we commission services fairly and that no community or group is not involved and engaged in the changes that will be made to health services to meet the challenges the NHS faces, as outlined in the NHS Long Term Plan.

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

We facilitate Engagement & Patient Experience Group (EPEG) which has representation from the community to discuss a range of our initiatives. This group strengthens our model for engagement, involvement and consultation, and provides a more robust scrutiny of our work and management of risks.

Due regard

We are required to pay 'due regard' to the Public Sector Equality Duty (PSED) as defined by the Equality Act 2010 and to have regard to the need to reduce health inequalities as defined by s14T of the Health and Social Care Act 2012. Failure to comply with our legal duties has legal, financial and reputational risks.

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

- Commissioning processes
- Consultation and engagement
- Procurement functions
- Contract specifications
- Quality contract and performance schedules
- Governance systems

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

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

We continue to carry out Equality Analysis reports – commonly known as Equality Impact Assessments (EIAs). These reports test service change or policy change proposals and say whether it meets PSED and ultimately complies with the Equality Act 2010. Failure to carry out EIAs would be grounds for Judicial Review and may result in poor outcomes and widen health inequalities.

We are becoming stronger at developing and delivering Equality Analysis reports and linking them to the current change programmes however there is still progress to be made. All staff are aware of the support mechanisms in place to help them and the organisation to develop and deliver timely and accurate reports.

Equality Delivery Systems 2

We adopted the Equality Delivery System (EDS2) toolkit as its performance toolkit to support the NHS England Assurance process on equality and diversity. We are 'achieving' status across thirteen outcome areas and 'developing' status in the remaining outcomes. Caution should always apply to performance managing equality performance as health inequalities across the north of England are poor and PSED is an anticipatory duty and always applies to us as and when we make commissioning decisions that impact on patients.

The CCG Equality & Inclusion Service is hosted by us and has led on implementing EDS2 across the CCG and Merseyside through an innovative and collaborative way. All Merseyside Clinical Commissioning Groups including ourselves and all the main NHS providers who operate within the sub region have worked collaboratively to implement the toolkit via an integrated approach. Key providers have included Alder Hey Children's NHS FT, Clatterbridge Cancer Centre NHS FT, Liverpool Heart & Chest Hospital NHS FT, Liverpool University Hospitals NHS FT, Liverpool Women's Hospital NHS FT, Mersey Care NHS FT, St Helens and Knowsley Teaching Hospitals NHS Trust, Southport & Ormskirk Hospitals NHS Trust and The Walton Centre NHS FT.

Equality objectives

We approved their Equality Objectives Plan (2019 to 2023) in April 2019. This was approved by the Quality Committee and the Governing Body

Our equality objectives are to:

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

Key progress and highlights against our Equality Objectives over the past year include: Continuing to monitor and drive improvements in Equality and public law compliance across all key NHS providers through the quality contract schedule. Key areas of focus include:

- ✓ Information standards, including reasonable adjustments are implemented and meet the needs of our disabled community
- ✓ Monitoring decision making across our providers to pay 'due regard' to our Public Sector Equality Duty prior to decisions being made
- ✓ Ensuring specific duties are met

Highlights include

- Developing Staff Focused Reasonable Adjustments Best Practice Guidance to support our local Providers to implement reasonable adjustments and to share best practice examples.
- Cheshire Merseyside Gender Identify Collaborative (CMAGIC), which the CCG has supported, is now part of the NHSE specialised commissioning pathway for Gender Identity Clinics for Cheshire and Merseyside.
- The CCG has adopted a Merseyside wide strategic plan to improve access to health services for D/deaf people across Merseyside and all CCGs and providers are reporting progress via the Equality Collaborative.
- Developing a COVID-19 equality briefing which is shared across all CCG and Provider Incident Management Teams.
- The Equality service has developed a number of work streams to improve NHS wide understanding of the link between cultural sensitivity/understanding diversity and the impact this has on patient safety and experience.
- Development of a toolkit to embed equality considerations into the serious incident review process for implementation across the system.
- We continue to work closely with Black Asian and Minority Ethnic (BAME) community development service to ensure that intelligence is shared on poor access and outcomes to ensure any issues are addressed locally.

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. Positive action initiatives this year included developing a CCG Staff Support offer. Staff now have access to a North Mersey CCGs Staff Equality Network and a North Mersey CCGs informal Black, Asian and Minority Ethnic Peer Support Group. We are also a part of Cheshire & Merseyside Health and Care Partnership Workforce Equality Focused Forum which has prioritised the following areas:

- Developing a range of programmes to enhance opportunities for staff from BAME and other protected groups
- Utilising Workforce Equality Standards to bring about change and opportunity
- Advising on STP Workforce and Educational strategy programmes
- Reviewing recruitment programmes and promotional strategies to encourage wider involvement from minority communities

Reducing health inequality

Learning Disability Directed Enhanced Service (DES)

A Learning Disability Annual Health Check Direct Enhanced Scheme (DES) 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.

In response to the pandemic, health checks are being delivered virtually where this is considered appropriate.

Historic participation in the DES has been low, and in an attempt to increase the number of health checks delivered, we have worked to create a local solution to provide a flexible option for practice participation.

We secured participation from South Sefton Primary Health Care Limited (SSPHC) (the South Sefton GP Federation) to work alongside practices to deliver the DES in a different way, with the aim of increasing the number of health checks delivered.

There has been an increased offer in 2020-21 with the highest number of health checks delivered since the introduction of the DES.

'Trans Health Sefton' – a unified approach to gender care

Now in its fourth 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 service was named a winner in the Healthcare Transformation Awards 2019, which recognise the very best in innovation and improvement across the NHS.

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, 150 patients have been seen and an additional 5 patients per month. Many of these patients have expressed their satisfaction and praised the staff's awareness of trans people's issues.

Outcomes so far include:

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

Anthony Griffin, chair of In-Trust Merseyside, who played a key role in the design of the service, said: "*As chair of the local Sefton group In-Trust Merseyside I know that the Trans community are looked after by clinical staff who truly understand the barriers that Trans people face when they engage with the NHS*."

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.

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. The collaboration is now formalised and is called Cheshire & Merseyside Gender Identity Collaborative (CMAGIC) and has been successful in securing funding from NHS England to run a pilot site across Cheshire & Merseyside working with patients on current waiting lists with regional specialist clinics. An annual review of the service will be conducted to ensure it has the resilience to deliver for an expected increase in patients and has the capacity to manage those patients effectively.

Voluntary, Community and Faith (VCF) sector

We commission a range of services from local voluntary, community and faith organisations towards improving wellbeing and addressing health inequalities in Sefton. This supports our priority work in Sefton2gether, 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
Sefton Advocacy	Advocacy service for people aged 16+	Advocacy Supporting mental health, older people and Learning Disabilities agendas
Sefton CAB	Mental Health Project.	Advocacy Mental health support Supporting hospital
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 Awareness Service	Dementia support for patients and their families/carers
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	Befriending and Reablement Service	Older people Health & Wellbeing Support
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	Wellbeing and reablement
Parenting 2000	Children and families needing support: special needs, low self-esteem and confidence, emotional issues, drugs and alcohol, domestic abuse,	Children and families
Stroke Association	Intermediate Care (Carers and advocacy, Communication)	Wellbeing and reablement
Macmillan Cancer Support	Support for people suffering with cancer and their families	Cancer support
Active Ageing	Chair based exercise classes for older people	Falls prevention

We commission a range of services from the Voluntary Community and Faith Sector (VCF Sector) providing valuable benefits to the population of Sefton.

In February 2020 the COVID-19 pandemic and the ensuing Government restrictions in March 2020 had an immediate impact on these contracted services.

Staff could no longer work from office bases, essential group work and individual face to face contacts and counselling were terminated. Vulnerable adults, parents and young people, all service users could no longer directly access the support they relied upon.

Following the Government announcement of public restrictions and the closure of shops, businesses and services, the commissioned VCF Sector, without exception, made arrangements to working practices so they could stay in touch with staff, volunteers and service users.

Many staff were asked to work from home if possible, and some staff were furloughed to cut costs. However, for the majority of organisations staff worked from home, despite the inherent difficulties of managing restricted movements, self-isolation and family members also trying to work from home and/or parents attempting to home school and manage child care.

Like many organisations the changes took the form of virtual meetings using video and online technologies, telephone conversations and text and other messenger facilities. In order to achieve this, all organisations had to purchase new laptops, software licenses, mobile phones and establish new communication systems and quickly set up training to support staff in the use of new and previously unused technologies.

These actions were taken quickly and the organisations incurred unplanned setting up costs. At the same time rent on now unused office space still had to be paid.

During the COVID-19 pandemic the public trust and confidence in these services has been exceptional, relying on the help, advice and support to ease concerns and reduce anxieties.

Knowing who to call and who can be relied upon has been the strength of the sector at this very difficult time.

We assist with extra funding so that these vital services could be adapted and continue to support carers and the more vulnerable in our population.

Our funding of the VCF sector remains a vital asset for Sefton and plays a significant role in supporting the NHS, Sefton Council and the vulnerable general public.

The contracted VCF organisations that we support will have an important role in the recovery of services supporting the physical and mental health and wellbeing of vulnerable, socially isolated adults and older adults across Sefton.

The VCF sector demonstrated a clear ability to adapt and transform services quickly and effectively to support vulnerable and isolated groups, as well as those suffering the greatest health inequalities in our least affluent communities. Those most severely affected by COVID-19 benefitted from services delivered by the VCF sector. These services will continue to be a valuable asset for Sefton's recovery plans and in particular the work we are doing in line with Sefton2gether around Social Prescribing, through our PCNs and the integration of services going forward.

Below are some quotes from residents who have been helped by just some of the VCF services we commission:

Sefton Age Concern

"Lockdown's been so bleak, I don't know what I would have done without you"

Stroke Association

"Thank you for caring and calling throughout the COVID-19 situation and listening to me moan about caring for my husband. I do love him but he's hard work something I cannot say to my kids but you make me comfortable enough to say how I feel and also for your referral to the carers centre, I have found out so much that will and can help me and us together. Thank you"

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.

NHS organisations aim to provide high quality care for all. This requires a resilient NHS and in the same way that the NHS has responded to the COVID-19 emergency it also needs to respond to the health emergency that climate change brings and this will need to be embedded into everything we do now and in the future.

The NHS has formed a NHS Net Zero Expert panel working on identifying the most credible date that the health service could reach net zero emissions. The report "Delivering a 'net zero' National Health Service" describes the direction, scale and pace of change required.

We acknowledge this responsibility to our patients, local communities and the environment by working hard to minimise our footprint and implement the targets for the NHS net zero commitment. These are:

- For the emissions the NHS controls directly (the NHS Carbon Footprint), net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032.
- For emissions the NHS can influence (NHS Carbon Footprint Plus) net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.

