## NHS England and NHS Improvement responses to questions raised at the *CCG closedown and establishment of integrated care boards (ICBs)* webinar on 28 September 2021

On 28 September 2021, the HFMA hosted a webinar by NHS England and NHS Improvement on CCG closedown and establishment of integrated care boards (ICBs). The webinar gave an opportunity to hear from the team at NHSE/I about the task ahead, the support available, and the guidance being issued. The team covered the use of the due diligence checklist and how this relates to the completion of other documents in the process. A recording of the webinar can be accessed at <a href="https://www.hfma.org.uk/education-events/hfma-event/ccg-closedown-and-the-establishment-of-integrated-care-boards-(icbs)">https://www.hfma.org.uk/education-events/hfma-event/ccg-closedown-and-the-establishment-of-integrated-care-boards-(icbs)</a>

A number of questions were raised during the session which have subsequently been answered below by the NHSE/I team.

Question	Answer
Is there a list of current CCG activities and statutory duties which are NOT expected to be conferred to ICB. i.e. those which are open for deliberation at local level?	The published guidance on the 'functions and governance of the ICB: Statutory CCG functions to be conferred on ICBs' contains a table that lists the CCG legislative reference and whether or not there is an equivalent function conferred to an ICB. The areas that are either n/a or have an insert of 'no' provides the list of what is not being conferred.  The CCG governance and constitutional arrangements are the functions that will not be conferred, and this is because the ICB will have different governance requirements. There is also a column to indicate what is exercisable under delegation. I can confirm that there is no intention to publish anything further - the additional detail will be in the regulations and any supportive statutory guidance.
	<u>List of statutory CCG functions to be conferred on ICBs - ICS Guidance - Integrated</u> <u>Care (future.nhs.uk)</u>
Apologies if I've missed it in earlier communications but is it anticipated that there will be a refresh of the management cost definitions? Will an ICB be similar enough to keep with the CCG definition? If not, it may prove a challenge to ensure ICB structures can be	NHSEI have communicated that local systems should be planning on a flat cash running cost allowance for ICBs. Administration costs limits are agreed by Government and any final policies would be expected to be set out in the 22/23 planning guidance, in advance of NHS planning. There is a statutory duty for ICBs to manage within the capital, revenue and running cost envelope.

accommodated in existing CCG RC allocations, particularly as the CEO and other executive salaries are likely to be materially higher than existing CCG post levels.	
Will ICBs be able to earn external income eg. charities or local government grants; or receive receipts from capital asset sales eg. via NHSPropCo?	Thank you for this question and a response will be provided in due course.
Will running cost funding be transferred to ICBs from NHSE/I for those functions where staff will be	Question answered during the session - please refer to recording.
transferring, for example, dentistry and pharmacy.	CCG closedown and the establishment of integrated care boards (ICBs) (hfma.org.uk)
Can CCG ODS codes be retained and linked to the new ICB code, where this supports the ICB operating model?	CCG organisations will be dissolved and hence technically these ODS codes should be closed, however a transition year has been agreed in 2022/23 to allow systems the time needed to reconfigure to the new ICB structure. It should be noted however that systems would need to update to reflect the published boundary changes.
Absorption costing - will the templates be updated to ensure that the opening balances map to the correct lines on the templates?	The templates will be reviewed and amended as necessary. We are still awaiting information from DHSC on whether standard or modified absorption costing will be utilised.
When will the structure of the new ledger be available? Will there be any coding flexibility for local reporting?	We are finalising the structure with NHS SBS now and will hold a webinar to share the principles of the changes being made imminently.
How should the provider intentions notification for 2022/23 planning round be handled? Signed off by CCGs and endorsed/ratified by ICB?	We are currently developing the process for agreeing funding flows and related service requirements for 2022/23.  This will be confirmed as part of planning guidance, which will be available in due course.
Who will be telling us about NHSE/CSU staff who are included?  Does the staff transfer scheme include CSU staff?  Could you explain a bit more about the amendments to the employment commitment and what that means for CCGs if they now have to consider other organisational staff.  What if staff are lifting and shifting - with the existing HR team dealing with the outgoing and incoming information. Do we still need to pull together all the ELI information? This will mean collating this information to then send to ourselves.  Given the lateness of HR guidance, putting staff at	During the session, Jennifer Willis confirmed that a number of HR / OD / people focussed sessions are taking place. These sessions are available to systems and are called 'ICS HR, OD and People Connection Sessions' and have been diarised from 23 November 2021 to 23 March 2022. All questions raised during this session and via other routes have been addressed as part of a people FAQ and this is available on Future NHS and also via the Social Partnership Forum - link below.  Supporting system change   Social Partnership Forum

