

Agenda Item: 10

Report to: Governing Body
 Date of meeting: 10/12/2020
 Date paper distributed: 03/12/2020
 Subject: EU Exit
 Presented by: Helen Kenyon, Chief Operating Officer
 Previously distributed to: N/A

STATUS OF THE REPORT <i>(auto check relevant box)</i>	
Decision required	<input type="checkbox"/>
For Discussion to give Assurance	<input type="checkbox"/> <i>(Only if requested by Committee member prior to meeting)</i>
For Information	<input checked="" type="checkbox"/>
Report Exempt from Public Disclosure	<input type="checkbox"/> No <input type="checkbox"/> Yes

PURPOSE OF REPORT:	To update the governing body on the current guidance being issued by NHS England for health and social care organisations ahead of the end of the transition period on 31 st December 2020
Recommendations:	For the Governing Body to note the work taking place to ensure that the CCG and NEL system partners are prepared for the EU Exit
Clinical Engagement	<i>(where appropriate)</i>
Patient/Public Engagement	<i>(where appropriate – how has the NEL Commitment been implemented)</i>
Committee Process and Assurance:	

Link to CCG's Priorities	<ul style="list-style-type: none"> • Sustainable services <input type="checkbox"/> • Empowering people <input type="checkbox"/> 	<ul style="list-style-type: none"> • Supporting communities <input type="checkbox"/> • Fit for purpose organisation <input checked="" type="checkbox"/>
Are there any specific and/or overt risks relating to one or more of the following areas?	<ul style="list-style-type: none"> • Legal <input type="checkbox"/> • Finance <input type="checkbox"/> • Quality <input type="checkbox"/> • Equality analysis (and Due Regard Duty) <input type="checkbox"/> 	<ul style="list-style-type: none"> • Data protection <input type="checkbox"/> • Performance <input type="checkbox"/> • Other <input type="checkbox"/>

Provide a summary of the identified risk

If the system does not appropriately prepare for the Exit from the EU from 2021, then there could be an impact on its ability to continue to deliver the Health and care services required for the population

Executive Summary

EU Exit

In September 2020, NHS England re-started engagement with Category 1 and 2 providers through existing Emergency Planning Routes to support planning for the end of the “Transition Period” on 31st December, at which point the current rules on trade, travel, freedom of movement and business will end. Discussion and talks are still ongoing as to what happens at the end of the transition period (for example, whether or not a “deal” can be struck on various trade issues and rules); however the current planning assumption remains that the UK will not be able to agree a deal by the end of the transition period.

Recent communications with NHS England as follows:

Communication	Content	What we have done so far	What we need to do next
Letter dated 22/07/2019 from Keith Willet Strategic Commander for NHS England	NHS to continue to prepare for every EU Exit scenario including no deal. Ensure EU Exit SRO is in place and that organizations have plans in place to continue functioning and safely delivering patient care.	Assurance exercise completed with all providers including adult social care in January 2019 and refreshed in September and October 2019. 2 workshops for providers and tabletop exercises completed (one for North East Lincolnshire one for the South Bank). NELCCG also assisted with North Bank exercise at the request of ADASS.	Local assurance showed that providers were well prepared and that low numbers of EU nationals didn't present a risk in that respect. Medical supplies, medicines and devices being dealt with mostly at national level.
Letter dated 16/09/2019 from Keith Willet Strategic Commander for NHS England	Request for identification of EU Exit SRO and contact details	Replied naming Helen Kenyon as SRO and on-call details provided NB. under the Union arrangements Helen role Isaacs is taking a lead role on behalf on both organizations reporting into the union leadership team and therefore CCG via that route.	N/A
EU Exit System Stand Up letter 04/11/2020	Continue to prepare for no deal at the end of the transition period, raise all issues with EU Exit SRO first with ability to escalate to regional NHS Teams, GP practices to escalate issues to commissioner.	CCG already is able to be contacted 24/7 due to existing on-call arrangements. On-call inbox already established for all guidance routes with direct reporting to EU Exit SRO as required.	None