Delivering these trajectories will require action across all parts of the NHS. The main areas for action by all NHS partners can be categorised into:

- Direct interventions within estates and facilities, travel and transport, supply chain and medicines
- Enabling actions, including sustainable models of care, workforce, networks and leadership, and funding and finance mechanisms.

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 and Expenses	Yes

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

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 through the requirements of "Delivering a 'net zero' National Health Service" set 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.

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 Sefton Metropolitan Borough Council, and we will work with them to provide all the required information about carbon emissions in future years.

During 2020-21 and in response to the COVID-19 response the CCG implemented a working from home policy, mobilising staff through use of IT to work remotely. With the exception of the Medicines Management team who have continued to work from CCG premises for operational reasons, the vast majority of staff have worked from home through the year.

Staff travel has reduced significantly during 2020-21 and meetings have taken place using video conferencing. As a responsible employer and notwithstanding COVID-19 restrictions in place in 2020-21 we encourage our employees to use public transport. The location of our offices in Southport and Bootle are 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 and electric 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 2020-21governance report

Members report

Governing Body membership

The table below shows the people who made up our Governing Body in 2020-21, their roles and the committees they were a part of.

Name	Role	Governing Body PTI	Governing Body PTII	Approvals Committee	Audit Committee	Clinical QIPP Advisory	Finance and Resources Committee	Joint QIPP & Financial Recovery Committee	Joint Quality and Performance Committee	Primary Care Commissioning Committee	Remuneration Committee
Dr Craig Gillespie	Chair & GP Clinical Director	Chair	Chair	X	X	Yes	X	X	X	Non-voting member	X
Alan Sharples	Deputy Chair and Lay Member - Governance	Yes	Yes	Chair	Chair	X	Chair	X	X	Yes	Chair
Director *or deputy*	Director of Public Health, Sefton MBC *(co-opted)*	Co-opted	X	X	X	X	X	X	X	X	X
Graham Bayliss	Lay member – Patient and Public Engagement	Yes	Yes	Yes	Yes	X	Yes	X	Yes	Yes	Yes
***Bill Bruce**	Healthwatch	Co-opted – 1st Nov 2020	X	X	X	X	X	X	X	Diane Blair for Healthwatch	X

Name	Role	Governing Body PTI	Governing Body PTII	Approvals Committee	Audit Committee	Clinical QIPP Advisory	Finance and Resources Committee	Joint QIPP & Financial Recovery Committee	Joint Quality and Performance Committee	Primary Care Commissioning Committee	Remuneration Committee
Dr Peter Chamberlain	GP Clinical Director	Yes	Yes	X	X	X	Yes	X	X	X	X
***Chrissie Cooke**	Interim Chief Nurse	Yes – Appointed Jan 2021	Yes	Yes	X	Yes	Yes – joined Jan 2021	Yes	Yes	X	X
***Debbie Fagan**	Chief Nurse	Stepped down from May 2019	Stepped down from May 2019	Stepped down from May 2019	X	Stepped down from May 2019	X	Stepped down from May 2019	Stepped down from May 2019	X	X
***Dr Gina Halstead**	GP Clinical Director	Yes	Yes	X	X	X	X	X	Yes	X	X
***Dwayne Johnson**	Director of Social Services & Health, Sefton MBC *(co-opted)*	Seconded from May 2019	X	X	X	X	X	X	X	X	X
Director *or deputy*	Director of Social Services & Health, Sefton MBC *(co-opted)*	Co-opted	X	X	X	X	X	X	X	X	X
***Maureen Kelly**	Healthwatch *(co-opted)*	Co-opted - stepped down Oct 2020	X	X	X	X	X	X	X	Diane Blair for Healthwatch	X
***Jane Lunt**	Interim Chief Nurse	Yes - stepped down Dec 2020	Yes - stepped down Dec 2020	Yes - stepped down Dec 2020	X	Yes	X	Yes	Yes	X	X
Martin McDowell	Chief Finance Officer	Yes	Yes	Yes	X	*Yes (deputy)*	Yes	Yes	Yes	Yes	X

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

* Debbie Fagan: Seconded May 2019. Deputy Chief Nurse covered by Brendan Prescott
* Dr Gina Halstead: Clinical Lead for Quality
* Dwayne Johnson: stepped down May 2019
* Jane Lunt appointed Interim Chief Nurse October 2019 – December 2020
* Maureen Kelly: stepped down October 2020
* Bill Bruce: Healthwatch Chair November 2020
* Chrissie Cooke appointed Interim Chief Nurse January 2021

All Governing Body members have provided confirmation that they know of no information which would be relevant to the auditors for the purposes of their audit report, and of which the auditors are not aware, and, have taken “all steps that he or she ought to have taken” to make himself/ herself aware of any such information and to establish that the auditors are aware of it.

Conflicts of interest

We have a managing conflicts of interest and gifts and hospitality policy that can be found on our website[24]. 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 2020-21 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 2021 is published on our website[25].

[24] Find links to these documents here - https://www.southseftonccg.nhs.uk/about-us/our-constitution/

[25] 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 CCG.

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

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

Under the National Health Service Act 2006 (as amended), NHS England has directed us 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

17 June 2021

Governance statement

Coronavirus Pandemic 2020

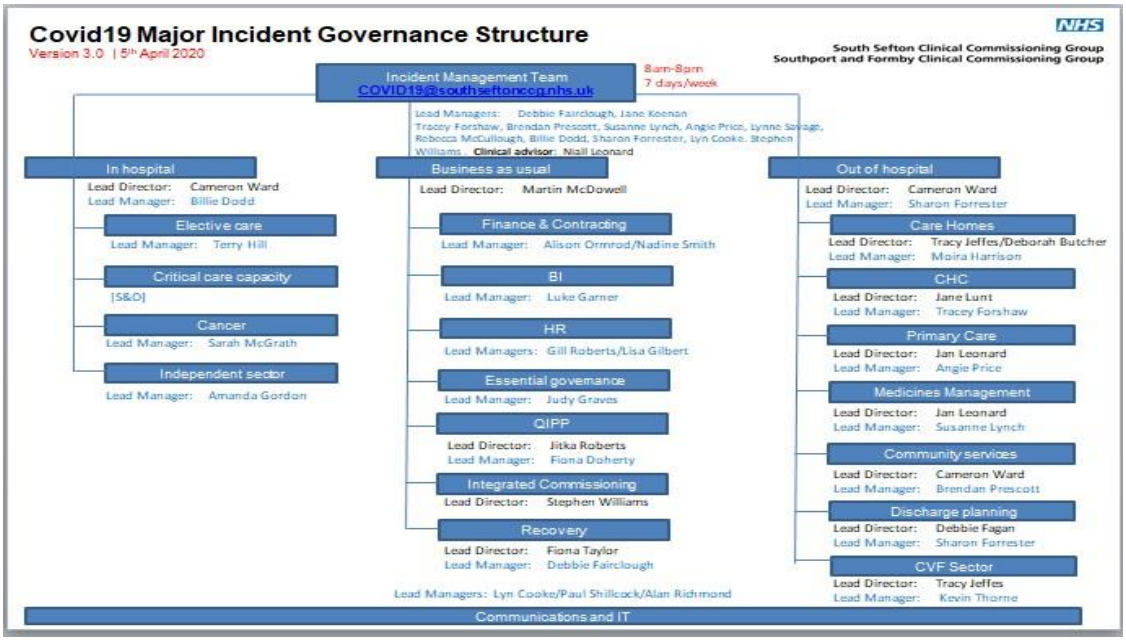
During 2020-21 we operated under alternative governance arrangements as a consequence of the Coronavirus pandemic. On 25 March 2020, just ahead of the 2020-21 financial year and in response to the Coronavirus pandemic, Royal Assent was given the Coronavirus Act 2020[26]. The Act has three primary aims:

To support the slowing of the spread of the virus;
To reduce the administrative and resourcing pressure on the health and social care sector; and
To increase public sector staffing levels.

At the same time NHS England declared a major incident under the Civil Contingencies Act 2004[27] and command and control infrastructures were put in place across the UK including across the North West region in which the CCG resides.

It also set up its local incident team and implemented a new governance architecture to align to local resilience forums and the Cheshire and Merseyside Health and Care Partnership incident management arrangements.

The CCGs structure is shown below:

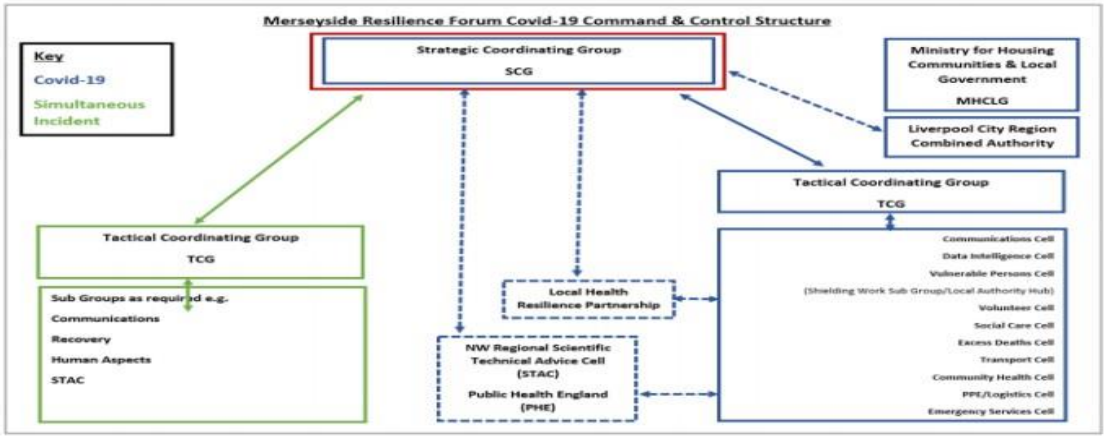


The Incident Management Team reported to the Leadership Team on daily basis.

