Hackney

NHS
City and Hackney
Clinical Commissioning Group

Meeting-in-common of the City & Hackney Clinical Commissioning Group and London Borough of Hackney Integrated Commissioning Boards

Meeting on Thursday 13 August 2020 9.30 am

Until further notice, this meeting will be held remotely

1. London Borough of Hackney Integrated Commissioning Board Agenda (Pages 1 - 128)

Contact Alex Harries, Integrated Commissioning Governance Manager – alex.harries2@nhs.net;

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City Integrated Commissioning Board
Meeting in-common of the City and Hackney Clinical Commissioning Group and the City of London Corporation

Hackney Integrated Commissioning Board
Meeting in-common of the City and Hackney Clinical Commissioning Group and the London Borough of Hackney

Joint Meeting in public of the two Integrated Commissioning Boards on Thursday 13 August 2020, 10.00 – 12.00
Microsoft Teams

Join Microsoft Teams Meeting

Item no.	Item	Lead and purpose	Documentation type	Page No.	Time
1.	**Welcome, introductions and apologies**	Chair	Verbal	-	10.00
2.	**Declarations of Interests**	Chair *For noting*	Paper	3-8	
3.	**Questions from the Public**	Chair	None	-	
4.	**Minutes of the Previous Meeting & Action Log**	Chair *For approval*	Paper	9-19	
Covid-19 response					
5.	**Support for Care Homes During the Pandemic**	Nina Griffith *For noting*	Paper	20-32	10.05
6.	**Integrated Care Operating Model & CCG Merger (Follow-up from ICB Development)**	David Maher *For noting*	Paper	33-75	10.30
7.	**Proposal for Prevention Workstream**	Sandra Husbands *For approval*	Paper	76-81	11.15
8.	**Risk Registers**	Matthew Knell / Stella Okonkwo *For noting*	Paper	82-99	11.30

Hackney

CITY OF LONDON

NHS
City and Hackney Clinical Commissioning Group

9.	**Finance Report**	Sunil Thakker / Ian Williams / Mark Jarvis *For noting*	Paper	100-111	11.45
10.	**AOB & Reflections**	All	None	-	11.55
For information items					
-	**Integrated Commissioning Glossary**	*For information*	Paper	112-117	-

Date of next meeting:

10 September, Format TBC

Integrated Commissioning
2020 Register of Interests

Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of interest
Simon	Cribbens	12/08/2019	City ICB advisor/ regular attendee Accountable Officers Group member	City of London Corporation	Assistant Director - Commissioning & Partnerships, Community & Children's Services	Pecuniary Interest
				City of London Corporation	Attendee at meetings	Pecuniary Interest
				Providence Row	Trustee	Non-Pecuniary Interest
Sunil	Thakker	11/12/2018	City and Hackney ICB advisor/ regular attendee	City & Hackney CCG	Chief Financial Officer	Non-Pecuniary Interest
Ian	Williams	20/03/2020	Hackney ICB advisor/ regular attendee	London Borough of Hackney	Group Director, Finance and Corporate Resources	Pecuniary Interest
				n/a	Homeowner in Hackney	Pecuniary Interest
				Hackney Schools for the Future Ltd	Director	Pecuniary Interest
				NWLA Partnership Board	Joint Chair	Pecuniary Interest
				London Treasury Ltd	SLT Rep	
				London CIV Board	Observer / SLT Rep	
				Chartered Institute of Public Finance and Accountancy	Member	Non-Pecuniary Interest
				Society of London Treasurers	Member	Non-Pecuniary Interest
				London Finance Advisory Committee	Member	Non-Pecuniary Interest
				Schools and Academy Funding Group	London Representative	Non-Pecuniary Interest
				Society of Municipal Treasurers	SMT Executive	
				London CIV Shareholders Committee	SLT Rep	
				London Pensions Investments Advisory Committee	Chair	Non-Pecuniary Interest
Ruby	Sayed	07/11/2019	City ICB member	City of London Corporate	Member	Pecuniary Interest
				Gaia Re Ltd	Member	Pecuniary Interest
				Thincats (Poland) Ltd	Director	Pecuniary Interest
				Bar of England and Wales	Member	Pecuniary Interest
				Transition Finance (Lavenham) Ltd	Member	Pecuniary Interest
				Nirvana Capital Ltd	Member	Pecuniary Interest
				Honourable Society of the Inner Temple	Member	Non-pecuniary interest
				Independent / Temple & Farringdon Together	Member	Non-pecuniary interest
				Guild of Entrepreneurs	Founder Member	Non-pecuniary interest
				Bury St. Edmund's Woman's Aid	Trustee	Non-pecuniary interest
				Housing the Homeless Central Fund	Trustee	Non-Pecuniary Interest
				Asian Women's Resource Centre	Trustee & Chairperson	Non-pecuniary interest
Mark	Jarvis	02/03/2020	City ICB advisor / regular attendee	City of London Corporation	Head of Finance	Pecuniary Interest
Anne	Canning	27/06/2019	Hackney ICB advisor / regular attendee Accountable Officers Group member	London Borough of Hackney	Group Director - Children, Adults & Community Health	Pecuniary Interest
Honor	Rhodes	11/06/2020	Member - City / Hackney Integrated Commissioning Boards	City & Hackney Clinical Commissioning Group	Lay Member	Pecuniary Interest
				Tavistock Relationships	Director	Non-Pecuniary Interest
				HUHFT	Daughter is employed as Assistant Psychologist	Indirect interest
				n/a	Registered with Barton House NHS Practice, N16	Non-Pecuniary Interest
Gary	Marlowe	25/06/2019	GP Member of the City & Hackney CCG Governing Body ICB advisor / regular attendee	City & Hackney CCG Governing Body	GP Member	Pecuniary Interest
				De Beauvoir Surgery	GP Partner	Pecuniary Interest
				City & Hackney CCG	Planned Care Lead	Pecuniary Interest
				Hackney GP Confederation	Member	Pecuniary Interest
				British Medical Association	London Regional Chair	Non-Pecuniary Interest
				n/a	Homeowner - Casimir Road, E5	Non-Pecuniary Interest
				City of London Health & Wellbeing Board	Member	Non-Pecuniary Interest

Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of interest
				Local Medical Committee	Member	Non-Pecuniary Interest
				Unison	Member	Non-Pecuniary Interest
				CHUHSE	Member	Non-Pecuniary Interest

Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of interest
Anntoinette	Bramble	05/06/2019	Member - Hackney Integrated Commissioning Board	Hackney Council	Deputy Mayor	Pecuniary Interest
				Local Government Association	Member of the Children and Young Board	Pecuniary Interest
				Schools Forum	Member	Pecuniary Interest
				SACRE	Member	Pecuniary Interest
				Admission Forum	Member	Pecuniary Interest
				HSFL (Ltd)		Non-Pecuniary Interest
				GMB Union	Member	Non-Pecuniary Interest
				Labour Party	Member	Non-Pecuniary Interest
				Urstwick School	Governor	Non-Pecuniary Interest
				City Academy	Governor	Non-Pecuniary Interest
				Hackney Play Bus (Charity)	Board Member	Non-Pecuniary Interest
				Local Government Association	Member	Non-Pecuniary Interest
				Lower Clapton Group Practice	Registered Patient	Non-pecuniary interest
Marianne	Fredericks	26/02/2020	Member - City Integrated Commissioning Board	City of London	Member	Pecuniary Interest
				Farringdon Ward Club	Member	Non-Pecuniary Interest
				The Worshipful Company of Firefighters	Liveryman	Non-Pecuniary Interest
				Christ's Hospital School Council	Member	Non-Pecuniary Interest
				Aldgate and All Hallows Foundation Charity	Member	Non-Pecuniary Interest
				The Worshipful Company of Bakers	Liveryman	Non-Pecuniary Interest
				Tower Ward Club	Member	Non-Pecuniary Interest
Christopher	Kennedy	25/06/2019	Member - Hackney Integrated Commissioning Board	Hackney Council	Cabinet Member for Health, Adult Social Care and Leisure	Pecuniary Interest
				Lee Valley Regional Park Authority	Member	Non-Pecuniary Interest
				Hackney Empire	Member	Non-Pecuniary Interest
				Hackney Parochial Charity	Member	Non-Pecuniary Interest
				Labour party	Member	Non-Pecuniary Interest
				Local GP practice	Registered patient	Non-Pecuniary Interest

Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of interest
Randall	Anderson	15/07/2019	Member - City Integrated Commissioning Board	City of London Corporation	Chair, Community and Children's Services Committee	Pecuniary Interest
				n/a	Self-employed Lawyer	Pecuniary Interest
				n/a	Renter of a flat from the City of London (Breton House, London)	Non-Pecuniary Interest
				Member	American Bar Association	Non-Pecuniary Interest
				Masonic Lodge 1745	Member	Non-Pecuniary Interest
				Worshipful Company of Information Technologists	Freeman	Non-Pecuniary Interest
				City of London School for Girls	Member - Board of Governors	Non-Pecuniary Interest
				Neaman Practice	Registered Patient	Non-Pecuniary Interest
Andrew	Carter	12/08/2019	City ICB advisor / regular attendee	City of London Corporation	Director of Community & Children's Services	Pecuniary Interest
				Petchey Academy & Hackney / Tower Hamlets College	Governing Body Member	Non-pecuniary interest
				n/a	Spouse works for FCA (fostering agency)	Indirect interest
David	Maher	19/06/2019	Accountable Officers Group Member ICB regular attendee/ AO deputy	City and Hackney Clinical Commissioning Group	Managing Director	Pecuniary Interest
				World Health Organisation	Member of Expert Group to the Health System Footprint on Sustainable Development	Non-Pecuniary Interest
				NHS England, Sustainable Development Unit	Social Value and Commissioning Ambassador	Non-Pecuniary Interest
Rebecca	Rennison	31/05/2019	Member - Hackney Integrated Commissioning Board	Target Ovarian Cancer	Director of Public Affairs and Services	Pecuniary Interest
				Hackney Council	Cabinet Member for Finance and Housing Needs	Pecuniary Interest
				Cancer52Board	Member	Non-Pecuniary Interest
				Clapton Park Tenant Management Organisation	Board Member	Non-Pecuniary Interest
				North London Waste Authority	Board Member	Non-Pecuniary Interest
					Land Interests - Residential property, Angel Wharf	Non-Pecuniary Interest
					Residential Property, Shepherdess Walk, N1	Non-Pecuniary Interest
				GMB Union	Member	Non-Pecuniary Interest
				Labour Party	Member	Non-Pecuniary Interest
				Fabian Society	Member	Non-Pecuniary Interest
				English Heritage	Member	Non-Pecuniary Interest
				Chats Palace	Board Member	Non-Pecuniary Interest
Carol	Beckford	09/07/2019	Transition Director	Hunter Health Group	Agency Worker	Non-Pecuniary Interest
Henry	Black	27/06/2019	NEL Commissioning Alliance - CFO	Barking, Havering & Redbridge University Hospitals NHS Trust	Wife is Assistant Director of Finance	Indirect interest
				East London Lift Accommodation Services Ltd	Director	Non-financial professional interest
				East London Lift Accommodation Services No2 Ltd	Director	Non-financial professional interest
				East London Lift Holdco No2 Ltd	Director	Non-financial professional interest
				East London Lift Holdco No3 Ltd	Director	Non-financial professional interest
				East London Lift Holdco No4 Ltd	Director	Non-financial professional interest
				ELLAS No3 Ltd	Director	Non-financial professional interest
				ELLAS No4 Ltd	Director	Non-financial professional interest
				Infracare East London Ltd	Director	Non-financial professional interest
Jane	Milligan	26/06/2019	Member - Integrated Commissioning Board	NHS North East London Commissioning Alliance (City & Hackney, Newham, Tower Hamlets, Waltham Forest, Barking and Dagenham, Havering and Redbridge CCGs)	Accountable Officer	Pecuniary Interest
				North East London Sustainability and Transformation Partnership	Senior Responsible Officer	Pecuniary Interest
				n/a	Partner is employed substantively by NELCSU as Director of Business Development from 2 January 2018 on secondment to Central London Community Services Trust.	Indirect Interest

Forename	Surname	Date of Declaration	Position / Role	Nature of Business / Organisation	Nature of Interest / Comments	Type of interest
				Stonewall	Ambassador	Non-Pecuniary Interest
				Peabody Housing Association Board	Non-Executive Director	Non-pecuniary interest
Mark	Rickets	24/10/2019	Member - City and Hackney Integrated Commissioning Boards	City and Hackney Clinical Commissioning Group	Chair	Pecuniary Interest
			Primary Care Quality Programme Board Chair (GP Lead)	Health Systems Innovation Lab, School Health and Social Care, London South Bank University	Wife is a Visiting Fellow	Non-financial professional interest
			Primary Care Quality Programme Board Chair (GP Lead)	GP Confederation	Nightingale Practice is a Member	Professional financial interest
			CCG Chair Primary Care Quality Programme Board Chair (GP Lead)	HENCEL	I work as a GP appraiser in City and Hackney and Tower Hamlets for HENCEL	Professional financial interest
			CCG Chair Primary Care Quality Programme Board Chair (GP Lead)	Nightingale Practice (CCG Member Practice)	Salaried GP	Professional financial interest
Jake	Ferguson	30/09/2019	Chief Executive Officer Member	Hackney Council for Voluntary Service Voluntary Sector Transformation Leadership Group which represents the sector across the Transformation / ICS structures.	Organisation holds various grants from the CCG and Council. Full details available on request.	Professional financial interest Non-financial personal interest
Helen	Fentimen	14/02/2020	City of London Member	Member, Labour Party Member, Unite Trade Union Chair, Governors Prior Weston Primary School and Children's Centre		Non-financial personal interest Non-financial personal interest Non-financial personal interest
Jon	Williams	02/03/2020	Attendee - Hackney Integrated Commisioning Board	Healthwatch Hackney	Director - CHCCG Neighbourhood Involvement Contract - CHCCG NHS Community Voice Contract - CHCCG Involvement Alliance Contract - CHCCG Coproduction and Engagement Grant - Hackney Council Core and Signposting Grant Based in St. Leonard's Hospital	Pecuniary Interest

Meeting-in-common of the Hackney Integrated Commissioning Board
(Comprising the City & Hackney CCG Integrated Commissioning Committee and the London Borough of Hackney Integrated Commissioning Committee)

and

Meeting-in-common of the City Integrated Commissioning Board
(Comprising the City & Hackney CCG Integrated Commissioning Committee and the City of London Corporation Integrated Commissioning Committee)

and

Community Services Development Board
(Comprising system colleagues from across the City & Hackney geographic area)

Integrated Commissioning Board – Local Outbreak Board Session

Minutes of meeting held in public on 9 July 2020
Microsoft Teams

Present:

Hackney Integrated Commissioning Board

Hackney Integrated Commissioning Committee

Cllr Christopher Kennedy	Cabinet Member for Health, Adult Social Care and Leisure (ICB Chair)	London Borough of Hackney
Cllr Antoinette Bramble	Cabinet Member for Community Safety, Policy and the Voluntary Sector	London Borough of Hackney
Cllr Rebecca Rennison	Cabinet Member for Finance, Housing Needs and Supply	London Borough of Hackney

City & Hackney CCG Integrated Commissioning Committee

Dr. Mark Rickets	CCG Chair	City & Hackney CCG
Jane Milligan	Accountable Officer	City & Hackney CCG
Honor Rhodes	Governing Body Lay member	City & Hackney CCG

City Integrated Commissioning Board

City Integrated Commissioning Committee

Randall Anderson QC	Chairman, Community and Children's Services Committee	City of London Corporation
Mary Durcan	Member, Community & Children's Services Committee	City of London Corporation
Marianne Fredericks	Member, Community and Children's Services Committee	City of London Corporation

In attendance

Amy Wilkinson	Workstream Director: Children, Young People, Maternity & Families	London Borough of Hackney
Andrew Carter	Director, Community & Children's Services	City of London Corporation
David Maher	Managing Director	City & Hackney CCG
Denise D'Souza	Director of Adult Social Care	London Borough of Hackney
Diana Divajeva	Principal Public Health Analyst	London Borough of Hackney
Gary Marlowe	Governing Body GP member	City & Hackney CCG
Jake Ferguson	Chief Executive Officer	Hackney Council for Voluntary Services
Jonathan McShane	Integrated Care Convenor	City & Hackney CCG
Ian Williams	Group Director, Finance and Corporate Services	London Borough of Hackney
Jane Caldwell	CEO	Age UK
Jon Williams	Executive Director	Healthwatch Hackney
Nina Griffith	Workstream Director: Unplanned Care	Homerton University NHS FT
Paul Coles	General Manager	Healthwatch City of London
Philip Glanville	Mayor of Hackney	London Borough of Hackney
Richard Fradgley	Director of Integrated Care	ELFT
Dr. Sandra Husbands	Director of Public Health	London Borough of Hackney
Sunil Thakker	Director of Finance	City & Hackney CCG
Stella Okonkwo	Integrated Commissioning Programme Manager	City & Hackney CCG
Vanessa Morris	Chief Executive Officer	Mind

Apologies – ICB members

None.

Other Apologies

1. Welcome, Introductions and Apologies for Absence

1.1. The Chair, Cllr Chris Kennedy, opened the meeting. The ICB for the first 30 minutes was operating in its capacity as the Local Outbreak Board.

1.2. Apologies were noted as listed above.

2. Declarations of Interests

2.1. The **City Integrated Commissioning Board**

- **NOTED** the Register of Interests.

2.2. The **Hackney Integrated Commissioning Board**

- **NOTED** the Register of Interests.

3. Questions from the Public

3.1. There were no questions from members of the public.

4. Local Outbreak Control Plan

4.1. Dr. Sandra Husbands introduced the paper. She noted that this plan was still in a draft format. It built on the previous pandemic flu plan, but also would help us understand the local response and interface with NHS Test and Trace. Standard operating procedures were being developed for individualized settings and planning was centred around place-based outbreaks.

4.2. Cllr Kennedy noted that the Local Outbreak Board (LOB) would have a duty to report to Cabinet Ministers. We also had a responsibility towards ensuring effective public engagement. Sandra Husbands that the standard operating procedures and appendices to the Local Outbreak Control Plan would be made available as soon as possible.

- **Sunil Thakker stated that he would bring a finance report to the next meeting of the Local Outbreak Board.**

4.3. In response to a question from Mary Durcan around provision of information on testing centre locations, Sandra Husbands stated that she was unsure why information about testing centre locations had not been effectively cascaded to local authorities.

- **Sandra Husbands to ensure information on location and opening times of testing centres is cascaded to local authorities.**

4.4. Sandra Husbands noted that we were nominating and training community champions to act as liaisons for our most at-risk communities. People needed to trust the test and trace system in order for it to work effectively.

4.5. Sandra Husbands also noted that, in the event of a local outbreak, there are statutory powers that enable local authority officials to mandate a business or premises be closed. There were also powers to disperse gatherings. However, there were discussions ongoing between the Mayor of London and the Secretary of State as a local lockdown in London would ~~re~~present a logistical challenge.

5. Data Integration Paper

5.1. Diana Divajeva introduced the paper. She noted that we had moved from a situation in which not enough information had been provided to us, to one in which we had an overwhelming amount of data which were difficult to interpret. Dashboards would

include data from across the system, and there were funding implications attached to this.

- **Jon Williams requested that the dashboard be brought to the Communications and Engagement Enabler Group.**

5.2. We did not currently have data based on where individuals work – the data were being sent from NHS Test and Trace and was based on those interactions with call handlers.

5.1 **The City Integrated Commissioning Board**

- **NOTED** the report.

5.2 **The Hackney Integrated Commissioning Board**

- **NOTED** the report.

Local Outbreak Board Session Ends

Meeting-in-common of the Hackney Integrated Commissioning Board
(Comprising the City & Hackney CCG Integrated Commissioning Committee and the London Borough of Hackney Integrated Commissioning Committee)

and

Meeting-in-common of the City Integrated Commissioning Board
(Comprising the City & Hackney CCG Integrated Commissioning Committee and the City of London Corporation Integrated Commissioning Committee)

Minutes of meeting held in public on 9 July 2020
Microsoft Teams

1. WELCOME, INTRODUCTIONS AND APOLOGIES

1.1. The Chair, Cllr Chris Kennedy, opened the meeting.

1.2. Apologies were noted as listed above.

2. DECLARATIONS OF INTERESTS

2.1. The **City Integrated Commissioning Board**
- **NOTED** the Register of Interests.

2.2. The **Hackney Integrated Commissioning Board**
- **NOTED** the Register of Interests.

3. QUESTIONS FROM THE PUBLIC

3.1. There were no questions from members of the public.

4. Minutes of the Previous Meeting and Action Log

4.1. Jane Milligan noted that the action which was assigned to her regarding zero hours contracts was more of a wider point around the consideration of the next phase of our workforce plans. Part of this would be a greater role for anchor institutions and sustainable employment.

4.2. The **City Integrated Commissioning Board**
- **APPROVED** the minutes of the previous meeting, subject to the above changes.
- **NOTED** the action log.

4.3. The **Hackney Integrated Commissioning Board**
- **APPROVED** the minutes of the previous meeting, subject to the above changes.
- **NOTED** the action log.

5. Update on the Prevention Workstream

5.1 Sandra Husbands provided a verbal update. She informed the board that the Director for the Prevention Workstream and the Transformation Support Officer had finished their secondments. We therefore needed to re-examine the prevention workstream and evaluate what was public health business-as-usual and what would sit within the integrated care system. She added that this presented an opportunity to develop a population health approach to Integrated Care delivery.

5.2 The next board would receive an update paper which would seek permission to dissolve the workstream and create a Population Health Enabler Group instead. Many of the people working on the current prevention workstream would transition into this new enabler group, so none of the work would be stopped, in order to drive continuity.

5.3 Jake Ferguson welcomed the revised approach. He noted that from the perspective of the voluntary sector it had proven difficult to penetrate the prevention workstream. He also drew attention to the strategic objective of the integrated care system to shift resources towards prevention. David Maher added that pre-Covid-19 there had been a policy framework which was due to come to the ICB for the prevention investment standard. This would be re-examined as we move into more stable operational arrangements.

6. CCG Contracting Position

6.1 The item was introduced by Sunil Thakker. We were still awaiting refreshed guidance, and a detailed paper would likely be received by the ICB in August.

7. Provider Alliance Update

7.1 The item was introduced by Jonathan McShane. The ICB development session would be used to explore the governance arrangements of the alliance.

8. Inequalities Framework

8.1 Jayne Taylor introduced the item. This item had previously been presented to the Hackney Health and Wellbeing Board, who had endorsed the framework. We also needed to ensure that prevention programmes were maximized to support healthy behaviours. The framework was about re-prioritising existing plans within all parts of the system to focus explicitly on tackling health inequalities. A population health approach and embedding the principles of 'making every contact count' in addition to building on the work already started to create a local anchor network should drive everything that we do.

8.2 Anna Garner also noted that there were short, medium and long-term aspirations for this work. Much of this would be focused on ensuring residents were better prepared for a potential second peak of covid-19 than the first one which hit in April.

8.3 Randall Anderson raised concerns about the move towards services being "virtual by default". Many people had issues with virtual access, and there was evidence to suggest that many elderly residents were not as confident in using virtual means of accessing services. David Maher referenced that we were adopting a "virtual when appropriate" across primary care.

8.4 Randall Anderson also stated that the data on deprivation was focused exclusively on Hackney. Sandra Husbands responded that the data was such because there had been a very low incidence of covid-19 and covid-19 mortality in the City of London, however there were still inferences to be made about the population of the City of London in terms of its ethnic profile, demography, etc.

8.5 Gary Marlowe highlighted the need to record things in a way that would make sense for us locally, and NEL would necessarily have a different view of data aggregation.

8.6 Paul Coles stated that whilst 80% of the population would likely be happy to use digital means of service access, we needed to work on encouraging the other 20% to use these methods. Jayne Taylor agreed, and Anna Garner stated that we need to make sure we focus on outcomes to make sure that what we offer is subject to variation.

8.7 Jake Ferguson stated that we needed to sign up to the structural racism statement. There was an opportunity here to be more radical and ambitious. At the heart of our approach should be a focus on empowering people. We currently focus on people coming to the system and not the other way around. Many communities were under-resourced, had few organisations representing them and a lack of shared communal space.

8.8 Mark Rickets pointed to the need for a well-developed dashboard which could provide a means of shifting this into a reality. Anna Garner responded that we need to work out how to be genuinely responsive and acknowledge systemic discrimination. There was an opportunity here to do something genuinely ahead of the curve.

8.9 David Maher stated that the System Operational Command Group (SOC) may be able to drive forward some specific delivery actions around digital inclusion. There could also be a role for anchor organisations to identify their IT resources. We should focus our collective attention on closing the digital divide. The SOC could help co-ordinate that with the relevant IT partners, and the ICB could examine other iterations of that plan.

- **ICB to receive a report at a future meeting on the digital divide caused by moving to virtual by default services.**

8.10 The **City Integrated Commissioning Board**

- **ENDORSED** the use of a population health framework for the City and Hackney operating model, as part of a broader health and wellbeing strategy, to ensure that the integrated health and care system supports the delivery of wider strategic aims to reduce health inequalities through concerted collective local action.

