

Report to the NHS Somerset Clinical Commissioning Group on 31 March 2022

Title: Chief Executive's Report	Enclosure D
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Clinical Lead:	N/A
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Summary and Purpose of Paper

The paper sets out items of note arising since the last meeting which are relevant to NHS Somerset Clinical Commissioning Group and to its health service commissioning activity on behalf of the Somerset population.

Recommendations and next steps

The Governing Body is asked to **Note** the Chief Executive's report.

Impact Assessments – key issues identified

Equality	N/A			
Quality	N/A			
Privacy	N/A			
Engagement	N/A			
Financial / Resource	N/A			
Governance or Legal	N/A			
Risk Description	N/A			
Risk Rating	Consequence	Likelihood	RAG Rating	GBAF Ref
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CHIEF EXECUTIVE'S REPORT

1 INTRODUCTION

- 1.1 This report provides a summary of items of note arising during the period to 24 March 2022 and information on my activity during this period.

2 NATIONAL

Covid-19 pandemic

- 2.1 The COVID-19 Pandemic remains an NHS Level 4 incident with numbers now rising fast having initially dropped from a double peak earlier this year. The government issued their 'Living with Covid-19' guidance on 21 February which removed many of the legal restrictions around COVID. Public health measures including vaccination, ventilation and meeting outdoors, masks in busy or enclosed spaces and appropriate hand-washing are still being encouraged.

Change in target date for ICS implementation to 1 July 2022: next steps

- 2.2 A letter and accompanying documents were received on 3 March 2022 from Mark Cubbon, Chief Delivery Officer, NHSEI, setting out further details to support planning and preparations for the revised timeline of 1 July 2022 (copies attached).

3 LOCAL

Operational Pressures Escalation Level (OPEL)

- 3.1 OPEL shows the amount of pressure being experienced by hospital, community and emergency health services. OPEL Level 1 is the lowest level of pressure on the system. OPEL Level 4 is the highest.
- 3.2 As at 22 March 2022, the escalation level for the whole of Somerset was OPEL Level 4, described as:

Four-hour performance is not being delivered and patients are being cared for in overcrowded and congested department(s). Pressure in the local health and social care system continues and there is increased potential for patient care and safety to be compromised. Decisive action must be taken by the Local A&E Delivery Board to recover capacity and ensure patient safety. If pressure continues for more than 3 days an extraordinary AEDB meeting should be considered. All available local escalation

actions taken, external extensive support and intervention required. Regional teams in NHS E and NHS I will be aware of rising system pressure, providing additional support as deemed appropriate and agreed locally, and will be actively involved in conversations with the system. The Regional UEC Operations Leads will have an ongoing dialogue with the National UEC Ops Room providing assurance of whole system action and progress towards recovery. The key question to be answered is how the safety of the patients in corridors is being addressed, and actions are being taken to enable flow to reduce overcrowding. The expectation is that the situation within the hospital will be being managed by the hospital CEO or appropriate Board Director, and they will be on site. Where multiple systems in different parts of the country are declaring OPEL 4 for sustained periods of time and there is an impact across local and regional boundaries, national action may be considered.

Covid-19 vaccination programme

- 3.3 Somerset continues to provide an ongoing vaccination programme for first, second and booster doses. Access to the vaccine is for all ages from 5 years and upwards. The spring booster programme is now open for those aged 75 and over and for people who are immunocompromised.

Approval of TOPS Contract Award

- 3.4 At its Extraordinary Part B meeting on 27 January 2022, the Governing Body approved the recommendation to award a three year contract for Termination of Pregnancy Services to British Pregnancy Advisory Service (BPAS)

Minehead Minor Injury Unit (MIU)