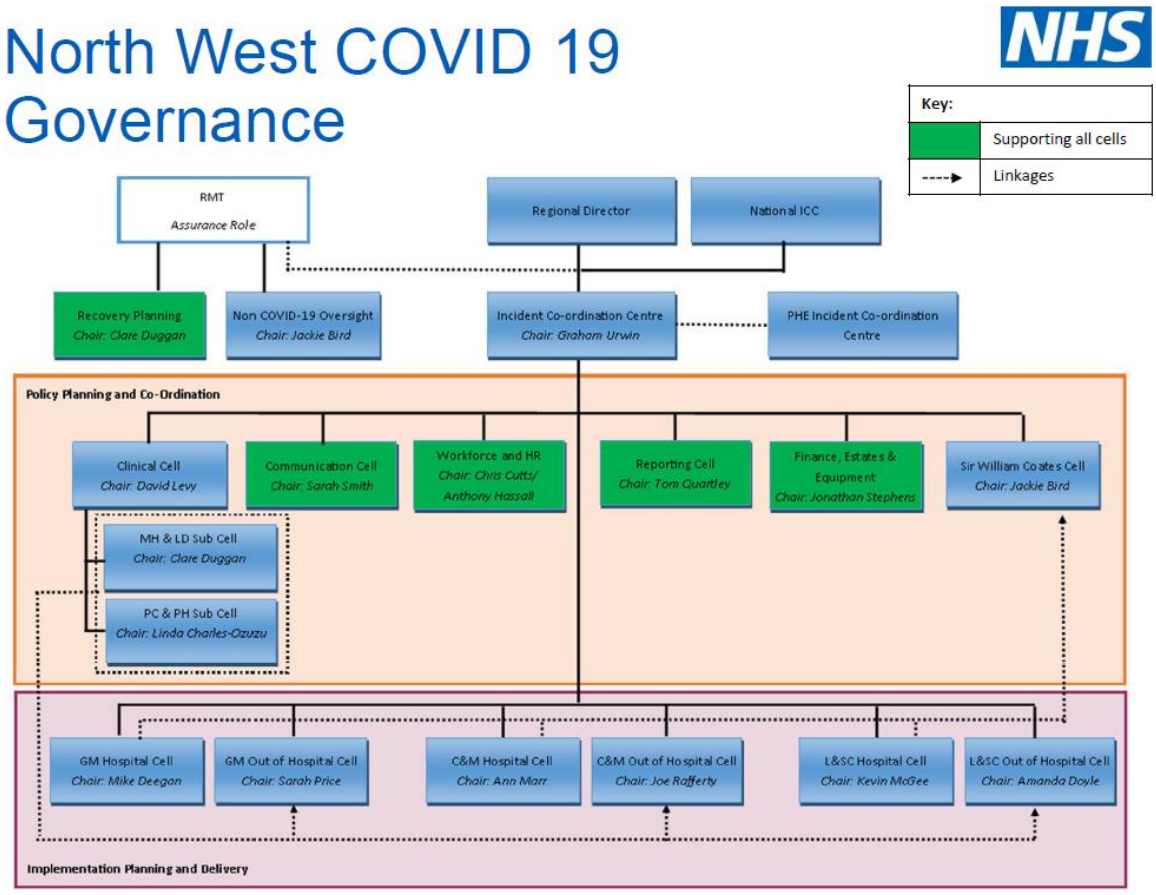
The Merseyside Resilience Forum is the lead multi agency forum for managing the response to COVID-19 across the area, and the route for escalation of issues and challenges.

[26] https://www.legislation.gov.uk/ukpga/2020/7/contents/enacted/data.htm
[27] https://www.legislation.gov.uk/ukpga/2004/36/contents

They have established several cells to lead concentrated pieces of work and action as the pandemic develops. The governance framework for this forum is shown below:



NHSE through the North West office established two core cells for Cheshire and Merseyside, one to run the in-hospital activity and an Out of Hospital Cell. These cell leads have the authority to make decisions on behalf of the Cheshire & Merseyside system in respect of services directly related to our response to COVID-19.



We also participate in the North Mersey system calls that comprises representation from all relevant organisations from health and social care so that there was a comprehensive system approach to the implementation of emergency measures.

Introduction and context

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

Our statutory functions are set out under the National Health Service Act 2006 (as amended). Our general function is arranging the provision of services for persons for the purposes of the health service in England. We are, 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 CCG accountable officer appointment letter.

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

Governance arrangements and effectiveness

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

We are 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 in 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.

We operate 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 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 support the implementation of Sefton2gether and its positioning as a key delivery plan that will realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
To ensure delivery of the CCG's QIPP plan and to align it with Sefton2gether and the work plan of established programmes including Primary Care Networks, the Provider Alliance, Acute Sustainability and the Integrated Commissioning Group.
To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
To work with partners to achieve the integration of primary and specialist care; physical and mental health services and health with social care as set out in the NHS long-term plan and as part of an accepted place-based operating model for Sefton.
To progress a potential CCG merger to have in place an effective clinical commissioning group function.

The Governing Body is assured of its effectiveness in terms of performance management through the regular corporate performance reports on finance, QIPP and financial recovery, 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	
42 Kingsway Surgery	42 Kingsway, Waterloo, Liverpool, L22 4RQ
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, Liverpool, L20 3EW
Bridge Road Medical Centre	66-88 Bridge Road, Litherland, Liverpool, L21 6PH
Concept House Surgery	17 Merton Road, Bootle, Liverpool, L20 3BG
Crosby Village Surgery	3 Little Crosby Road, Crosby, Liverpool, L23 2TE
Crossways Practice	168 Liverpool Road, Crosby, Liverpool, L23 0QW
Drs McElroy & Thomson Surgery	15 Sefton Road, Litherland, Liverpool, L21 9HA
Eastview Surgery	81-83 Crosby Road North, Waterloo, Liverpool, L22 4QD
Ford Medical Practice	91-93 Gorsey Lane, Litherland, Liverpool, L21 0DF
Glovers Lane Surgery	Glovers Lane, Netherton, Liverpool, L30 5TA
High Pastures Surgery	138 Liverpool Road North, Maghull, Liverpool, L31 2HW
Hightown Village Surgery	1 St Georges Road, Hightown, Liverpool, L38 3RY
Kingsway Surgery	30 Kingsway, Waterloo, Liverpool, L22 0QW
Litherland Practice	Hatton Hill Road, Litherland, Liverpool, L21 9JN
Liverpool Road Surgery	133 Liverpool Road, Crosby, Liverpool, L23 5TE
Maghull Family Surgery (Dr. Sapre)	Maghull Health Centre, Maghull, Liverpool, L31 0DJ
Maghull Health Centre	Maghull Health Centre, Maghull, Liverpool, L31 0DJ
Maghull Practice	Maghull Health Centre, Maghull, Liverpool, L31 0DJ
Moore Street Medical Centre	77 Moore Street, Bootle, Liverpool, L20 4SE
Netherton Practice	Netherton Health Centre, Magdalen Square, Bootle, Liverpool, L30 5SP

North Park Health Centre	290 Knowsley Road, Bootle, 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 Road, Liverpool, L21 1HP
Seaforth Village Surgery	20 Seaforth Road, Liverpool, L21 3TA
The Strand Medical Centre	272 Marsh Lane, Bootle, Liverpool, L20 5BW
Thornton Practice	Bretlands Road, Thornton, Liverpool, L23 1TQ
Westway Medical Centre	Westway Medical Centre, Maghull, Liverpool, L31 0DJ

In the latest annual improvement and assessment framework (IAF) results (2019-2020) we were rated as 'requires improvement' by NHS England. During the year we continued to develop our leadership capability (clinical and managerial) by investing in dedicated development time. There has been substantial involvement by the CCG in the work of the Cheshire & Merseyside Health and Care Partnership and its programmes. Our Accountable Officer is also the Senior Responsible Officer for Sefton "place" and has led representation and partner involvement with the Health and Care Partnership.

We are able to demonstrate excellent leadership in terms of quality and finance and proactively seek to engage the public in our work and uses 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 appropriate to support the new operating environment in Sefton and 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 the new NHSE Oversight Framework.

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

Joint Quality and Performance 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
- Support the transformation of services in Sefton by providing advice and guidance in respect of the quality and safety of services ensuring that the CCG continues to discharge its statutory responsibilities
- Approve arrangements including supporting policies to minimise clinical risk, maximise patient safety and secure continuous improvement in quality and patient outcomes
- Receive, review and monitor complaints and take action as appropriate
- Approve the arrangements for handling complaints
- Approve the CCGs' arrangements for engaging patients and their carers in decisions concerning their healthcare
- Overseeing
- 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's Primary Care Commissioning Committee
- Approve and monitor the arrangements in respect of Safeguarding (children and adults)
- Monitor the quality of commissioned services, compliance with Controlled Drugs Regulations 2013

This 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 and Performance 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 committee to provide robust assurances to the 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, Serious Incident Review Group and a SEND Health Performance Improvement Group.

In respect of 2020-21 key items of note were:

- Consolidated complaints report
- Establishment of the complaints oversight forum
- Approval of an updated Complaints Policy
- Provider performance

- Quality surveillance
- Corporate risk registers (detailing specific quality risks)
- Safeguarding assurance
- Chief Nurse business update
- Serious incident reports
- Outcome of SEND revisit that confirmed that the CCG had made significant progress

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 our 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 2020-21.

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 CCGs 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.

All are members of the Clinical Commissioning Group Governing Body.

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 - Mersey Internal Audit Agency (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 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 2020-21, 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 and reported to the Audit Committee.

An appropriate level of assurance has been provided for all areas reviewed in 2020-21. 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. All areas reviewed, for which a level of assurance was provided, were given high or substantial assurance rating.

In respect of 2020-21, key items of note are:

- Annual Governance Statement 2019-20
- Annual Accounts 2019-20;
- Annual report 2019-20, approved;
- Governing Body Assurance Framework, Corporate Risk Registers and Heat Map.
- Registers of interest, conflicts, sponsorship and procurements.
- Conflicts of Interest Policy

Whistleblowing/Raising Concerns – Freedom To Speak Up Policy

During 2020-21 we strengthened the Freedom to Speak Up Guardian (FTSUG) roles provided by named members of CCG staff and the Governing Body lay member for governance.

The FTSUG role was developed following recommendations from the Francis Report "Freedom to Speak Up" on creating a more open and honest reporting culture in the NHS.

- FTSUGs protect patient safety and quality of care
- Improve experience of workers
- Promote learning and improvement

They do this by ensuring

- Everyone is supported to speak up
- Barriers to speaking up are addressed
- A positive culture of speaking up is fostered
- Issues raised are used as opportunities for learning and improvement

The Audit Committee receives a quarterly high level anonymised report describing the broad nature of any concerns raised to the FTSUGs, including whether the concern has been resolved and importantly whether the individual would speak up again in the same circumstances.

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 – We are 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.

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
- Data Security and Protection Toolkit (Formerly Information Governance Toolkit)
- Risk registers reviews

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 our 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 2020-21.