- **COMMITTED** to using all the levers at its discretion to call out, and take meaningful action to reduce, all forms of health inequality in the City of London.

- **ENDORSED** the proposed next step actions as set out in this paper.

8.11 The **Hackney Integrated Commissioning Board**

- **ENDORSED** the use of a population health framework for the City and Hackney operating model, as part of a broader health and wellbeing strategy, to ensure that the integrated health and care system supports the delivery of wider strategic aims to reduce health inequalities through concerted collective local action.

- **COMMITTED** to using all the levers at its discretion to call out, and take meaningful action to reduce, all forms of health inequality in the City of London.
- **ENDORSED** the proposed next step actions as set out in this paper.

9. Phase Two Update

9.1 David Maher introduced the item. The paper set out the SOC response to the recovery. We were looking to re-start plans for resident engagement for post- and intra-covid working. Feedback from patients had been compelling; we were working on consolidating safeguarding arrangements and planning for future surge capacity.

9.2 The ICB would need to get right the pre-admission work that we did for neighbourhoods. We also need to support discharges and have systems in place to enable discharge to happen from a home-first principle.

9.3 The Neighbourhoods MDT had been prioritizing community-based work. The granular focus around primary care with involvement from the voluntary sector would give us the greatest chance of making our impact on peoples' lives relevant.

9.4 By September we would need to think about what Phase Three would look like. There would be a letter sent round in the next few weeks that would discuss this.

9.5 Mayor Glanville stated that whilst this SOC response had the City & Hackney partner logos on it, it was often received by committees when it had been completed. There was therefore a need to consider a greater role for political accountability.

9.6 The **City Integrated Commissioning Board**
- **NOTED** the update.

9.7 The **Hackney Integrated Commissioning Board**
- **NOTED** the update.

10. The CYPMF Neighbourhoods Approach

10.1 Amy Wilkinson introduced the paper. Cllr Kennedy stated that he was pleased to see that there was a link in this paper with improving outcomes for young black men. There were, however, a few gaps. He was also not sure how meetings with childrens' centres mapped with the multi-disciplinary teams. Amy Wilkinson responded that there were challenges with the geographies of the Neighbourhoods, however a lot of work had been done with our partners on coming to grips with this and making it work.

10.2 Honor Rhodes stated she would like to see more detail about adverse childhood experiences (ACEs). She would also like to see a stronger emphasis on what families mean to us and a stronger, clearer commitment to working with fathers and other parents. Amy Wilkinson stated that the work on ACEs was close to being able to be brought back to the ICB. When we consulted on the early years elements of the work, practitioners were showing us issues which reflected on the wider determinants of health.

- **Report on Adverse Childhood Experiences to be brought back to a future ICB.**

10.3 Jake Ferguson stated that he would like to have a greater understanding of domestic abuse since the lockdown. Furthermore, he asked about young black mens' programmes – what would be different as a result of what we learned during the past few months? Amy Wilkinson stated that there had been a lot of work done with voluntary sector organisations on pathways. In terms of young black mens' programmes, we had been working with local organisations to get these programmes led by young black men.

- **Amy Wilkinson further stated that she would explore issues of data integration with the ICT Enabler group.**

10.4 Mayor Glanville stated that we needed to integrate a population health approach into this work. Oftentimes, black families were seen merely as people who were vulnerable and in need of help as opposed to people with their own cultural capital and views. Amy Wilkinson stated that there were wider policies around this which could be brought into the design through our engagement with Neighbourhoods.

10.5 The **City Integrated Commissioning Board**

- **NOTED** the report.

10.6 The **Hackney Integrated Commissioning Board**

- **NOTED** the report.

11. Voluntary Sector Operating Model

11.1 The item was introduced by Jake Ferguson, Vanessa Morris and Jane Caldwell. The VCS had been working on relationships with system partners in order to develop an approach that would utilize the work of the voluntary sector effectively.

11.2 Jane Caldwell highlighted the timeliness and urgency of this work. She recognized that some people on the call would have had experience of the value and benefit of the voluntary sector. The priority had been to connect either face-to-face or virtually with residents and then connect residents to each other.

- **Paul Coles requested that Healthwatch City of London be invited to some of these VCS operating model meetings as a guest.**

- **Vanessa Morris and Paul Coles to further work on the Voluntary Sector Operating Model delivery plan.**

11.3 The **City Integrated Commissioning Board**

- **NOTED** the report content, and for it to be used as a basis for a work-plan for the VCSE Enabler group.
- **ENDORSED** a resourced delivery plan; co-produced for the implementation of the Operating Model through the VCSE Enabler Group with the VCSE convener, Programme Director and Workstream Leads
- **AGREED** to sign up to the NCVO good practice guidelines in the development of the VCSE Enabler Group.

- **AGREED** that this Operating Model will support the longer term plans to invest in the VCSE to be a key partner in the ICS. The prevention investment provides an initial non-recurrent investment but a sustainable investment strategy will be needed in the longer term.

11.4 The **Hackney Integrated Commissioning Board**

- **NOTED** the report content, and for it to be used as a basis for a work-plan for the VCSE Enabler group.
- **ENDORSED** a resourced delivery plan; co-produced for the implementation of the Operating Model through the VCSE Enabler Group with the VCSE convener, Programme Director and Workstream Leads
- **AGREED** to sign up to the NCVO good practice guidelines in the development of the VCSE Enabler Group.
- **AGREED** that this Operating Model will support the longer term plans to invest in the VCSE to be a key partner in the ICS. The prevention investment provides an initial non-recurrent investment but a sustainable investment strategy will be needed in the longer term.

12. Homelessness Resourcing Update

12.1 Siobhan Harper introduced the report. Cllr Rennison thanked her for the report and noted that it would need to be progressed via finance at a later date. The next crunch point would be the move towards more complex work on provision.

12.2 Marianne Fredericks raised the issue of hotels funding and the need to build this into the support package for rough sleepers. Sandra Husbands responded that funding has been announced in relation to support for rough sleepers but Local Authorities would need to bid for it. Siobhan Harper responded that this was welcome news and would give us an opportunity to shape our influence of what additional health provision would look like.

12.3 The **City Integrated Commissioning Board**

- **NOTED** the report.

12.4 The **Hackney Integrated Commissioning Board**

- **NOTED** the report.

13. AOB & Reflections

13.1 Honor Rhodes stated that the reports for the ICB had increased in quality, as had the quality of the presentations. The rough sleepers work had also been a tremendous good news story in difficult times.

Date and time of next meeting

The next meeting will be held on 13 August – virtual.

City and Hackney Integrated Commissioning Programme Action Tracker

Ref No	Action	Assigned to	Assigned date	Due date	Status	Update
ICBMay-4	Sunil Thakker to bring back updated progress report on **CCG contracting position.**	Sunil Thakker	14/05/2020	Aug-20	Open	Guidance still not received - on the forward planner for September.
ICBMay-5	David Maher and Jonathan McShane to share a paper at a future ICB on the **provider alliance approach to service delivery, outcomes and patient experience.**	Jonathan McShane	14/05/2020	Jul-20	Open	
LOBJul-1	**Finance paper** to be brought to the next meeting of the Local Outbreak Board.	Sunil Thakker / Sandra Husbands	09/07/2020	Aug-20	Closed	Paper to be discussed at August meeting.
LOBJul-2	Sandra Husbands to make sure information on **opening times and locations of testing centres** is cascaded to local authorities.	Sandra Husbands	09/07/2020	Aug-20	Open	
LOBJul-3	**Data integration dashboard** to be taken to the comms and engagement enabler group.	Jon Williams	09/07/2020	Aug-20	Open	In progress.
ICBJul-1	ICB to receive a report at a future meeting on the **digital divide** caused by moving to virtual by default services.	David Maher	09/07/2020	Sep-20	Open	On the forward planner for September.
ICBJul-2	Report on **Adverse Childhood Experiences** to be brought back to a future ICB.	Amy Wilkinson	09/07/2020	Sep-20	Open	Progress report on the forward planner for September.
ICBJul-3	Amy Wilkinson further stated that she would explore issues of **data integration in the City of London** with the ICT Enabler group.	Amy Wilkinson	09/07/2020	Aug-20	Closed	This has been followed-up.
ICBJul-4	Paul Coles requested that **Healthwatch City of London be invited to some of the VCS operating model meetings** as a guest.	Jake Ferguson	09/07/2020	Aug-20	Closed	Followed-up: Paul Coles to be invited to future VCS operating model meetings.
ICBJul-5	Vanessa Morris and Paul Coles to further work on the **Voluntary Sector Operating Model delivery plan.**	Paul Coles	09/07/2020	Aug-20	Closed	Paul Coles is invited to the VCS operating model meetings and will work on the operating model with Vanessa Morris.

Title of report:	**Support for Care Homes during the Pandemic**
Date of meeting:	13th August 2020
Lead Officer:	Nina Griffith, Unplanned Care Workstream Director Simon Galczynski, Director of Adult Services
Author:	Cindy Fischer, Programme Manager, Unplanned Care
Committee(s):	Regular reporting has gone to the System Operational Command Group
Public / Non-public	Public

Executive Summary:

This paper summarises the support that was put in place to care homes through the Covid-19 pandemic.

Recommendations:

The **City Integrated Commissioning Board** is asked:

- To **NOTE** the report;

The **Hackney Integrated Commissioning Board** is asked:

- To **NOTE** the report;

Strategic Objectives this paper supports:

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	☐	
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	☒	
Ensure we maintain financial balance as a system and achieve our financial plans	☐	
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	☒	
Empower patients and residents	☐	

Specific implications for City

There are no care homes within the City of London, however, City residents are placed into care homes in Hackney and across NEL

Specific implications for Hackney

This relates to care homes loc ated in Hackney

Patient and Public Involvement and Impact:

The work described was undertaken as part of a response to an immediate health crisis. As such, there has not been significant patient and public involvement in it.

However, in advance of the pandemic there was public involvement in our approach to care homes as follows:
-Detailed review of primary care services to care homes undertaken in 2019, which included interviews with care home residents. This has informed the future service model.
-Discharge co-production workshop held to ensure pathways from hospital into step down services are effective.

Clinical/practitioner input and engagement:

The work to support care homes has had significant clinical input from care home staff, GP leads in unplanned care, local GPs and Homerton and ELFT community services colleagues and infection prevention control nurses within the CSU.

Communications and engagement:

[Does this report, or the work described in the document, require communications and/or stakeholder engagement with patient groups, the public or integrated care partners? If yes, please explain what communications and engagement has been undertaken or will be undertaken. If no – please state why not.]
No

Comms Sign-off
[Which Communications and Engagement team member has contributed to the communications and engagement thinking which underpins this work? If not applicable - please state why this is not applicable.]
n/a – the work described was undertaken in response to an immediate health crisis.

Equalities implications and impact on priority groups:

[Please set out any equalities issues and particularly in relation to impact on priority groups; e.g. young black men]

This work has focused on care home residents, who fall into the following groups:
Older adults
People with dementia
People with mental health issues
People with learning disabilities

Safeguarding implications:

[Please set out any safeguarding issues or implications emerging from the report]
N/A

Impact on / Overlap with Existing Services:

[Please state how proposals in the report will impact on existing service provision, considering inter-relations between NHS and Local Authority, acute, GP and community services.] The report describes how existing primary care and community services have been and will continue to provide services to care home residents.

Support for Care Homes during the Pandemic

Background

COVID-19 has provided an unprecedented challenge to adult social care. The challenge has been significant in London due to early and rapid spread of the virus, local patterns of deprivation, high levels of air pollution and the high proportion of ethnic minority populations in most London boroughs.

The London Borough of Hackney (LBH), and the City and Hackney CCG (CCG) worked closely with London Association of Directors of Adult Social Services (ADASS) and other NHS partners to identify issues, and galvanise responses.

Using data and information from providers, we developed a comprehensive understanding of the local adult social care market (home care and care homes) during the spread of Covid-19. Commissioners used this as a key part of their daily interaction to support providers. It has underpinned and strengthened relationships with providers locally and provided information on care homes across borough boundaries, which has streamlined the work and reduced the burden on providers. Since mid-March this has supported local operational responses: prioritising active delivery of PPE, ensuring appropriate staffing levels and providing Public Health infection control advice and support.

Being alert to emerging issues in the system, which led to challenges for care homes, enabled an early response (we started reporting care home deaths and COVID cases from 23rd March) and allowed action to be taken. This report provides specific information on the local support offered to care homes within Hackney.

Local Demographics

There are 15 Care Homes based in the London Borough of Hackney (LBH) and no care homes in the City of London. This breaks down into 4 nursing homes for older adults, 5

residential homes for people with learning disabilities and 6 residential homes for people with mental health needs, in total providing 331 beds.

There are an additional 3 care homes located out of borough whose residents are registered with City and Hackney GPs. One home in Islington is for older adults and two homes in Haringey are for people with learning disabilities. In total, there are 20 residents across these residential homes.

In advance of the pandemic, there were already established relationships with the care homes either through the older adults or mental health commissioning teams in LBH and the CCG.

Response to the pandemic

During the pandemic, the adult social care team at LBH mobilised a daily review of care providers (care homes and domiciliary care providers) to provide support and ensure resilience in the care market resilience locally. This included the collection and analysis of all relevant data on care homes, and taking actions immediately where necessary to support them. Actions and any issues are reported to our Borough Emergency Committee (BEC) and GOLD command.

The LBH quality assurance (QA) team has also led joint working with our Care homes, as part of our commissioning support arrangements. During the COVID crisis, LBH and the CCG have in partnership built on existing solid relationships with homes based in Hackney. This has included:

- Phone calls with Care Homes from commissioners and QA staff doing general “health checks” with providers to understand their issues and help with practical solutions where possible.
- QA staff maintaining relationships with care homes.
- CCG and LBH commissioners work closely together to support care homes, promoting integrated working, supporting existing work around trusted assessors and ensuring clinical input into care homes.
- The commissioning Support Unit (CSU) infection prevention and control team have provided specific expertise to all care homes to support reducing risk of infections, outbreaks use of PPE and isolation.

As a system partnership, we have a high level of confidence that our plans are being

actioned. Support to care homes has been a regular agenda item in the System Operational Command Group (SOCG) since the onset of the pandemic.

Provision of Clinical Support

We had pre-existing and robust primary care support arrangements in place for our nursing homes. For one nursing home, we quickly strengthened primary care and geriatrician support focused on clinical management of symptomatic patients, infection control and end of life care advice.

We have aligned care homes to PCNs and assigned GP clinical leads to each care home. In the beginning of June, we implemented a Covid-19 Care Homes service where a weekly check-in or ward round started to take place within all 18 of the care homes.

The Homerton University Hospital Foundation Trust (HUHFT) and East London Foundation Trust (ELFT) provide community health services within all 15 local care homes. The required service input will vary based on the type of home. In particular, the Integrated Learning Disability Service and various mental health teams provide clinical support weekly.

We are also actively planning for the implementation of the Enhanced Health in Care Homes (EHCH) framework, which requires provision of dedicated and proactive primary care and community services into care homes. This is through a new PCN contract which goes live from start Q3 and the standard contract for community health services. We are in the process of identifying a lead clinician for each home from community services teams to ensure better coordination between providers. This will allow a multi-disciplinary approach to supporting the care homes. Service leads are required to ensure an expedient route into services, by providing advice and navigation. Where not already taking place, ward rounds and multi-disciplinary meetings will be in place by the 1 October.

Provision of Training

The partnership has established regular and successful training sessions to all providers including Care homes, supported living schemes and domiciliary care providers and includes a range of topics such as:

- Dementia Support
- Infection Prevention and Control
- Community support and signs of deterioration
- Advanced care planning using Coordinate My Care (CMC)
- Testing for Covid – covering both staff and service users
- Psychological support for staff

As part of a train the trainer programme, the care homes participated in a national infection prevention and control training by the 29 May. Additional weekly sessions have occurred for the broader social care market to attend.

Supply of PPE

As with all health and care providers, care homes in the borough have had challenges accessing sufficient PPE.

Hackney set-up and co-ordinated a centralised ordering, supply and distribution centre to support all our providers, with care homes being the priority. Most of the care homes have accessed this service to bulk supplement their own ordering and supply.

A process of mutual aid was established across health and social care partners, facilitated through the System Operational Command. Care homes and domiciliary care providers reported weekly to SOC on any PPE supply issues and other partners and other partners did provide PPE where they had sufficient stock to do so.

North East London STP also set up an emergency short-term PPE supply chain for any provider that was going to run out of stick within 24 hours. This was in operation from start April to mid-May.

Support for Testing

Hackney has been closely following Government announcements about availability of testing for different groups, and sharing all relevant information about how to access testing with providers. This has included information about the National testing offer, local options

provided by NHS North East London, and the pop-up mobile testing unit in Dalston.

On the 28 April the Secretary of State for Health and Social Care committed to offering a coronavirus test to every staff member and resident in all care homes in England, whether symptomatic or not. In line with this goal, on 11th May 2020, a new online portal was set up, where any CQC registered care home is able to order a batch of testing kits, for all of its residents and staff.

On the 3 July further testing guidance was published which outlines plans for CQC-registered older people's homes to receive testing every month and for staff to be tested weekly. The view is that this will be rolled out to other CQC registered care homes, with residents under 65 years, over July. Despite this announcement there continues to be challenges with all homes being able to access tests for repeat mass testing.

Across Hackney there are 75 non-CQC registered residential care settings that are not yet able to access asymptomatic testing. These sites can order home test kits for unwell residents in the same way that any member of the population can. However, this does not allow for mass testing of asymptomatic residents or staff members. Partners are exploring the options to address wider testing using local acute hospital lab capacity.

Some of the mental health care homes in the borough have reported that it would be difficult for them to undertake the swabbing themselves. Therefore the CCG has arranged for a GP to support two mental health care homes to conduct swabbing of residents and staff. To widen this type of support offer, the CCG and LA commissioners are working with the public health team to commission a local swabbing support programme to extend to all CQC and non-CQC registered accommodations. We are also considering how this team can support with the wider MECC agenda and with flu immunisation.

Supply of extra Staff and Alternate Accommodation

In the beginning of the pandemic the Council commissioned additional staff to support a care home due to the reduction of staff who were unable to work due to staff self – isolating.

The Council and CCG also agreed to block book 13 beds in a local nursing home who could accept people who have tested positive and need to be isolated. These beds are reserved

for people needing this level of intervention, whether for discharge from hospital or a transfer from the community.

Two of our Mental Health care homes do not have the ability to accommodate people who need to be shielded or isolated. The council have a small number of self-contained units and can commission an individual care package for any person requiring to be cared for in this setting.

All of our LD care homes report being able to accommodate people who need to be isolated or shielded.

Wellbeing Support

The CCG commissioned Mind to offer psychological wellbeing support to care homes. This consists of resilience work, psycho-education and staff support groups. The specific offer will depend on the needs of each care home.

Financial Support

Hackney has been very proactive in listening to providers and seeking to address short-term financial pressures, getting funding to our providers as quickly and simply as possible.

ADASS and the LGA released a joint guidance note on 13th March 2020. Subsequently on 8 April 2020, ADASS and LGA issued a note to councils for local authority commissioners. It summarised pressures on social care providers arising from COVID-19, and outlined three main ways in which commissioners can alleviate these pressures, with recommendations. One of these recommendations was to provide extra funding to suppliers.

Hackney engaged all our providers and asked them to complete a questionnaire on the types of pressures providers were facing. Fig. 1 shows the feedback from providers:

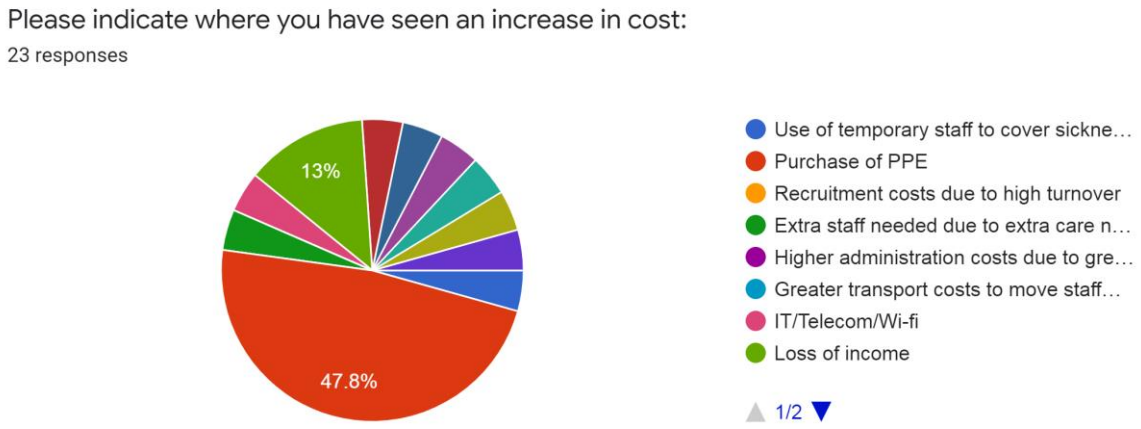


Fig 1.

As a result of this, LBH have offered and made an across the board payment of the equivalent of an extra 10% of base contract price for up to three months to providers (with a review after 2 months).

Additional support has been provided in terms of purchase and supply of PPE, training as highlighted above and support with staff.

The council also maintained existing block purchase arrangements and negotiated a further block arrangement with our main providers, which has helped stabilize their businesses while we carry void costs.

On 13th May, the Government announced an additional £600 million to support providers through a new adult social care 'Infection Control Fund'. For Hackney, this represented a grant income or £508,642

The primary purpose of this fund is to support adult social care providers, including those with whom the local authority does not have a contract, to reduce the rate of COVID-19 transmission in and between care homes and support wider workforce resilience.

The funding guidance states that all funding must be used for COVID-19 infection control measures. Local authorities should pass 75% of each month's funding to care homes within the local authority's geographical area on a 'per beds' basis.

One small LD care home chose not to accept the grant as they felt the administrative burden was exceeded the benefit of the grant. The Homerton also confirmed that Mary Seacole Nursing Home would not take up the grant offer as any costs they have incurred because of Covid-19 are being included in the central funding the Trust will receive. The funding set aside for these two providers will be added to the remaining 25% of the allocation, which is being given to supported living and home care providers.

Supporting Papers and Evidence:

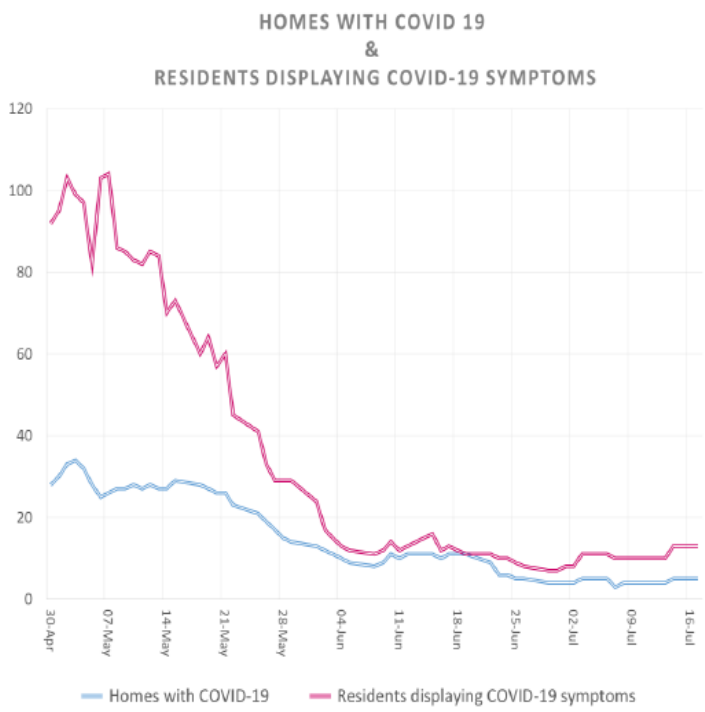
Appendices

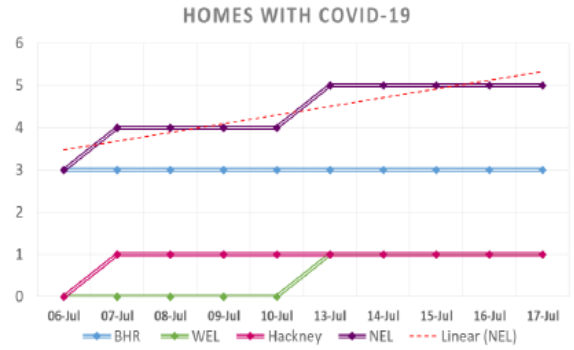
1. **Care Homes with Covid-19**
2. **Deaths in Care Homes**
3. **Provider Reporting for Infection Control Return – 31/07/2020**

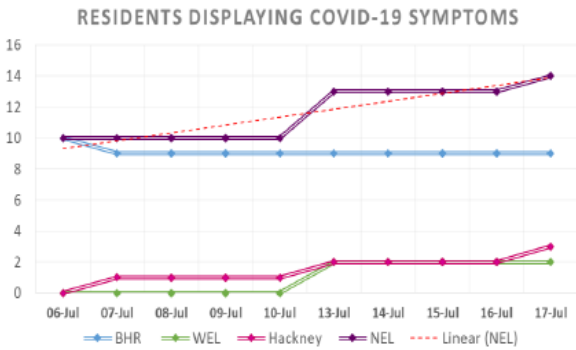
Appendix 1. Care Homes with Covid-19

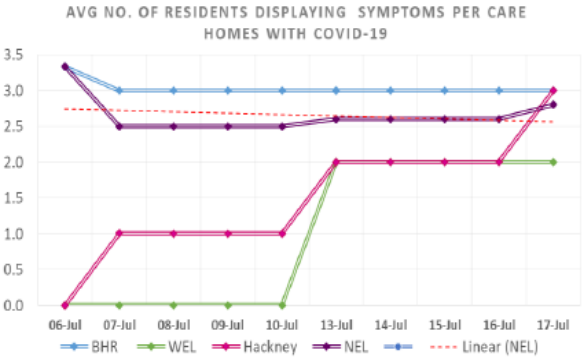
Care homes with COVID-19 and residents displaying symptoms show an downward trend

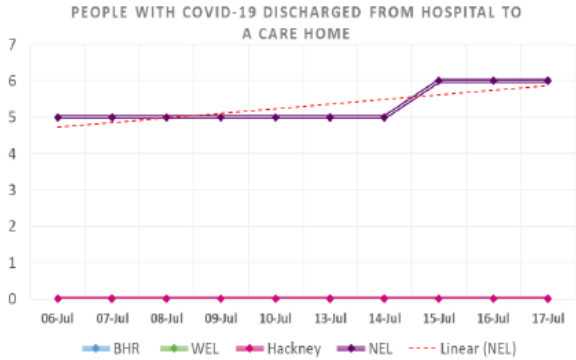
East London Health & Care Partnership











- Overall the number of homes with COVID-19 and residents displaying COVID-19 symptom across NEL shows a downward trend, although BHR, Hackney and Tower Hamlets recorded between 1-4 cases across the latest period.
- During the period WEL included gaps in their submissions.
- Residents displaying symptoms per care home with COVID-19 shows an upwards trend and now stands at 2.7.
- Discharges to care homes from hospital across NEL is reactively stable. However Havering discharged 5-6 residents during the period, in contrast to WEL and Hackney who reported zero discharges.

