

CCG Board

Date of meeting		28 March 2019	
Agenda Item	13	Paper No	WHCCG19/028

EU Exit Update

Key issues	<p>In early December 2018, the Secretary of State for Health and Social Care issued information on the Government's revised border planning assumptions to industry and the health and care system. The letters focused on supply chain implications in the event that the United Kingdom (UK) leaves the European Union (EU) without a ratified agreement on 29 March 2019 – a 'no deal' exit.</p> <p>Local Resilience Forums (LRFs) including the NHS have agreed, at the date of writing this paper (15 March 2019), to continue to prepare for a no deal.</p> <p>To inform preparations, an EU Exit Operational Readiness Guidance has been developed and agreed with NHS England and NHS Improvement. This guidance sets out the local actions that providers and commissioners of health and adult social care services in England should take to prepare for EU Exit.</p> <p>This report outlines the national and locally identified risks and the key actions the CCGs are taking in the planning process with links to wider health and multi-agency partners.</p>
Actions requested / Recommendation	The Board is asked to receive and review the CCG's risk assessment report in preparation for the exit of the UK from the EU
Principal risk(s) relating to this paper	<ol style="list-style-type: none"> 1. Shortages of critical pharmaceutical products due to increased time for imports to clear customs 2. Shortages of critical medical equipment due to increased time for imports to clear customs 3. Shortages of critical consumables due to increased time for imports to clear customs 4. Expectation that health and care staff leave around exit day 5. Cessation of Reciprocal Healthcare 6. The EU rules covering clinical trials will no longer apply 7. Electronic data which is held on EU servers may be inaccessible due to non-compliance with the General Data Protection Regulation.

Other committees / groups where evidence supporting this paper has been considered.	Partnership Board (Hampshire Partnership CCGs) Portsmouth CCG Governing Body
Financial and resource implications / impact	Increase in cost to medications and clinical consumables passed onto CCG's by providers.
Legal implications / impact	Emergency Preparedness, Resilience and Response (EPRR) is a statutory responsibility of the CCG under the Civil Contingencies Act 2004.
Public involvement – activity taken or planned	The communications team are involved in health messaging through the Local Resilience Forum Media Cell and will advise the public accordingly.
Equality and Diversity – implications / impact	This paper does not request decisions which impact on equality and diversity.
Report Author	Tracy Davies, Associate Director Of Emergency Planning Resilience and Response for Portsmouth, Hampshire Partnership and West Hampshire CCGs.
Sponsoring Director	Heather Mitchell, Director of Strategy & Service Development
Date of paper	19 March 2019

EU Exit Update

1. Background

- 1.1 In early December 2018, the Secretary of State for Health and Social Care issued information on the Government's revised border planning assumptions to industry and the health and care system. The letters focused on supply chain implications in the event that the United Kingdom (UK) leaves the European Union (EU) without a ratified agreement on 29 March 2019 – a 'no deal' exit.
- 1.2 Delivering the deal remains the Government's top priority and is the best 'no deal' mitigation. But in line with the Government's principal operational focus on national 'no deal' planning, actions have been taken locally to manage the risks of a 'no deal' exit.
- 1.3 To inform preparations, an EU Exit Operational Readiness Guidance has been developed and agreed with NHS England (NHSE) and NHS Improvement (NHSI). This guidance sets out the local actions that providers and commissioners of health and adult social care services in England should take to prepare for EU Exit. This includes seven nationally identified risks:
1. Shortages of critical pharmaceutical products due to increased time for imports to clear customs
 2. Shortages of critical medical equipment due to increased time for imports to clear customs
 3. Shortages of critical consumables due to increased time for imports to clear customs
 4. Expectation that health and care staff leave around exit day
 5. Cessation of Reciprocal Healthcare
 6. The EU rules covering clinical trials will no longer apply
 7. Electronic data which is held on EU servers, may be inaccessible due to non-compliance with the General Data Protection Regulation (GDPR)
- 1.4 Local Resilience Forums (LRFs) including the NHS have agreed, at the date of writing this paper (15 March 2019) to continue to prepare for a no deal.