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
- A remuneration framework for clinical commissioners and contractors was recommended for approval by the governing body at the September 2020 meeting and approved by the governing body in October 2020.
- Public Sector Exit Payments

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 2020-21 key items of note are:

- Review of financial strategy, financial recovery plan and risk register
- Review CCG operational budgets
- Establishment of the Joint QIPP Delivery Group
- Review and discussion of monthly financial reports
- Review and discussion of key areas of spend e.g. continuing healthcare
- QIPP plan updates
- CSU performance reports
- IT updates
- Estates work programme updates
- Practice Improvement Grants
- Workforce reports
- NHS People Plan Updates

- Prescribing updates
- Prescribing Rebate Schemes – approval
- Pan Mersey Area Prescribing Committee (APC) recommendations for commissioning of medicines - approval
- HR and security policies and procedures – approval
- Individual Funding Request Service Quarterly Reports
- Annual Workforce Equality and Diversity Update including Workforce Race Equality Standard
- Equality Delivery System (EDS2) Summary Report and Equality Objectives Action Plan update
- Updates on CCG governance in the context of COVID

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. During 2020-21 there was a review of the way in which QIPP is monitored and managed within the CCG and the review also took account of the extent to which QIPP is now embedded as a core business function. The Joint QIPP and Financial Recovery Committee was disestablished and new Joint QIPP Delivery Group was established as a sub group of the Finance and Resources Committee. The responsibilities in respect of QIPP programme management were acquired by the new group and decision making responsibility in respect of resource allocation, was delegated to the Finance and Resources Committee.

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 Delivery Group and also to any other forum or individual that may be require clinical inputs. The group is not decision making, but advisory in its capacity.

Primary Care Commissioning Committee

The Committee was established in April 2019 to enable members to make collective decisions on the review, planning and procurement of primary care services in Southport and Formby under delegated authority from NHS England. The role of the committee is to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act. The Committee has a “committees in common” arrangement with NHS Southport and Formby CCG. However, each respective committee remains accountable for decisions pertaining to their relevant CCG.

In respect of 2020-21, key items of note are:

- PCN Update
- Primary Care Finance
- Quality Updates
- Primary Care Procurements

Governing Body Members - Committee Attendance 2020 - 2021

South Sefton CCG Governing Body Member	Governing Body PTI	Governing Body PTII	Approvals Committee	Audit Committee	Clinical QIPP Advisory Group	Finance & Resource Committee	Joint QIPP and Financial Recovery Committee	Joint Quality and Performance Committee	Primary Care Commissioning Committee PTI	Primary Care Commissioning Committee PTII	Remuneration Committee
Dr Craig Gillespie	5/5	9/9	X	X	6/9	X	X	X	6/6	6/6	x
Alan Sharples	5/5	9/9	1/1	5/5	X	9/9	X	X	5/6	5/6	2/2
Director of Public Health *or deputy*	4/5	X	X	X	X	X	X	X	X	X	X
Graham Bayliss	5/5	9/9	1/1	3/5	X	9/9	X	8/9	6/6	6/6	2/2
Dr Peter Chamberlain	4/5	7/9	X	X	X	6/9	X	X	X	X	X
Gina Halstead	3/5	7/9	X	X	X	X	X	8/9	X	X	X
*Maureen Kelly	2/3	X	X	X	X	X	X	X	X	X	X
Bill Bruce	1/1	X	X	X	X	X	X	X	X	X	X
Director of Social Service and Health *or deputy*	2/5	X	X	X	X	X	X	X	X	X	X
*Jane Lunt	4/4	6/7	0/1	X	0/9 (6/9 attended by Deputy Chief Nurse)	X	0/7 (1/8 attended by Deputy Chief Nurse)	6/6	X	X	X
*Chrissie Cooke	1/1	2/2	0/0	X	0/1	3/3	1/2	3/3	X	X	X
Martin McDowell	5/5	9/9	1/1	X	X	9/9	9/9	9/9	6/6	6/6	X
Dr Sunil Sapre	5/5	7/9	X	X	X	8/9	X	X	X	X	X
Dr Jeff Simmonds	4/5	7/9	0/1	4/5	4/9	X	X	2/9	X	X	2/2
Fiona Taylor	5/5	9/9	1/1	X	X	6/9 (Ex Officio)	0/9(Ex Officio)	7/9	2/6	2/6	X
*Dr John Wray	5/5	8/9	X	X	3/9	7/9	6/8	X	X	X	X

* Debbie Fagan: Seconded May 2019. Deputy Chief Nurse covered by Brendan Prescott
* Dr Gina Halstead: Clinical Lead for Quality
* Dwayne Johnson: stepped down May 2019
* Jane Lunt appointed Interim Chief Nurse October 2019 – December 2020
* Maureen Kelly: stepped down October 2020
* Bill Bruce: Healthwatch Chair November 2020
* Chrissie Cooke appointed Interim Chief Nurse January 2021

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. The CCG assessed the impact of COVID-19 on overall CCG governance arrangements at the beginning of 2020-21 and this has been monitored through the year.

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 and this is evidenced in the Leadership Team Accountability Framework. Directorates have confirmed that their structures provide the necessary capability and capacity to undertake all of the clinical commissioning group's statutory duties. These are reviewed regularly and any gaps in capacity are addressed.

Risk management arrangement 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.

We have 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

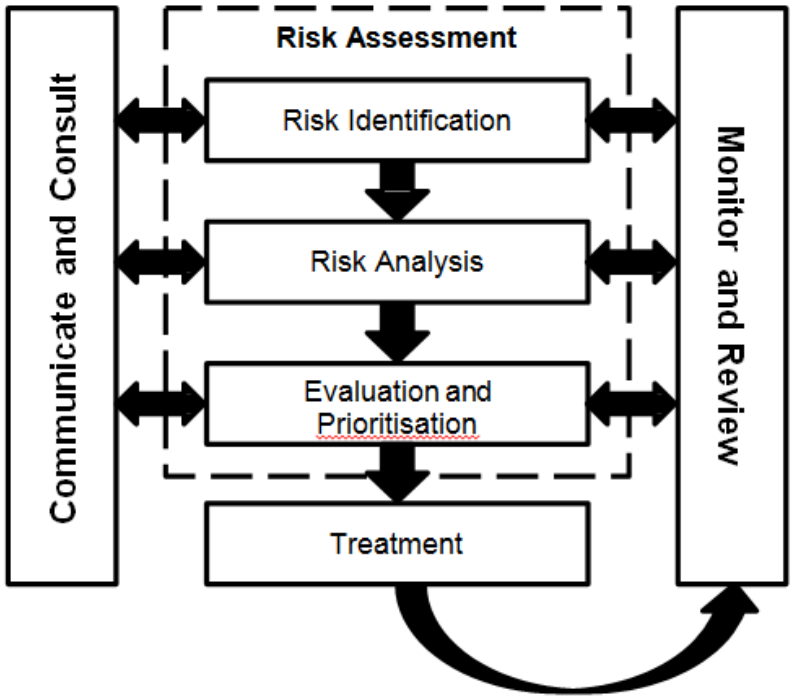
provide the Governing Body with 'reasonable' assurance that internal systems are functioning effectively. It is a high level document that is used to inform and give assurance to the Governing Body that the risks to achieving key objectives are recognised and that controls are in place or being developed 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 a Counter Fraud Accountable Officer (The CCG's Chief Finance Officer/Deputy Chief Officer) and 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

We have 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. During 2020-21 the corporate risk register was updated to capture all COVID19 related risks impacting on the CCG.

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.

We commission 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, such as 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, we have 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.

We also consult 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 2017 and updated in 2018) 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 2020-21. We have 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 (DSCRO) are commissioned through Arden & Gem CSU who 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.

Our 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 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.

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.

During 2020-21 internal audit completed reviews of budgetary control and commissioning for quality. They were issued with high and substantial opinions respectively.

Third party assurances

We have delegated arrangements in place with providers external to the CCG for some services. Where we rely 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 considered to be non- pensionable however following contract review it has come to light that these roles should have been subject to contributions. Current GP Governing Body and Clinical Lead roles now attract pension deductions. The CCG is working with Business Advisors to resolve the historical impact of 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. Throughout the COVID-19 pandemic we regularly updated our Equality Impact Analysis to ensure we were continuing to discharge our statutory duties.

Sustainable developments obligations

We will develop plans to assess risks, enhance performance and reduce our 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. The CCG will ensure it 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

We have 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.

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 2020-21 are:

Risk description	**Key controls and assurances in place**
There is a risk that an Increase in size of elective care waiting lists, caused by reduced activity during COVID-19 pandemic, will have adverse effects on wait times for patients and possibly health outcomes.	*Mitigations scrutinised included -The CCG are working with its Acute/community providers on QIPP programmes area's under the auspices of the system management group to deliver transformational change that will bring about both reduced demand and improved productivity that will support recovery.*
There is a risk to performance, quality and delivery of the CHC programme caused by COVID-19 resulting people being lost in the system, care packages not being appropriate to patient need and a post Covid 19 backlog of referrals and assessments.	*Mitigations scrutinised included –* *• SFIs; SOs; Established Financial Controls; Audits of Financial Systems* *•Regular bi-monthly meetings with NHSE/I with bi-monthly SitRep submissions will continue through Q3/Q4 2021.* *• A single point of access for patient appeal/complaints is now in place to ensure all cases can be considered.* *• CHC CQPG established in order to review and challenge current CHC activity (Feb 21).* *• North Mersey Steering Group established to develop an agreed process to complete all deferred assessments by March 2021.* *• MIAA audit carried out to review performance of ADM DPS.* *• Service Specification review carried out.* *• Review of CHC performance reports.*
There is a risk of reduced survival outcomes due to delays in diagnosis and treatment of cancer	*Mitigations scrutinised included - Guidance on stratification for treatment, Cancer Alliance SITREP weekly reporting referrals, waiting times and waiting list sizes, use of surgical hubs to provide safer capacity and established Endoscopy Recovery Team- national cancer services recovery plan December 2020.*
Sustainability of hospital services due to workforce and financial pressures	*Mitigations scrutinised included – oversight through enhanced governance structures with a transformation board and dedicated programme management office, agreed contractual risk share with our local trust and appointment of a turnaround director to steer improvements across the local health and care system*
Financial performance of the CCG	*Mitigations scrutinised included – robust monthly management accounting routines, regular examination of outcomes from our quality innovation, productivity and prevention programme, monthly reporting against targets and restrictions on non-essential spending*

There is a risk that the CCG will not fully deliver its planned QIPP target in 2020-21 caused by non-delivery of high risk QIPP schemes resulting in a failure to deliver required levels of savings.	*Mitigations scrutinised included –* *• Monthly review and monitoring of all QIPP schemes to assess delivery in year and highlight risks and issues affecting delivery of planned QIPP savings.* *• Revised QIPP reporting arrangements through F&R Committee anticipated to enable greater impact of "check and challenge".* *• Continued focus on QIPP through the emergency response through CCG PMO/ Committee meetings. Ongoing discussions with system partners to ensure progression with QIPP activities where appropriate and to understand timescales for the recovery period and work on further QIPP schemes in the recovery period.* *• PMO to develop an understanding of system partner CIP/ QIPP schemes which will continue to be progressed during the COVID response period and maintain communications with all parties.*

Overall we are vigilant to the potential risks to the CCG operating licence and maintain a system of strong internal control and risk management. However no organisation can be complacent and we recognise this and have 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 we keep 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

We seek to gain best value through all of our contracting and procurement processes. We have 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.

