

NHS DORSET CLINICAL COMMISSIONING GROUP

GOVERNING BODY

URGENT DECISIONS REPORT

Date of the meeting	18/11/2020
Author	S Lower – Corporate Office Manager
Lead Director	T Goodson – Chief Officer
Purpose of Report	To inform the Governing Body of urgent decisions taken by the Chair and Accountable Officer.
Recommendation	The Governing Body is asked to note the report.

Monitoring and Assurance Summary

Conflicts of Interest	There are no conflicts of interest identified in relation to this report.
Involvement and Consultation	N/A
Equality, Diversity and Inclusion	N/A
Financial and Resource Implications	<ul style="list-style-type: none"> - Write off South West Security Information and Event Management (SIEM) intangible asset at a cost to the CCG of £1.267m - this has been included as part of the M1-6 cost reclaim to NHS England. This is supported by the region, however If this is not supported nationally, then this will create an additional pressure in M7-12. - Allocation of Covid-19 funding of £1m to support primary care Covid-19 arrangements from the £5.955m made available to the CCG. - Commitment to spend in full the £707k allocation passed through from NHS England for backlog assessments in CHC.
Legal/governance	Urgent decision are undertaken in accordance with the powers reserved to the Governing Body as set out in the Dorset CCG Constitution.
Risk description/rating	N/A

1. Introduction

- 1.1 The purpose of this report is to inform the Governing Body of Urgent Decisions made by the Chair and Accountable Officer under Standing Orders.

2. Report

- 2.1 Standing Orders permit decisions reserved for the Governing Body, to be exercised by the Chair and the Accountable Officer, having consulted at least two members.

Exercise of such powers should be reported to the next formal meeting of the Governing Body in public session for noting.

3. Conclusion

- 3.1 That the Governing Body notes the decisions taken by the Chair and the Accountable Officer (or those acting in their stead) under Standing Orders.

Date	Details of Decision
12/10/20	<p>Following the Urgent Decision taken on 26 February 2020 in relation to the original South West Security Information and Event Management (SIEM) contract, recent clarification was received that it provided no economic benefit to the CCG and therefore should not be considered an asset. Approval was therefore sought to write off the SIEM intangible asset. As per the CCG's Scheme of Delegation, approval of this write off value of £1.267m required GB approval.</p> <p>This would result in a charge to the CCG in the period it was written off, rather than spreading the cost over a number of years as amortisation costs. The cost would be charged to NHSE/I as part of the M1-6 reconciliation process. The urgency was due to the write off needing to be processed in the ledger as part of the September closedown to ensure that this did not fall as a pressure direct to the CCG in the October 2020 to March 2021 period.</p>

Date	Details of Decision
26/10/20	<p>In the financial plan presented to the Governing Body at its October workshop, non-recurrent investment of £1m was set out in recognition of the support required for General Practice to manage effectively through the next six months of 2020.</p> <p>The CCG was allocated approximately £6m for Covid-19 costs for months 7-12, and based on the spend in months 1-6, £1m of this would be used for primary care.</p> <p>The focus of the resource would be to enable Primary Care Networks (PCNs) to operate their hot and cold sites and to manage any additional costs they incurred related to the impact of Covid-19 above that of their core business. Allocations to the PCNs would be based on their registered population size.</p> <p>Approval was therefore sought for the immediate release of the Primary Care non-recurrent £1m Covid-19 investment.</p> <p>The release of these funds was time critical, as the Covid-19 funding route accessed by primary care in the first six months of the year ceased at the end of September.</p> <p>The intention contractually would be to use the Clinical Commissioning Local Improvement Plan (CCLIP) mechanism and pay PCNs monthly in arrears. Evidence of expenditure would be required and claw back of any underspend at year end would be enacted.</p>

	<p>It was recognised that in exercising the Urgent Decision powers, the Chair would be conflicted as the decision related to the release of primary care funding. To mitigate against this conflict, all seven non-conflicted Governing Body members were consulted and supported the request.</p> <p>In approving the request, the wider context was noted in that that no additional Covid-19 funding had been allocated by the Government beyond September 2020, therefore this was a local decision to continue to support primary care out of the overall quantum of Covid-19 funding received by the CCG to enable it to maintain an appropriate Covid-19 response. It was also noted the proposed funding had been pared down from £2M to £1M.</p>
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Date	Details of Decision
29/10/20	<p>NHS England and NHS Improvement wrote to CCGs on 10 September 2020 in relation to NHS Continuing Healthcare Deferred Assessments due to Covid-19. The letter advised that from September 2020 Government funding would be made available to CCGs working with their local authority partners, to recruit temporary health and/or social care staff purely for completion of the deferred Continuing Healthcare (CHC) assessments. The funding allocation would only be available until the end of March 2021 providing a limited period in which to undertake the assessments. For Dorset CCG, there was a notional budget funding allocation of £707,000.</p> <p>A report was taken to the Directors Performance meeting on 20 October 2020 setting out a number of proposed options to best utilise the funding. Directors supported the 'preferred option' for both the CCG and the two Dorset local authorities which proposed using the model to outsource the CCG activity to undertake the deferred Assessments, combined with the local authorities' commissioning a specialist assessment support company to provide the social work resource. This option would retain the CCG statutory responsibility for decision making in regard to NHS Continuing Healthcare and also included costs for additional staffing to support this. The CCG and local authority outsourcing contracts would be set on a pay by completed case approach.</p> <p>Due to the funding amount involved and being non-NHS related, Governing Body approval was required and with the need to act promptly due to the limited period in which to undertake the assessments, the approval was sought via the Urgent Decision powers.</p> <p>Approval was given but was subject to the caveat that the scheme was funded within the £707,000 allocation. Should early indications highlight that there was a greater demand, it was directed that this be brought back to the Governing Body for further discussion.</p>

Author's name and Title : S Lower – Corporate Office Manager
Date : 27/10/20