

Assessing the health effects of a no deal exit from the EU

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This paper was originally submitted to the Trust Office in September 2019, a few days after the CoG meeting when Chris Oakes and Adrienne Hand gave a presentation on exit from the EU to Governors. That presentation was very helpful in terms of explaining the context of central guidance about the risks that have been identified, and the potential impact of those risks. What was less clear was the action being taken to mitigate those risks, and what residual risks were left once those actions have been taken.

I appreciate that NHS Trusts are expected to follow central guidance on this topic, for example to avoid local action such as the stockpiling of drugs and medical appliances. I also understand that there was considerable pressure being applied from government to ensure that news about the potential impact of a no deal Brexit is managed from the centre.

Notwithstanding any guidance issued by the government, as Governors we are entitled to seek assurances about the health effects of a no deal Brexit.

A paper by Martin McKee (Professor of European Public Health at the London School of Hygiene & Tropical Medicine) et al¹ recently published in the British Medical Journal offers a useful conceptual framework for assessing the health effects of a no deal Brexit (see attached diagram).

This framework identifies a number of existing problems that form the context for the NHS (such as an underfunded health and social care system, in work poverty, housing crisis and stagnating life expectancy). Next the framework identifies new problems that might be created or exacerbated by Brexit. These include the impact on the funding and supply chains of health and social care systems, impact on the economy leading to recession and job losses, and impact on national infrastructure.

The bottom of the conceptual framework diagram highlights two areas that should be of concern to the Board and to Governors.

Immediate health impacts of a no deal Brexit – the public health literature² suggests that a no deal Brexit could lead to an increase in levels of mental illness and in suicides, in alcohol abuse, and in communicable and non-communicable diseases.

Impacts of a no deal Brexit on the wider determinants of health – government finances will suffer from a recession in the economy, which in turn will impact on funding available to health and social care, and to local government³. A recession will also have a negative impact on the third sector.

This raises a number of questions:

1. The Civil Contingencies Act 2004 places a burden on local resilience forums. What impact has the abolition of Northamptonshire County Council had on our Local Resilience Forum? Has the knowledge and experience of the NCC Emergency Planning team been lost due to reorganisation?

2. How confident is the Board that our Local Resilience Forum is sufficiently well resourced to deal with the enormity of a no deal Brexit?
3. Has our Local Resilience Forum undertaken any table top exercises based on a no deal Brexit, to rehearse the implementation of local business continuity plans?
4. If so, when was that last undertaken and what lessons were learned from that exercise?
5. Given the business continuity risks to providers of social care, what assessment has been made of the impact of any unplanned closures of social care homes on the local NHS?
6. What local assessment has been made, by the FT Board or the Health & Care Partnership, of the immediate health impacts of a no deal Brexit?
7. If a local assessment of the immediate health impacts has not yet been undertaken, what plans are there to do that?
8. What local assessment has been made, by the FT Board or the Health & Care Partnership, of the impact of a no deal Brexit on the wider determinants of health?
9. If a local assessment of the impact on the wider determinants of health has not yet been undertaken, what plans are there to do that?

The Trust responses to these questions can be found in appendix one.