We buy 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.

Our Joint QIPP Committee programmes of work are clinically led by clinical Governing Body members and are evaluated to determine that they represent the best use of available resources. All programmes are supported by designated commissioning leads and a wider 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

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

- Shaping Care Together Programme has been delegated to a Joint Committee of NHS Southport and Formby CCG and NHS West Lancs CCG
- North Mersey Joint Committee with NHS Knowsley CCG, NHS South Sefton CCG and NHS Liverpool CCG
- St Helens and Knowsley Teaching Hospitals 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

During 2020-21 any identified risks associated with delegated arrangements have been monitored through our governance and risk management processes. We have 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

We comply with the NHS Counter Fraud Authority Standards for Commissioners: Fraud, Bribery and Corruption as found at the following link https://cfa.nhs.uk/government-functional-standard/NHS-requirements

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.

We perform 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 we like other organisations across the NHS have faced unprecedented challenges due to COVID-19.

The Internal Audit Standards Advisory Board (IASAB) issued guidance regarding conformance with the Public Sector Internal Audit Standards (PSIAS) during the coronavirus pandemic (May 2020). All our work has continued to be delivered in full compliance with the PSIAS.

MIAA adopted a pragmatic approach to the delivery of your Internal Audit Service during 20/21, with the focus on the delivery of your Head of Internal Audit Opinion. This again, was in line with the IASAB guidance.

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 2020 to 31 March 2021 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 2020 to 31st March 2021 inclusive, and is underpinned by the work conducted through the risk based internal audit plan.

Assurance Framework - Opinion	
Structure	The organisation's Assurance Framework is structured to meet the NHS requirements.
Engagement	The Assurance Framework is visibly used by the organisation.
Quality & Alignment	The Assurance Framework clearly reflects the risks discussed by the Governing Body.

Core & Risk Based Reviews Issued

We issued:

5 **high** assurance opinions:	• General Ledger • Accounts Payable • Accounts Receivable • Treasury Management • Budgetary Control
1 **substantial** assurance opinion:	• Finance & Resources Committee Effectiveness
1 **moderate** assurance opinion:	• ADAM DPS Post Implementation
0 **limited** assurance opinion:	N/A
0 **no** assurance opinion:	N/A

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	

Primary Medical Care Commissioning and Contracting: Finance

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

The 2020-21 Primary Medical Care Commissioning and Contracting reviews focused upon **Finance** and provided **Full Assurance** (assurance rating provided as per the NHSE guidance).

Follow Up

During the course of the year we have undertaken follow up reviews and can conclude that the organisation has made **good progress** with regards to the implementation of recommendations. We will continue to track and follow up outstanding actions.

We have raised 13 recommendations as part of the reviews undertaken during 2020-21. All recommendations raised by MIAA have been accepted by management.

Of these recommendations: **1** was a **high risk recommendation** in relation to the review of the ADAM DPS post-implementation.

Wider organisation context

This opinion is provided in the context that the Governing Body like other organisations across the NHS is facing a number of challenging issues and wider organisational factors particularly with regards to the ongoing pandemic response. The COVID-19 pandemic led to changes to the NHS financial framework, the establishment of the control and command structures both regionally and within individual organisations and an ongoing focus on the emergency response.

This has required NHS organisations to operate in a different way to previous 'business as usual' practice. Guidance was clear that financial constraints must not stand in the way of taking immediate and necessary action but that there was no relaxation in fiduciary duties. This has meant that rapid actions and decisions needed to be continued to be made in relation to key governance processes and internal control arrangements. The challenge for organisations has been to strike a practical balance between documenting the basis for decisions and not slowing down the decision-making processes.

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

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

Steve Connor

Managing Director, MIAA
March 2021

Internal Audit Reports issued in 2020-21

Review	Assurance Opinion	Recommendations Raised				
		Critical	High	Medium	Low	Total
Assurance Framework	N/A	-	-	-	-	-
Conflicts of Interest	N/A	-	-	-	-	-
Primary Medical Care C&C: Finance	Full – per NHSE	-	-	-	1	1
General Ledger	High	-	-	-	1	1
Accounts Payable	High	-	-	-	1	1
Accounts Receivable	High	-	-	-	1	1
Treasury Management	High	-	-	-	-	-
Budgetary Control	High	-	-	-	-	-
F&R Committee Effectiveness	Substantial	-	-	2	1	3
ADAM DPS post-implementation	Moderate	-	1	5	-	6
TOTAL		**-**	**1**	**7**	**5**	**13**

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.

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 us 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

17 June 2021

Remuneration report

Introduction

Chapter 6 of the Companies Act 2006 and Schedule 8 of SI 2013 No 1981, The Large and Medium-sized Companies and Groups (Accounts and Reports) (Amendment) Regulations 2013, 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.

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

Name	Title	September 2020	November 2020
NHS Southport & Formby CCG			
Helen Nichols	Chair and Governing Body Lay Member	×	✓
Dil Daly	Governing Body Lay Member	✓	✓
Dr Kati Scholtz	GP Clinical Director	✓	✓
Dr Jeff Simmonds	Secondary Care Doctor	✓	✓
NHS South Sefton CCG			
Alan Sharples	Chair and Governing Body Lay Member	✓	✓
Graham Bayliss	Governing Body Lay Member	✓	✓
Dr Jeff Simmonds	Secondary Care Doctor	✓	✓

Policy on remuneration of senior managers

NHS England's Guidance (Remuneration guidance for Chief Officers (where the senior manager also undertakes the Chief Officer role and Chief Finance Officers) and associated letters have been used since 2019-20 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. a 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: https://www.nhsbsa.nhs.uk/nhs-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 on pages 148 to 177 of the Financial Statements and pension liabilities existing at 31 March 2021 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 2020-21 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. Current GP Governing Body and Clinical Lead roles now attract pension deductions. The CCG is working with Business Advisors to resolve the historical impact of this issue.

Employer pension contributions were provided for at 20.68% for the 2020-21 financial year. CCGs are required to separately account for employer contributions paid on their behalf by NHS England on a gross basis. The contributions paid on behalf of the CCG have been accounted for as notional funding for commissioners.

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 our 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.

We do 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 2020-21:

Name	Title	Salary (Bands of £5,000) £'000	Expense payments (taxable) (Rounded to the nearest £100) £	Performance pay and bonuses (Bands of £5,000) £'000	Long term performance pay and bonuses (Bands of £5,000) £'000	All pension related benefits (Bands of £2,500) £'000	2020-21 (Bands of £5,000) £'000	2019-20 (Bands of £5,000) £'000
Taylor FL	Chief Officer	65 - 70	500	-	-	12.5 - 15	80 - 85	75 - 80
McDowell M	Chief Finance Officer / Deputy Chief Officer	50 - 55	2,300	-	-	12.5 - 15	65 - 70	60 - 65
Fagan DC**	Chief Nurse	-	-	-	-	-	-	5 - 10
Lunt J****	Interim Chief Nurse	15 - 20	-	-	-	2.5 - 5	20 - 25	15 - 20
Cooke CA*****	Interim Chief Nurse	10 - 15	-	-	-	267.5 - 270	275 - 280	-
Mimnagh A*	Chair	-	-	-	-	-	-	0 - 5
Gillespie C******	Chair & GP Clinical Director	30 - 35	-	-	-	-	30 - 35	30 -35
Wray J***	Clinical Vice Chair & GP Clinical Director	45 - 50	-	-	-	-	45 - 50	45 - 50
Sinha R*	GP Clinical Director	-	-	-	-	-	-	0 - 5
Chamberlain PJ***	GP Clinical Director	50 - 55	-	-	-	-	50 - 55	50 - 55
Sapre S***	GP Clinical Director	15 - 20	-	-	-	-	15 - 20	15 - 20
Halstead G***	GP Clinical Director	30 - 35	-	-	-	-	30 - 35	35 - 40
Simmonds J	Secondary Care Doctor	10 - 15	-	-	-	-	10 - 15	10 - 15
Morris GL*	Deputy Chair & Lay member - Governance	-	-	-	-	-	-	0 - 5
Sharples A	Deputy Chair & Lay member - Governance	10 - 15	-	-	-	-	10 - 15	5 - 10
Bayliss G	Lay member - Engagement and Patient Exerience	5 - 10	-	-	-	-	5 - 10	5 - 10
Creevy L*	Practice Manager	-	-	-	-	-	-	0 - 5

* These members ceased tenure and have been included for reference to prior year figures.
** These members are on secondment and have been included for reference to prior year figures.
*** Total paid in 2019-20 and 2020-21 includes payments for additional clinical roles and duties performed by members.
**** The Interim Chief Nurse was appointed on 1 October 2019 and vacated post on 31 December 2020
***** The Interim Chief Nurse was appointed on 1 January 2021. All pension related benefits reflect the proportion of pension value at pension age compared to the employee contributions. Since there has only been contributions for a quarter of the year this appears significantly larger than others.
****** The Chair vacated post on 31 March 2021

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.

We have a joint management arrangement with neighboring NHS Southport and Formby CCG. Our chief officer (Fiona Taylor) and chief finance officer (Martin McDowell) receive remuneration for undertaking these roles for both CCGs. Their total banded remuneration from these roles is:

- Fiona Taylor £130,000 to £135,000 and £27,500 to £30,000 all pension related benefits
- Martin McDowell £110,000 to £115,000 and £25,000 to £27,500 all pension related benefits

The joint management arrangement with NHS Southport and Formby CCG is also in operation for the chief nurse post. During the year the chief nurse (Debbie Fagan) was seconded to Programme Director Unplanned and Emergency Care at Southport & Ormskirk NHS Trust.

The chief nurse position was taken up on an interim basis by Jane Lunt, chief nurse from NHS Liverpool CCG, from 1 October 2019 until 31 December 2020. With effect from 1 January 2021 Chrissie Cooke took up the interim chief nurse position.