- 3.5 At its Extraordinary Part B meeting on 17 February 2022, the Governing Body:
- approved the Somerset NHS Foundation Trust (SFT) recommendation to permanently reduce the Minehead MIU provision from 24 hours to a new opening of 0800-2100 hours
 - endorsed the Fit for My Future (FFMF) Board recommendation that Somerset CCG and SFT had met their statutory obligations to engage with the population regarding opening/closing times of Minehead MIU, and that further engagement/consultation relating to this was not required
 - endorsed the FFMF Board recommendations that:
 - the CCG and SWAST should undertake a further review of ambulance response times in West Somerset
 - SFT will continue to monitor the impact of the overnight Minehead MIU closure

- the communications programme should be strengthened to ensure that people understand the difference between what an MIU and an emergency department provides

Representing the CCG

3.6 I have represented the CCG at a variety of internal and external events, including the following meetings:-

- Meetings with Paul von der Heyde, Somerset ICS Chair
- Health and Wellbeing Board Workshop on JSNA
- Somerset System Gold Command Meetings
- South West System Leads Meeting (Recovery)
- Somerset CCG/BCS (The Chartered Institute for IT) Launch Event
- Meetings with Jonathan Higman, ICB Chief Executive Designate
- Refresh of Fit for My Future Workshop with Somerset County Council
- Meeting with Julian Wooster, Director of Children's Services, Somerset County Council
- Somerset ICS Executive Meetings
- South West System Leads Meetings (ICS Establishment)
- Avon & Somerset LRF COVID-19 Strategic Co-ordination Group Meetings
- COVID-19 System Leaders Update with NHSEI
- South West Regional Chief Executives Meetings
- Somerset: Risk Profile Meeting with ICS Development Team, NHSEI
- Leading for Inclusion Workshop 3 with NHSEI
- South West Regional Capital Planning 22/23 to 24/25 Webinar
- SEND Improvement Board Meetings
- Health and Wellbeing Executive Officers Meeting
- Extraordinary Fit for My Future Programme Board Meeting
- Elective Recovery Plan Webinar with NHSEI – South West & South East Regions
- Meeting with BNSSG re Health Weston Phase 2
- SVOC Gold Meeting
- Meeting with James Heapey MP
- ICS Board Meeting
- Somerset Covid-19 Engagement Board Meeting
- Fit for My Future Programme Board Meeting
- South West Regional People Board
- Meeting with Grant Thornton, Auditors
- Somerset Health and Wellbeing Board
- Somerset ICS Board Meeting
- CCG/LMC Liaison Meeting

24 March 2022



Official

Publication approval reference: B1423

Skipton House
80 London Road
London
SE1 6LH

To:

- Designate ICB CEOs and Chairs
- CCG Accountable Officers and Chairs

3 March 2022

Dear colleagues

Change in target date for ICS implementation to 1 July 2022: next steps

I am writing further to my letter of 24 December 2021 that confirmed the change in target date for ICS implementation outlined in the 2022/23 Priorities and Operational Planning Guidance. This letter and its annexes set out further details to support planning and preparations for the revised timeline.

We have been working closely with DHSC to ensure that our approach to preparing for the introduction of statutory ICS arrangements, including the establishment of Integrated Care Boards (ICBs) in every system, is aligned with the legislative process. The revised target date of 1 July was agreed based on DHSC's belief that the legislation will be in place, and that this date is operationally achievable. This remains the case, but the implementation of new statutory arrangements remains subject to the passage of the Bill through Parliamentary procedures.

We have now revised the milestones for preparatory activity and have issued an updated ICB establishment timeline that reflects the new target date. This can be found on the [FutureNHS platform](#). Thank you to colleagues who have helped inform these revised plans that support the practical actions to prepare for the new arrangements.

Until the commencement of the future statutory arrangements:

- CCGs will remain in place as statutory organisations. They will retain all existing duties and functions and will conduct their business (continuing to work collaboratively in cases where there are multiple CCGs within an ICS footprint) through existing governing bodies.
- CCG leaders are asked to continue working closely with designate ICB leaders on key decisions that will affect the future ICB, notably planning, commissioning and contracting.
- NHS England and NHS Improvement (NHSEI) will retain all direct commissioning responsibilities (other than those already delegated to CCGs).