risk etc, how can ICBs live within CCG running cost allowance in 22/23 with some double running costs? How will members of ICB audit committees and remuneration committees be appointed? Will this include non-executive directors and will these be independent or drawn from non-executives of partner organisations?	
How will you enable version control and prevent having to start again with later releases of the checklist, as you may be aware completion of the checklist has already started?	Changes will be kept to a minimum and no numbering changes will take place - ie if prompts are added they will be added at a sub-level and will not be allocated a new number. This therefore prevents all numbers changing. There will be strict version control and changes will be shown via three routes:  -The 'introduction' tab will always have the version number and release date at the bottom of the tab;  -Column A on all tabs will be used to indicate whether a change has been made to the prompt by the use of yellow highlighting and reference to the version in which the change was made; and  -The penultimate tab is the version control log which will clearly show the previous narrative, the change and the reason for the change.
Can you confirm whether for level 1 that the full staff list needs to be completed? You mentioned for level 1 a full property list doesn't have to be. Is that the same for staff or have I misunderstood?	-Staffing lists will need to be created for all levels in line with tab 2 and the TUPE / COSOP consultation processProperty lists will need to be produced by all level 3 systems - both sending and receiving systems. These will need to be submitted to regions / national team and will form part of the Staff and Property Transfer Scheme Property lists do not need to be produced for level 1 and 2 systems, but due diligence will need to be completed and 'lift and shift' will apply.
Will the new ICB ledger have a new Org code issued?	Yes, the organisational code will be the current STP three digit ODS codes which will be renamed where needed.
When will information be available to assess the financial risk for the delegated functions and if the risk is high what is the consequence/action?	There is not a standard answer and it would be helpful if this question could be expanded further. We recommend that you contact your regional team (ICS blended team and / or finance team) to discuss this in further detail. Whilst we recommend this as the best route, if it is not successful there is a generic mailbox to enable the query to be directed to the correct team in the national team - the email address is england.icsimplementationprogramme@nhs.net
Joint financial duties - will this form part of year end annual accounts disclosure for each individual organisation? How will this be subject to audit?	Thank you for this question and a response will be provided in due course via the finance FAQs.

Yes, that is correct. Place will be at A1 level and locally agreed.
The legacy ledger will be available through the new ICB user responsibility read only for core Oracle and BI access to the old CCG for the length of the contract.
Inter CCG balances all need to be cleared or you will have issues with cutover. POs will not transfer to the new ledger hence no requirement to close down as a consequence, however it is best practice housekeeping to reduce GRNI. Link to scanned image will be available however, historical comments will not be transferred, and these will go back to the first step in the workflow.
NHS SBS have had visibility of the chart of accounts proposal and are working on the allocation of ranges of cost centres for each ICB. NHS SBS will work with the system to agree the cost centre numbering enabling the system to provide payroll providers with the changes needed in time for the April payroll process. We have provided updated guidance on the SR process as where mergers are required then a SR will be raised centrally, only SRs for name changes need to be locally raised.
CCGs need to be actively resolving any historic debt queries in advance of devolvement. Any outstanding CCG debt will transfer to the ICB. Guidance on historic CCG deficits and surpluses will be issued in due course.
All links are contained in the last slide of the presentation and are as follows:  NHS England Finance Guidance -  https://nhsengland.sharepoint.com/TeamCentre/Finance/FinancialControl/Pages/G.aspx  https://future.nhs.uk/ICSGuidance/grouphome
Yes, a project team will be in place to support each ICB ledger creation and CCG devolvement.
The slides are available via the HFMA site.  CCG closedown and the establishment of integrated care boards (ICBs) (hfma.org.uk)