Source: MIS c._SITREP_Residents

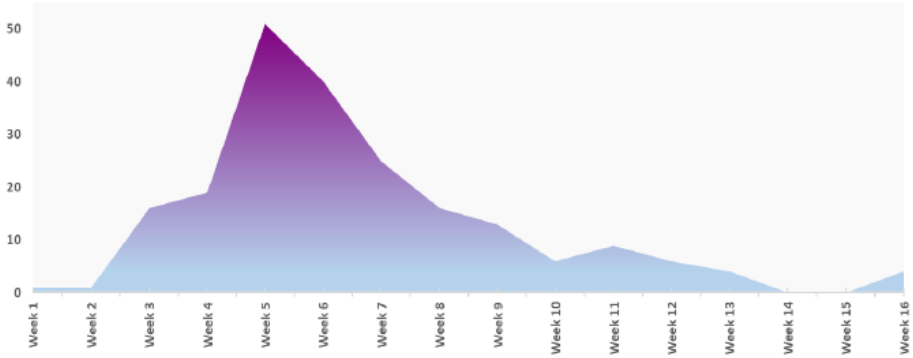
Appendix 2. Deaths in Care Homes

Across NEL deaths in care homes are reducing and 23% are related to COVID-19

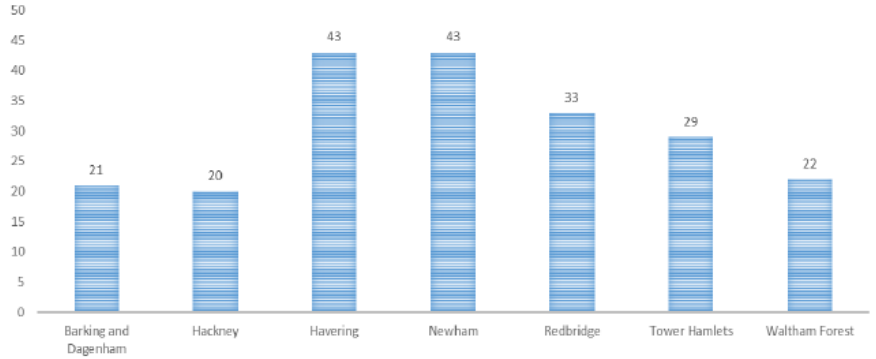
(position reported up to 03/07/20)

East London Health & Care Partnership

COVID-19 CARE HOME DEATHS ACROSS NEL



COVID-19 CARE HOME DEATHS BY LOCAL AUTHORITY



Care homes with COVID-19 deaths	20-Mar	27-Mar	03-Apr	10-Apr	17-Apr	24-Apr	01-May	08-May	15-May	22-May	29-May	05-Jun	12-Jun	19-Jun	26-Jun	03-Jul
Barking and Dagenham	1	1	3	0	4	2	4	2	1	0	0	1	1	0	0	1
Havering	0	0	1	4	12	9	2	4	5	0	3	0	2	0	0	1
Redbridge	0	0	0	0	4	4	6	6	2	5	2	1	1	0	0	2
Newham	0	0	9	10	5	7	7	3	0	0	0	2	0	0	0	0
Tower Hamlets	0	0	1	3	13	8	2	1	1	0	0	0	0	0	0	0
Waltham Forest	0	0	0	1	2	7	4	0	4	0	2	2	0	0	0	0
Hackney	0	0	2	1	11	3	0	0	0	1	2	0	0	0	0	0
NEL	1	1	16	19	51	40	25	16	13	6	9	6	4	0	0	4

Total no. of care home deaths in NEL	32	48	105	110	153	116	87	41	42	35	31	26	22	27	15	32
% of care home deaths caused by COVID 19	3%	2%	15%	17%	33%	34%	29%	39%	31%	17%	29%	23%	18%	0%	0%	13%

- The information used to produce these statistics is from ONS, which is based on details collected when certified deaths are registered with the local registration office. This report is published every Tuesday on a weekly basis.
- In total, there have been 211 COVID-19 related deaths occurring in care homes, which represents 23% of the overall deaths across the NEL footprint.
- From week 5, the total number of care home deaths related to COVID-19 significantly decreased, however during week 10 to 11 there was a small spike which has shown signs of improvement and is now decreasing.
- From week 14, all boroughs reporting not having any COVID-19 related deaths occurring in their care homes but this has since increased slightly.
- Havering and Newham account for the highest number of deaths overall, with a combined total of 41%.

Source: ONS COVID-19 deaths

Appendix 3. Provider Reporting for Infection Control Return – 31/07/2020

ASC Infection Control Fund Return - Details

Help Guide: Infection Control Return Details

	1) Infection Prevention and Control Measures			2) Testing			3) PPE / Clinical Equipment		4) Workforce Support			5) Clinical Support	
Care Home	1.1) Ability to quarantine / isolate / cohort when needed	1.2) Actions to restrict staff movement between care homes	1.3) Paying staff full wages while isolating following a positive test	2.1) Registration on the government's testing portal	2.2) Access to testing for all asymptomatic residents and staff	2.3) Testing of all residents discharged from hospital to care homes	3.1) Access to sufficient PPE to meet needs	3.2) Access to clinical equipment needed for COVID-19	4.1) Access to training in the use of PPE from clinical or PH staff	4.2) Access to training on the use of key medical equipment needed for COVID-19	4.3) Access to additional capacity including from locally coordinated returning healthcare professionals or volunteers	5.1) Named Clinical Lead in place for support and guidance	5.2) Access to mutual aid offer (primary and community health support)
Acorn Lodge Care Centre	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✗ No	✓ Yes	✓ Yes
Bayis Shei Limited	✗ No	✗ No	✗ No	✓ Yes	✓ Yes	✗ No	✓ Yes	✗ No	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes
Beis Pinchas	✓ Yes	✓ Yes	✗ No	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes
Clarence Road	✗ No	✗ No	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✗ No	✓ Yes	✗ No	✗ No	✓ Yes	✓ Yes
Felstead Street	✗ No	✗ No	✓ Yes	✓ Yes	✗ No	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✗ No	✗ No	✓ Yes	✓ Yes
Florfield Home	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes
Forward Support Limited	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✗ No	✓ Yes	✓ Yes	✗ No	✓ Yes	✓ Yes
Forward Support Limited	✗ No	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✗ No	✗ No	✓ Yes
Mary Seacole Nursing Home	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes
Newnton House Residential Care Home	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✗ No	✓ Yes	✗ No	✗ No	✓ Yes	✓ Yes
Nonoy Capina - 31 Sach Road	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✗ No	✓ Yes	✗ No	✓ Yes	✗ No	✗ No	✓ Yes	✓ Yes
Riverside House	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✗ No	✓ Yes	✗ No	✗ No	✓ Yes	✓ Yes
St Anne's Home - London	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes
Yad Voezer 1	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes
Yad Voezer 2	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes

Title of report:	Integrated Care Operating Model & CCG Merger
Date of meeting:	13 August 2020
Lead Officer:	David Maher
Author:	David Maher
Committee(s):	Segments of this paper have been to the following, for discussion: • 5 x GP Consortia (14 to 22 July 2020); • The Clinical Commissioning Forum Members meeting (23 July 2020); • ICB Development Session (23 July 2020); • Integrated Care Communications and Engagement Enabler Group (29 July 2020); • City & Hackney CCG Governing Body (31 July 2020)
Public / Non-public	Public

Executive Summary:

The purpose of this paper is to provide Members of the Integrated Commissioning Board (ICB) with an update on:

- The establishment of the **NEL Integrated Care System (ICS)** (See paper attached entitled: "The future of health and care for the people of north east London");
- Progress with the development of City & Hackney's **Integrated Care Operating Model;**
- Proposed **next steps** in taking the Operating Model to another layer of detail with system Partners;
- **SOC Phase 2 governance** transitional arrangements
- Some of the **key milestones** which underpin transition to the Operating Model and meeting the April 2021 timeline for the CCG merger;
- **Pose questions to the ICB** – the answers will help steer future work and set priorities through to the end of 2020.

Recommendations:

The **City Integrated Commissioning Board** is asked:

- To **NOTE** the report;

The **Hackney Integrated Commissioning Board** is asked:

- To **NOTE** the report;

Strategic Objectives this paper supports [Please check box including brief statement]:

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	☒	The primary focus of the proposed integrated care operating model and CCG merger is to take a holistic view of the population health and care needs of the residents and patients of City & Hackney and direct resources to addressing inequalities.

Deliver proactive community based care closer to home and outside of institutional settings where appropriate	☒	The integrated care model is founded on placing Neighbourhood Health and Care at the centre of how services are delivering within the local system
Ensure we maintain financial balance as a system and achieve our financial plans	☐	
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	☐	
Empower patients and residents	☐	

Specific implications for City

None

Specific implications for Hackney

None

Patient and Public Involvement and Impact:

- The proposed integrated care operating model and CCG merger have been discussed with the CCG PPI committee.
- A detailed engagement plan covering the new operating model and CCG merger is near completion and will outline what further stakeholder engagement will be undertaken with Patients and the Public. We will be working in partnership with NEL's communications and engagement team.

Clinical/practitioner input and engagement:

- 5 x GP Consortia (14 to 22 July 2020);
- The Clinical Commissioning Forum Members meeting (23 July 2020);

Communications and engagement:

The CCG Communications and engagement team and the LBH Healthwatch engagement lead have been integral to the development of the engagement plans. The IC Communications & Engagement Enabler Group will play an active role in overseeing the system-wide communications and engagement on the new operating model and CCG merger.

Communications Sign-off

The communications and engagement team are familiar with the content of this report but have not been asked to sign it off.

Equalities implications and impact on priority groups:

The equalities impact assessment of the new operating model and the CCG merger need to be addressed and documented.

Safeguarding implications:

There are no specific safeguarding issues to be drawn out from this report.

Impact on / Overlap with Existing Services:

The implications of this report are that, when implemented, it should result in integrated service provision across *all* system partners and eliminate overlapping services

Supporting Papers and Evidence:

Appendix A: The future of health and care for the people of north east London

Sign-off:

City & Hackney CCG: David Maher – CCG Managing Director.

Integrated Care Operating Model & CCG Merger

August 2020

Integrated Care Operating Model and & CCG Merger: An update

The purpose of this paper is to provide Members of the ICB with an update on:

- The establishment of the **NEL Integrated Care System (ICS)** (See paper attached entitled: “The future of health and care for the people of north east London”)
- Progress with the development of City & Hackney’s **Integrated Care Operating Model**
- Proposed **next steps** in taking the Operating Model to another layer of detail with system Partners
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- **Pose questions to the ICB**– the answers will help steer future work and set priorities through to the end of 2020.

What we want to achieve

We have developed five strategic programme objectives which will help us deliver the objectives set out in our vision:

- **Deliver a shift in resource and focus to prevention** to improve the long term health and wellbeing of local people and address health inequalities (Prevention Investment Standard)
- **Deliver proactive community based care** closer to home and outside of institutional settings where appropriate (collaboration between local health and care organisations)
- **Ensure we maintain financial balance** as a system and achieve our financial plans (Developing of a Whole Population Budget)
- **Deliver integrated care** which meets the physical, mental health and social needs of our diverse communities (Neighbourhoods)
- **Empower patients and residents** (Coproduction Charter and Council)

Our values

In running our programme, we will ensure we consider the following values at all times:

- **Listen to and involve** the public in everything we do
- **Recognise and value diversity** within our communities and our staff
- **Build on** local community assets and individuals' strengths
- **Are honest** about the challenges and opportunities ahead
- **Encourage** staff and patients to be take responsibility for their actions and choices
- **Treat** staff, patients and partners across the health system with respect, compassion and dignity at all times
- **Act for the 'system' and the patient** rather than for the individual organisation

What is changing and why?

CHANGES

- NHS England's Long Term Plan sets out a timetable for establishing Integrated Care Systems **(ICS) by April 2021** and typically there should be 'a single CCG for each ICS area'
- All CCGs within NEL will merge into **a single NEL CCG** by April 2021
- This means that we are moving from a "commissioner /Provider" split towards a **system focus on supporting our frontline practitioners to deliver improved health and care outcomes** for our local population
- Within City & Hackney we intend to migrate from an Integrated Commissioning Board to an **Integrated Care Partnership Board (ICPB)** supported by a number of **subgroups.** The ICPB will be responsible for system **oversight** and **assurance**
- A City & Hackney **Neighbourhood Health & Care Services Board** will be responsible for **service planning**, **service delivery** and **service improvement.** This includes the work within workstreams, major programmes and Covid-19 Phase 2 Recovery programme

BENEFITS

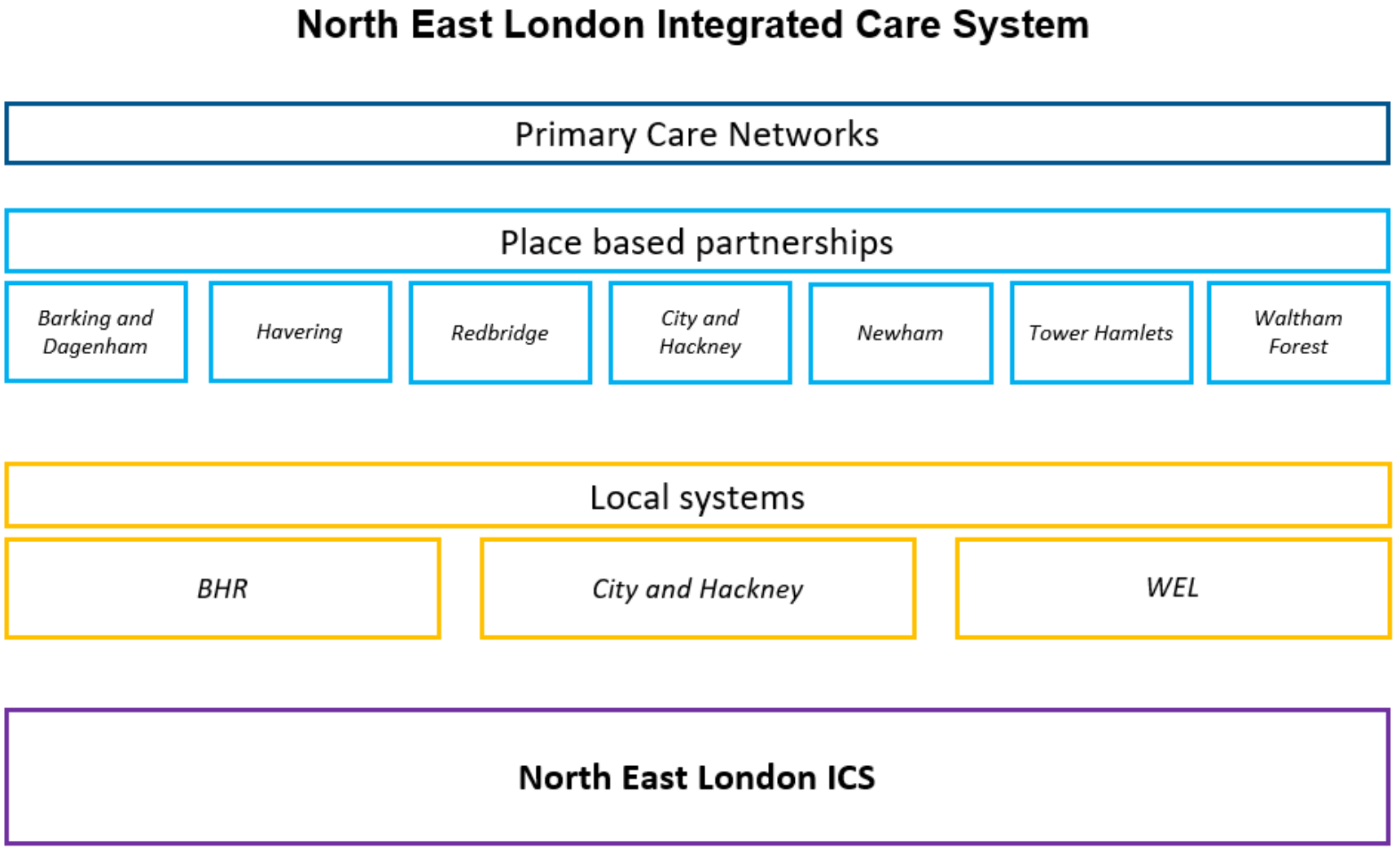
- **Clinicians** will define how we improve services to the public and patients
- **Clinicians** will have their voice heard throughout the process
- Decision-making will sit as **locally as possible**
- Decision-making starts at the Place base unless it satisfies one of the 3 question test (*see overleaf)
- An opportunity to **delegate to PCNs** as far as possible and build clinical leadership at a neighbourhood level
- The Integrated Care Partnership Board will be an opportunity for improved integration and **increased accountability** by including our providers as partners
- A NEL ICS helps strengthen what we have achieved. It allows us to **influence specialised commissioning** and creates more efficient interfaces with regulators
- **Increased transparency** for elected members as they will be part of an even more democratic process
- Improved **opportunities for pooling budgets** locally

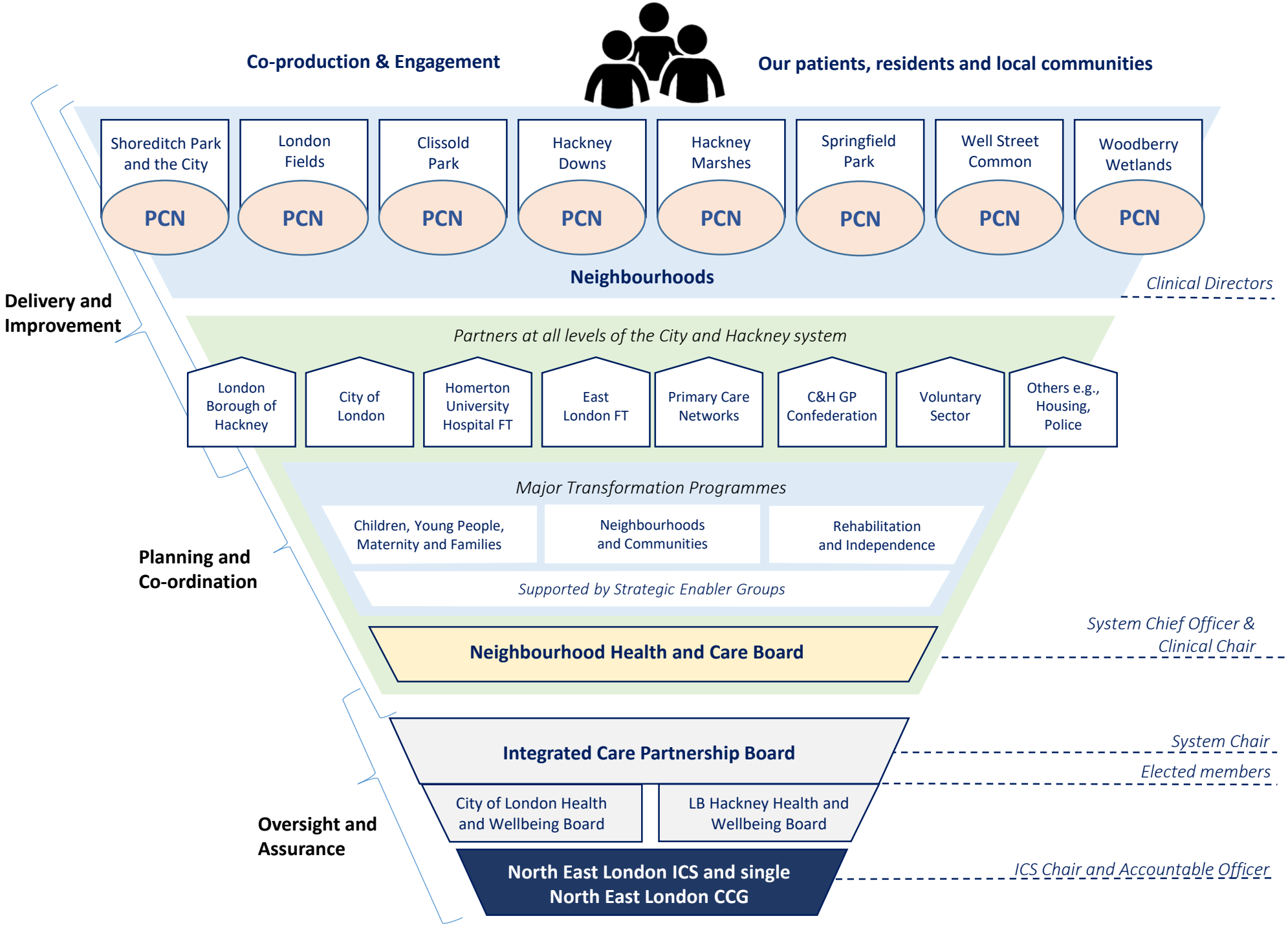
*The 3 question test / 80:20 principle

In choosing whether to make decisions at a different level than the Borough/Local system, does it….

- Increase our chances to improve population health or reduce inequalities?
- Make decision-making smoother and/or quicker – does it remove a barrier to making a decision?
- Better align accountability for decision-making with accountability for money?

What will a NEL Integrated Care System (ICS) look like?