During this transition period we need to be able to operate under the existing statutory framework while making effective and appropriate preparation for the

legislative changes. In Annex 1 to this letter we provide a short summary of key elements of the transition activity, including:

- Assurance of progress to establish statutory ICBs in every system
- Supporting the revised timing for people change as teams move into new organisations and as new leadership teams are established
- Arrangements for transition governance including managing joint working between CCGs and designate ICB leaders
- Implications for finance and contracting with a brief summary of wider guidance on allocations, financial planning, contracts, running costs and accounts
- Practical handling of preparations for changes to ICS boundaries
- Maintaining momentum of the Integration White Paper
- Revised timelines and process for delegation of commissioning functions from NHS England
- The details of key guidance to support ICS implementation

In Annex 2a and 2b we have set out the approach to transition of Commissioning Support arrangements when ICBs are established. Our expectation is that all current services delivered to CCGs by a Commissioning Support Unit (CSU) will continue to be provided to ICSs/ICBs unless there is a clear rationale for alternative arrangements, whether that is in-house or through a different provider.

The attached note asks systems to review existing support arrangements across their systems, including CSU provision and submit a summary of their intentions by 29 April 2022 using the attached template.

I would like also to thank you for your ongoing flexibility in responding to the change in the ICS implementation target date, especially in view of the current operational challenges. Our NHSEI regional teams, along with the relevant national leads, will continue to support you in all the preparations for the new statutory arrangements taking effect and for the future development of your integrated care systems.

We are planning to invite designate ICB Chief Executives and Chairs to come together in-person on Wednesday 6 April to share experiences and ambitions across the country to further develop our approach to system working. We will circulate more information and invites in due course, and I look forward to seeing you there and our continued work together.

Best regards



Mark Cubbon
Chief Delivery Officer

ANNEX 1: Updated arrangements for key elements of transition

Please note: All elements below are subject to passage of the Health and Care Bill and may change until the Bill passes through Parliament and receives Royal Assent.

Assurance of progress

We have heard a strong message from system leaders that you wish to keep up the momentum towards preparation for the future arrangements for ICSs. The revised target dates in the programme plan reflect this, with existing dates maintained where possible, and a small number adjusted to reflect the extended preparatory period. Notably, systems are now asked to send in their next **readiness to operate** assessment and **refreshed System Development Plan** by 31 March 2022 describing readiness for 1 July 2022.

People change

Supporting our people through change is a priority. We are supporting system leaders to manage the transition through establishing their designate leadership teams for the ICB as soon as is practicable and preparing for formal transfers of CCG staff into new ICBs on the new target date of 1 July 2022. Significant progress has been made in this regard already, signalling clear commitment to maintaining momentum, development of leadership relationships and strong progress towards establishment readiness for the target date.

The Planning Guidance confirmed that the **employment commitment** for colleagues below Board level remains in place until 1 July. Further implications of the change in target date are being explored with trade unions and employers, and the HR framework and FAQs will be updated accordingly. We expect to issue these updated documents within the next month.

We have now agreed arrangements for the **ICS executive pay framework** with DHSC and further guidance on its implementation will be shared this week. Pay discussions with prospective candidates can now be concluded with reference to the guidance and subject to the requisite approvals from NHSEI and ministers.

We are working with colleagues to encourage **diversity in senior teams** and are being actively supported in this important area by NHS Confederation. Updated information on accessing this support and advice is available on the [FutureNHS](#) platform.

CCGs/ICBs should also ensure that they are aware of the HM Treasury [Guidance on public sector exit payments](#). All special severance payments must be approved by HMT before any payment is made. NHSEI is currently reviewing its guidance on approval for special severance and contractual exit payments and an updated guidance note will be issued in due course.

Transition governance

We will support CCG and designate ICB leaders to ensure that **the responsibility and governance for commissioning activities** through the transition is clear, and that there is effective transfer of statutory responsibilities from CCGs to ICBs when they are established. While CCGs maintain their responsibilities and statutory duties through the transition period and up to the commencement date when the future arrangements become law, it will be important that designate ICB leaders take shared responsibility for the transition and the arrangements developed during the preparatory period.