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Are we confident SBS have capacity to transfer all invoices from the old organisations to the new ICB? When we merged our 4 CCGs SBS were very slow in completing this action and this directly impacted on delivery of the PPPC with us missing the 95% over the first two months of the new CCG.	It is important that the CCGs assist NHS SBS by processing and clearing as much as possible to minimise the volume of data that needs to be cutover into the new ledgers as this can take several weeks to transfer, reconcile and sign off the data cutover.
On property leases, what properties would you expect the ICB to inherit and would this include subsidised community properties?	As a general rule all property (in its widest sense) will 'lift and shift' from the CCG(s) to the ICB under the Staff and Property Transfer Scheme.  We will pursue the specific question re subsidised community properties to see if there is anything specific in this regard.
Will there be a model set of schemes of reservation and delegation (standing financial instructions)	The SoRD has now been published. Model SFIs are expected in January 2022.
prepared as these will need to be approved and in place on the 1st April 2022 in order to make payments?	Guide to developing ICB SoRD - ICS Guidance - Integrated Care (future.nhs.uk)
When will ICBs be informed of their lead person contact details at SBS?	All systems should now have been informed of their SBS lead.
I understand that analysis 2 codes are used for GPs and PCNs. We were hoping to report at PCN level straight from ledger rather than off ledger reporting, is this possible in the ledger structure?	Yes, as part of the chart of accounts review we have asked that the PCN analysis 2 be defined as a specific PCN hierarchy to assist in reporting.
Is the A1 now the new A3 for ICS and NHSE? What will the A1 be used for outside ICS ledger that is NHSE?	No, the A3 will be used for national reporting requirements e.g. BCF, Covid etc as well as STAT enabling the A1 to be place reporting and local project reporting. It should be noted that interfacing systems such as ESR and PCSE Online are not available to interface at A1 level.
You've mentioned a SharePoint site for finance information, can you confirm all of this is also on the NHS Futures platform?	We are also publishing the technical guidance on the FutureNHS platform.
It was stated that sign-off of the draft annual accounts will be required in March by the CCG audit committee, is this still required?	We don't recall this date being referred to, but it is possible that a comment made or answer given was unclear. The annual accounts timetable will be available through the November roadshows.
Within the establishment timeline recently produced it states 'Finance - undertake first SBS board meeting and sign off project initiation document (PID)' with a	NHS SBS will be in touch in the coming weeks to discuss scheduling the kick off session which will then cover this level of detail.

deadline of 1 November 2021 - what are the specific	
actions on systems?	
How do I ensure that guidance/instructions are issued to my email address to ensure that all relevant areas are covered?	All guidance is contained on FutureNHS https://future.nhs.uk/ICSGuidance/grouphome
Will the BI report writer superusers transfer to the new ledger?	The BI superuser will need to transfer the BI reports to the new ICB local area. NHS SBS will support the superuser to ensure they understand how to do this.
Will there be any issues with ICB staff being allowed to access information relating to CCGs (e.g. local info we have on spreadsheets on our local drives)? I've heard that when PCTs ended there was some issue about accessing historic information.	It is expected that the legislation enables all CCG property, rights and liabilities to transfer to successor ICBs.  Additional work is being undertaken to identify a series of additional prompts to be included in the due diligence checklist focussed on information governance, records management etc.  Clearly there will be situations where everything transfers from the CCG(s) to the ICB and there will be other situations where boundary changes are taking place, or moving from one IT provider to another, and in such circumstances it will be essential for the CCG/ICB to have plans in place to manage this locally. The same applies to ensuring that information is accessible, held in the correct place and accessible.
Is it expected that IFRS16 will be implemented with effect from 1st April 2022?	Yes. NHS SBS will work with the ICB and CCGs to ensure the data required for the new lease module is successfully created and training will be given a communication will be issued shortly in reference to this. IFRS16 will be covered at the Finance Roadshow on 22 November.
In practise, the key decisions on the budget and contracts for 2022/23 will need to be set during financial year 2021/22. Will this require a 'shadow ICB' or does it use existing CCG governance to approve?	The current CCG board does not have the power to give final approval to a decision on behalf of the ICB, however, it is accepted that the ICB cannot approve anything until it is established. It is expected that plans will be led and developed by those in the designate posts, supported by staff who are in the post and with wide involvement with expected parties to the ICB. The existing ICP committee / board or other suitable structure could progress work as a recommendation to the emergent ICB so that there is a plan to be adopted on day 1. It would of course still be technically possible, and appropriate for that to be the case, for the ICB to reject / adapt the plan / decision etc., especially as some board members may not be appointed until very late in the 2021/22 financial year. One of the first orders of business for the newly established ICB would be to formalise plans made during this transitionary period.
Will BI still be available for historic CCG data?	Yes, BI access to old CCG ledgers can be allocated as part of the ICB user responsibility within the finance teams.

If we are looking to use A1 for place, will we be able to map feeder systems such as primary care and payroll to the appropriate A1	Unfortunately, payroll cannot code to A1, your BI superuser should be able to create a report based on the A2 mapping of primary care to local place mapping.
Will the ICB be issued with a new range of cost centre codes?	Yes, each ICB will have a new cost centre range.