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	Real increase in pension lump sum at age 60	Total accrued pension at age 60 at 31 March 2020	Lump sum at age 60 related to accrued pension at 31 March 2021	Cash equivalent transfer value at 1 April 2020	Cash equivalent transfer value at 1 April 2021	Real increase in cash equivalent transfer value	Employers contribution to partnership pension
		(bands of £2,500)	(bands of £2,500)	(bands of £5,000)	(bands of £5,000)	£'000	£'000	£'000	£'000
Taylor FL	Chief Officer	0 - 2.5	-	65 - 70	175 - 180	1,408	47	1,498	-
McDowell M	Chief Finance Officer / Deputy Chief Officer	0 - 2.5	-	35 - 40	80 - 85	649	25	699	-
Lunt J	Interim Chief Nurse*	0 - 2.5	-	65 - 70	105 - 110	1,093	21	1,149	-
Cooke C	Interim Chief Nurse**	22.5 - 25	67.5 - 70	20 - 25	65 - 70	-	509	512	-

*Vacated post December 2020

**In post January 2021

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

All pension related benefits reflect the proportion of pension value at pension age compared to the employee contributions. Since there has only been contributions for a quarter of the year for the interim chief nurse this appears significantly larger than others.

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. https://www.nhsemployers.org/pay-pensions-and-reward/pensions/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 (or other allowable beneficiary'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

During 2020-21 the CCG has not made any payments for loss of office.

Payments to past members

During 2020-21 we have 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 mid-point of the banded remuneration of the highest paid director/member of the Governing Body in the financial year 2020-21 was £67,500 (2019-2020: £62,500).

This was 2.84 times (2019-20: 2.97) the median remuneration of the workforce, which was £23,729 (2019-2020: £21,039).

In 2020-21, no employees (2019-2020: 0) received remuneration in excess of the highest paid member of the Governing Body. Remuneration ranged from £0 to £5,000 (2019-2020: £0 to £5,000) to £65,000 to £70,000 (2019-2020: £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 and Formby CCG due to the joint management arrangements in place; this is in line with the Group Accounting Manual 2020-2021.

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. At the start of 2020-21 we performed an assessment of the impact of COVID-19 on our workforce and implemented working from home arrangements as required. Arrangements have been kept under review throughout the year.

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 of local groups of practices 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 regularly based on member's feedback

Staff numbers and costs subject to audit

At the end of March 2021 we employed 137 people (72 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	2,514	212	2,726
Social Security	681	-	681
Employer Contributions to NHS Pension Scheme	1,161	-	1,161
Apprenticeship Levy	10	-	10
Total	**4,366**	**212**	**4,578**

	Permanent	Other	Total
Administration and estates staff	42	5	47
Nursing, midwifery and health visiting staff	4	-	4
Scientific, therapeutic and technical staff	21	-	21
Total	**67**	**5**	**72**

Staff composition

	Governing Body	Very Senior Managers	Other employees	Total
Male	7	1	29	**37**
Female	2	1	97	**100**
Total	**9**	**2**	**126**	**137**

There are two 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. More information on equality and diversity can be found on page 73.
- We meet regularly to discuss business and performance, and to share ideas and innovation.
- 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 2020-21 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 2021, the latest available data, was 2.46%. 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. More information can be found on page 75.

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 2021 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 2020-21 the CCG spent £541k on consultancy services. The majority of this was incurred on consultancy services to develop the CCG's Transformation Plan, Continuing Healthcare project work and support to the COVID-19 response.

Off-payroll engagements longer than 6 months

For all off-payroll engagements as at 31 March 2021, 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	-
⌄ For between one and two years at the time of reporting	-
⌄ For between two and three years at the time of reporting	-
⌄ For between three and four years at the time of reporting	-
⌄ For four or more years at the time of reporting	1
Total number of existing engagements as of 31 March 2021	**1**

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 2020 and 31 March 2021, 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 2020 and 31 March 2021	-
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	-
⌄ Assessed as caught by IR35	-
⌄ Assessed as not caught by IR35	-
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	-

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 2020 and 31 March 2021:

	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.	12

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

There were no redundancy or exit costs for NHS South Sefton CCG during 2020-21

Analysis of Other Departures

There were no costs of other departures for NHS South Sefton CCG during 2020-21

Fiona Taylor
Accountable Officer
17 June 2021

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, fees and charges are included as notes in the financial statements of this report on page 148. An audit certificate and report is also included in this Annual Report at page 135.

Independent auditor's report to the members of the Governing Body of NHS South Sefton Clinical Commissioning Group

Report on the Audit of the Financial Statements

Opinion on financial statements

We have audited the financial statements of NHS South Sefton Clinical Commissioning Group (the 'CCG') for the year ended 31 March 2021, 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 accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 15 of the National Health Service Act 2006, as amended by the Health and Social Care Act 2012 and interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2020 to 2021.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the CCG as at 31 March 2021 and of its expenditure and income for the year then ended;
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2020 to 2021; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006, as amended by the Health and Social Care Act 2012.

Basis for opinion

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

Conclusions relating to going concern

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

In our evaluation of the Accountable Officer's conclusions, and in accordance with the expectation set out within the Department of Health and Social Care Group Accounting Manual 2020 to 2021 that the CCG's financial statements shall be prepared on a going concern basis, we considered the inherent risks associated with the continuation of services currently provided by the CCG In doing so we have had regard to the guidance provided in Practice Note 10 Audit of financial statements and regularity of public sector bodies in the United Kingdom (Revised 2020) on the application of ISA (UK) 570 Going Concern to public sector entities. We assessed the reasonableness of the basis of preparation used by the CCG and the CCG's disclosures over the going concern period.

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

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

The responsibilities of the Accountable Officer with respect to going concern are described in the 'Responsibilities of the Accountable Officer and Those Charged with Governance for the financial statements' section of this report.

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

We have nothing to report in this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion, based on the work undertaken in the course of the audit:

- the parts of the Remuneration and Staff Report to be audited have been properly prepared in accordance with international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 15 of the National Health Service Act 2006, as amended by the Health and Social Care Act 2012 and interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2020 to 2021; and
- based on the work undertaken in the course of the audit of the financial statements and our knowledge of the CCG, 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 of income and expenditure required by the Code of Audit Practice

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

Matters on which we are required to report by exception

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

- we issue a report in the public interest under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit; or
- we refer a matter to the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the CCG, or an officer of the CCG, is about to make, or has made, a decision which involves or would involve the body incurring unlawful

expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or

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

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

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

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

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

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

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.

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. Owing to the inherent limitations of an audit, there is an unavoidable risk that material misstatements in the financial statements may not be detected, even though the audit is properly planned and performed in accordance with the ISAs (UK).

The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the CCG and determined that the most significant which are directly relevant to specific assertions in the financial statements are those related to the reporting frameworks (international accounting standards and the National Health Service Act 2006, as amended by the Health and Social Care Act 2012 and interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2020 to 2021).
- We enquired of management and the Audit Committee, concerning the CCG's policies and procedures relating to:
  - the identification, evaluation and compliance with laws and regulations;

  - the detection and response to the risks of fraud; and
  - the establishment of internal controls to mitigate risks related to fraud or non-compliance with laws and regulations.
- We enquired of management and the Audit Committee, whether they were aware of any instances of non-compliance with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud.
- We assessed the susceptibility of the CCG's financial statements to material misstatement, including how fraud might occur, by evaluating management's incentives and opportunities for manipulation of the financial statements. This included the evaluation of the risk of management override of controls. We determined that the principal risks were in relation to:
  - unusual journals made during the year and after the draft accounts stage
  - accounting estimates and critical judgements made by management
- Our audit procedures involved:
  - evaluation of the design effectiveness of controls that management has in place to prevent and detect fraud;
  - journal entry testing, with a focus on journals that were unusual and high-risk journals,;
  - challenging assumptions and judgements made by management in its significant accounting estimates in respect of prescribing accruals;
  - assessing the extent of compliance with the relevant laws and regulations as part of our procedures on the related financial statement item.
- These audit procedures were designed to provide reasonable assurance that the financial statements were free from fraud or error. However, detecting irregularities that result from fraud is inherently more difficult than detecting those that result from error, as those irregularities that result from fraud may involve collusion, deliberate concealment, forgery or intentional misrepresentations. Also, the further removed non-compliance with laws and regulations is from events and transactions reflected in the financial statements, the less likely we would become aware of it.
- The team communications in respect of potential non-compliance with relevant laws and regulations, including the potential for fraud in revenue and/or expenditure recognition, and the significant accounting estimates related to prescribing accruals.
- Assessment of the appropriateness of the collective competence and capabilities of the engagement team included consideration of the engagement team's:
  - understanding of, and practical experience with audit engagements of a similar nature and complexity through appropriate training and participation
  - knowledge of the health sector and economy in which the CCG operates
  - understanding of the legal and regulatory requirements specific to the CCG including:
    - the provisions of the applicable legislation
    - NHS England's rules and related guidance
    - the applicable statutory provisions.
- In assessing the potential risks of material misstatement, we obtained an understanding of:
  - the CCG's operations, including the nature of its operating revenue and expenditure and its services and of its objectives and strategies to understand the classes of transactions, account balances, expected financial statement disclosures and business risks that may result in risks of material misstatement.
  - the CCG's control environment, including the policies and procedures implemented by the CCG to ensure compliance with the requirements of the financial reporting framework.

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

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

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the CCG has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2021.

Our work on the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources is not yet complete. The outcome of our work will be reported in our commentary on the CCG's arrangements in our Auditor's Annual Report. If we identify any significant weaknesses in these arrangements, these will be reported by exception in our Audit Completion Certificate. We are satisfied that this work does not have a material effect on our opinion on the financial statements for the year ended 31 March 2021.

Responsibilities of the Accountable Officer

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

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

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

We undertake our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in April 2021. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

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

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

Report on other legal and regulatory requirements – Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate for the NHS South Sefton Clinical Commissioning Group for the year ended 31 March 2021 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice until we have completed our work on the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources.

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.

Georgia Jones, Key Audit Partner

for and on behalf of Grant Thornton UK LLP, Local Auditor

Liverpool

17 June 2021

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

In our auditor's report issued on 17th June 2021, we explained that we could not formally conclude the audit and issue an audit certificate for the CCG for the year ended 31 March 2021, in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice, until we had:

- Completed our work on the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources. We have now completed this work, and the results of our work are set out below.

Opinion on the financial statements

In our auditor's report for the year ended 31 March 2021 issued on 17th June 2021we reported that, in our opinion the financial statements:

- give a true and fair view of the financial position of the CCG as at 31 March 2021 and of its expenditure and income for the year then ended;
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2020 to 2021; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006, as amended by the Health and Social Care Act 2012.

No matters have come to our attention since that date that would have a material impact on the financial statements on which we gave this opinion.

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

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

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the CCG has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2021.

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

Responsibilities of the Accountable Officer

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

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

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

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in April 2021. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

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

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

Report on other legal and regulatory requirements – Audit certificate

We certify that we have completed the audit of NHS South Sefton Clinical Commissioning Group for the year ended 31 March 2021 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 audit certificate 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.

