

This template may be used by Foundation trusts and NHS trusts to record the self-certifications that must be made under their NHS Provider Licence.
You do not need to return your completed template to NHS Improvement unless it is requested for audit purposes.

Self-Certification Template - Conditions G6 and CoS7

Oxford Health NHS Foundation Trust



Foundation Trusts and NHS trusts are required to make the following self-certifications to NHS Improvement:

Systems or compliance with licence conditions - in accordance with General condition 6 of the NHS provider licence

Availability of resources and accompanying statement - in accordance with Continuity of Services condition 7 of the NHS provider licence (Foundation Trusts designated CRS providers only)

These self-certifications are set out in this template.

How to use this template

- 1) Save this file to your Local Network or Computer.
- 2) Enter responses and information into the yellow data-entry cells as appropriate.
- 3) Once the data has been entered, add signatures to the document

Declarations required by General condition 6 and Continuity of Service condition 7 of the NHS provider licence

The board are required to respond "Confirmed" or "Not confirmed" to the following statements (please select 'not confirmed' if confirming another option). Explanatory information should be provided where required.

1 & 2 General condition 6 - Systems for compliance with licence conditions (FTs and NHS trusts)

1 Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.

Confirmed

OK

3 Continuity of services condition 7 - Availability of Resources (FTs designated CRS only)

EITHER:

3a After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.

OR

3b After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors (as described in the text box below) which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services.

Confirmed

OR

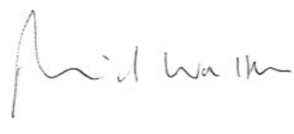
3c In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate.


Statement of main factors taken into account in making the above declaration

In making the above declaration, the main factors which have been taken into account by the Board of Directors are as follows:

The Board considered the financial resourcing risks to the delivery of Commissioner Requested Services amongst the other areas relevant to this certification aspect. As part of those considerations was the Trust's current and anticipated contract position with commissioners (in Oxfordshire, Buckinghamshire and for specialised services with NHS England) for FY23; the expectation with regard to the ongoing commissioning of services was that the block payment arrangements currently in place would continue to the end of the financial year. The Board was aware of the challenges concerning the removal of COVID-19 funding arrangements and the ambiguities of new commissioning and funding allocation arrangements through the BOB Integrated Care System (ICS). The Board reflected upon what could impede its ability to conclude its 'reasonable expectation'. The Trust has over the past few years evidenced activity increases and high levels of efficiency. The Mental Health contract for Oxfordshire was successfully renegotiated to increase the funding for the services provided which contributed to decreases in funding gaps for mental health provision and the Board was apprised of the allocations with regard to the Mental Health Investment Standard. There was also the impact of COVID-19 on the Trust, its existing service users and patients, the system and on society and also the strong expectation consequentially that this will have significantly increased the levels of demand for our services alongside exacerbated workforce shortages. Commissioner affordability with regard to the mental health investment standard in meeting the required mental health investment, including the additional growth in patient demand and acuity across the system, would mean that the receipt and effective application of the additional funding would be essential. It was anticipated that there would be considerable need for psychological and mental health support and a recognition of increasing demand post COVID-19. It seems increasingly likely that demand on the NHS will be spread over a much longer period of time than initially expected but this will still require staff to work at a very high levels of intensity and pressure. The Trust has begun a number of initiatives aimed at supporting staff and their wellbeing. The Trust is lead provider for three provider collaboratives: adult forensic mental health; CAMHS Tier 4 inpatient; and adult eating disorders. These provider collaboratives add a new dimension to risk as the total funding for the services comes to the Trust which is responsible for managing the other providers and passing the funding on as appropriate. If costs exceed income, the risk is shared amongst the partners. However, as lead provider the Trust has established the appropriate controls to manage this. This has been approved at the Board and at the Finance and Investment Committee. Finally, the new Health and Care Act 2022 establishes ICSs on a statutory footing from 01 July 2022 when Integrated Care Boards (ICBs) will replace Clinical Commissioning Groups as the NHS funding channel and strategic commissioning body. This will sit alongside the creation of Integrated Care Partnerships, and the increased partnership arrangements between the NHS and Local Authority social care provision. When making decisions, the Trust and the

Signed on behalf of the board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature 

Signature 

Name: David Walker

Name: Dr Nick Broughton

Capacity: Trust Chair

Capacity: Chief Executive

Date: 20 July 2022

Date: 20 July 2022

Further explanatory information should be provided below where the Board has been unable to confirm declarations under G6.