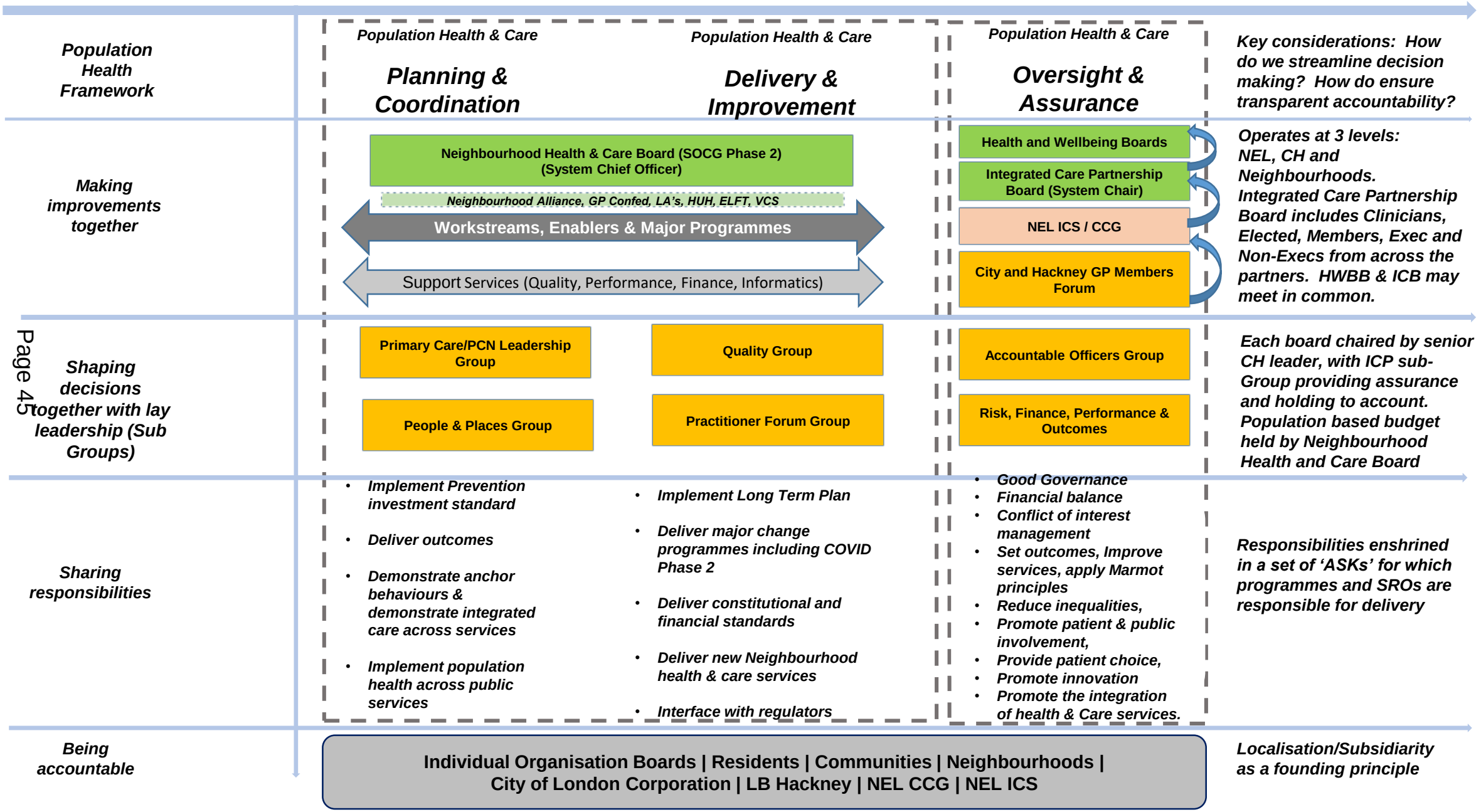



Co-production & Engagement
Our patients, residents and local communities
Shoreditch Park and the City
London Fields
Clissold Park
Hackney Downs
Hackney Marshes
Springfield Park
Well Street Common
Woodberry Wetlands
PCN
Neighbourhoods
Clinical Directors
Delivery and Improvement
Partners at all levels of the City and Hackney system
London Borough of Hackney
City of London
Homerton University Hospital FT
East London FT
Primary Care Networks
C&H GP Confederation
Voluntary Sector
Others e.g., Housing, Police
Major Transformation Programmes
Children, Young People, Maternity and Families
Neighbourhoods and Communities
Rehabilitation and Independence
Supported by Strategic Enabler Groups
Planning and Co-ordination
Neighbourhood Health and Care Board
System Chief Officer & Clinical Chair
Integrated Care Partnership Board
System Chair
Elected members
City of London Health and Wellbeing Board
LB Hackney Health and Wellbeing Board
Oversight and Assurance
North East London ICS and single North East London CCG
ICS Chair and Accountable Officer

Organising Principles

- We intend to continue our long history of ensuring **clinical and practitioner leadership** of our integrated health and care system, in order to ensure ownership, safety and quality. Our **Practitioner Forum** will provide this leadership input to the Integrated Care Partnership Board.
- Our system must be locally owned, which means ensuring that **changes we make are co-designed and co-produced with local residents and service users**. This central role for partnership with patients and the public will be enacted throughout our work, starting with the Integrated Care Partnership Board's **People and Places Group.**
- A key element of system assurance is ensuring that we can evidence safe and satisfactorily high quality outcomes for local people. We know that quality outcomes can only be achieved when **quality improvement** is placed at the heart of everything we do. The ICP Board's **Quality Group** reflects this central role for quality within our system.
- The City and Hackney system is characterised by a strong history of **primary care** leadership in relation to quality improvement, admissions avoidance and our neighbourhoods programme, and the new clinical directors of our primary care networks will lead implementation of integrated care. The ICP Board's **Primary Care Group** will support this continued focus on primary care.
- Building on our local track record of **effective and collaborative leadership** we believe that the local system is at a level of maturity where it will benefit from an ICP Chief Officer role (appointed from within the Neighbourhood Health and Care Board) to both continue to support distributed leadership through the **Accountable Officers Group** but also to take accountability and be responsible for driving the changes we want to see.
- The clear accountability of this governance structure, including its key sub-groups as described above, should ensure that the **Neighbourhood Health and Care Board**, with oversight from the **Integrated Care Partnership Board**, will be safely responsible for holding a population health budget and able to make swift and effective decisions in relation to the deployment of delegated resources.
- The **Integrated Care Partnership Board** provides cross partner leadership by setting outcomes and performance parameters and maintains legal accountability for the delivery of health and care across the partnership.

Proposed Integrated Care Operating Model for City & Hackney



Questions & observations from ICB, Consortia & CCF Members (1 of 2)

Power

- Where will the power lie?
- What are the implications for practices if we move to a single CCG?
- How do we protect the good work that City & Hackney CCG have already done?

Money

- Will the 80:20 principle really minimise C&H needing to subsidise other parts of NEL?
- What are the challenges from pooling social care and NHS resources in the current economic climate?

Leadership

- How do we manage the tension between the structures: a tension between top-down and bottom-up?
- How do we retain our strengths as clinical leaders, especially work on pathway development which is critical to our success – our autonomy on this is critical?

Questions & observations from ICB, Consortia & CCF Members (2 of 2)

Decision Making & Clinical Leadership

- How do we keep the strong Primary Care voice in the system?
- What can we do to ensure that it does not feel like it is being done to us?
- Is this the end of the Purchaser/Provider split?

People & ways of working

- Where will the CCG staff go? How will they be mapped onto the new system?
- How do we retain the institutional memory embedded in City & Hackney CCG staff?
- Why are being asked to make this change after the biggest challenge we have had in Primary Care?
- Will the larger merged CCG be an administratively heavy organisation?

Where will the City & Hackney clinical voice be heard?

CITY & HACKNEY CCG CURRENT MODEL	CITY & HACKNEY CCG FUTURE MODEL		NEL ICS/NEL CCG FUTURE MODEL
C&H CCG Governing Body	C&H Integrated Care Partnership Board (ICPB)	Delivery → Neighbourhood Health & Care Board	NEL ICS Board
C&H Members Forum	C&H Members Forum	Delivery → C&H Neighbourhoods/ PCNs x 8	NEL CCG
C&H CCG Consortia x 6	C&H PCNs & Neighbourhoods	Clinical Leadership →	NEL Members Forum
C&H Clinical Commissioning Forum	C&H Practitioner Forum		NEL Clinical Senate
C&H Clinical Executive Committee	C&H Primary Care/PCN Leadership Group		

Further development of the Integrated Care Operating Model – next steps (1 of 2)

- It is proposed to set up a time limited development process running over the summer to a conclusion at the end of October 2020. The process will have 2 elements to it:

    - The development of proposals for the role, remit, process and composition of the new **ICPB** along with any sub-structure, supporting process and resourcing. Included within the remit would be specific proposals for how a delegated budget for health and social care resources might be received and managed by this Board.

    - The development of proposals for the role, remit, process and composition of the **NH&CB** along with the supporting arrangements for leadership and work across the 8 neighbourhoods/PCNs and within each. Included within the proposals would be the composition of the Board and its leadership, and the top-line reporting structure to an overall system leader including proposals for leadership at the Neighbourhood and PCN level. The proposals would include the financial responsibilities and source of funding for the work of the Board and services within its remit.

- The two elements would be championed and led separately, and the two propositions would then be brought together in September/October 2020 at a second stakeholder and ICB development session to follow up the July 24th meeting.
- A similar working model would be used for both elements. Each would be steered by a small group of elected members and non-executives with the detailed work being led by an Executive working with nominated individuals from the relevant stakeholder organisations.

Further development of the Integrated Care Operating Model – next steps (2 of 2)

- The Transition Groups would be responsible for assuring an appropriate working process and the right level of involvement.
    - The Transition Group for the ICPB development would be ICB co-chairs, Maryanne Fredericks (CoL HWBB), Phil Glanville (LBH HWBB), 2 CCG Governing Body Lay Members and an ELFT & HUHT NED. David Maher will take an executive lead for this work with Jonathan McShane.
    - The Transition Group for the NH&CB would be current SOC Phase 2 governance – transitional arrangements on page 16 onwards. Tracey Fletcher will take an executive lead for this work with Nic Ib.
- It is important that the Executive leads have access to input from each of the stakeholder organisations (City of London Corporation, London Borough of Hackney, Hackney CVS, Healthwatch's, East London FT, the Confederation, Homerton UHT, existing C&H CCG staff and the developing new NEL CCG).
- It is anticipated that the Transitions Groups would meet twice over an 8 week period; the first to agree the remit for the executive work, the issues to be addressed and to agree any particular design requirements including who needs to be actively involved in shaping the proposals. The second meeting would be at the end of the process to agree what would be proposed to a meeting of system stakeholders in late October. It is anticipated the Chairs of each Steering Group would maintain contact with the Executive lead through the process to be sighted on the proposals as they develop.
- Members of each steering group will then be instrumental in making proposals to the stakeholder meeting at the end of October 2020.

Transitional Group - NH&C Board

Draft proposal – for discussion

- The purpose of this proposal is to clarify the transitional governance arrangements for SOC during Phase 2 of the COVID-19 pandemic response, which will allow us to prepare, engage on and put in place our long term arrangements for Phase 3
- We are proposing a learning and developmental approach, putting in place transitional structures which will allow us to test, develop and evolve our local system delivery and governance arrangements
- it is unlikely that these arrangements will fully reflect the future approaches that we land on as a result of this developmental journey

Transitional Group - NH&C Board

Phase One SOC (COVID)

Draft proposal – for discussion

LB Hackney
Local Resilience Forum strategic co-ordination group

Gold: Tim Shields

City of London
Local Resilience Forum strategic co-ordination group

Gold: Peter Lisley

C-19 Health Protection Board (formerly Pandemic Leadership Group)

Chair: Sandra Husbands (Dir Pub Health)

- Provide infection control expertise
- Lead development and delivery of Local Outbreak Plan (DPH)
- Link directly to regional PHE team and London Coronavirus Response Cell (LCRC)

Escalation

City and Hackney Integrated Care Board

Acting as Local Outbreak Control Board providing public-facing oversight of local public health response

City and Hackney Accountable Officers Group

Providing a periodic opportunity to step back from the immediate focus of System Operational Command / ICS DG and reflecting strategically on the wider links to the local authorities and local partners

Escalation

City & Hackney System Operational Command (Integrated Care Partnership Delivery Group)

Chair: Tracey Fletcher (Homerton CEO)

Operational system management of the major re-organisation of provision within the local health and care system, in response to COVID-19

SOC/ICP DG Leads

System Operational Command / ICP DG Leads are accountable for delivery of the Integrated Delivery Plan:

Stephanie Coughlin (GP Clinical Lead)
Catherine Pelley (Nursing Clinical Lead)
Nina Griffith (Workstream Director)
Siobhan Harper (Workstream Director)
Amy Wilkinson (Workstream Director)
Jayne Taylor (Workstream Director)
Dan Burningham (Workstream Director)
Richard Bull (CCG Primary Care Director)
Laura Sharpe (GP Confederation)
Simon Galczynski (Adult Social Care LBH)
Chris Pelham (City of London)
Dean Henderson (Borough Director, ELFT)
Sallie Rumbold (Community Health Services)
Mark Golledge (Neighbourhoods Programme Lead)
Vanessa Morris (Community and Voluntary Sector)

Escalation

NEL ICS Recovery and Restoration Group
(formerly Strategic Operational Command)

Chair: Jane Milligan (AO)

NEL workstream groups:

- Acute care
- UEC
- Cancer
- Out of Hospital Care
- Public health
- Primary care
- Mental health
- Maternity

Enablers (Finance, Digital, Corporate Governance, Comms, Workforce, Estates)

Transitional Group - NH&C Board

Proposed transitional SOC governance (Phase Two)

Draft proposal – for discussion

LB Hackney
Local Resilience Forum strategic co-ordination group
Gold: Tim Shields

City of London
Local Resilience Forum strategic co-ordination group
Gold: Peter Lisley

C-19 Health Protection Board (formerly Pandemic Leadership Group)

- Provide infection control expertise
- Lead development and delivery of Local Outbreak Plan (DPH)
- Link directly to regional PHE team and London Coronavirus Response Cell (LCRC)

City and Hackney Integrated Care Board

Provides oversight and assurance and acts as Local Outbreak Control Board providing public-facing oversight of local public health response

City and Hackney Accountable Officers Group

Wider strategic oversight

NEL ICS Recovery and Restoration Group (formerly Strategic Operational Command)

Accountable for ICS-level risk

City & Hackney Transitional Neighbourhood Health and Care Board

Accountable for:

- System co-ordination of local organisations, including PCNs
- Managing system risk
- Includes members with organisational accountability (or delegated authority)

City & Hackney System Operational Delivery Group (formerly SOC)

Responsible for:

- Operational system management and clinical leadership of the major re-organisation of provision within the local health and care system
- Delivery of services – includes clinical leads and service manager leads bringing a broad view of service provision across the local system

System Finance & Performance Group

Responsible for:

- Co-ordinating a system approach to financial control and performance management

System Quality Group

Responsible for:

- Co-ordinating a system approach between local organisations for system safety and quality

Strategic enabler groups e.g. IT, Workforce, Estates, Primary Care

Transitional Group - NH&C Board

Interim relationship between SOC and the C&H integrated commissioning programme

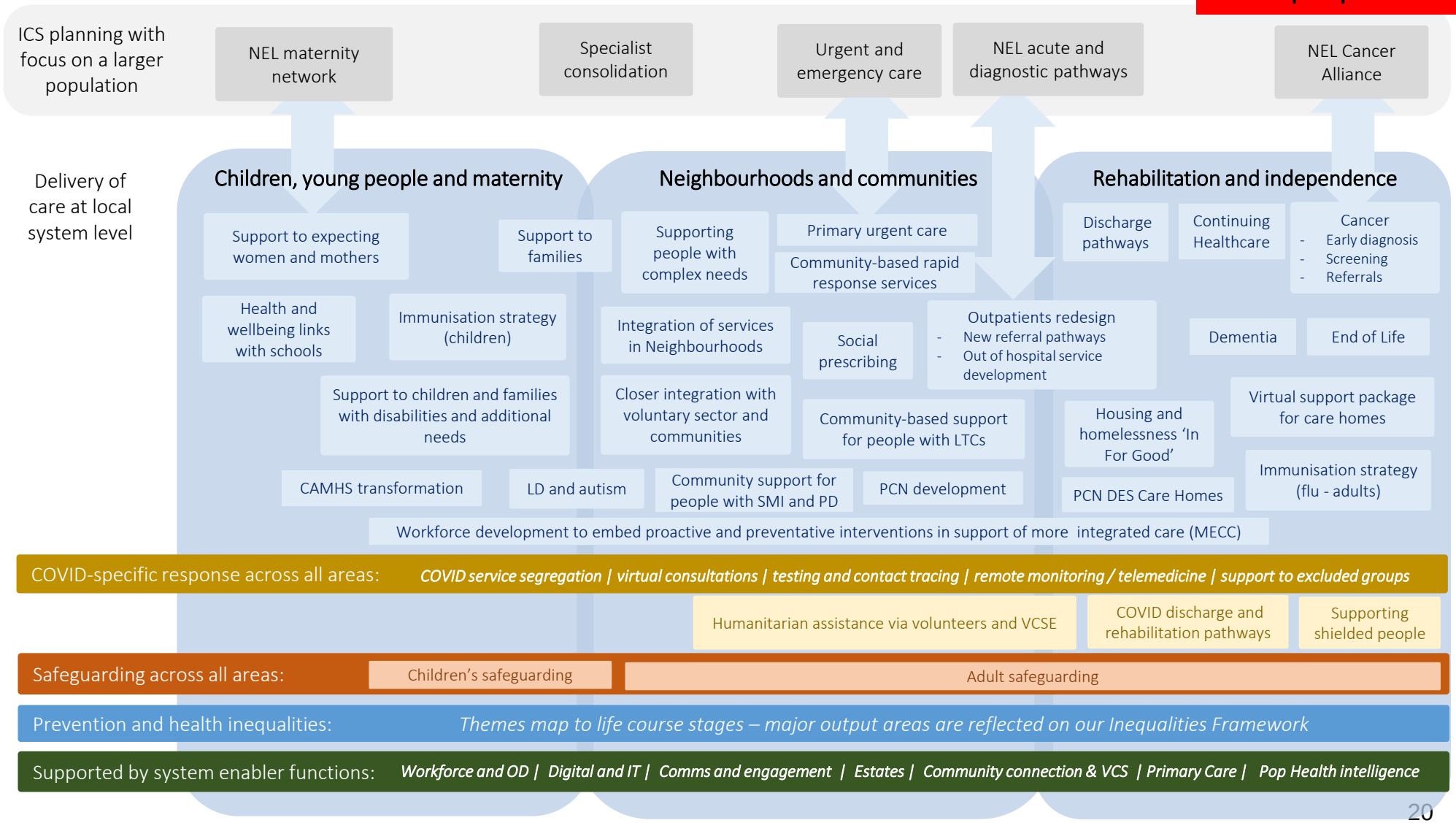
Draft proposal – for discussion

- Pre-COVID, City and Hackney's integrated commissioning programme was structured around workstreams, enabler groups and wider local system governance including the Integrated Commissioning Board and the Accountable Officers' Group
- Phase 2 (July to end of September) will be a transitional phase during which we will collectively review the workstream structure with a view to a future focus on local outcomes and out-of-hospital delivery – the SOC Phase 2 Plan provides a first cut of this thinking under three new organising categories which map to life courses and population health outcomes *(see next slide)*
- During Phase 2 the established IC workstream structures will provide co-ordination to the functions previously held by the Workstream Boards, with some changes to governance
- The Transitional Neighbourhood Health and Care Board will replace the functions previously held by the Workstream Boards
- Local statutory bodies continue to have accountability for risk and financial control under their Board Assurance Frameworks. The IC Programme has held a risk register of system risks, taken from the integrated commissioning programme and workstreams, and reported this to the ICB
- Under these transitional arrangements, integrated commissioning programme and corporate governance support staff will support the System Operational Delivery Group in maintaining an Integrated Delivery Plan and system risk register, and these will be managed by the Neighbourhood Health and Care Board with reporting to the Integrated Commissioning Board (until the Integrated Care Partnership Board is in place).

Integrated delivery plan on a page – functional areas

This high-level plan details the major programmatic areas of integrated health and care provision which will be delivered by local mental health, primary care, social care, community health and voluntary sector organisations working in partnership in City and Hackney

Draft proposal – for discussion



Transitional Group - NH&C Board

Draft proposal – for discussion

Proposed transitional SOC governance – by function

	What happens under the Integrated Commissioning programme	The transitional measures we are putting in place during Phase 2	Our current thinking about Phase 3 governance
Management of system risk	• The CCG corporate governance team maintains a risk register on behalf of the IC programme for which workstreams are responsible • ICB provides oversight and system accountability	Corporate governance team will continue to maintain a system risk register, ICB will remain accountable, however transitional NHCB will become responsible and SODG will manage, with escalation of system risk to NEL R&G group	Transitional risk management arrangements will transfer over to the full NHCB and the ICPB when they are established
Financial and performance oversight	• Developmental system finance and performance working group • CCG commissioning finance and performance functions stood down during Phase 1	A transitional System Finance and Performance Group will build on the work of the working group and report to the transitional NHPB	Transitional financial and performance arrangements will transfer over to the full NHCB and the ICPB when they are established
Quality and safety	• Current arrangements reflect statutory responsibilities of both commissioners and providers • Quality leads in different organisations have been discussing more collaborative arrangements	A transitional System Quality Group will build on existing collaboration around quality and safety, and report to the transitional NHPB	Transitional financial and performance arrangements will transfer over to the full NHCB and the ICPB when they are established
Engagement with partners and residents over key decision-making	The C&H CCG PPI committee, the two local Healthwatch groups and the Comms and Engagement Enabler provide the current formal lead forum and support function for system engagement	• Transitional NHCB to engage stakeholders on most appropriate options for transitional governance • The strategic enabler will move to support the transitional NHCB and SODG	Current proposals for Phase 3 governance envision a People and Place Group sub-group of the full NHCB
Programme support, oversight and challenge	The WSDs, their teams and the IC programme team at the CCG support an integrated commissioning programme on behalf of ICB, which provides oversight. Workstream Boards were accountable pre-COVID	WSDs, their teams and the IC programme team continue to support programmes of work which will be co-ordinated under the transitional NHCB and SODG	Programme arrangements will transition and be further developed as the full NHCB and the ICPB are established, as part of the CCG merger takes place

C&H Integrated Care Partnership & CCG Merger – key milestones

- ❑NEL's application to NHSE to become a single NEL CCG – September 2020
- ❑City & Hackney Members hold an *indicative* vote on CCG merger – early October 2020
- ❑City & Hackney Members hold a *formal* vote on CCG merger – mid October 2020
- ❑NHSE approve NEL's application to become a single NEL CCG – end October 2020
- ❑City & Hackney's Integrated Care Partnership Board (ICPB) in place – Autumn 2020
- ❑City & Hackney's Neighbourhood Health and Care Partnership Board in place – Autumn 2020
- ❑City & Hackney's ICPB subgroups put in place - Autumn 2020 to Spring 2021
- ❑NEL single CCG in place April 2021

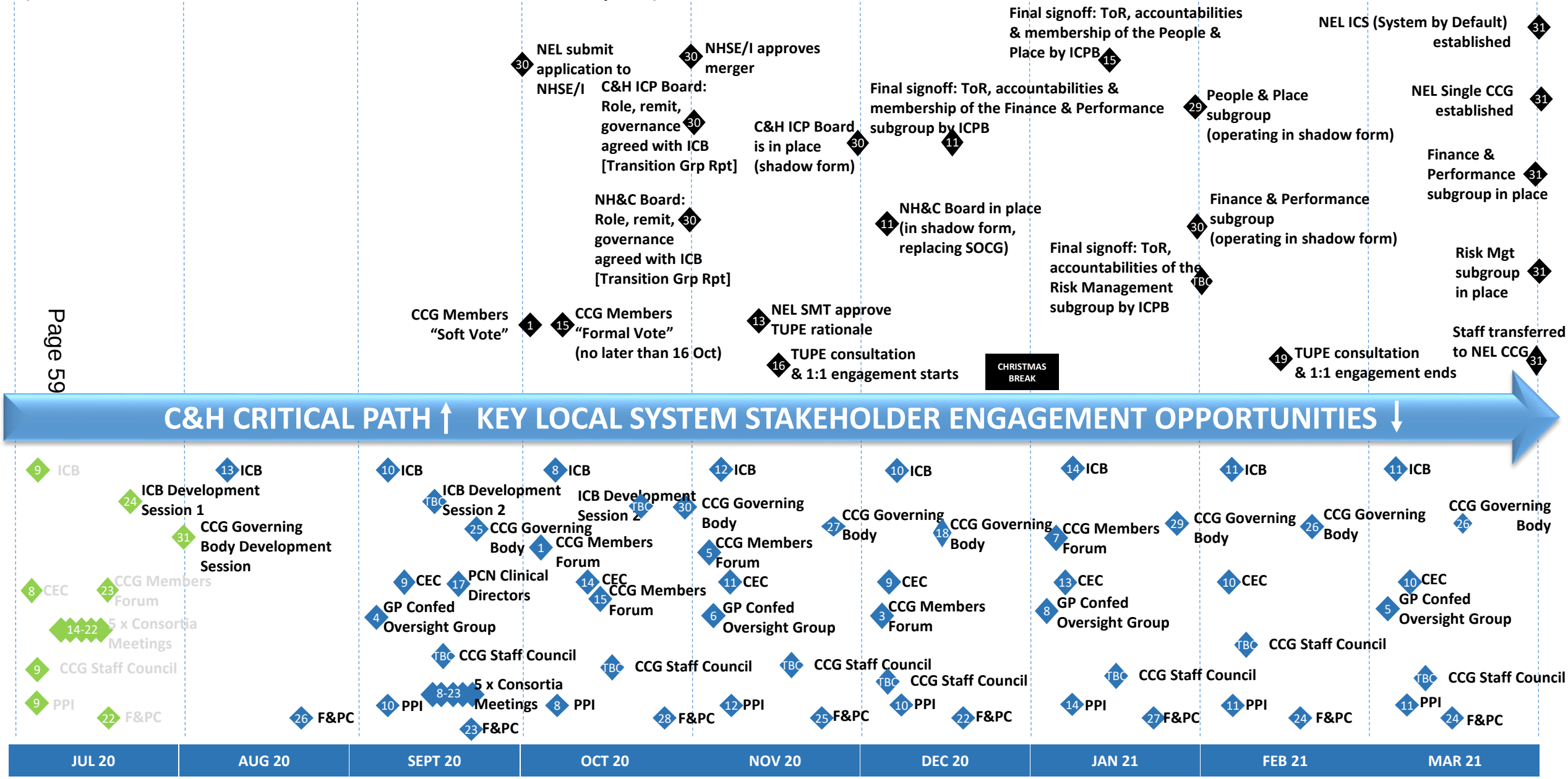
DRAFT: August 2020

City & Hackney's Proposed Integrated Care Operating Model & NEL CCG Merger

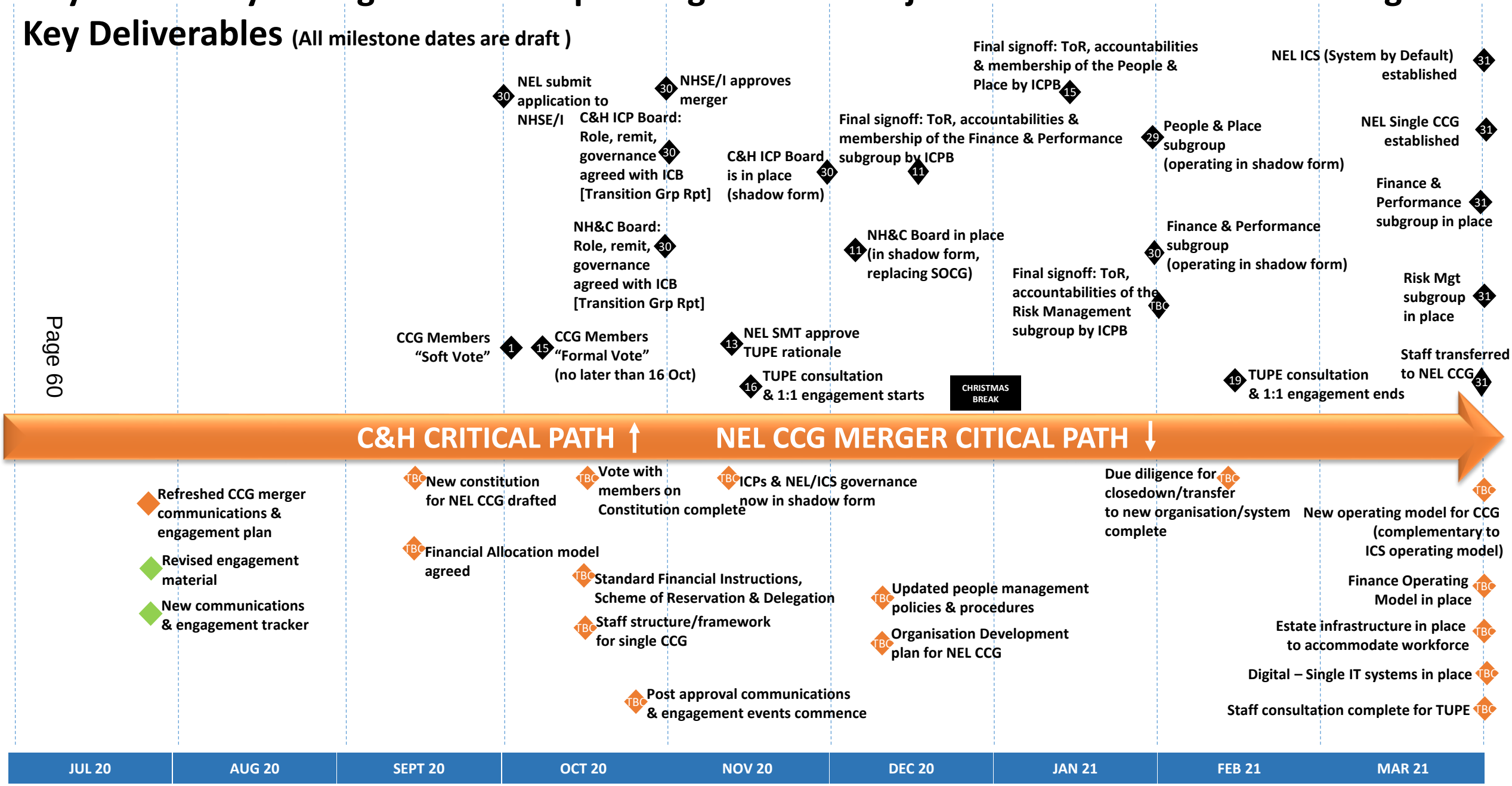
Major Milestones to April 2021 – Early Draft