Dr Colin Cohen

13 January 2020

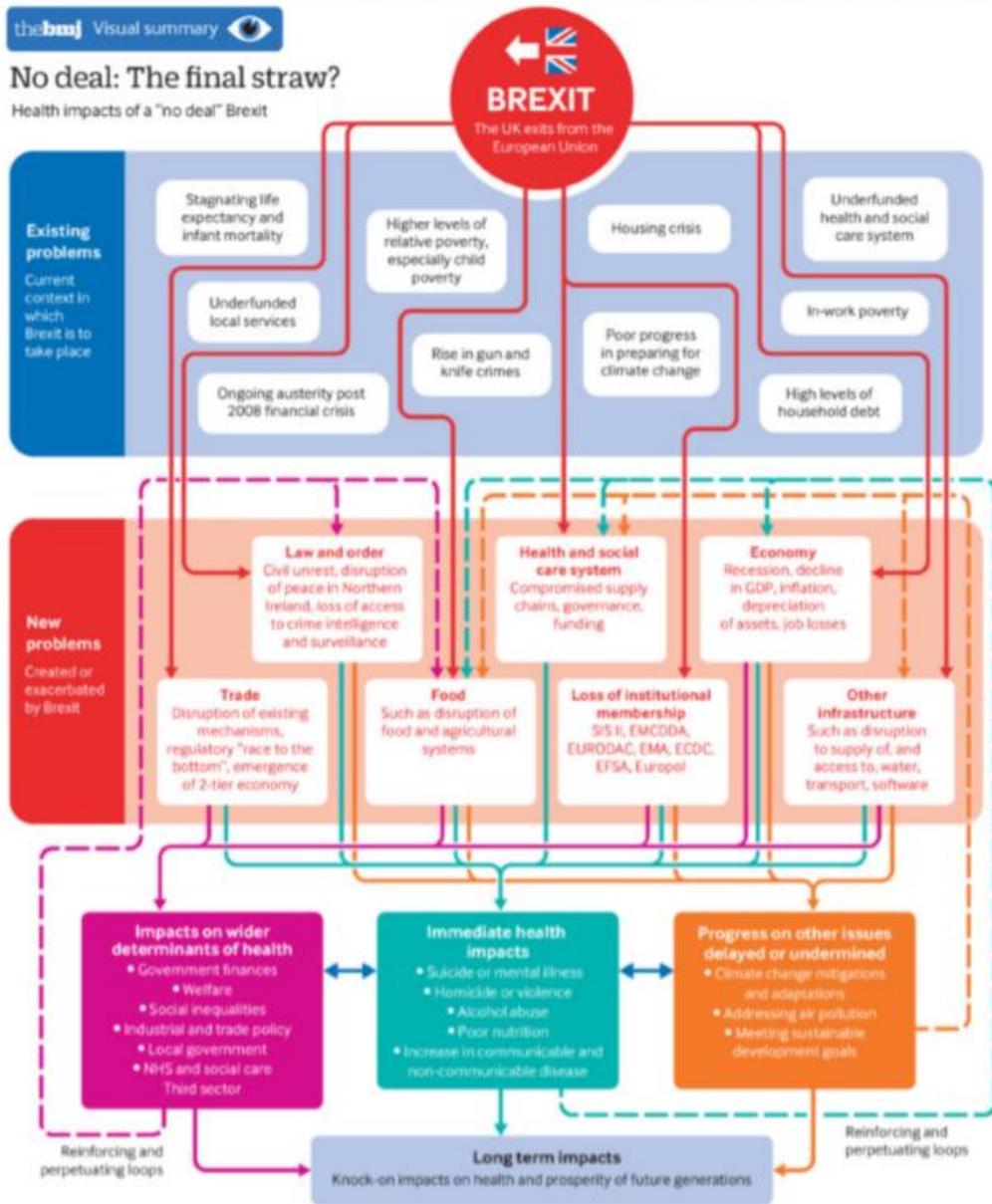
1 Schalkwyk M. et al 2019. *Assessing the health effects of a no deal Brexit*. British Medical Journal, 2019.

2 Karanikolos M. et al 2013. *Financial crisis, austerity and health in Europe*. The Lancet.

3 Fahy N. et al 2019. *How will Brexit affect health services in the UK?*. The Lancet

No deal: The final straw?

Health impacts of a "no deal" Brexit



GDP = Gross Domestic Product, SIS II = Schengen Information System, EMCDDA = European Monitoring Centre for Drugs and Drug Addiction, EUROSAC = European Asylum Dactyloscopy Database, EMA = European Medicines Agency, ECDC = European Centre for Disease Prevention and Control, EFSA = European Food Standards Authority

Fig 1 Conceptual framework for health impact assessment of no deal Brexit

Appendix One: Response to Questions on EU Exit – November 2019

Introduction

Dr Colin Cohen, Public Governor – rest of England, posed nine questions to the Trust on 26 September 2019 as part of Governors' role in seeking assurance on the Trust's management of the risks posed by EU Exit. The Trust logged the questions in its IQ Log and has prepared the following response.