Georgia Jones

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

Liverpool

7 September 2021

Statement of Comprehensive Net Expenditure for the year ended 31 March 2021

	Note	2020-21 £'000	2019-20 £'000
Income from sale of goods and services	2	-	(2,872)
Total operating income		**-**	**(2,872)**
Staff costs	3	4,578	4,636
Purchase of goods and services	4	307,947	289,703
Depreciation and impairment charges	4	40	40
Other Operating Expenditure	4	152	239
Total operating expenditure		**312,716**	**294,618**
Net Operating Expenditure		**312,716**	**291,747**
Comprehensive Expenditure for the year		**312,716**	**291,747**

Statement of Financial Position as at 31 March 2021

	Note	2020-21 £'000	2019-20 £'000
Non-current assets:			
Property, plant and equipment	7	36	76
Total non-current assets		36	**76**
Current assets:			
Trade and other receivables	8	2,177	3,069
Cash and cash equivalents	9	59	16
Total current assets		**2,236**	3,085
Total assets		**2,272**	3,161
Current liabilities			
Trade and other payables	10	(24,259)	(16,595)
Total current liabilities		**(24,259)**	(16,595)
Assets less Liabilities		**(21,986)**	(13,434)
Financed by Taxpayers' Equity			
General fund		(21,986)	(13,434)
Total taxpayers' equity:		**(21,986)**	(13,434)

The notes on pages 148 - 177 form part of this statement.

The financial statements on pages 143 – 147 were approved by the Governing Body on 17 June 2021 and signed on its behalf by:

Fiona Taylor
Chief Accountable Officer
17 June 2021

Statement of Changes In Taxpayers Equity for the year ended 31 March 2021

	General fund £'000	Revaluation reserve £'000	Other reserves £'000	Total reserves £'000
Changes in taxpayers' equity for 2020-21				
Balance at 01 April 2020	(13,434)	-	-	**(13,434)**
Transfer between reserves in respect of assets transferred from closed NHS bodies	-	-	-	**-**
Adjusted NHS Clinical Commissioning Group balance at 31 March 2021	**(13,434)**	**-**	**-**	**(13,434)**
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2020-21				
Net operating expenditure for the financial year	(312,716)			**(312,716)**
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial Year	**(312,716)**	**-**	**-**	**(312,716)**
Net funding	304,163	-	-	**304,163**
Balance at 31 March 2021	**(21,986)**	**-**	**-**	**(21,986)**

	General fund £'000	Revaluation reserve £'000	Other reserves £'000	Total reserves £'000
Changes in taxpayers' equity for 2019-20				
Balance at 01 April 2019	(10,694)	-	-	**(10,694)**
Transfer of assets and liabilities from closed NHS bodies	-	-	-	**-**
Adjusted NHS Clinical Commissioning Group balance at 31 March 2020	**(10,694)**	**-**	**-**	**(10,694)**
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2019-20				
Net operating costs for the financial year	(291,747)			(291,747)
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial Year	**(291,747)**	**-**	**-**	**(291,747)**
Net funding	289,007	-	-	289,007
Balance at 31 March 2020	**(13,434)**	**-**	**-**	**(13,434)**

Statement of Cash Flows for the year ended 31 March 2021

	Note	2020-21 £'000	2019-20 £'000
Cash Flows from Operating Activities			
Net operating expenditure for the financial year		(312,716)	(291,747)
Depreciation and amortisation	4	40	40
(Increase)/decrease in trade & other receivables	8	892	640
Increase/(decrease) in trade & other payables	10	7,664	1,939
Net Cash Inflow (Outflow) from Operating Activities		**(304,119)**	(289,128)
Cash Flows from Investing Activities			
(Payments) for property, plant and equipment		-	-
Net Cash Inflow (Outflow) from Investing Activities		**-**	-
Net Cash Inflow (Outflow) before Financing		**(304,119)**	(289,128)
Cash Flows from Financing Activities			
Grant in Aid Funding Received		304,163	289,007
Net Cash Inflow (Outflow) from Financing Activities		**304,163**	289,007
Net Increase (Decrease) in Cash & Cash Equivalents	9	**44**	(120)
Cash & Cash Equivalents at the Beginning of the Financial Year		**16**	136
Effect of exchange rate changes on the balance of cash and cash equivalents held in foreign currencies		-	-
Cash & Cash Equivalents (including bank overdrafts) at the End of the Financial Year		**59**	16

The notes on pages 148 – 177 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 2020-21 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.

Integration and innovation: working together to improve health and social care for all, issued by the Department for Health and Social Care and subject to Parliamentary Review, plans that legislative proposals for Integrated Care Systems to begin to be implemented in 2022.

More information can be found here: https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version

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.

As the proposals of the Integrated Care System will continue to provide the services currently undertaken by the clinical commissioning group, the basis of going concern is applicable.

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 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

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

- As per paragraph 121 of the Standard the 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.

The main source of funding for the Clinical Commissioning Group is from NHS England. This is drawn down and credited to the general fund. Funding is recognised in the period in which it is received.

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

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

Payment terms are standard reflecting cross government principles.

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

1.6 Employee Benefits

1.6.1 Short-term Employee Benefits

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

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

1.6.2 Retirement Benefit Costs

Past and present employees are covered by the provisions of the NHS Pensions Schemes. These schemes are unfunded, defined benefit schemes that cover NHS employers, General Practices and other bodies allowed under the direction of the Secretary of State in England and Wales. The schemes are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the schemes are accounted for as if they were a defined contribution scheme; the cost recognised in these accounts represents the contributions payable for the year. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the 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 and, where capitalised in accordance with IAS 23, borrowing costs. 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. 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 the shorter of the lease term and the estimated useful life, unless the clinical commissioning group expects to acquire the asset at the end of the lease term, in which case the asset is depreciated in the same manner as for owned assets.

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 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.

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. Cash, bank and overdraft balances are recorded at current values.

1.12 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.

1.13 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.

1.14 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.

1.14.1 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.

1.14.2 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.

1.14.3 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.

1.14.4 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, Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's lengths bodies and NHS bodies and the clinical commissioning group does not recognise allowances for stage 1 or stage 2 impairments against these bodies.

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

1.15 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 extinguished – that is, the obligation has been discharged or cancelled or has expired.

1.15.1 Financial Guarantee Contract Liabilities

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

- The premium received (or imputed) for entering into the guarantee less cumulative amortisation; and,
- The amount of the obligation under the contract, as determined in accordance with IAS 37: Provisions, Contingent Liabilities and Contingent Assets.

1.15.2 Financial Liabilities at Fair Value through Profit and Loss

Derivatives that are liabilities are subsequently measured at fair value through profit or loss. Embedded derivatives that are not part of a hybrid contract containing a host that is an asset within the scope of IFRS 9 are separately accounted for as derivatives only if their economic characteristics and risks are not closely related to those of their host contracts, a separate instrument with the same terms would meet the definition of a derivative, and the hybrid contract is not itself measured at fair value through the clinical commissioning group's surplus/deficit. The net gain or loss incorporates any interest payable on the financial liability.

1.15.3 Other Financial Liabilities

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

1.16 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

There have been no significant judgements made by management in the process of applying the clinical commissioning group's accounting policies.

1.18.2 Sources of estimation uncertainty

There are no assumptions made 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.

1.19 Accounting Standards That Have Been Issued but Have Not Yet Been Adopted

The Department of Health and Social Care GAM does not require the following IFRS Standards and Interpretations to be applied in 2020-21. These Standards are still subject to HM Treasury FReM adoption.

- IFRS 16 Leases – The Standard is effective 1 April 2022 as adapted and interpreted by the FReM. Due to the need to reassess lease calculations, together with uncertainty on expected leasing activity from 1 April 2022 and beyond, a quantification of the expected impact of applying the standard in 2022-23 is currently impractical. However, the clinical commissioning group does expect this standard to have a material impact on non-current assets, liabilities, and depreciation.

- IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2023, but not yet adopted by the FReM: early adoption is not therefore permitted.

2. Other Operating Revenue

	2020-21 Total £'000	2019-20 Total £'000
Income from sale of goods and services (contracts)		
Education, training and research	-	7
Non-patient care services to other bodies	-	2,033
Prescription fees and charges	-	146
Other Contract income	-	687
Total Income from sale of goods and services	-	2,872
Total Operating Income	-	2,872

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)

No income for 2020-21, 2019-20 for comparative purposes.

Total 2019-20	Education, training and research	Non-patient care services to other bodies	Prescription fees and charges	Other Contract income
	£'000	£'000	£'000	£'000
Source of Revenue				
NHS	-	898	-	-
Non NHS	4	-	87	120
Total	**4**	**898**	**87**	**120**

	Education, training and research	Non-patient care services to other bodies	Prescription fees and charges	Other Contract income
	£'000	£'000	£'000	£'000
Timing of Revenue				
Point in time	4	898	87	120
Over time	-	-	-	-
Total	**4**	**898**	**87**	**120**

4. Employee benefits and staff numbers

4.1 Employee benefits

	Total		2020-21
	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	**2,514**	**212**	**2,725**
Social security costs	**681**	**-**	**681**
Employer Contributions to NHS Pension scheme	**1,161**	**-**	**1,161**
Apprenticeship Levy	**10**	**-**	**10**
Gross employee benefits expenditure	4,366	212	4,578
Less recoveries in respect of employee benefits	-	-	-
Total - Net admin employee benefits including capitalised costs	4,366	212	4,578
Less: Employee costs capitalised	-	-	-
Net employee benefits excluding capitalised costs	4,366	212	4,578

	Total		2019-20
	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	2,635	352	2,987
Social security costs	606	-	606
Employer Contributions to NHS Pension scheme	1,027	-	1,027
Other pension costs	1	-	1
Apprenticeship Levy	15	-	15
Gross employee benefits expenditure	4,284	352	4,636
Less recoveries in respect of employee benefits	-	-	-
Total - Net admin employee benefits including capitalised costs	4,284	352	4,636
Less: Employee costs capitalised	-	-	-
Net employee benefits excluding capitalised costs	4,284	352	4,636

4.2 Average number of people employed

	2020-21			2019-20		
	Permanently employed Number	Other Number	Total Number	Permanently employed Number	Other Number	Total Number
Total	**67.00**	**5.00**	**72.00**	**64.00**	**4.00**	**68.00**
Of the above:						
Number of whole time equivalent people engaged on capital projects	**-**	**-**	**-**	**-**	**-**	**-**

Please see pages128 of the annual report for further information on staff costs

4.3 Ill Health Retirements

NHS Pensions have advised of one ill health retirement associated with the CCG in 2020-21, costs of £0.053m are carried in the books of NHS Pensions. (2019-20: 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.

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 each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

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

The employer contribution rate for NHS Pensions increased from 14.3% to 20.6% from 1 April 2019. From 2019-20, NHS CCGs continued to pay over contributions at the former rate with the additional amount being paid by NHS England on CCGs behalf. The full cost and related funding has been recognised in these accounts.