City & Hackney's Integrated Care Operating Model – Major Milestones

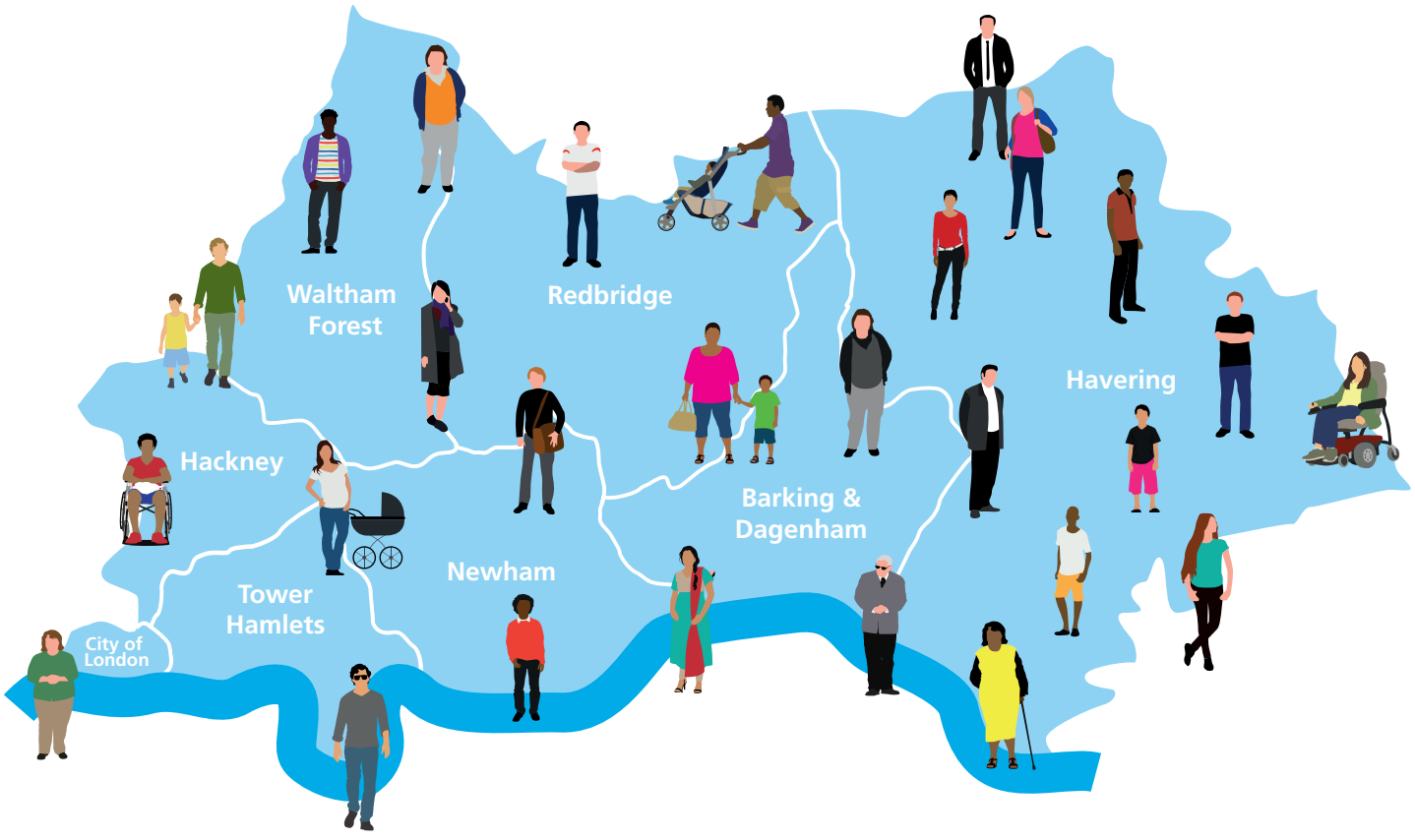
(All black milestone dates are draft. Green milestones = complete)



City & Hackney's Integrated Care Operating Model – Major Milestones & NEL CCG Merger Key Deliverables (All milestone dates are draft)



The future of health and care for the people of north east London



Produced by: North East London Commissioning Alliance

Contents

Executive summary 3

This is an overview of how we are changing the way we work across north east London (NEL) to improve the health of our communities.

By strengthening our already established local partnerships, streamlining our Clinical Commissioning Group (CCG) administrative and other functions into one joined up organisation and bringing together our partners as an integrated care system for NEL, we will have the infrastructure we need to provide the best health and care for our local populations.

Overview of health and care in north east London

4

North east London (NEL) has a population of 2.3 million people and is a vibrant, diverse and distinctive area of London steeped in history and culture. The 2012 Olympics were a catalyst for regeneration across Stratford and the surrounding area, bringing a new lease of life and enhancing the reputation of this exciting part of London. This has brought with it an increase in new housing developments and improved transport infrastructure and amenities. Additionally the area is benefiting from investment in health and care facilities with a world class life sciences centre in development at Whitechapel and confirmed funding for the Whipps Cross Hospital redevelopment and a new health and wellbeing hub on the site of St George's Hospital in Havering, making it an exciting time to live and work in north east London.

At the heart of NEL are its people and together as health and care partners we have a collective vision of enabling our population to live healthy lives. This vision is reliant on a wide set of determinants beyond just health and which include: access to education, job opportunities and creating a healthy environment at all stages of a person's life, ensuring they have the best chances possible. To achieve this we need to make sure patients, clinicians and managers are working together in a way that ensures they can all reach their maximum potential.

Locally led successes across NEL

We have a number of fantastic examples of local leadership and achievements across our local areas. Together we can learn from each other and share our innovations and successes for the benefit of all our local populations. Some of these include:

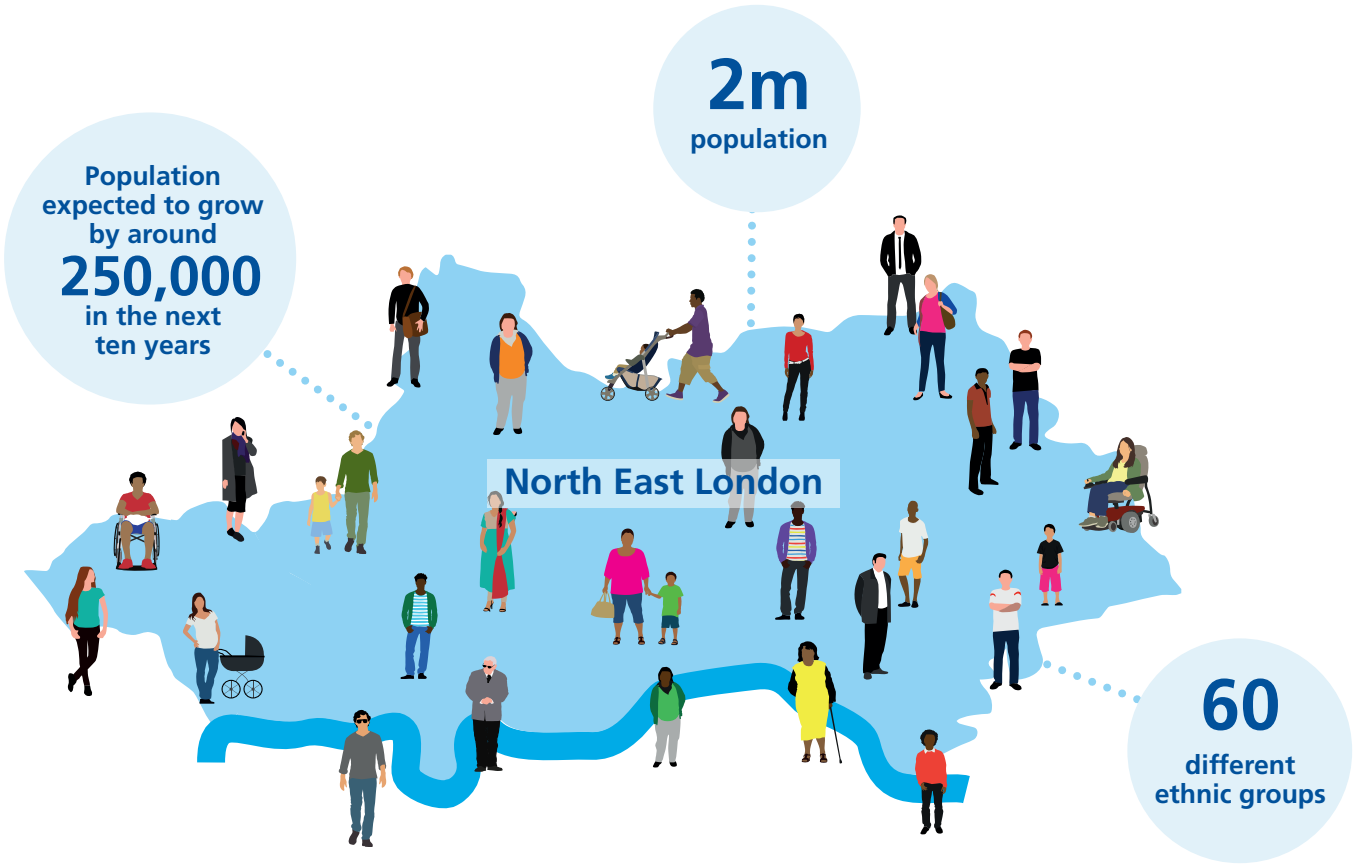
- **Working together across primary care** – across our local areas we have led the way in supporting primary care to work differently. Through Primary Care Networks GP practices are working together across neighbourhoods and with community, mental health, social care, pharmacy, hospital and voluntary services.
- **Social prescribing** – is at the heart of our work and we have a variety of models in place across our area including link workers who facilitate social prescriptions between clinicians and patients.
- **Supporting our diverse population** – as part of our recovery from Covid-19 we are collectively committed to supporting local people, training, volunteering, education and creating apprenticeships at a local level, to support the recovery of our local economies, which have been significantly impacted by the pandemic.

- **Promoting a healthy start in life** – across north east London children benefit from our healthy schools programme which supports children, families and adults to be more active and eat healthily.
- **Acute partnerships across NEL** – we are developing an acute alliance across NEL which brings together Barts Health NHS Trust, Homerton University Hospital Foundation Trust, Barking, Havering and Redbridge University Hospitals NHS Trust to set an overarching strategy for acute services to the benefit of all our people.
- **Urgent care** – to ensure that the Urgent and Emergency Care (UEC) needs of our population are met, we are working together to to ensure that we have staff with the right skill mix at the right place and time to care for our people.
- **Mental health** – we are committed to supporting people with severe mental health difficulties and one way of doing this is ensuring they have access to employment opportunities. Across all our partnerships we have rolled out our individual placement and support service which provides tailored support including job placements and guidance for both the employer and the employee.
- **End of life care** – through our multi-disciplinary teams we are able to support patients to die at home or in the community surrounded by their loved ones.
- **Enhancing our local estates** – the regeneration of Whipps Cross, the Barking riverside development and new health and wellbeing hub at St George's will benefit our local populations
- **Digital progress** – we know that patients want to access their own information and only to tell their story once so are committed to improving access to patient records. As a result of Covid-19 patients can engage with services in many more ways: online, telephone, video as well as face to face.
- **Maternity** - across north east London, we work together as the East London Local Maternity System. This benefits staff as they are able to work across the whole patch and also allows us to ensure equal access to services. One priority for us is ensuring more choice and control for women and their families and we are prioritising personalised care plans for vulnerable women.
- **Major long term conditions** – we are working together to improve prevention of diabetes through education and training; running community based enhanced services to support and improve the care of those living with long term conditions and working to ensure services and support are joined up.
- **Ageing well** – we are committed to ensuring our workforce are trained to support our ageing population to support them to age well and maintain their independence, one example is our joined up teams consisting of physiotherapists, occupational therapists, social workers and consultant geriatricians.
- **Homelessness** – during the Covid-19 period we have worked closely with local authorities to provide support and care to rough sleepers. The pandemic offered a unique and powerful opportunity to address the needs of thousands of London's rough sleepers. Charity partners have worked intensively with hotel residents to assess their needs and agree the next steps. Across north east London we are committed to building on what has been achieved so far, working in partnership with local authorities and our voluntary sector colleagues.

NEL is not without its challenges, with a high level of deprivation and inequality requiring us to work together in the best interests of patients. The Covid-19 pandemic has been a once in a lifetime challenge for all of us, testing us in every way possible not just as health and care providers but as a wider population too. Newham has been particularly impacted with the highest number of deaths in the country and more than ever before we have needed to draw on our strengths and experiences across NEL to respond to this, to learn from it and to ensure that everyone has equal opportunity to health in their lifetime.

As we continue to respond to our challenges and build on our partnership working to date, we are formalising this by coming together as an Integrated Care System (ICS). This will be how we come together as a partnership to strategically manage the health of the whole of our population and future proof ahead of any further legislative changes. Our NEL ICS and single CCG for NEL will provide support to our local places/boroughs, and in BHR's case its local system, where the vast majority of delivery and leadership will take place. We call this the 80:20 principle, placing most of our focus on delivery where it is best placed – closest to the individual. At a local level we will bring together an integrated partnership of local authorities, local acute trusts, local community services, local mental health services, local primary care, voluntary sector and most importantly local residents.

NEL – who we are

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A locally led system approach

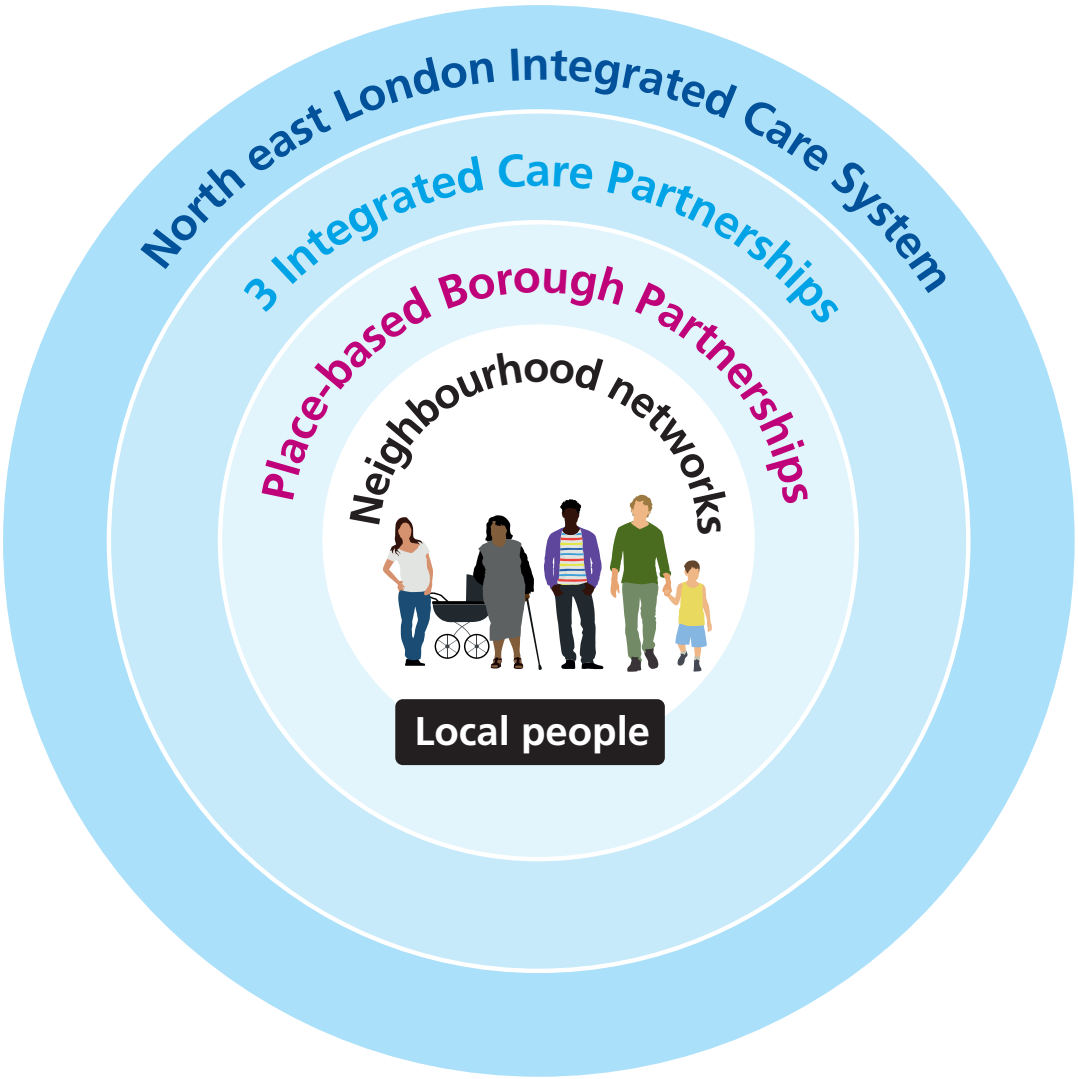
8

The vast majority of our health and care delivery will continue to be delivered at our local place and borough level, working together as partners with our local population.

The 80:20 principle

Our basic principle of 80:20 is in recognition of the fact that decisions about health and care will take place as close to local people as possible.

Local partnerships will decide how best to use resources in the best interests of patients.



Local integrated care partnerships and local delivery

Local delivery is critical to the success of this way of working. A key feature of our north east London partnership is our distinct population-focused collaborative systems or integrated care partnerships (ICPs): Barking and Dagenham, Havering and Redbridge (BHR); Waltham Forest, Tower Hamlets and Newham; City of London and Hackney.

Each of these systems has developed local priorities based on the needs of their populations, developed collaboratively across organisations and through working together with local communities. In some instances these priorities are place based and in some areas like BHR they have chosen to work together to develop priorities across a wider area and will continue to collaborate closely as we develop our new arrangements.

None of this is possible without the leadership of the local authority and without involvement from our voluntary sector, patients and the wider public.

At an even more local level we bring together our services to support patients with complex care needs such as frailty, those who are housebound, those who require terminal care and those with learning disabilities.

We remain committed to demonstrating collaborative leadership, this means leadership 'with', rather than leadership 'over'. An example being clinicians working with managers and with patients on developing pathways of care.

A clinically led CCG for north east London

One CCG for NEL would continue to be a clinically led organisation with strong clinical leadership and a GP voice at all levels. There would be one NEL CCG governing body and an ICS partnership board at a NEL level. Most decisions will take place through local governance arrangements. Each place will be represented by a GP chair on the NEL governing body and ICS partnership board.

GP members' forums and representative bodies will be essential to making this successful, working with the GP chair to make decisions about health and care in our local communities.

Involving lay members

We know that lay members bring a diverse range of expertise that augments the best of how we collectively work as clinicians, managers and patients. Their independent input ensures we focus on outcomes, patient voice, value for money and good governance.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Why create an integrated care system for north east London?

11

We believe that creating an ICS across north east London will allow us to collectively respond to the challenges we face across NEL and benefit our local population in the following ways:

Benefits for people

- Closer partnership working will enable people at all stages of their life e.g. whether you are pregnant, have a long term condition, require trauma treatment or end of life care, you will have equal access to all services across the whole system.
- The amazing energy of health and care partners will be better shared so that we can keep you healthy.
- Working together with local councils, providers and the voluntary sector across north east London, we will address health inequalities and ensure we do everything possible to stop people getting ill to begin with. We will be truly responsible for the health of all our communities, not just managing health services.
- By working together across our organisations we will make sure that even if you have a complex condition requiring specialist care, you will be supported by all our services.
- We will ensure that wherever you go in the system you won't have to tell your story again if you don't want to.

Benefits for staff

- We are committed to supporting our workforce to grow and develop and to creating a wider pool of opportunities for career progression and development for everyone. We want north east London to be the place you want to live and work in.
- We want to ensure staff work in an environment with reduced bureacracy, fewer meetings and a reduction in duplication.
- We want everyone to be a leader no matter where they sit in the organisation
- Our focus will be on relationships and solving problems together.
- Together we will build on our own local plans to develop a single consistent plan for the future, helping us to improve services and reduce variation.

Financial benefits

- Our overriding priority is to make sure every single pound is spent to the benefit of every single person in north east London. This means we can focus on where we can get the best value in terms of outcomes for patients and wider social value outcomes for our communities and neighbourhoods.

Our collective vision for north east London

What do you want to achieve for our communities in the next few years?

"We support people with long term conditions to take control of their own health and care management allowing them to live full and happy lives"

Dr Atul Aggarwal, Chair, NHS Havering CCG

"Working in partnership to ensure that people are supported to age well and that quality of care is improved within our existing acute and community services"

Dr Ken Aswani, Chair, NHS Waltham Forest CCG

"Ensuring all our children in north east London have the best possible start in life, with their parents experiencing the best possible pregnancy and birth, right through to supporting schools to maximise the health of all children"

Dr Sam Everington, Chair, NHS Tower Hamlets CCG

"Making sure people have choice and control over the way they live their lives, and access to local resources and opportunities"

Dr Jagan John, Chair, NHS Barking and Dagenham CCG

"People with mental health conditions are able to live good lives – to be employed, have good relationships, somewhere comfortable to live, and to feel part of their community"

Dr Anil Mehta, Chair, NHS Redbridge CCG

"By working together we address the causes of inequality and poor health in NEL, drawing on our collective strengths and experience to improve the lives of our local people"

Dr Muhammad Naqvi, Chair, NHS Newham CCG

"Grow our neighbourhood way of working, with thriving primary care networks an essential element, to ensure that across north east London our teams are working together to support local people"

Dr Mark Rickets, Chair, NHS City and Hackney CCG

"We make every pound count and invest our health and care resource so it improves population outcomes"

Henry Black, Chief Finance Officer, NELCA

"Engaging and involving our local populations continues to be at the heart of everything we do"

Marie Gabriel, Independent Chair, NEL ICS

"The benefits of working in partnership will give everyone the best start in life, deliver world-class care for major health problems, such as cancer and heart disease, and help people age well"

Jane Milligan, Accountable Officer, NELCA

Have your say

In September 2020 we will produce a report on our proposal to merge, including feedback from stakeholders for consideration by NHS England who will need to approve our application later in the year.