We recognise that CCG and designate ICB leaders will be working closely together to ensure continuity. As set out in the Planning Guidance, CCGs are asked to confirm and agree with designate ICB leaders any material decisions impacting on the future operation and commitments of ICBs.

This approach also should be applied to decisions on commissioning services from CSUs (see Annex 2), where no services should transfer prior to April 2023. For very exceptional cases (where extenuating circumstances apply) regions may present cases to a panel setting out the rationale, impact and risk to the wider system of any proposed change.

Finance and contracting

Draft guidance on financial arrangements during the transition has been shared through regional finance teams. This covers several processes affected by the revised target date. In summary:

- Systems (based on future ICB footprints) continue to be the primary planning unit.
- Full-year system-level financial plans for 2022/23 will need to be set out by CCGs, so that allocations and reporting continue at this level while CCGs continue to operate. Plans and allocations will then be brought together upon ICB establishment.
- CCGs will receive an allocation from 1 April 2022, and they will need to agree contracts with providers. Upon establishment, ICBs will receive their system's remaining allocation for the financial year and contracts will transfer to the relevant ICB through a nationally agreed transfer scheme. For ICBs established from multiple CCGs, we recommend consistent local contractual terms to ease the transition to a single ICB contract.

Further guidance to be aware of:

- Financial commitments on the **mental health investment standard (MHIS)** and minimum contributions to the **better care fund (BCF) contributions** are required and will be monitored based on the footprints of future ICBs on a full year basis.
- **Capital allocations and planning** continue as planned, as these are not significantly impacted by the new target date.

- **Running cost allowances** will be set for CCGs and the spending against these limits will reduce the remaining allowances for ICBs upon establishment. We're working with regional teams to understand where the new target date may cause an unavoidable additional pressure.
- **Financial accounts** are required for CCGs up to ICB establishment, i.e. 3 months for CCGs and 9 months for ICBs in 2022/23. We currently expect there will be **one audit process** at the end of 2022/23 to cover both, but this is subject to further discussion with audit firms and NAO agreement.
- Areas affected **by boundary changes** need to agree the appropriate resources for Quarter 1 which will be allocated back to the current host CCG during that period. Planning templates enable this information to be captured and we will continue to work directly with those affected systems.

Changes to ICS boundaries

Having engaged with the small number of CCGs affected by system boundary changes, NHSEI has taken the decision not to pursue implementation of boundary changes at CCG level on 1 April 2022. Instead, the system boundaries decided by the Secretary of State last July will come into effect when ICBs are legally established on 1 July 2022. The specifics of the operational and financial impact of this position are being managed with the seven affected CCGs and their ICSs.

Integration White Paper

The Government's Health and Social Care Integration White Paper (IWP) *Joining Up Care for People, Places and Population* was published on 9 February. This sets out the Government's thinking on how NHS and local government partnerships can go 'further and faster' across the country, building on existing legislative and policy reform including the creation of ICBs and ICPs, and our guidance on [Thriving Places](#), that was developed jointly with the Local Government Association.

The White Paper sets out policy proposals in four areas:

- Shared Outcomes
- Leadership, Oversight and Finance
- Digital and Data
- The Health and Care Workforce and Carers

As a White Paper these are policy proposals, subject to consultation. We will continue to work closely with Government as they engage on these proposals. We are meeting with system leaders, via regional teams, to hear initial feedback and we encourage colleagues to respond to the consultation directly. During this process designate ICB leaders should continue work with their local authority and other partners to progress the development of their place-based arrangements, in line with existing ambitions and the direction described in *Thriving Places*. We will provide further guidance if necessary, following the engagement exercise. Over the course of 2022/23 we will work with each system to support the development of their place-based partnership arrangements as required.