4.4.1 Accounting Valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2021, is based on valuation data as 31 March 2020, updated to 31 March 2021 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

4.4.2 Full actuarial (funding) valuation

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

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

The Government subsequently announced in July 2020 that the pause had been lifted, and so the cost control element of the 2016 valuations could be completed. The Government has set out that the costs of remedy of the discrimination will be included in this process. HMT valuation directions will set out the technical detail of how the costs of remedy will be included in the valuation process.

The Government has also confirmed that the Government Actuary is reviewing the cost control mechanism (as was originally announced in 2018). The review will assess whether the cost control mechanism is working in line with original government objectives and reported to Government in April 2021. The findings of this review will not impact the 2016 valuations, with the aim for any changes to the cost cap mechanism to be made in time for the completion of the 2020 actuarial valuations.

5. Operating expenses

	2020-21 Total £'000	2019-20 Total £'000
Purchase of goods and services		
Services from other CCGs and NHS England	1,482	1,615
Services from foundation trusts	179,832	169,851
Services from other NHS trusts	17,651	22,237
Service from other WGA bodies	6	-
Purchase of healthcare from non-NHS bodies	44,812	38,942
Purchase of social care	669	-
Prescribing costs	32,599	28,088
General Ophthalmic services	36	34
GPMS/APMS and PCTMS	24,120	22,852
Supplies and services – clinical	369	519
Supplies and services – general	982	1,753
Consultancy services	470	518
Establishment	2,888	2,422
Premises	1,378	430
Audit fees*	61	48
Other non-statutory audit expenditure		
· Internal audit services**	31	15
· Other services***	22	-
Other professional fees	473	308
Education, training and conferences	66	71
Total Purchase of goods and services	**307,947**	**289,703**
Depreciation and impairment charges		
Depreciation	40	40
Total Depreciation and impairment charges	**40**	**40**
Other Operating Expenditure		
Chair and Non-Executive Members	149	154
Other expenditure	3	85
Total Other Operating Expenditure	**152**	**239**
Total operating expenditure	**308,138**	**289,982**

*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).

Within the 2020-21 value there is a residual 2019-20 audit fee charge of £2,400.

**Internal audit services during the year were provided by Mersey Internal Audit Agency and hosted by The Royal Liverpool & Broadgreen University Hospitals NHS Trust. This transferred to Liverpool University Hospitals NHS Foundation Trust following the Royal Liverpool & Broadgreen University Hospitals NHS Trust merger with Aintree University Hospitals NHS Foundation Trust.

***£12,000 relates to Mental Health Investment Standard (MHIS) external audit charges and £10,000 for a review undertaken by internal auditors.

6. Better Payment Practice Code

Measure of compliance	2020-21 Number	2020-21 £'000	2019-20 Number	2019-20 £'000
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the Year	5,469	72,598	6,461	63,657
Total Non-NHS Trade Invoices paid within target	5,334	70,471	6,268	61,789
Percentage of Non-NHS Trade invoices paid within target	**97.53%**	**97.07%**	**97.01%**	**97.07%**
NHS Payables				
Total NHS Trade Invoices Paid in the Year	1,100	203,140	2,115	198,694
Total NHS Trade Invoices Paid within target	1,058	203,198	2,068	198,207
Percentage of NHS Trade Invoices paid within target	**96.18%**	**100.03%**	**97.78%**	**99.75%**

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%.

Percentages are calculated by taking the total number / value of paid invoices / credit notes and dividing this by the total number / value payable. Due to credit notes reducing the total value payable it is possible to result in a percentage greater than 100% when there are credit notes that have not been processed for ‘payment’.

7. Operating Leases

7.1 As lessee

7.1.1 Payments recognised as an Expense

	2020-21				2019-20			
	Land £'000	Buildings £'000	Other £'000	Total £'000	Land £'000	Buildings £'000	Other £'000	Total £'000
Payments recognised as an expense								
Minimum lease payments	-	410	-	**410**	-	138	-	**138**
Total	**-**	**410**	**-**	**410**	**-**	**138**	**-**	**138**

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 6.1.1 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

2020-21	Plant & machinery £'000	Information technology £'000	Total £'000
Cost or valuation at 01 April 2020	74	212	286
Additions purchased	-	-	-
Cost/Valuation at 31 March 2021	**74**	**212**	**286**
Depreciation 01 April 2020	74	136	210
Charged during the year	-	40	40
Depreciation at 31 March 2021	**74**	**176**	**250**
Net Book Value at 31 March 2021	**-**	**36**	**36**
Purchased	-	36	36
Total at 31 March 2021	**-**	**36**	**36**

8.1 Economic lives

	Minimum Life (years)	Maximum Life (Years)
Plant & machinery	1	4
Information technology	1	4

9. Trade and other receivables

	Current 2020-21 £'000	Current 2019-20 £'000
NHS receivables: Revenue	892	1,296
NHS Prepayment	39	-
NHS accrued income	152	751
NHS Non Contract trade receivable (i.e pass through funding)	242	-
Non-NHS and Other WGA receivables: Revenue	480	224
Non-NHS and Other WGA prepayments	10	420
Non-NHS and Other WGA accrued income	253	325
Non-NHS and Other WGA Non Contract trade receivable (i.e pass through funding)	8	-
Expected credit loss allowance-receivables	-	(9)
VAT	51	29
Other receivables and accruals	50	32
Total Trade & other receivables	**2,177**	**3,069**
Included above:		
Prepaid pensions contributions	**-**	**-**

There were no non-current receivables in 2020-21 (2019-20: Nil)

9.1 Receivables past their due date but not impaired

	2020-21 DHSC Group Bodies £'000	2020-21 Non DHSC Group Bodies £'000	2019-20 DHSC Group Bodies £'000	2019-20 Non DHSC Group Bodies £'000
By up to three months	222	411	588	186
By three to six months	4	13	22	8
By more than six months	15	80	60	21
Total	**241**	**504**	**670**	**215**

10. Cash and cash equivalents

	2020-21 £'000	2019-20 £'000
Balance at 01 April 2020	16	136
Net change in year	43	(120)
Balance at 31 March 2021	**59**	**16**
Made up of:		
Cash with the Government Banking Service	59	16
Cash in hand	0	0
Cash and cash equivalents as in statement of financial position	**59**	**16**
Balance at 31 March 2021	**59**	**16**
Patients' money held by the clinical commissioning group, not included above	-	-

11. Trade and other payables

	Current 2020-21 £'000	Current 2019-20 £'000
NHS payables: Revenue	1,019	2,285
NHS accruals	329	39
NHS deferred income	-	1
Non-NHS and Other WGA payables: Revenue	3,560	4,560
Non-NHS and Other WGA accruals	5,242	4,341
Non-NHS and Other WGA deferred income	-	105
Social security costs	-	96
Tax	(8)	78
Payments received on account	14,117	5,088
Total Trade & Other Payables	**24,259**	**16,595**

There were no non-current payables in 2020-21 (2019-20: Nil)

12. Clinical Negligence Costs

The value of provisions carried in the books of NHS Resolution in regard to CNST claims as at 31 March 2021 was £9.1m. (2019-20: £9.9m – this has been confirmed by NHS Resolution during 2020-21 and therefore was not included in the 2019-20 financial statements).

13. Financial instruments

13.1 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.

13.2 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.

13.2.1 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.

13.2.2 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.

13.2.3 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.

13.2.4 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.

14. Financial assets

	Financial Assets measured at amortised cost 2020-21 £'000	Equity Instruments designated at FVOCI 2020-21 £'000	Total 2020-21 £'000
Trade and other receivables with NHSE bodies	1,004		1,004
Trade and other receivables with other DHSC group bodies	221		221
Trade and other receivables with external bodies	852		852
Cash and cash equivalents	59		59
Total at 31 March 2021	**2,136**	**-**	**2,136**

14.1 Financial liabilities

	Financial Liabilities measured at amortised cost 2020-21 £'000	Other 2020-21 £'000	Total 2020-21 £'000
Trade and other payables with NHSE bodies	9		**9**
Trade and other payables with other DHSC group bodies	1,816		**1,816**
Trade and other payables with external Bodies	22,442		**22,442**
Total at 31 March 2021	**24,267**	**-**	**24,267**

15. Operating segments

	Gross expenditure	Income	Net expenditure	Total assets	Total liabilities	Net assets
	£'000	£'000	£'000	£'000	£'000	£'000
Commissioning of Healthcare Services	312,716	-	**312,716**	2,272	(24,259)	(21,986)
Total	**312,716**	**-**	**312,716**	**2,272**	**(24,259)**	**(21,986)**

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.

16. Related party transactions

Details of related party transactions with individuals are as follows:

Name	CCG Role	Related Party	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
			£'000	£'000	£'000	£'000
Dr Craig Gillespie	Chair & GP Clinical Director	Blundellsands Surgery	34	757	36	129
Dr Peter Chamberlain	GP Clinical Director	Westway Medical Centre	17	-	-	-
Dr Gina Halstead	GP Clinical Director	Concept House Surgery	901	-	16	-
Dr Sunil Sapre	GP Clinical Director	Maghull Health Centre	1,128	-	-1	-

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 Resolution, 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.

17. Events after the reporting period

As at 31 March 2021 the Department of Health have signalled an intention to enact legalisation requiring re-structuring of the NHS and CCGs in particular. All health partners in the future ICS will need to collaborate to ensure long term financial sustainability at the same time as improving clinical services for our populations. As at 31 March 2021 discussions are ongoing and preparation for organisational change is likely to take place during 2021-22.

18. Losses and Special Payments

18.1 Losses

There were no losses in 2020-21 (2019-20: Nil)

18.2 Special payments

	2020-21		2019-20	
	Total number of cases Number	**Total value of cases £'000**	Total number of cases Number	Total value of cases £'000
Ex Gratia Payments	1	3	-	-
Total	**1**	**3**	**-**	**-**

19. Pooled Budgets Better Care Fund

The Clinical Commissioning Group share of the income and expenditure handled by the pooled budget in relation to the Better Care Fund in the financial year were:

	2020-21 £'000	2019-20 £'000
Income	(15,247)	(14,709)
Expenditure	15,247	14,709
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 4 Operating Expenses.

20. 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:

	2020-21 Target	**2020-21 Performance**	2019-20 Target	2019-20 Performance
Expenditure not to exceed income	312,716	312,716	286,968	295,868
Capital resource use does not exceed the amount specified in Directions	-	-	-	-
Revenue resource use does not exceed the amount specified in Directions	312,716	312,716	282,847	291,747
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	3,203	3,127	3,545	3,344

At the end of the 2020-21 financial year, the CCG reported a break even position (2019-20 - £8.9 million deficit).

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