How can I have my say?

Each CCG will engage with all its partners and members over the coming months. Engagement will continue through the summer, autumn and beyond. As questions come in we will develop a questions and answers document.

We also want to hear from anyone who wishes to share their views on the proposal set out in this document.

You can either email us at **nel-ics.pmo@nhs.net**

Write to us at **NELCA, 4th floor Unex Tower, Station Street, Stratford, E15 1DA**

Visit **www.eastlondonhcp.nhs.uk**

Appendix: What we have heard so far 15

As part of our work to create an Integrated Care System over the last 18 months we have undertaken engagement with a wide range of stakeholders. We have listened to feedback and already taken in to account the following:

Topic	You told us you are concerned that…	What we are doing…
Money	Budgets may be held centrally and not passed on at a local level	Ensuring that budgets are devolved to a local level to match existing budget allocation, so there is no impact at a local level
Decision-making	We may lose influence on key decisions at a local level	Putting in place new governance arrangements to ensure that decisions are made at a local level
Clinical leadership	Clinical leadership may weaken as a result of moving to a single CCG	Building on our existing relationships with our clinical leaders and getting their input to shape a new way of working. Clinical leadership will exist at every level within the ICS and will be key to our success. Clinical leadership budgets for each CCG will be maintained, with clinical leaders freed up to lead clinical transformation of services rather than some of the current bureaucratic focus
Impact on services	A single CCG may mean reducing services for patients	Existing hospitals, NHS trusts, GP surgeries and community services will continue with no impact. What we are doing is changing the way we work so that we can deliver a better patient experience with access to more services more easily. By working collectively, we can attract transformation funds to improve services for local people where they are needed most. We will address variation for patients across NEL, with a focus on the highest standards
Impact on jobs	There may be impact on CCG staff as a result of the merger	We are aiming to minimise the impact on staff, maximise opportunities for career progression and training, and to tackle inequalities across our system. We are assuming that requirements to reduce or restructure posts will be minimal

Title of report:	**Proposal for the Prevention Workstream**
Date of meeting:	13 August 2020
Lead Officer:	Dr Sandra Husbands
Author:	Dr Sandra Husbands, Director of Public Health & Prevention SRO
Committee(s):	Integrated Commissioning Board - 13/08/20 - for decision
Public / Non-public	Public

Executive Summary:

The prevention workstream has made significant achievements, but we need to go further as a system, to achieve significant population health improvements and reduce health inequalities. However, it is in a precarious position, due to the recent loss of the workstream director and transformation support officer. The prevention workstream manager and project leads are being supervised by a public health consultant, rather than within the integrated commissioning system.

It is proposed that the prevention workstream structure is reviewed, in order both to ensure continued delivery of the current programme activities, with appropriate supervision for the prevention workstream programme manager, as well as accelerate progress in this area across the system. It is recommended that the prevention workstream be disbanded, with prevention activities being embedded across workstreams and a new population health hub created, to support the whole system, including Neighbourhoods.

Recommendations:

The **City Integrated Commissioning Board** is asked:

- To **NOTE** the report;
- To **CONSIDER** the options set out in the paper for redesign of the prevention activity and Public Health support to the ICB programme;
- To **APPROVE** the recommended option, to disband the prevention workstream, embed prevention in each workstream and create a population health hub, as set out in the report.

The **Hackney Integrated Commissioning Board** is asked:

- To **NOTE** the report;
- To **CONSIDER** the options set out in the paper for redesign of the prevention activity and Public Health support to the ICB programme;

- To **APPROVE** the recommended option, to disband the prevention workstream, embed prevention in each workstream and create a population health hub, as set out in the report.

Strategic Objectives this paper supports [Please check box including brief statement]:

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	x	The proposal in this paper seeks to ensure that prevention activity is effectively incorporated across the integrated care system, so that it is embedded in each workstream and care pathway, rather continuing as standalone activity. This, in turn, will more effectively deliver the shift in resources towards prevention and health improvement.
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	☐	
Ensure we maintain financial balance as a system and achieve our financial plans	☐	
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	x	
Empower patients and residents	☐	

Specific implications for City

N/A

Specific implications for Hackney

N/A

Patient and Public Involvement and Impact:

The proposal was developed without service user involvement. However, having prevention and health improvement embedded in each of the other workstreams is likely to lead to improvements, not only in outcomes from care, but in service users' perceptions and experiences of care, including through increased opportunities to become involved in improving their own health and wellbeing and increase their health literacy.

Clinical/practitioner input and engagement:

The proposal has been developed to date without clinician/practitioner input. However, it will be important to engage clinicians in each of the other workstreams, to ensure that

prevention is adequately and effectively embedded. This will enable seamless end to end pathways, with primary and secondary prevention embedded, promoted and appropriately resourced at every opportunity.

Communications and engagement:

None required.

Equalities implications and impact on priority groups:

Equalities impacts have not been assessed formally. However,

Safeguarding implications:

None

Impact on / Overlap with Existing Services:

No direct impacts. However, the proposal has implications for all integrated service provision in Hackney and the City.

Main Report

Background and Current Position

The ambition for the Integrated Commissioning Board (ICB), with the Provider Alliance, is to become an integrated care partnership, which takes a population health approach, in order to improve health, reduce health inequalities and improve outcomes from care.

The existing integrated commissioning workstream structure has been successful at achieving joint working and alignment and the beginning of co-commissioning. In particular, the prevention workstream has enabled a number of system achievements, to date, including (among other things):

- co-produced Healthy Weight Framework launched; business case for Tier 3 weight management service approved
- launched the Hackney Tobacco Control Alliance and
- developed and rolled out the Making Every Contact Count (MECC) training, building on this to enable a more effective and holistic helpline response during the pandemic
- mental health strategy published and frontline professionals trained in mental health first aid
- well-developed plans for joint commissioning of integrated social prescribing/community navigation services in Hackney, with alignment to the City of London service (interrupted by the pandemic)

A key achievement has been the development of the prevention investment standard (PIN), which is a key first step in shifting resources towards prevention. However, many programmes under the prevention workstream could be considered business as usual for the Public Health Service, which has been providing most of the leadership and programme management capacity to this workstream. At the same time, there has been little Public Health input to the other workstreams to date, in part, due to lack of capacity.

Despite its achievements over the past few years, the current programme structure with a separate prevention workstream and little Public Health support for the others, means that there is little incentive or pressure for other workstreams to include prevention activity in their programmes. This not only makes it difficult to embed prevention in areas that are not traditionally driven by Public Health, but also to shift resources from disease/condition management towards prevention.

Since the arrival of the director of public health in October 2019, there has been a restructure of the Public Health Service and a review of its work programme, including input to the ICB work programme. This has resulted in the creation of and appointment to an additional public health consultant role and appointment of a deputy director of public health. With this additional capacity, reconfiguration of the team and a new work plan, the intention is to have senior public health input to each of the ICB workstreams, either from a

consultant/deputy director or a principal specialist. In addition, there have been developments within the public health intelligence team, which will enable more timely and actionable population health intelligence support to be provided as well. For the purposes of clarity and more effective management within the Public Health Service, there was also an intention to create a separation between “business as usual” public health activity (e.g. sexual health commissioning) and those activities that are necessarily part of the integrated system, such as MECC.

In recent months, within a few weeks of each other, the prevention workstream director and the transformation support officer have both stepped down from their roles, where they were on secondment, to return to their substantive posts in Public Health. It has not been possible to fill these vacancies, in the short-medium term and the COVID-19 pandemic has interrupted plans to reconfigure public health support to the ICS. However, this has created an opportunity not only to look at the Public Health input, but at the structure of the IC programme, as a whole, to see how prevention might be delivered even more effectively, including action to reduce health inequalities.

Proposals

It is proposed that the prevention workstream structure is reviewed, in order both to ensure continued delivery of the current programme activities, with appropriate supervision for the prevention workstream programme manager, as well as to as well as accelerate progress in this area across the system.

Options

Option 1. Do nothing: retain the current workstream structure

In this option there would be no change to the existing workstream structure. However, it would require the programme to appoint replacements for the workstream director and transformation support officer.

Option 2. Embed prevention activity in workstreams and create a population health hub

This option would increase the likelihood of not only shifting resources towards prevention activity, but also of having that activity mainstreamed as part of the condition management pathway - normalising this for both clinicians and service users. This could achieve increased momentum for prevention and greater impact at population level. This work is already beginning to happen, as clinicians and care workers become trained in MECC and start to embed that approach in their normal practice. Embedding prevention in the workstreams will help to take this further, going beyond brief interventions and making it routine to consider and take action on prevention at each stage.

Creating a population health hub would have the benefit of bringing together the right capacity - skills and expertise - to carry out the data analysis and evidence synthesis and

provide actionable intelligence and recommendations to the workstreams, based on an understanding of local populations and places. This would support the ICB's current ambition to take a population health approach, at system and neighbourhood levels.

Conclusion

- Action needs to be taken to secure effective oversight of the prevention activity, following the transformation support officer and prevention workstream director stepping down
- Disbanding the prevention workstream and ensuring senior level public health input to each of the other workstreams will allow prevention to be more effectively embedded across the whole ICS
- Creating a population health hub, including input from senior leaders in the Public Health Service, as well as the Public Health Intelligence Team, will also support each of the workstreams to understand their population health goals, in order to deliver them.
- Taking this recommended course of action ensures that the existing prevention work can continue with effective supervision and oversight and avoids the need for recruitment or further secondments, as well as supporting the development of the ICS towards its stated ambitions, to take a population health management approach and reduce health inequalities.

Supporting Papers and Evidence:

None

Sign-off:

Workstream SRO: Dr Sandra Husbands, Director of Public Health & SRO Prevention Workstream London Borough of Hackney: Denise D'Souza City of London Corporation: Andrew Carter City & Hackney CCG: David Maher

Title:	Integrated Commissioning Risk Registers
Date of meeting:	13 August 2020
Lead Officer:	Matthew Knell – Head of Governance & Assurance, CCG Stella Okonkwo – Integrated Commissioning Programme Manager Workstream Directors
Author:	Workstream Directors & Programme Managers
Committee(s):	Integrated Commissioning Board, 13 August 2020
Public / Non-public	Public.

Executive Summary:

This report presents the detailed risk registers for the Integrated Commissioning workstreams. These have all undergone review and redraft following the Covid-19 pandemic.

Also included is a newly-drafted register for the Integrated Commissioning Operating Model & CCG Merger Risk Register, and a separate NEL risks and mitigations log in relation to Covid-19.

Recommendations:

The **City Integrated Commissioning Board** is asked:

- To **NOTE** the registers.

The **Hackney Integrated Commissioning Board** is asked:

- To **NOTE** the registers.

Strategic Objectives this paper supports:

Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	☒	The risk register supports all the programme objectives
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	☒	The risk register supports all the programme objectives

Ensure we maintain financial balance as a system and achieve our financial plans	☒	The risk register supports all the programme objectives
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	☒	The risk register supports all the programme objectives
Empower patients and residents	☒	The risk register supports all the programme objectives

Specific implications for City

N/A

Specific implications for Hackney

N/A

Patient and Public Involvement and Impact:

N/A

Clinical/practitioner input and engagement:

N/A

Supporting Papers and Evidence:

Risk register cover sheets in agenda pack.

Full detailed registers circulated as appendices.

Sign-off:

Siobhan Harper – Director: Planned Care

Amy Wilkinson – Director: Children, Maternity, Young People and Families

Nina Griffith – Director: Unplanned Care

Carol Beckford – Transition Director

Integrated Care Operating Model & CCG Merger - August 2020

							Residual Risk Score (post-mitigation)				
Ref#	**Description**	**Senior Management Owner**	**Inherent Risk Score (pre-mitigation)**	**Likelihood**	**Impact**	**Current Score**	**Q1 2020/21**	**Q2 2020/21**	**Q3 2020/21**	**Q4 2020/21**	
ICOM 1	**Covid-19 and winter pressures** If there is a resurgence of the Covid-19 pandemic coupled with severe winter pressures: **There is a risk that the programme of work to put in place the new IC Operating Model and the CCG merger is paused** The consequence is... The merger will not take place by April 2021 and NEL would continue to act as an ICS by default	Accountable Officer: David Maher Risk Manager: Carol Beckford	15	4	3	12					Accept this risk – if the programme is paused
ICOM 2	**Creating clarity for CCG Members** If we do not put in place a specific and targeted engagement programme for clinicians and CCG Members: **There is a risk that CCG Members are unclear regarding what they are being asked to vote on in October 2020** The consequence is... C&H Members do not vote for the dissolution of the City & Hackney CCG in favour of a single NEL CCG	Accountable Officer: David Maher Risk Manager: Carol Beckford	16	3	4	12					Develop a comprehensive stakeholder engagement plan (draft in place July 2020) Engage with GP Consortia and Members in Sept 2020 Provide sufficient data for a meaningful "soft vote" in early October – to test opinions with a the official vote taking place by mid-October 2020
ICOM 3	**Support from Residents and Patients** If Residents and Patients are not engaged on the proposed changes: **There is a risk that Residents and Patients do not support the proposed IC Operating Model or the merged NEL CCG** The consequence is... Residents and Patient begin to lose confidence in their local health and social care services and leaders	Accountable Officer: David Maher Risk Manager: CCG SMT Member TBC	12	3	4	12					Develop a comprehensive stakeholder engagement plan (draft in place July 2020) Publish the NEL vision document locally week commencing 3 Aug 2020 Publish tailored communications and engagement material to support the NEL vision 3 Aug 2020 Put in place an initial programme of ongoing engagement though to end Oct 2020
ICOM 4	**Support from Partner organisations** If we do not engage with all system Partner organisations: **There is a risk that...** **Partners fail to play a full and active role in the design and delivery of the new IC Operating Model** The consequence is... There is insufficient buy-in to the new Operating Model and it will not be founded on a solid base	Accountable Officer: David Maher Risk Manager: CCG SMT Member TBC	8	2	4	8					Use existing channels such as AOG, ICB and Partner organisation Board to engage on the new IC operating model to create buy-in (Aug to Sept 2020)
ICOM 5	**Alignment of SOC and new Operating Model** We need to bring together the different parts of the local system developing the developing the new operating model, the CCG merger and the Transitional SOCG arrangements otherwise: **There is a risk that the arrangements for the CCG merger and new Operating Model will not align with the new structures and processes being put in place by the SOCG** The consequence is... There will not be a smooth transition from the current Phase 2 SOCG arrangements to the Phase 3 Operating Model.	Accountable Officer: David Maher Risk Manager: CCG SMT Member TBC	8	2	4	8					DM and TF meet regularly, including a fortnightly SOCG Action Plan Review meeting to 30 Sept 2020 The Workstream Directors are members of both SOCG and the CCG SMT end Oct 2020 New transitional SOCG structures will involve more key CCG leads in transitional planning during the development of Phase 2 to Oct 2020
ICOM 6	**Relationship between Integrated Care Partnership Board (ICPB) and Neighbourhood Health & Care Board (NH&CB)** The scope role and remit of the ICPB is not clear yet therefore: **There is a risk that there is lack of clarity regarding the relationship and accountabilities between the ICPB and the NH&CB** It will be hard to plan in detail for either Board because it will not be clear how power is devolved	Accountable Officer: David Maher Risk Manager: CCG SMT Member TBC	12	3	4	12					We are working with NEL partners to clarify legal options arrangements for delegation of money / powers from the single CCG to local systems / ICPs. NEL will share their assumptions by mid September 2020

						Residual Risk Score (post-mitigation)					
Ref#	Description	Senior Management Owner	Inherent Risk Score (pre-mitigation)	Likelihood	Impact	Current Score	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	
ICOM 7	**Neighbourhood health and care service delivery infrastructure** The scope role and remit of the NH&CB is not clear yet therefore: **There is a risk that there is uncertainty regarding the shape of the neighbourhood health and care service delivery infrastructure and its resources** The consequence is... It is not clear how workstream and major programme resources align with the NH&CB, local system Partners and the NEL CCG. This creates uncertainty for CCG staff and seconded staff	Accountable Officer: David Maher Risk Manager: CCG SMT Member TBC	12	3	3	9					We are working with NEL partners to clarify legal options arrangements for delegation of money / powers from the single CCG to local systems / ICPs. NEL will share their assumptions by mid September 2020 SOCG Is establishing transitional structures, including a transitional NHCB, which will allow for iterative development between partners in order to work through the practicalities of delivery through the NHCB – by mid-September 2020
ICOM 8	**Staff morale** If we do not have timely, tailored information for staff on how they fit into the local IC Operating Model and what the CCG merger means for them personally means: **There is a risk that staff become disillusioned and morale falls during the period of transition** The consequence is... Staff leave and local relationships and corporate knowledge about the City & Hackney system is lost – undermining the success of the merger	Accountable Officer: David Maher Risk Manager: CCG SMT Member TBC	12	3	4	12					Ensure that line manager understand the proposed changes and supply them with the material they need to have a meaningful dialogue with their staff (August to April 2020) Ensure that that the people and HR programmes in place support people in being resilient and able to manage/cope with the change (August to April 2020)
ICOM 9	**ICPB and NH&CB Subgroups** If there is uncertainty regarding the role of subgroups in providing assurance in the Integrated Care Operating Model and the local system: **There is a risk that subgroups may lack the power, respect, authority and autonomy they need to play an effective role in the local system** The consequence is... Inadequate feedback loop from resident and patient engagement, loose financial and performance management and accountability and a system where inequality and quality are not prioritised	Accountable Officer: David Maher Risk Manager: CCG SMT Member TBC	12	3	3	9					Finance & Performance, Risk management, Quality are already embedded in the transitional NH&SC governance arrangements (from August 2020). The role of remaining sub-groups to be confirmed by October 2020
ICOM 10	**Coherent system-side culture** If we fail to create a City & Hackney wide system culture which resonates and brings together the best of all our the partner organisations: **There is a risk that...** **The City & Hackney system may lack a coherent system-wide culture which will result in partnership work being undermined by poor relationships** The consequence is... Difficult decisions are avoided and integration work stalls because trust relationships are not cemented and staff adopt unhelpful 'them and us' postures	Accountable Officer: David Maher Risk Manager: CCG SMT Member TBC	12	3	4	12					Develop an OD plan (by mid-Sept 2020) for the system which supports organisations to address not just what work we will do, but how we will work together work to cement the common values of our City and Hackney culture that all staff hold dear
ICOM 11	**80:20 principle** The 80:20 rule [i.e. that the majority of the money and decision-making will be delegated from NEL to local systems after the CCG merger] is a principle and not documented in law or policy therefore: **There is a risk that the 80:20 principle may be eroded over time in the light of NEL -wide pressures resulting in more budget/money and decision-making is retained by the NEL CCG** The consequence is... The 80:20 rule becomes invalid and the local system has no power or influence over decisions which may have an adverse impact on City & Hackney	Accountable Officer: David Maher Risk Manager: CCG SMT Member TBC	12	3	4	12					Investigate whether this can be embodied in the Constitution (by September 2020)
ICOM 12	**PCN/Neighbourhood governance and accountability** GP Consortia and PCN/Neighbourhood teams are in the process of working out how they will work together so currently: **There is a risk that PCN/Neighbourhood governance and accountability remains unclear** The consequence is... The relationships between PCNs/GP Practices, Neighbourhood teams, and the NH&C Executive could lack clarity	Accountable Officer: David Maher Risk Manager: CCG SMT Member TBC	12	3	4	12					Work has been initiated, and is being led by a Workstream Director, to investigate the short to medium term governance needs of PCNs/Neighbourhoods and Consortia and will report before mid-September 2020

Children, Young People, Maternity and Families Workstream Risk Register - July 2020

Cover Sheet

				Residual Risk Score							Objective				
Ref#	Description	Inherent Risk Score	Risk Tolerance	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q2 2020/21	Risk Movement	Monthly progress update	Projected next quarter risk score	Focus to prevention to address health inequalities	Community care close to home	Maintain system financial balance	Deliver integrated care which meets physical and mental health of our diverse communities	Empower patients and residents
1	Immunisations for pregnant women. There is a very low updake of flu and pertussis immunisations to pregnant women in City & Hackney. The effect of low update can result in maternal and infant mortality and morbidity.	10	4	4	4	4	4	⟷	Plans for improving uptake of imms through HUFT maternity unit (2 immunisers now on site) and with Primary Care as part of post COVID Increasing imms wider planning (alongside flu and childhood imms).	4	✓			✓	
2	Risk that CYP with complex health needs do not receive sufficient additional support in school to meet their needs; and CCG not having a specified recurrent budget to meet these costs. This group are identified as being specifically vulernable to direct and indirect impacts of the pandemic.	12	8	12	12	12	9	↓	LBH leads are reviewing function of Post 16 Panel and the flow of cases from Transitions Case Management Meeting. Health contributions to EHCP costs: - pathway agreed, plans need to be submitted to DMO /DCO for approval for funding to be released. Plan to integrate this process with the joint funding protocol to streamline processes. Multi agency assessment panel has met once (July 2020) to pilot the Joint Funding protocol. Agreed cases have to be for 18 years and below. Panel members to support links with adults services as required. Education cases to be submitted to the panel in August 2020 to complete the first stage of the pilot, progress will then be reviewed by Strategic Oversight Group.; Agreement required re strategic monitoring of out of borough special school packages - both education and health costs are charged by OOB health services.	9				✓	
3	Risk around the speed at which the offer of Personal Budgets across the health, education and social care system is expanded.	6	6	6	6	6	6	⟷	To date, the following actions have been undertaken to ensure all children and young people who require them have personal health budgets 1. All continuing care packages have at least a notional personal budget 2. Children's Social care personal budgets are offered	6		✓		✓	✓

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4	Strategic challenges associated with collaborative working across a number of organisaitons and a broad spectrum of work areas have a negative impact of strategic CYPMF workstream deliverables. This may include a lack of 'buy in' from partners across the system and partners 'pulling away' from scoped workstream business - potentially leading to a duplication of work or things not being done, risks re budget pooling / aligning, definition of scope, slippage in timescales and reduced quality of services commissioned. Operational challenges associated with collaborative working across a number of organisations and a broad spectrum of work have a negative impact on service operations leading to reduced quality in outcomes for children.	4	4	4	4	4	4	⟷	This is continuing to be managed through the CYPMF Strategic Oversight Group and the wider partnership governance.	4	✓	✓	✓	✓	✓
5	Lack of a robust and integrated system approach to care and provision for CYP with LD and / or autism. Provision is of good quality at points throughout the CYP / family journey but is not a consistent pathway that supports early identification and prevention of escalation of needs.	12	9	12	12	12	9	⟷	CETR register is established but CCG is not not receiving the number of referrals expected for monitoring who are not at immediate risk of requiring a community CETR. During COVID services have rag rated their caseloads leading to inter service review of who is in contact with families. Currently reviewing pre a possible 2nd wave those families who may be open but not in recent contact with services.	9				✓	
8	Risk that low levels of childhood immunisations in the borough may lead to outbreaks of preventable disease that can severely impact large numbers of the population	15	4	10	10	10	10	⟷	Partnership work developed through the measles outbreak in 2018 and the ongoing non recurrent investment in the GP Confederation has been built on during the pandemic. The integration of the CYP imms work with the winter flu campaign is intended to maintain the highest profile of this priority and to optimise all opportunities to improve coverage. An update report on pre COVID imms work was taken to the ICB in November 2019 and an action plan was agreed. This will be reported back on in 2020. This work is continuing to be monitored through a range of governance across the system.	10		✓		✓	
9	Gap in provision for children who require Independent Healthcare Plans (IHP) in early years settings, relating to health conditions such as asthma, epilepsy and allergies.	16	3	4	4	4	4	⟷	As part of the Independent Healthcare Plan (IHP) work, Public Health, the CCG, Hackney Learning Turst and the Homerton Hospital have set up a partnership approach to identify the small number of childre effected and take appropriate steps. Consequently there is no gap in provision and we are maintaining a watching brief to ensure this continues.	4				✓	
11	Health of Looked-After Children: Risk to sustaining service performance during transfer of service to new provider and change to service model	12	4		8	8	8	↓	The service has successfully transferred to the Homerton without incident. We will continue to monitor delivery to ensure no issues arise. During covid 19 HUHT used virtual platforms to undertake iHAs and RHAs which will be followed up f2f when lockdown is implemented.Risk is lack of face to face health assessments for UASC may result in reduced identification of health issues including mental health, immunisation requirements, blood borne diseases and communication challenges around intrepreting service. UCHL ID clinic has reopened in June and social workers able to refer directly. Virtual IHAs undertaken and to be followed up face 2 face .Designated Doctor for LAC has now retired, HUHT have advsertised post. Capacity issues escalated to CCG and HUHT by Designated LAC nurse. HUHT clinicians covering the post for health assessments. GPs informed via CCG GP network. Locum Designated Doctor is now in place since end of July 2020.	6				✓	

