



PERTH AND KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

16 SEPTEMBER 2019

EU EXIT PREPAREDNESS

Report by Chief Officer (Report No. G/19/142)

PURPOSE OF REPORT

The purpose of the report is to update the Audit and Performance committee on current progress and contingency arrangements in relation to planning for the exit from the European Union and the potential impacts on operational delivery within the Health and Social Care Partnership and links to local resilience partnership and parent bodies NHS Tayside and Perth and Kinross Council.

1. RECOMMENDATION(S)

It is recommended that the Audit and Performance committee:

- (i) Note the progress of the Health and Social Care Partnership contingency planning to date in preparing to leave the European Union and the impact assessments completed to date.
- (ii) Further instruct future reporting to the Integration Joint Board/Audit and Performance Committee through the Chief Officer to demonstrate further contingency planning arrangements and developments in line with Government timelines surrounding European Union exit planning.

2. SITUATION/BACKGROUND / MAIN ISSUES

The report outlines the impact assessments that have currently being undertaken within the Health and Social Care Partnership to outline potential risk areas and contingencies in place to mitigate the current risks.

EU Exit reporting is currently in place in the Health and Social Care Partnership but also working collaboratively with colleagues in NHS Tayside and Perth and Kinross Council.

3. PROPOSALS

3.1 CONTINGENCY PLANNING

- EU Exit Leads within the Health and Social Care Partnership have prepared plans to support the parent bodies and organisational arrangements to ensure services run as smoothly as possible during the EU transition and exit period. It is unclear fully what the impacts may be but risk assessments currently undertaken relate to vulnerable returners from the EU, workforce and supplies shortages such as fuel, medical equipment and drugs.

3.2 VULNERABLE RETURNERS

- Vulnerable Returners are the potential UK citizens who may return from EU countries due to the implications of EU Exit such as the withdrawal of the reciprocal healthcare scheme (vulnerable returners).
- There is a high level of uncertainty regarding the potential disruption and its severity. It should be noted that any disruption may add additional strain to services, some of which are already operating in a challenging financial and resource environment. Increased demand on services from individuals may occur which are likely to be elderly and many with complex care needs.
- This may increase expenditure due to a sudden increase in the requirements for care at home/complex care. People may lack knowledge on how to access services so may contact emergency services or present at MIU (Minor Injury Unit)/A&E units. We are currently working with colleagues to ensure early conversations with GP practices so we may identify vulnerable returners early.
- We are working locally with GPs to help identify appropriate services/access through GP cluster groups and locality management groups.

3.3 WORKFORCE/SETTLED STATUS SCHEME

- Workforce implications regarding retaining existing staff (EU citizens employed within the Health and Social Care Partnership that may wish to leave the UK), and recruitment of staff (reduced number of trained staff in certain disciplines/professions if EU citizens living the UK decide to leave)
- Perth & Kinross Health and Social Care Partnership is wholly committed to ensuring that our EU staff and their families have access to up-to-date information, support and advice in preparation for withdrawal from the European Union on 31st October, 2019. In order to assist employers, Scottish Government has produced a Stay in Scotland package to help those who wish to remain in Scotland and Nicola Sturgeon, the First Minister, has written a letter to EU Citizens. The Scottish Government have also launched a marketing campaign which seeks to make EU citizens aware that they need to apply to the UK Government EU

Settlement Scheme if they want to continue living in Scotland after EU exit with social media activity encouraging use of the hashtag, #stayinscotland.

- EU Employees can contact their Manager, local HR representative and Staff Side Representative for further information and information has been cascaded to staff through a Vital Signs update for NHST employees.
- The Government have also provided funding for the Citizen's Advice Bureau to set up a free national advice line to help EU citizens

3.4 CURRENT MITIGATIONS ACROSS THE HEALTH AND SOCIAL CARE PARTNERSHIP INCLUDE:

- Ensuring that parent organisations and the Health and Social Care Partnership continue to communicate to our workforce, the value that we place in EU citizens living and working in the UK.
- Current identification of staff that may fall into this bracket and proactively linking with them around Settled Status Scheme.
- Ensure our developing integrated workforce plans take into account possible EU Exit implications. If required, accelerate opportunities for generic working across the Partnership to allow sustainability in certain community care settings e.g. Care at Home, Care Homes and Health Care Assistants within community and in-patient environments.
- Ongoing discussions/updates at Health and Social Care Partnership Integrated Management Team meetings.

3.5 DISRUPTION TO SUPPLIES AND SERVICE DELIVERY

Disruption to service delivery and risks to patient care and patient safety may be affected by disrupted supplies of:

- Medicines, medical devices, clinical consumables, fuel and foodstuffs. This may also result in increased costs if different supplies require to be used. Stockpiling supplies and equipment by NHS Tayside / Perth & Kinross Council.
- Ensuring procurement arrangements are able to respond to a sudden requirement to reach agreement with a new supplier for essential supplies or equipment. Place procurement, estates, soft facilities, nuclear medicine on shared drive once complete.
- If there was a disruption to fuel supplies there would be a need to activate the Fuel Contingency Plan locally and identify and prioritise key staff groups requiring fuel to attend patients. Consider joint travel arrangements where possible as per Winter Planning approach
- Liaison with NHST re Clinical Advisory Roles: medically led decision making frameworks to support prioritisation of medicine use where need outstrips demand, ensuring that those medicines available are targeted to patients with greatest clinical need. Advise Primary Care colleagues once NHS Tayside process confirmed.

3.6 LOCAL MITIGATION/ARRANGEMENTS

- Local coordination processes adopted and key leads appointed to feed the PKC/NHST processes which feeds locally the P&K Local Resilience Partnership as part of Civil Contingencies Plan.
- Update existing Health and Social Care Partnership Business Continuity Plans to include details and local planning regarding EU Exit and ensure all services understand emergency lock down arrangements for local hospital sites/GP practices
- Standing items on all Health and Social Care Partnership Integrated Management Team meetings and service/team operational meetings/locality management meetings.
- Teams/services to identify their most vulnerable groups of people and note the increasing residual impact on this group on health needs and responses.

4. CONCLUSION

The Audit and Performance committee are asked to note the content of the report and understand the potential impact of EU Exit on current service delivery and note current impact assessment processes in place and contingency planning being undertaken across the Health and Social Care Partnership and parent organisations.

The full impact of EU Exit may not be known until 12 weeks following the EU withdrawal agreement as it is unclear how many people will choose to leave the UK and how many vulnerable returners we may need to support. The conclusion therefore this is a fluid situation which will require further contingency planning once the EU arrangements are agreed and in the following 12 week period to monitor increases and decreases in people returning to or leaving the EU.

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