Questions Posed on EU Exit

1. The Civil Contingencies Act 2004 places a burden on local resilience forums. What impact has the abolition of Northamptonshire County Council had on our Local Resilience Forum? Has the knowledge and experience of the NCC Emergency Planning team been lost due to reorganisation?
2. How confident is the Board that our Local Resilience Forum is sufficiently well resourced to deal with the enormity of a no deal Brexit?
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Response to Questions

1. Changes to Northamptonshire County Council (NCC) have not adversely affected Northamptonshire's Local Resilience Forum (LRF). NCC's Emergency Planning Team remains in situ and is working closely with teams from other Local Authorities in relation to the risks posed by EU exit.
2. The LRF works closely with all partner agencies and the regional Resilience and Emergency Division (RED) representative to ensure all planning arrangements dovetail, making excellent use of resources available across the county as a whole. As part of a recent national reporting programme, NHFT had been asked to provide assurance that their Board was fully assured on

preparedness for an EU exit by 5.00 pm on 24 September 2019. As a consequence, NHFT had confirmed that the Board was fully assured regarding plans and preparedness for the EU exit.

3. Yes, table-top exercises have been carried out earlier in the year, prior to the original date for exiting the EU (31 March 2019) and also more recently (on 27 September 2019). There have also been several teleconferences and input on weekly situation reports (Sitreps) from agencies feeding into the LRF.
4. Please see 3 above for details of the last table-top exercise. In terms of 'lessons learnt' from the LRF No Deal EU Exit Exercise on the 27 September 2019, NHFT was able to allay a lot of fears across the wider agencies with regards to medicines, consumables and internal planning. We were assured as a Trust that our lengthy planning for all things affecting NHFT was robust and thorough.
5. Local NHS organisations and NCC are holding a series of workshops with social care providers, the first of which was held on 4 October 2019. NHFT's Emergency Planning & Resilience Manager has also met with NCC and NHS staff who work with social care providers to consider the risks from an NHFT perspective.

The yellowhammer document states:

20. There is an assumption that there will be no major change in adult social care on the day after EU Exit. The adult social care market is already fragile due to declining financial viability of providers. An increase in inflation following EU exit would significantly impact adult social care providers due to increasing staff and supply costs, and may lead to provider failure, with smaller providers impacted within 2-3 months and larger providers 4-6 months after exit. There are also possible concurrent localised risks: transport or staff disruption, severe winter weather or flu that could exacerbate the existing market fragility, and that cumulatively could stretch resources of providers and LAs. Intelligence will continue to be gathered to forewarn of/prepare for any impacts on the sector including closure of services and handing back of contracts which are not part of normal market function. In addition, we will look at the status of preparations in four local authorities, which are identified as priority concerns, by mid-August. (DHSC)

Local plans to deal with provider failure are already in place (as provider failure is a risk irrespective of EU exit).

6. NHFT is hosting a Business Continuity Table Top Exercise on 13 November 2019, which will focus on a potential fuel shortage that may occur as a result of a 'No Deal' EU Exit. The exercise will also include Subject Matter Experts (SME's) from other agencies such as NCC, Clinical Commissioning Groups (CCGs) and Kettering General Hospital NHS Foundation Trust (KGH).
7. N/A, impact assessment undertaken.
8. The wider system impacts are managed via the LRF and are on the agenda at Urgent and Emergency Care Board. Considerations on the wider health determinants are the responsibility of NCC's Public Health team. NCC Public Health is represented on the LRF. Although comprehensive information regarding the impact or changes due to EU Exit are unknown, Public

Health has undertaken risk assessments on their health related commissioned services. (NHFT have contributed and responded to Public Health as part of this work.)

9. NHFT will raise the issue of an impact assessment on the wider determinants of health with the LRF.

Chris Oakes, Director of Human Resources and Organisational Development