				Residual Risk Score							Objective				
Ref#	Description	Inherent Risk Score	Risk Tolerance	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q2 2020/21	Risk Movement	Monthly progress update	Projected next quarter risk score	Focus to prevention to address health inequalities	Community care close to home	Maintain system financial balance	Deliver integrated care which meets physical and mental health of our diverse communities	Empower patients and residents
15	There is a risk that Out of Area Looked-After-Children experience longer waiting times to access CAMHS and other services, and that those services provided may not be of as high a standard as those provided within City & Hackney.	12	9 (TBC)		9	9	9	⟷	Arrangements are in place for clinical services to travel in order to meet the needs of LAC where possible. Where children are placed further away the clinical service will liaise with services loca to the child and the Designated Nurse for Looked After Children and Mental Health Commissioner on a case-by-case basis. Negotiations ongoing for a stronger service provision for City of London UESC.	9				✓	
16	The Named GP for safeguarding children is currently on maternity leave and the post has been uncovered, meaning that we have not been compliant with the Intercllegiate guidance. Addiitionally we have reduced capacity with the Designated Nurse for Safeguarding on long term leave. Potential increases in safeguarding issues presenting are being prepared for, thinking forward to the return of schools in September.	12	4	9	6	6	3	↓	Named GP returning to work in September 2020. Acting up cover arrangements are in place for the Designated nurse for Safeguarding. Current Safeguarding governance is robust (SAG, CHSCP) locally with a NEL held risk register and these will continue to be monitored. Weekly HUFT / CCG catch ups will continue, to monitor ED activity and patterns of use by children.	3				✓	
17	Gap in delivery of Tier 2 Audiology service for City and Hackney registered population. Service not restarted following pandemic pause in service delivery. Lack of HUHT community paediatricians to restart delivery of service. Plan to transfer service to Barts needs to be fast tracked and interim service solution identified.	12	6				12	**New Risk**	Risk escalated to risk register and HUHT risk assessment requested 30/07/20	12		✓	✓		
18	Significant staffing and recruitment issues in the HUHT Community Paediatrics service (approx 50% of Doctors)	15	6				12	**New Risk**	Risk escalated to risk register and HUHT risk assessment requested 30/07/20	12		✓	✓	✓	
19	Potentially significant increased demand for CAMH support througout the impending phases of the pandemic, at specialist and universal level for children and families.	12	9				12	**New Risk**	CAMHs have performed well to support families during the peak of COVID, alongside schools and there are robus plans in place for this to continue.	9	✓	✓		✓	✓

Risk Register and Issues Log

Planned Care Workstream

					Residual Risk Score							Objective				
Business as Usual or COVID	Ref	Description	Inherent Risk Score	Risk Tolerance	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Risk Movement	Monthly progress update	Projected next quarter risk score	Focus on prevention to address health inequalities	Community care close to home	Maintain system financial balance	Deliver integrated care which meets physical and mental health of our diverse communities	Empower patients and residents
COVID	PC1	Vulnerable patients, including those with a long term condition/learning disability, struggle to access care due to changes to local services.	20	9	n/a	n/a	n/a	20		Access to services has improved since the height of the pandemic. CEG data suggests GP consultations are close to pre-COVID levels and phlebotomy activity is over 80% of pre-COVID level. Community Services are opening up routine f2f services with necessary infection control safeguards. Planned Care are working to launch a domiciliary service pilot for phlebotomy and LTC checks for vulnerable patients. The CCG will also be launching a transport service to enable vulnerable patients to attend their practice without using public transport. Planned Care ran an inequalities session to identify vulnerable groups and discuss what changes services could make to ensure vulnerable groups continue to have good access. This will be discussed with partners at Core Leadership Group and an action plan developed to ensure vulnerable groups have access. Primary Care also have CEG searches to identify vulnerable patients for proactive care.	15	√	√		√	√
COVID	PC2	High number of outstanding CHC assessments as a result of the pause due to Covid-19.	15	10	n/a	n/a	n/a	15		There are 50 outstanding CHC assessments. All patients have had a care plan developed by relevant providers and a package of care is in place. The phase 3 letter instructs the NHS to resume assessments from 1st September 2020. Meeting to be held week commencing 10th August to discuss the instructions in the letter and plan for the resumption of CHC assessments.	10		√	√	√	
COVID	PC3	Patients do not access elective acute services- due to services being moved out of area with hot/cold site changes	15	9	n/a	n/a	n/a	10		Weekly calls are in place to discuss utilisation of independent sector capacity. Looking at options for tracking the number of patient initiated cancelled appointments as part of the Outpatient and Elective Recovery Dashboard. This will enable effective reporting and tracking to understand the impact. NEL are responsible for communication and engagement to promote access; and so will C&H will feed into this process.	10	√			√	√
COVID	PC4	Limited acute provider elective/diagnostic capacity and routine service closure during COVID-19 results in longer waiting times for patients	20	9	n/a	n/a	n/a	20		At May 20, outpatient and diagnostics activity is at half of the level of pre-COVID. Daycase and Elective is at 20% of pre-COVID activity. CCG holds weekly meetings with HUH to discuss the recovery. An outpatient and elective recovery dashboard has been developed to track progress and the Outpatient Transformation Programme has been re-geared to deliver the recovery. NEL are working with the systems to lead on the recovery- it is particularly focusing on daycase/elective. Access to independent sector capacity will be in place until the end of March 2021.	15	√			√	

COVID

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PC6	The 62 day target to begin cancer treatment is not consistently achieved	15	8	6	6	6	20		C&HCCG met 6 out of 8 cancer waiting targets in May 2020. This is broadly in line with cancer waiting performance pre-COVID. Performance for 62 day wait for screening referral has worsened since April, but numbers are relatively low with only an activity of 3 in May. The phase 3 letter has requested that local Cancer Collaboratives develop a local plan to ensure cancer waiting time targets are met. There is a Cancer Collaborative meeting on Monday 10th August where the development of the plan will be discussed. The letter requests that collaboratives submit their plans in early September.	10	√				
PC7	B/ground to NCSO: During 2017/18, limited stock availability of some widely prescribed generics significantly drove up costs of otherwise low cost drugs. The price concessions made by DH to help manage stock availability of affected products, were charged to CCGs - this arrangement (referred to as NCSO) presents C&H CCG with an additional cost pressure.	20	4	4	4	4	20	↔	For 2019/20 year end, the annual cost pressure from NCSO was **£348,516** in addition to a cost pressure of **£653,903** for increased drug tariff pricing for drugs prescribed. An additional cost pressure from increased costs of category M products as a consequence of DH announcement to claw back £15M from CCGs by increasing the cost of these drugs. The cost impact for C&H CCG for Aug2019-Mar2020 was **£380,568.** The C&H primary care precribing costs for year end for 2019/20 showed break even position despite these cost pressures. For 2020/21, as of August 2020 prescribing data is only available for April &May 2020. Based on the 2 months data, the estimated annual cost pressure for NCSO is **£943,878** in addition to a cost pressure of **£86,070** for the associated cost pressure of increased Drug Tariff pricing for drugs prescribed. An additional cost pressure from increased costs of category M products as a consequence of DH announcement to claw back £15M from CCGs by increasing the cost of these drugs from June 2020. The cost impact for C&H CCG forJune2020-Mar2021 is estimated at **£480,618**. During 2017-18 the total year end impact for C&H was £1.3M NCSO - however the wider QiPP work delivered savings higher than the £1.3M cost pressure. This was a similar picture in 2018-19 & then for 2019-20 in that savings on the prescribing budget outweighed the NCSO cost pressure and the overall prescribing budget was underspent. In light of this, this risk was rescored to reduce the potential impact.	4		√	√	√	

BAU	PC8	There are significant financial pressures in the Adult Learning Disability service which require a sustainable solution from system partners	20	9	20	20	20	20	↔	Joint funding work is still under completion and due to be complete by autumn 2020. A further multiagency workshop needs to take place to ratify the tool and processes to be used, this will then establish joint funding as business as usual. A new transition governance structure is in place but work is still being undertaken to ensure accurate data captured around needs and so transition can happen in a planned way as per Education Health and Care Plans and through use of the dashboard. Sign off of the final version of the LD Strategy has been delayed due to the COVID-19 response. Looking to be presented at the ICB in the near future.	15	√	√	√	√	√
BAU	PC12	Failure to commission an Adult complex obesity Service	15	6	9	9	9	15	↔	Delay in commissioning adult complex obesity service due to COVID. Business case has been approved and specification developed, but there are challenges with regards to securing funding for the service due to current block arrangements with the Homerton and the CCG's current position.	10	√			√	
BAU	PC13	No long term funding is secured for the Housing First programme and there is a risk that the service will finish at the end of the year 1 pilot	25	5	n/a	25	25	25	↔	As part of the COVID-19 response, both LBH and CoL provided housing for all rough sleepers, including those with NRPF. LBH have committed to continuing this provision until the end of March 2021 and have procured two hotels near Finsbury Park to provide accommodation. CoL have also indicated they will carry on with the scaled up provision. The GLA are working with local authorities to decant the rough sleepers housed in their accommodation. The GLA are working with local authorities to ensure this transition is smooth. Health and Public Health are looking at how to coordinate wrap around care to ensure residents are well supported. This level of housing is in line with the principles of Housing First. Housing First had secured funding for the first year, but the outlook beyond this was less clear. Central Government made funding available for scaled up provision in the immediate response to COVID, but it's unclear whether funding will be made available in the medium-long term.	25	/	/		/	/

Unplanned Care Workstream Risk Register

Cover Sheet

				Residual Risk Score							Objective				
Ref#	Description	Inherent Risk Score	Risk Tolerance	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Risk Movement	Monthly progress update	Projected next quarter risk score	Focus to prevention to address health inequalities	Community care close to home	Maintain system financial balance	Deliver integrated care which meets physical and mental health of our diverse communities	Empower patients and residents
1	Failure to deliver the workstream financial objectives for 2020/21	16	8	12	12	12		⟺	Financial reporting in place. New block arrangement with NHS providers gives assurance on spend, but also reduces opportunities to invest in out of hospital services in order to reduce acute activity. Full programme of demand management activities still in place.	12			✓	✓	
3	If Primary care and Community Services are not sufficiently developed and are not established as a first point of call for patients this could lead to an increase in the number of inappropriate attendances at A&E and unplanned admissions to hospital.	20	6	12	12	12		⟺	Continued work to increase utilisation of bothe core ParaDoc and ParaDoc Falls service. Falls Service - There is a low level of conveyence to hospitals, and the service is cost effective based on current levels of activity. The service will be continued in 2019/20. Evaluation of proactive Care Home Visiting service in August 2018 - the Board endorsed a proposal to continue investment of PMS money into the proactive care practice-baed service for 2019/20, for recommendation to the Primary Care Quality Board and the CCG Contracts Committee. The service is being evaluated. A&E Action Planbeing carried out. A review of Duty Doctor took place in July-August 2019, and the Unplanned Care Board agreed in October that the GP Confederation will take forward work to raise awareness and improve comms relating to the service.	12				✓	

				Residual Risk Score							Objective				
Ref#	Description	Inherent Risk Score	Risk Tolerance	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Risk Movement	Monthly progress update	Projected next quarter risk score	Focus to prevention to address health inequalities	Community care close to home	Maintain system financial balance	Deliver integrated care which meets physical and mental health of our diverse communities	Empower patients and residents
4	Workstream fails to successfully integrate patients and the public in the design and development of services; services are not patient focused, and are thus limited in reach and scope	16	6	12	12	12		⟺	A range of engagement has taken place in relation to the Unplanned Care Workstream since the agreement of Co-Production principles in May 2019. These include: - Urgent Care Event held at Ridley Road market in July 2019 - Commencement of Discharge Workstream Co-production Task & Finish Group - LAS 111 IUC PPG established and operational since July 2019. - A wide range of engagement has taken place around the Falls programme; both one-off engagement events and a co-production group, working with Healthwatch.	12		✓		✓	✓
5	Risk that Homerton A&E will not maintain delivery against four hour standard for 2019/21	16	8	8	8	8		⟺	A review of Duty Doctor took place in July-August 2019, and the Unplanned Care Board agreed in October that the GP Confederation will take forward work to raise awareness and improve comms relating to the service. The Unplanned Care Board noted a paper setting out £678k of funding for Winter Resilience schemes on 31 January.	8		✓		✓	

				Residual Risk Score							Objective				
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7	The new Integrated Urgent Care (111) service might have a negative impact on quality of urgent care for City & Hackney patients, and on downstream services: Quality of Care: - Possible issues with quality of clinical assessment and increased waiting times (call-back time from clinicians); - Recruitment of senior clinicians in CAS Downstream service impact: - General increase in demand due to availability of free-to-call number, quick answer times - Increased demand on acute (A&E/999) due to risk-averse nature of 'pathways' assessment, - issues with direct booking into urgent Primary Care, and - possible issues with quality of clinical assessment.	16	4	9	9	9		⟺	Set up of CAS transformation group complete, with senior clinical and operational representation and agreed terms of reference. Agreed service specification for data flow into CSU. There has been a 2nd draft of NELIUC Performance report produced - no significant change from previous position. A review of Duty Doctor took place in July-August 2019, and the Unplanned Care Board agreed in October that the GP Confederation will take forward work to raise awareness and improve comms relating to the service.	9		✓		✓	✓
9	Discharge and Hospital Flow processes are not effective, resulting in increased DToCs and failure to meet Length of Stay Targets	20	6	15	15	12		↓	Weekly teleconference continues although DTOC targets have not been met in this fiscal year. A 30, 60, 90 day challenge has been set to urgently progress actions to reduce delays. Recommendations from the evaluation of the D2A pilot are being implemented. This includes development of a Single Point of Access between Integrated Independence Team and Integrated Discharge Service. LBH is currently recruiting three permanent senior social workers, which will add stability and facilitate improved discharge processes.	12		✓		✓	

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12	Current IT infrastructure limits delivery of integrated working	12	4	12	12	12		⟺	Significant work has been undertaken on this area during COVID. As part of the rollout of Neighbourhood Teams and Neighbourhood MDTs we have worked closely on the use of MSTeams as the platform for MDTs. This has enabled virtual MDTs to take place. Work is progressing with the IT enabler on maximising the use of the East London Patient Record for MDT working. Work is planned with Cerner to test development of new functionality for shared MDT working. Initial work is underway in relation to population health and using the CCG tool Co-Plug but this is at early stages and is not yet a sustainable solution in the long-term (funding from Innovate UK has only been for one year and therefore needs wider NEL engagement).	12		✓	✓	✓	
13	Risk that we cannot get sufficient engagement from front line staff across all of our partner organisations in order to deliver the scale and pace of change required.	12	3	12	12	12		⟺	Presentations to SOC on Neighbourhoods Programme priorities and work plan. Work is underway to establish the Neighbourhoods Delivery Group and potentially Engagement Forum involving key partners from across the system and ensuring that the Neighbourhoods work is co-produced. Neighbourhood teams have been established and MDT meetings have commenced across eight Neighbourhoods. This has involved directly identifying link people from the different services but has also engaged relevant frontline professionals. It has also involved working closely with the PCN Clinical Directors to develop the approach.	12		✓		✓	

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15	Ongoing difficulties in recruiting GP staff across unplanned care services, including OOH, PUCC and Primary Care puts pressure on the whole C&H health system - risk that patients are thus seen in acute settings such as A&E, with impact on HUH 4 hour target and cost	16	6	16	12	12		↓	As of October 2019 the 6 month report on the GPOOH service at HUHFT showed that all shifts have been filled and at no point did the service not have full GP coverage. We will continue to monitor this and to take reasonable steps to mitigate the risk.	9			✓	✓	
17	New ways of working in Neighbourhoods may require information to be shared across providers and this may not be covered by existing information sharing protocols. This is a particular issue for the voluntary sector who currently have very limited information sharing protocols in place.	9	6	n/a	9	9		↔	We have put in place arrangements to support data sharing between partners – developing a DPIA, drafting privacy notices for the public, preparing comms on information sharing for Neighbourhood Teams and working through storage and sending of this information between those involved in the Neighbourhood MDT. We are bringing together the DPOs / data sharing leads or other key points of contact from organisations who have been more regularly involved in the Neighbourhood MDTs so far to share materials and to support organisations (both large and small) to discuss data sharing as part of wider Neighbourhood day-to-day working.	9		✓		✓	
19 / UCTBC2	Risk that there is an increase in non-elective acute demand - either driven by a return to normal levels of admissions or a further peak in covid demand.	20	12	n/a	n/a	16		New Risk	01/05/2020 update: Delivery of the 'talk before you walk agenda' to reduce A&E attendances Strengthen community and primary care services to support people within the community (through SOC) Need to consider admission avoidance pathways- through HAMU and through ACPs Need to ensure robust escalation plan in place in advance of further covid peaks	TBC			✓	✓	

				Residual Risk Score							Objective				
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20 / UCTBC2	Risk that we do not understand and/or do not reduce the impact of health inequalities for local populations across the workstream.	20	12	n/a	n/a	16		New Risk	The neighbourhoods programme is focused on addressing inequalities: -the neighbourhoods approach means that we take a population health approach across a small population of 30-50,000, which allows a very local focus on health needs and inequalities -the voluntary sector are key partners and are suppporting identification of inequalitie and in-reach into particular communities	TBC	✓	✓		✓	✓

Covid-19 NEL Risks and Mitigations
Enabler 3a: Risks - TBC

Our plans do carry risks – relating principally to finance, capacity, and workforce – that we are mitigating at each level of the ICS (1 of 2)

Risks to managing a second COVID surge	Mitigation
System resilience – there's a risk that the impact of sickness and shielding during a future COVID peak impacts the ability of WEL's providers of community care to deliver existing and additional services and to drive the improvement of care according to WEL's recovery and restoration plans	• Scenario planning on workforce availability within and across providers • Development of agreed service and transformation prioritisation protocols for use at varying levels of workforce availability
Local care capacity – there may be insufficient capacity in community, social care and primary care to manage future peaks in demand over winter.	• Capacity planning is being overseen by the system planning Groups with an early focus on winter planning
Workforce – excessive staff burnout and operational implications of protecting at-risk staff	• All organisations undertaking risks assessments of staff in workplace. • PCNs are looking at how they provide mutual aid where there is a risk of a practice not being able to provide sufficient F2F care because of the number of clinicians deemed at risk and not able to provide F2F care
PPE – availability of PPE required to maintain safe delivery of services over a prolonged period, including a large scale and proactive winter flu vaccination programme	• Supply chain and distribution planning across NEL • Identification of mechanisms for escalation in the event of procurement challenges

Risks to managing a second COVID surge	Mitigation
Preparedness for a second wave local outbreak - within local communities that have been disproportionately affected to date	• We have seen higher mortality amongst people who were not born in the UK. Many of these people do not speak English as a first language. Making public guidance, information on track and trace and the testing booking systems available in English will be a priority to ensure greater future access • We are focussing on LTCs and managing most vulnerable and most vulnerable to COVID e.g. frail housebound, with an emphasis on proactive care to make sure their general health as good as possible right now
Non-urgent elective care referrals – how we identify people on waiting lists who have deteriorated and need a different intervention	• Supporting any deterioration and need for different intervention will be managed through local multi-disciplinary team working and the wider Neighbourhood MDT operating model

Enabler 3b: Risks - TBC

Our plans do carry risks – relating principally to finance, capacity, and workforce – that we are mitigating at each level of the ICS (2 of 2)

Risks to our longer-term ambitions	Mitigation
Risk to full delivery of the sub-system plans for primary and community care caused by the uncertainty around the **future financial regime** for the NHS and potential cuts to social care services driven by in year local authority budget cuts	• Engagement with NEL finance leads on the developing ICS financial framework and ensuring that all relevant sub-system plans are fully costed • Engagement with council finance directors on best and worst case financial and service planning scenarios, with this reflected in borough and system plans as required
Economic pressure and affordability of our response (particularly social care) as national funding for specific responses (e.g. humanitarian aid, national discharge process, support for rough sleepers) are withdrawn or scaled back	• Partners are supporting London-wide and NEL-wide combined responses to specific issues such as support for rough sleepers • Local authority partners are giving consideration to options for brokering arrangements with other local authorities across NEL to manage higher volumes of discharge from non-local hospitals

Risks to our longer-term ambitions	Mitigation
Economic impact of coronavirus will have an impact on MH and wellbeing – we will need to link more closely with benefits advice / debt advice / etc to pick up support for those whose economic circumstances may impact negatively on self-care in relation to multiple LTCs	• LA partners establishing Neighbourhood Recovery Planning Groups bringing together housing, benefits and debt advice and social care to determine financial and health impacts for those with long term conditions and vulnerable groups. This framework ensures early identification on issues to undertake mitigating response planning. • Local authority advice services on housing, benefits and debt needs are also being directly linked with Neighbourhood Multi-Disciplinary Teams, community connectors, social prescribers and Wellbeing Practitioners
Capacity of social care and community services to operate a revised discharge model which responds to more elective work happening at hospitals across NEL	• Local authority partners are giving consideration to options for brokering arrangements with other LAs across NEL to manage higher volumes of discharge from non-local hospitals. • For example, an option of developing a single point of access for discharge teams for the City services aligning with LB Hackney service is being considered as a viable option to support any potential increase in discharges from non-local acute providers.

Title of report:	Consolidated Finance (income & expenditure) 2020/2021 Month 3
Date of meeting:	13/08/20
Lead Officer:	Anne Canning, London Borough of Hackney (LBH) Jane Milligan, City & Hackney Clinical Commissioning Group (CCG) Simon Cribbens, City of London Corporation (CoL)
Author:	Fiona Abiade for IC Finance Economy Group
Presenter:	Sunil Thakker, Executive Director of Finance, City & Hackney CCG Mark Jarvis, Head of Finance, Citizens' Services, City of London Ian Williams, Group Director, Finance and Corporate Resources, LBH
Committee(s):	City Integrated Commissioning Board Hackney Integrated Commissioning Board Transformation Board
Public / Non-public	Public

Executive Summary:

In response to COVID-19, a temporary financial regime has been put in place to cover the period 1 April 2020 to 31 July 2020. At month 3, the CCG reported a year to date overspend of £1.3m against a year to date allocation of £121m. The allocation is based on the 2019/20 M11 run rate with the 4-month allocation given to the CCGs with the view that this allocation will cover recurrent costs in 2020/21. The forecast outturn at month 3 was £2.2m deficit due to a combination of Covid related costs and an over spend on programme running cost.

At Month 2 (the local authority do not report a Month 3 position), LBH is forecasting an overspend of £6.4m inclusive of £5.3m in relation to Covid 19 expenditure (across both pooled and aligned budgets). The remaining £1.1m overspend is driven by care package costs in Learning Disabilities (LD) and Physical and Sensory Support.

The City of London is reporting a year-end favourable position of £0.9m mainly driven from older people residential care under spends.

Recommendations:

The City Integrated Commissioning Board is asked:

- To **NOTE** the report.

The Hackney Integrated Commissioning Board is asked:

- To **NOTE** the report.

Strategic Objectives this paper supports [Please check box including brief statement]:

Deliver a shift in resource and focus to prevention to improve the long term	☐	

health and wellbeing of local people and address health inequalities		
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	☐	
Ensure we maintain financial balance as a system and achieve our financial plans	☒	
Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	☐	
Empower patients and residents	☐	

Specific implications for City

N/A

Specific implications for Hackney

N/A

Patient and Public Involvement and Impact:

N/A

Clinical/practitioner input and engagement:

N/A

Equalities implications and impact on priority groups:

N/A

Safeguarding implications:

N/A

Impact on / Overlap with Existing Services:

N/A

Sign-off:

London Borough of Hackney: Ian Williams, Group Director of Finance and Corporate Resources

City of London Corporation: Mark Jarvis, Head of Finance

City & Hackney CCG: Sunil Thakker, Director of Finance

City of London Corporation
London Borough of Hackney
City and Hackney CCG

Integrated Commissioning Fund
Financial Performance Report

Month 3 - 2020/21

Table of Contents

City and Hackney CCG – Position Summary at Month 03, 2020/21

- In response to COVID-19, a temporary financial regime has been put in place to cover the period 1 April 2020 to 31 July 2020.
- The revised financial regime and service changes will have an impact on the CCG's financial position and affordability against the 4 month allocation provided by NHSE/I.
- The difference between projected monthly net expenditure and the 2020/21 monthly allocation will be prospectively adjusted by NHSE/I, ensuring the CCG's cumulative surplus is not impacted for the period.
- Table 1 summarises the baseline categories and high-level approach to calculating the 2020/21 expected expenditure
- Table 2 overleaf reflects the 4 month allocation and financial performance at workstream level, however in the main these are being reported to break even
- In addition to this BCF budgets (which constitute the 'Pooled Budgets') are still being finalised between the CCG, London Borough of Hackney and City of London – these are expected to be finalised by Month 4.