2. Local Hampshire Priorities

- 2.1 Both Portsmouth and South Eastern Hampshire CCG's are working with the Hampshire & Isle of Wight (HIOW) LRF on a local Portsmouth issue regarding transport around the Portsmouth International Ferry Port and potential of increased traffic of HGV's.
- 2.2 These include attendance at regular multi agency Tactical Coordinating Group teleconferences chaired by South Central Ambulance Service (SCAS).

2.3 Public messaging has now been drafted explaining preparations to mitigate any road disruption due to the increase in HGV traffic and customs delays at the Portsmouth International Port.

3. Multi-agency approach

3.1 Both NHSE and the CCG's are linked in to the HLOW LRF PAT (Partner Activation Teleconferences) and SCG's (Strategic Coordinating Groups) taking place weekly at present which will be the conduit into any information sharing regarding EU exit issues as they arise.

3.2 In the event that the EU Exit date is extended then the Local Resilience Forum meeting schedule would shift respectively returning to two-weekly SCG / PAT meetings until the end of May, weekly meetings in June and daily meetings starting on the new leave date in June.

4. Operational Guidance Timeframe

4.1 End Feb - Commissioners are supporting providers to test against EU risk assessment scenarios as supplied by NHSE/Public Health England. Both North East Hampshire and Farnham and Portsmouth health system workshops took place on 7 March. North and Mid and South West health systems have a session in the next A&E Delivery boards on 21 March and 11 April 2019.

4.2 The following are the key government dates for the EU Exit:

- 12 March – MP's voted against EU withdrawal agreement.
- 13 March – MPs voted to back an amendment rejecting a no-deal Brexit under any circumstances. MPs then voted to support the revised motion 'This House rejects the United Kingdom leaving the European Union without a Withdrawal Agreement and a Framework for the Future Relationship'. However, the legal default in both EU and UK law remains that the UK will leave without a deal on 29 March 2019 unless something else is agreed.
- 29 March 2019 23:00 on – remains current date the UK will leave European Union.

5. Key actions

5.1 CCG's agreed a Senior Responsible Officer (SRO) for EU Exit preparation and identify them to NHSE. This was agreed as Heather Mitchell, Director of Strategy and Service Development for West Hampshire CCG.

5.2 Leads were agreed for specific areas and the routes for escalation as different types of issues arise.

	West
Communications	Ellen McNicholas
Assurance / Finance / Data	Barbara Gregory
People	Sonia Weavers/Heather Mitchell
Medicines Management / Primary Care	Neil Hardy/Rachel King/ Jenny Irwin

5.3 We have ensured:

- a) HR teams supporting staff who are EU citizens on their applications for settlement status.
- b) Teams have reviewed business continuity plans and identifying staff that may have their commute disrupted by traffic issues at Portsmouth International Port and consider mitigating actions.
- c) Comms/Meds management teams fully engaged in order to promote to staff and patients the key messages regarding medication and appliances. Identified leads are aware and communicating regularly regarding issues as they arise.
- d) Commissioning Support Unit (CSU) involvement to ensure data sharing/processes and access to CCG and GP systems will not be disrupted by changes. The CSU are working with Information Asset Owners (IAOs) to ensure this piece of work progresses.
- e) Finance lead identified will separately track costs incurred by complying with guidance. At this stage the only cost has been staff time and costs incurred to attend meetings/exercises etc. This information is being collated.
- f) Review of annual leave, on call and command and control arrangements around 29 March. This will take place week beginning 18 March 2019.
- g) Linking with Primary Care teams to provide communications and support to practices, Federations/Alliance's and out of hours providers regarding their actions as detailed in Action card 1 of the Operational Guidance.

6. Risk Assessment

6.1 The full risk assessment is on Datix and details the seven key risks and the locally identified risks as applicable. At this stage there are no risks above 15. This is a risk of shortages in critical pharmaceutical products caused by the EU exit.

7. Conclusion

7.1 We would ask Governing Body to note the content of the paper. The risk register will continue to be updated as the situation progresses.

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