Delegation of commissioning functions from NHS England

We are currently supporting those systems which are preparing for their ICB, when established, to take on delegated dental, general ophthalmic services and/or pharmaceutical services functions from the point of commencement. We expect that NHS England's Board will be able to make a final decision over the delegation of these commissioning functions to these specific ICBs after Royal Assent of the Health and Care Bill and in advance of the 1 July target date for implementation. We expect to delegate these functions to all remaining ICBs from April 2023. NHS England will retain ownership of the commissioning allocation and functions for specialised services in 2022/23.

Updated guidance to support ICS implementation

All resources for ICSs to support preparation for implementation are available on the [FutureNHS](#) platform. As noted there, current references to 1 April 2022 (subject to the passage of legislation) as a date for implementation of the new arrangements should now be read as 1 July 2022 (subject to the passage of legislation). To avoid undue burden, existing guidance will not be reissued if the only significant change is in relation to this implementation target date.

The key resources that are available to support systems in their development and preparation for future arrangements include:

- [Integrated Care Systems: Design framework](#)
- [Interim guidance on the functions and governance of the integrated care board](#). This references the draft Model Constitution for ICBs with the latest amendments to ICB membership and disqualification criteria.
- [Guidance on the employment commitment](#) (to be updated to reflect new timeline)
- [HR framework for developing integrated care boards](#) (to be updated to reflect new timeline)
- [Operational planning and contracting guidance 2022-23](#) including supporting guidance on financial arrangements for the new target date

The full suite of resources on Integrated Care Systems functions and transition is available on [FutureNHS](#) (requires a login).

ANNEX 2A and 2B - Draft Service Support Plan guidance

Development of ICS Service Support Plans 2022/23

We are asking all ICSs to review existing support arrangements including CSU provision across their systems and submit a summary of their intentions by 29 April 2022.

Background

As progress continues towards developing integrated care systems, it is important to understand the wider support service needs across the whole system. To achieve this end, all ICSs are being asked to confirm their existing and future requirements for support services. In particular, there is a need to understand arrangements with NHS Commissioning Support Units (CSUs) ensuring they are aligned into the future needs of the ICBs and wider systems.

A national and regional strategic review of CSU services during the summer of 2021 agreed that nationally delivered CSU services would continue for the next two to three years and local arrangements would remain in place until at least April 2023. This was in order to ensure continuity of support during the transition towards ICBs.

The expectation from NHS England/Improvement is that all current services delivered to CCGs by a CSU will continue to be provided to ICSs/ICBs unless there is a clear rationale for alternative arrangements, whether that is in-house or through a different provider. CSUs have been asked to work with national users, regions and ICSs to understand and help plan the future requirements. The information gathered will be used to ensure CSUs continue to be able to deliver value for money, at scale high quality support services to integrated health care systems.

That is why we are now asking all ICSs to review existing support arrangements including CSU provision across their systems and submit a summary of their intentions by 29 April 2022. Plans should be completed in dialogue with your nominated NHS England/Improvement regional lead and submitted to commissioning.support@nhs.net.

A template (attached) has been developed to help the development of the ICS Service Support Plan.

ICSs are asked to set out the direction of travel for their future service provisioning model, including what support services are currently commissioned and any intentions for future service requirements. If there is any anticipated change to the CSU current provision, the plan should set out the rationale for that change. Where detail is available, we would ask you to include as much as possible, but in the event of little or no information yet being ready, an indication of that position would also be helpful.

All ICS Service Support Plans will be considered by the Regional Team in the first instance. Consideration will be given to the impact across the region and to national delivery. Where plans identify changes to existing delivery arrangements, the ICS will be invited to submit a more detailed plan/business case. A nationally constituted

panel will be established to consider the proposed case in more detail. This approach is being put in place to ensure any transitions are effectively managed, mitigating risks and potential for destabilisation across the wider system. The plans will remain confidential and will not be shared outside of NHSE/I.

Where a business case is successful the managed transition of the service will be over a minimum period (as decided by the national panel).