	Announcement of EU Exit webinars		
Operational Response Webinar 04/11/2020	Update on the work taking place at national level across and requirements locally. Headlines noted below.	Prior to slides being released, briefing provided to emergency planning leads of content on 6 th November and shared with emergency planning group representatives. Briefing provided at Union EU Exit Group. Department of Health and Social Care released lists.	None.
Medicines Supply continuity DHSC update 30/11/2020	Confirmation of work being taken by DHSC to ensure continuity of supply	Shared with emergency planning colleagues and primary care	None.
Request for assurance return completion 30/11/2020	Request for assurance return to be completed by all acute trusts and CCG's. CCG's to complete the return on behalf of themselves and their commissioned providers including CIC's, Independent Sector and Primary Care.	Copy of return sent out to Care Plus Group, NAVIGO, St Andrews Hospice, St Hughs, Freshney Pelham Care and Primary Care Practices. Primary Care practices were given a scaled down version of the queries more appropriate for them.	Discussions currently being had on the most appropriate way of supporting and gaining assurance from adult social care sector.

Headlines from 4th November Webinar

- ▶ Negotiations continue but NHS being told to prepare for “default outcome”
- ▶ Revisit the Operational Guidance Requirements.
- ▶ Don't create new plans “just for Brexit”. Rely on existing plans for shortages in supply and workforce – review and ensure they are fit for purpose
- ▶ Reporting will be aligned with Covid-19 and winter reporting using existing mechanisms. EUX SITREP “stitched in” to other reporting. For this reason ensure the workforce/team dealing with all of this is well resourced and resilient.
- ▶ Existing routes of escalation to be utilised e.g. National Supply Disruption Response for PPE and Severe Supply Shortage for Medicines.
- ▶ Revisit existing EPRR plans and BCP's.
- ▶ Ensure you have route for keeping your Board aware of issues
- ▶ “Walk the floor” – providers ought to “walk the floor” of their organisation and look at the different components required to run the service, and audit whether or not any problems are flagged up. For example, an acute trust provider “walking the floor” and finding that their lift providers are based in the EU.

Supply

- The vast amount of supply work is being managed nationally and two lists of suppliers have been released by NHS England and the Department of Health and social care that do not need to be approached by individual organizations as these are being engaged centrally. These are lists of:

- Annex A – Non-clinical goods and services
 - Annex B – medical devices and clinical consumables.
- 6 week buffer is being maintained on medicines and fast moving consumables.
 - Organisations should not stockpile and should not write longer prescriptions. Confirmed in recent letter on medicines on 30th November. This letter sets out the different workstreams already underway including securing air freight for short shelf life medicines and RoRo capacity for alternative freight routes.
 - Local systems should work together on shortages of vaccines.

Other

- Blood and transplant should be treated as normal and communications being developed to encourage blood donation
- Organisations should continue to recruit to clinical trials.
- Organisations should review data flows and storage (part of November assurance sent out to providers)
- Primary care practices should ensure they understand their escalation routes, prescribe and dispense as normal, sign up to CAS alerts and register patients as normal.
- From January 2021, all medical devices placed on the UK market will need to be registered with MHRA and certificates issued by EU recognized notified bodies will continue to be valid until 30th June 2023.

Workforce

The assurance work we completed in January and September/October 2019 was useful in showing us that the number of EU nationals employed in our health and social care system in North East Lincolnshire is very low; and where applicable organisations were promoting the use of the settlement scheme. This will be revisited in the November assurance work.

Blockages at Ports

Previously, the reasonable worst case scenario revolved around the possibility of 40-70% of trucks not being ready for the new border controls, which has been recently revised to 30-50% given that more time has been allowed for preparedness following the extensions to the exit date.

It is likely that disruption would initially be for the first two weeks, and there could be a significant drop and improvement in flow within 3 months.

Covid and winter illness might also suppress freight demand, which could limit traffic disruption, but absenteeism among port or border staff could impact fluidity.

Plans are being reviewed at LRF level, but its increasingly unlikely that “stack” plans will be invoked.

What do we have to do now?

- Establish reliable communication and escalation routes for providers - we have already established these and have close working relationships which have improved through Covid-19
- Situation reporting – we now have far more reliable to allow for early detection of issues in primary care through RAIDR and adult social care through the Capacity Tracker.
- November assurance work - this is currently being completed.
- Review of vaccine contingency arrangements (outside of Covid-19 and Flu) to ascertain whether there are any gaps.
- Review business continuity arrangements – a recent review across CCG and all health and social care partners has ensured we are in a good place to manage for EU Exit disruption.

Attached

- EU Exit medication letter 30th November
- Slides from local Emergency Planning Group attended by health and social care organisations and chaired by the CCG. See slides 6-11