Timeline for service transitioning:

April 2022: Service support plan submission

May 2022: 'Check and challenge'

June 2022: Panel discussions

July 2022: Business case submission

Where there is no change to service provisioning indicated or where the region deems the service not appropriate to transition at this stage the ICS will be asked to continue with the existing CSU services.

Please complete the attached template (Annex 2B) and return to commissioning.support@nhs.net by 29 April 2022.

B1423 Change in target date for ICS implementation to 1 July 2022: next steps - 3 March 2022

Letter from Mark Cubbon confirming change in **target** date for ICS Implementation to 1 July 2022.

Confirms:-

- CCGs will remain in place as statutory organisations.
- CCG leaders are asked to continue working closely with designate ICB leaders
- NHS England and NHS Improvement (NHSEI) will retain all direct commissioning responsibilities

Expectation that all current services provided by CSU transition to ICB and submission of summary of intentions template required by 29 April 2022.

Annex 1 - Updated arrangements for key elements of transition:-

Assurance of progress - updated ROS & SDP due 31/03/22

People :-

- The Planning Guidance confirmed that the **employment commitment** for colleagues below Board level remains in place until 1 July.
- Implications of change of date being explored with trade unions and employers, and the HR framework and FAQs will be updated - further guidance due **within** next month.
- Agreed arrangements for the ICS executive pay framework - guidance due later that week
- CCGs/ICBs should also ensure that they are aware of the HM Treasury Guidance on public sector exit payments. Guidance to follow

Transition governance:-

- CCGs maintain their responsibilities and statutory duties through the transition period, important designate ICB leaders take **shared responsibility** for the transition and the arrangements developed during the preparatory period.
- CCGs are asked to confirm and agree with designate ICB leaders **any material decisions** impacting on the future operation and commitments of ICBs
- Applies to decisions on commissioning services from CSUs (see Annex 2)

Finance and contracting:-

Guidance shared through regional teams but to note :-

- Continue to be primary planning unit
- 2022/23 full planning to be set out by CCGs
- CCG receive an allocation 1 April 2022 to agree contracts with providers. ICB on establishment will receive remaining allocation, contracts transfer through nationally agreed scheme.

Further guidance to be aware of :-

- Financial commitments on the **mental health investment standard (MHIS)** and minimum contributions to the **better care fund (BCF)** contributions required and will be monitored based on the footprints of future ICBs on a full year basis
- **Capital allocations and planning** continue as planned,
- Running cost allowances will be set for CCGs and spends will reduce remaining allowances of ICB.

- Financial accounts are required for CCGs up to ICB establishment, i.e. 3 months for CCGs and 9 months for ICBs in 2022/23. **One audit process** at the end of 2022/23 to cover both.

Integration White Paper

- The Government's Health and Social Care Integration White Paper (IWP) Joining Up Care for People, Places and Population was published on 9 February. **Policy proposals, subject to consultation.**
- Designate ICB leaders should continue work with their local authority and other partners to progress the development of their place-based arrangements described in **Thriving Places**

Delegation of commissioning functions from NHS England - remains with NHSEI in 2022/2023, with delegation to ICBs from April 2023.

Updated guidance to support ICS implementation - all resources available on FuturesNHS platform.

ANNEX 2A and 2B - Draft Service Support Plan guidance

We are asking all ICSs to **review existing and future support arrangements** including CSU provision across their systems and submit a summary of their intentions by 29 April 2022.

Agreed that nationally delivered CSU services would continue for the **next two to three years** and local arrangements would remain in place until at least April 2023.

Expectation from NHS England/Improvement is that **all current services** delivered to CCGs by a CSU **will continue in ICB** unless clear rationale for alternatives.

Plans should be completed in dialogue with your nominated NHS England/Improvement regional lead and submitted to commissioning.support@nhs.net by 29 April 2022. All ICS Service Support Plans will be considered by the Regional Team.

Timeline for service transitioning where there will be changes:

- April 2022: Service support plan submission
- May 2022: 'Check and challenge'
- June 2022: Panel discussions
- July 2022: Business case submission