Table 1

Baseline service categories	Baseline provider categories	2020/21 expenditure calculation method
- **Acute** - **Mental health** - **Community health** - **Continuing care** - **Prescribing** - **Other primary care** - **Other programme services** - **Primary care delegated** - **Running costs**	NHS Trusts	Block contract value covering all NHS services
	Independent sector providers included within the scope of national contracts (Appendix 2)	Baseline adjustments to exclude spend on acute services for suppliers included in the national IS contract
	Other providers	Growth assumptions have been applied to adjusted baseline positions to calculate expected 2020/21 spend

City and Hackney CCG – Position Summary at Month 03, 2020/21

Month 3 Summary

At month 3, the CCG reported a YTD overspend of £1.3m against a YTD allocation of £121m. The allocation is based on the 2019/20 M11 run rate with a 4 month allocation given to the CCGs with the view that this allocation will cover recurrent costs in 2020/21.

The forecast outturn at month 3 was £2.2m deficit due to a combination of:

- Covid overspend totalling £1.8m generated by a part receipt of allocation; and
- Programme and Running cost overspend due to phasing/timing differences in the way the 4 month allocation has been calculated.

It should be noted that the headline £2.2m deficit will be restated to breakeven upon receipt of retrospective "top up" allocations.

The reported position excludes all non-recurrent spend that was earmarked for 2020/21, therefore the position reported to date is a prudent view.

Table 2

	ORG	WORKSTREAM	Annual Budget £000's	YTD Performance Budget £000's	YTD Performance Spend £000's	YTD Performance Variance £000's	Forecast Forecast Outturn £000's	Forecast Forecast Variance £000's
Pooled Budgets	Commissioned	Unplanned Care	6,153	3,367	3,367	0	6,159	(6)
		Planned Care	2,228	1,647	1,640	7	2,228	0
		Prevention	88	66	66	0	88	0
		Childrens and Young People	0	0	0	0	0	0
	Pooled Budgets Grand total		8,469	5,080	5,074	7	8,475	(6)
Aligned	Commissioned	Unplanned Care	40,453	30,573	30,477	96	40,453	0
		Planned Care	70,409	53,445	53,430	15	70,425	(16)
		Prevention	1,207	905	905	0	1,207	0
		Childrens and Young People	18,978	14,633	14,733	(100)	19,044	(66)
		Corporate and Reserves	5,233	4,174	5,467	(1,293)	7,349	(2,116)
	Aligned Budgets Grand total		136,280	103,730	105,012	(1,281)	138,478	(2,198)
Subtotal of Pooled and Aligned			**144,749**	**108,811**	**110,086**	**(1,275)**	**146,953**	**(2,204)**
In Collab	Primary Care Co-commissioning		16,332	12,249	12,249	0	16,332	0
Grand Total			**161,081**	**121,060**	**122,335**	**(1,275)**	**163,285**	**(2,204)**
CCG Total Resource Limit			161,081					
SURPLUS			(0)					

- At Month 03, the year-to-date overspend of £1.3m and adverse forecast outturn of £2.2m is being driven in the main by Covid-19 expenditure totalling £1.1m YTD and £1.8m forecast outturn (FOT).
- The Acute portfolio is reporting a breakeven position against the block payments which is in line with the plan value. NHS provider expenditure is expected to be the same as the NHS contract values for the first four months. Trend and activity information will be reported in subsequent months.
- Mental Health and Community Services also broke even against the block payments in month 3. In addition, the Prescribing budget has managed to absorb any increases relating to cost pressures from high cost drugs and drug tariff increases within the allocation
- Non-Acute expenditure is overspent by £0.1m, in the main, due to Programme projects.
- **Pooled budgets:** The Pooled budgets reflect the pre-existing integrated services of the Better Care Fund (BCF), Integrated Independence Team (IIT) and Learning Disabilities. At Month 03 these are expected to break even.
- **Aligned budgets:** The adverse £1.2m YTD and £2.1m forecast within Corporate and reserves is being driven by Covid 19 related expenditure.
- Non-recurrent schemes and QIPP Transformation schemes continue to be on-hold.

***Accruals are included in the CCG YTD and forecast position, however they are only included in the forecast position of LBH and CoLC.**

London Borough of Hackney – Position Summary at Month 2, 2020/21

The ICB table Pooled/Aligned Funds table is currently being updated to reflect Better Care Fund (BCF) contributions that have recently been agreed with City and Hackney Clinical Commissioning Group. This table will be updated and provided for all future reports.

- At Month 2, LBH is forecasting an overspend of **£6.4m** inclusive of £5.3m in relation to Covid 19 expenditure - this is across both pooled and aligned budgets. Covid-19 related expenditure includes significant investment to support the market through uplifts to care providers, additional staffing and PPE costs. This does not include Covid-19 NHS discharge related spend where there is an agreement to fully recharge the cost to the CCG. The remaining £1.1m overspend is driven by care package costs in Learning Disabilities (LD) and Physical and Sensory Support which are within Planned Care, further details are set out below.

- Government Funding announced to date (£21.5m) to mitigate the impact of Covid-19 falls short of the Council's estimate of total spend and as a result the Council may need to consider the extent to which it stops expenditure on non-essential work across both the revenue and capital budgets and what resources can be reallocated to fund the Council's response to the COVID-19 crisis as part of the Medium Term Financial Planning process.

In addition, to funding referred to above the Council has been allocated specific funding for care homes and NHS Track and Trace Services:

- For Adult Social Care, £600m was allocated for infection control in care homes to fight COVID-19. The Council is required to passport the majority of these funds to care homes.

- £3.1m was allocated to Hackney as part of the launch of the wider NHS Test and Trace Service. This funding will enable the local authority to develop and implement tailored local Covid 19 outbreak plans. A working group has been established and plans are being developed to allocate these funds accordingly.

Forecast positions in relation to the workstreams are as set out below:

- **CYPM & Prevention Budgets:** Public Health constitutes vast majority of LBH CYPM & Prevention budgets which is forecasting a very small underspend. The Public Health grant increased in 2020/21 by £1.569m. This increase included £955k for the Agenda for Change costs, for costs of eligible staff working in organisations such as the NHS that have been commissioned by the local authority. The remaining grant increase has been distributed to Local Authorities on a flat basis, with each given the same percentage growth in allocations from 2019/20.

- **Unplanned Care:** forecasting a small underspend in this area with underspends being offset by additional costs within the Hospital Social Work Team and Information and Assessment Teams.

- **Planned Care:** The Planned Care workstream is driving the LBH overspend. This is primarily due to:

  - Learning Disabilities (LD) Commissioned care packages within this work stream is the most significant area of pressure, with a £0.8m overspend after a contribution of £2.7m forecasted (actual position currently is £2.1m agreed) from the CCG for joint funded care packages. Remaining cases still to be assessed for JF will be reviewed in 2020/21 as agreed by all partners.

  - Physical & Sensory Support reflects an overspend of £3.6m, whilst Memory/Cognition & Mental Health ASC (OP) has a further budget pressure of £0.7m. Cost pressures being faced in both service areas have been driven by the significant growth in client numbers as a result of hospital discharges, and these forecasts include Covid 19 related expenditure.

  - Mental Health is forecasted to overspend by £1.2m and this is due to externally commissioners care packages (£1.3m) which is offset by an underspend on staffing (£0.1m). The Section 75 MH meetings will focus on developing management actions in collaboration with ELFT to reduce this budget pressure going forward.

- Management actions to mitigate the cost pressures include *My Life, My Neighbourhood, My Hackney* and increasing the update of direct payments. These actions are subject to ongoing review.

***Accruals are included in the CCG YTD and forecast position , however they are only included in the forecast position of LBH and CoLC.**

London Borough of Hackney - Risks and Mitigations Month 2, 2020/21

London Borough of Hackney

Risks	Full Risk Value £'000	Probability of risk being realised %	Potential Risk Value £'000	Proportion of Total %
Pressures remains within Planned Care	6,400	100%	6,400	100%
Coronavirus expenditure	TBC	100%	TBC	TBC
TOTAL RISKS	**6,400**	**200%**	**6,400**	**100%**

Mitigations	Full Mitigation Value £'000	Probability of success of mitigating action %	Expected Mitigation Value £'000	Proportion of Total %
Personalisation and DPs - Increasing Uptake	TBC	TBC	TBC	TBC
Three Conversations	TBC	TBC	TBC	TBC
Review one off funding	6,400	100%	6,400	100%
Uncommitted Funds Sub-Total	**6,400**	**100%**	**6,400**	**100%**
Actions to Implement				
Actions to Implement Sub-Total	**0**	**0**	**0**	**0**
TOTAL MITIGATION	**0**	**0**	**0**	**0**

*Accruals are included in the CCG YTD and forecast position , however they are only included in the forecast position of LBH and CoLC.

London Borough of Hackney – Wider Risks & Challenges

- Covid 19 is having a major impact on the operation and financial risk of the Council Latest estimates show the impact across the General Fund and Housing Revenue Account totalling £72m with £44m being in relation to loss of income. To date, the Government has only allocated £21.5m of Emergency Grant Funding to Hackney. Final details of the Scheme to compensate for loss of income are also still to come forward but based upon the initial guidance we anticipate c£10m in compensation to be what we can draw down but it is as yet unclear how this 'claim' process will work. We have set out in a report to Cabinet in July a detailed position for the current and future years and will update this Board in September.

- Over the period 2010/11 to 2019/20 core Government funding has shrunk from £310m to around £170m, a 45% reduction – this leaves the Council with very hard choices in identifying further savings.

- Fair funding review could redistribute already shrinking resources away from most inner London boroughs including Hackney.

- Demand for services increasing particularly in Children's Services, Adults and on homelessness services.

- Additional funding through IBCF, winter funding, and the additional Social Care grant funding announced in the Spending Review 2019 has been confirmed for the lifespan of the current parliament but this additional funding is still insufficient.

- We still await a sustainable funding solution for Adult Social Care which was expected in the delayed Green Paper.

***Accruals are included in the CCG YTD and forecast position , however they are only included in the forecast position of LBH and CoLC.**

City of London Corporation – Position Summary at Month 03 , 2020/21

				YTD Performance			Forecast Outturn	
	ORG Split	WORKSTREAM	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Outturn £000's	Variance £000's
Pooled Budgets	Comm'ned & *DD	Unplanned Care	65	30	-	30	65	-
		Planned Care	118	45	-	45	85	33
		Prevention	60	30	-	30	60	-
Pooled Budgets Grand total			243	105	-	105	210	33

	ORG Split	WORKSTREAM	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Outturn £000's	Variance £000's
Aligned Budgets	Comm'ned & *DD	Unplanned Care	342	78	7	72	342	-
		Planned Care	4,214	1,042	883	159	3,223	991
		Prevention	1,270	232	1	231	1,270	-
		Childrens and Young People	1,391	288	313	(26)	1,494	(103)
		Non - exercisable social care services (income)	-	-	-	-	-	-
Aligned Budgets Grand total			7,217	1,640	1,204	436	6,329	888
Grand total			**7,460**	**1,745**	**1,204**	**541**	**6,539**	**921**

* DD denotes services which are Directly delivered .
* Aligned Unplanned Care budgets include iBCF funding - £313k
* Comm'ned = Commissioned

- At Month 03, the City of London Corporation is forecasting a year end favourable position of £0.9m.
- **Pooled budgets** The Pooled budgets reflect the pre-existing integrated services of the Better Care Fund (BCF). These budgets are forecast to under spend at year end.
- **Aligned budgets** are forecast to under spend at year end. This is being driven by a number of underspends including; Social Work activities, Residential care (Older People 65+), Home Help and Supported Living(18-64).
- No additional savings targets have been set against City budgets for 2020/21.

***Accruals are included in the CCG YTD and forecast position , however they are only included in the forecast position of LBH and CoLC.**

Integrated Commissioning Fund – Savings Performance Month

City and Hackney CCG

- All transformation and QIPP initiatives planned for 2020/21 have been put on hold as instructed by NHSE/I, whilst the providers and commissioners of health and care respond to COVID-19.
- At Month 03, these schemes continue to be on-hold.

London Borough of Hackney

- LBH budgets have not been confirmed for 20/21 and as yet no savings have been identified.

City of London Corporation

- The CoLC did not identify a saving target to date for the 2020/21 financial year.

Integrated Commissioning Glossary

ACEs	Adverse Childhood Experiences	
ACERS	Adult Cardiorespiratory Enhanced and Responsive Service	
AOG	Accountable Officers Group	A meeting of system leaders from City & Hackney CCG, London Borough of Hackney, City of London Corporation and provider colleagues.
CPA	Care Programme Approach	A package of care for people with mental health problems.
CYP	Children and Young People's Service	
	City, The	City of London geographical area.
CoLC	City of London Corporation	City of London municipal governing body (formerly Corporation of London).
	City and Hackney System	City and Hackney Clinical Commissioning Group, London Borough of Hackney, City of London Corporation, Homerton University Hospital NHS FT, East London NHS FT, City & Hackney GP Confederation.
CCG	Clinical Commissioning Group	Clinical Commissioning Groups are groups of GPs that are responsible for buying health and care services. All GP practices are part of a CCG.
	Commissioners	City and Hackney Clinical Commissioning Group, London Borough of Hackney, City of London Corporation
CHS	Community Health Services	Community health services provide care for people with a wide range of conditions, often delivering health care in people's homes. This care can be multidisciplinary, involving teams of nurses and therapists working together with GPs and social care. Community health services also focus on prevention and health improvement, working in partnership with local government and voluntary and community sector enterprises.
COPD	Chronic Obstructive Pulmonary Disease	
CS2020	Community Services 2020	The programme of work to deliver a new community services contract from 2020.
DES	Directed Enhanced Services	
DToC	Delayed Transfer of Care	A delayed transfer of care is when a person is ready to be discharged from hospital to a home or care setting, but this must be delayed. This can be

		for a number of reasons, for example, because there is not a bed available in an intermediate care home.
ELHCP	East London Health and Care Partnership	The East London Health & care Partnership brings together the area's eight Councils (Barking, Havering & Redbridge, City of London, Hackney, Newham, Tower Hamlets and Waltham Forest), 7 Clinical Commissioning Groups and 12 NHS organisations. While East London as a whole faces some common problems, the local make up of and characteristics of the area vary considerably. Work is therefore shaped around three localized areas, bringing the Councils and NHS organisations within them together as local care partnerships to ensure the people living there get the right services for their specific needs.
FYFV	NHS Five Year Forward View	The NHS Five Year Forward View strategy was published in October 2014 in response to financial challenges, health inequalities and poor quality of care. It sets out a shared vision for the future of the NHS based around more integrated, person centred care.
IAPT	Improving Access to Psychological Therapy	Programme to improve access to mental health, particularly around the treatment of adult anxiety disorders and depression.
IC	Integrated Commissioning	Integrated contracting and commissioning takes place across a system (for example, City & Hackney) and is population based. A population based approach refers to the high, macro, level programmes and interventions across a range of different services and sectors. Key features include: population-level data (to understand need across populations and track health outcomes) and population-based budgets (either real or virtual) to align financial incentives with improving population health.
ICB	Integrated Commissioning Board	The Integrated Care Board has delegated decision making for the pooled budget. Each local authority agrees an annual budget and delegation scheme for its respective ICB (Hackney ICB and City ICB). Each ICB makes recommendations to its respective local authority on aligned fund services. Each ICB will receive financial reports from its local authority. The ICB's meet in common to ensure alignment.

ICS	Integrated Care System	An Integrated Care System is the name now given to Accountable Care Systems (ACSs). It is an 'evolved' version of a Sustainability and Transformation Partnership that is working as a locally integrated health system. They are systems in which NHS organisations (both commissioners and providers), often in partnership with local authorities, choose to take on clear collective responsibility for resources and population health. They provide joined up, better coordinated care. In return they get far more control and freedom over the total operations of the health system in their area; and work closely with local government and other partners.
IPC	Integrated Personal Commissioning	
ISAP	Integrated Support and Assurance Process	The ISAP refers to a set of activities that begin when a CCG or a commissioning function of NHS England (collectively referred to as commissioners) starts to develop a strategy involving the procurement of a complex contract. It also covers the subsequent contract award and mobilisation of services under the contract. The intention is that NHS England and NHS Improvement provide a 'system view' of the proposals, focusing on what is required to support the successful delivery of complex contracts. Applying the ISAP will help mitigate but not eliminate the risk that is inevitable if a complex contract is to be utilised. It is not about creating barriers to implementation.
LAC	Looked After Children	Term used to refer to a child that has been in the care of a local authority for more than 24 hours.
LARC	Long Acting Reversible Contraception	
LBH	London Borough of Hackney	Local authority for the Hackney region
LD	Learning Difficulties	
LTC	Long Term Condition	
MDT	Multidisciplinary team	Multidisciplinary teams bring together staff from different professional backgrounds (e.g. social worker, community nurse, occupational therapist, GP and any specialist staff) to support the needs of a person who requires more than one type of support or service. Multidisciplinary teams are often discussed in the same context as joint working, interagency work and partnership working.

MECC	Making Every Contact Count	A programme across City & Hackney to improve peoples' experience of the service by ensuring all contacts with staff are geared towards their needs.
MI	Myocardial Infarction	Technical name for a heart attack.
	Neighbourhood Programme (across City and Hackney)	The neighbourhood model will build localised integrated care services across a population of 30,000-50,000 residents. This will include focusing on prevention, as well as the wider social and economic determinants of health. The neighbourhood model will organise City and Hackney health and care services around the patient.
NEL	North East London (NEL) Commissioning Alliance	This is the commissioning arm of the East London Health and Care Partnership comprising 7 clinical commissioning groups in North East London. The 7 CCGs are City and Hackney, Havering, Redbridge, Waltham Forest, Barking and Dagenham, Newham and Tower Hamlets.
NHSE	NHS England	Executive body of the Department of Health and Social Care. Responsible for the budget, planning, delivery and operational sides of NHS Commissioning.
NHSI	NHS Improvement	Oversight body responsible for quality and safety standards.
	Primary Care	Primary care services are the first step to ensure that people are seen by the professional best suited to deliver the right care and in the most appropriate setting. Primary care includes general practice, community pharmacy, dental, and optometry (eye health) services.
PD	Personality Disorder	
PIN	Prior Information Notice	A method for providing the market place with early notification of intent to award a contract/framework and can lead to early supplier discussions which may help inform the development of the specification.
QIPP	Quality, Innovation, Productivity and Prevention	QIPP is a programme designed to deliver savings within the NHS, predominately through driving up efficiency while also improving the quality of care.
QOF	Quality Outcomes Framework	
	Risk Sharing	Risk sharing is a management method of sharing risks and rewards between health and social care organisations by distributing gains and losses on an agreed basis. Financial gains are calculated as the difference between the expected cost of

		delivering care to a defined population and the actual cost.
	Secondary care	Secondary care services are usually based in a hospital or clinic and are a referral from primary care. rather than the community. Sometimes 'secondary care' is used to mean 'hospital care'.
	Step Down	Step down services are the provision of health and social care outside the acute (hospital) care setting for people who need an intensive period of care or further support to make them well enough to return home.
SOCG	System Operational Command Group	An operational meeting consisting of system leaders from across the City & Hackney health, social care and voluntary sector. Chaired by the Chief Executive of the Homerton Hospital. Set up to deal with the immediate crisis response to the Covid-19 pandemic.
SMI	Severe Mental Illness	
STP	Sustainability and Transformation Partnership	Sustainability and transformation plans were announced in NHS planning guidance published in December 2015. Forty-four areas have been identified as the geographical 'footprints' on which the plans are based, with an average population size of 1.2 million people (the smallest covers a population of 300,000 and the largest 2.8 million). A named individual has led the development of each Sustainability and Transformation Partnership. Most Sustainability and Transformation Partnership leaders come from clinical commissioning groups and NHS trusts or foundation trusts, but a small number come from local government. Each partnership developed a 'place-based plans' for the future of health and care services in their area. Draft plans were produced by June 2016 and 'final' plans were submitted in October 2016.
	Tertiary care	Care for people needing specialist treatments. People may be referred for tertiary care (for example, a specialist stroke unit) from either primary care or secondary care.
	Vanguard	A vanguard is the term for an innovative programme of care based on one of the new care models described in the NHS Five Year Forward View. There are five types of vanguard, and each address a different way of joining up or providing more coordinated services for people. Fifty

		vanguard sites were established and allocated funding to improve care for people in their areas.
VCSE	Voluntary Community and Social Enterprise	

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City Integrated Commissioning Board
Meeting in-common of the City and Hackney Clinical Commissioning Group and the City of London Corporation

Hackney Integrated Commissioning Board
Meeting in-common of the City and Hackney Clinical Commissioning Group and the London Borough of Hackney

City & Hackney Local Outbreak Board

Joint Meeting in public of the two Integrated Commissioning Boards and the Community Services Development Board on
Thursday 13 August 2020
09:30-10.00
Microsoft Teams

Join Microsoft Teams Meeting

Chair – Cllr Christopher Kennedy

Item no.	Item	Lead and purpose	Documentation type	Page No.	Time
1.	**Welcome, introductions and apologies**	Chair	Verbal	-	09:30
2.	**Declarations of Interests**	Chair *For noting*	Verbal	-	
3.	**Questions from the Public**	Chair	None	-	
4.	**Papers for discussion**	Chair *For noting*	Papers (to follow)		

Date of next meeting:

10 September, Format TBC

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Risk mitigations & further detail

Ref#:	1
Date Added:	
Date Updated:	16/12/2019
Review Committee:	CYPMF SOG
Senior Responsible Owner:	Anne Canning
Senior Management Owner:	Amy Wilkinson / Ilaria Torre

Objective	**Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities**	✓
	Deliver proactive community based care closer to home and outside of institutional settings where	
	Ensure we maintain financial balance as a system and achieve our financial plans	
	Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	✓
	Empower patients and residents	

Description	**Inherent Risk Score *(pre-mitigations)***			**Residual Risk Score *(post-mitigations)***		
	Impact	**Likelihood**	**Total**	**Impact**	**Likelihood**	**Total**
Immunisations for pregnant women. There is a very low update of flu and pertussis immunisations to pregnant women in City & Hackney. The effect of low update can result in maternal and infant mortality and morbidity.	5	2	10	4	1	4

Risk Tolerance *(the ICB's appetite in relation to this risk)*

	Target Score	**Detail**	**Total**
Impact	4		4
Likelihood	1		

Mitigations *(what are you doing to address this risk?)*

Proposed Mitigation(s)	**Assurances & Evidence *(how will you know that your mitigations are working?)***
Range of activity to manage low uptake of immunisations for women in the borough, including working with NHSE, GPs and HUHFT; awareness raising with women and families and scanning at 20 weeks.	Data is being collected by HUH on 20 week scans alongside national and regional data.
1.5 Fte (+0.5 additional TBC) immunisers are now immunising women as they attend HUFT for antenatal appointments.	This will be monitored as part of montly MQPG (Maternity Partnership Board) and weekly CCG ? HUFT cals with HOM and DHOM.

Action(s) *(how are you planning on achieving the proposed mitigations?)*

Detail	**Last updated**	**Delivery Date**	**Action Owner**

Monthly progress update *(agreed by Senior Management Owner & Senior Responsible Owner)*

The risk will be reviewed in late 2020 to assess the impact of mitigations.

Ref#:	2
Date Added:	
Date Updated:	30/07/2020
Review Committee:	CYPMF SOG
Senior Responsible Owner:	Anne Canning
Senior Management Owner:	Amy Wilkinson / Sarah Darcy

Objective	**Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities**	
	Deliver proactive community based care closer to home and outside of institutional settings where appropriate	
	Ensure we maintain financial balance as a system and achieve our financial plans	
	Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	✓
	Empower patients and residents	

Description	**Inherent Risk Score *(pre-mitigations)***			**Residual Risk Score *(post-mitigations)***		
	Impact	**Likelihood**	**Total**	**Impact**	**Likelihood**	**Total**
Risk that governance processes for joint funded packages of care are still in development which may lead to increased costs for partners. This includes EHCPs, out-of-borough packages and LAC/complex mental health packages	4	3	12	3	3	9

Risk Tolerance *(the ICB's appetite in relation to this risk)*			
	Target Score	**Detail**	**Total**
Impact	3		6
Likelihood	2		

Mitigations *(what are you doing to address this risk?)*	
Proposed Mitigation(s)	**Assurances & Evidence *(how will you know that your mitigations are working?)***
1. Transition Case management meeting mechanisms agreed across education, social care and health	1.Evidence of case review and transition pathway agreed via meeting minutes and flow of cases escalated to Joint 16 Panel
2. Joint Funding Protocol agreed across health social care and education for high cost / complex cases that require funding from more than one agency that is outside the approval scope of existing panels	2. Protocol is reviewed by the workstream's Strategic Oversight Group and as per each agency's governance structure (submitted in February 2020)

Action(s) *(how are you planning on achieving the proposed mitigations?)*			
Social care and education review of cohort cases to be presented to Transition Case Management Meeting	30/07/2020	30/09/2020	AG
Report of pilot joint funding cases submitted to the Strategic Oversight Group	30/07/2020	30/09/2020	SD
Monthly progress update *(agreed by Senior Management Owner & Senior Responsible Owner)*			

LBH leads are reviewing function of Post 16 Panel and the flow of cases from Transitions Case Management Meeting.
Health contributions to EHCP costs: - pathway agreed, plans need to be submitted to DMO /DCO for approval for funding to be released. Plan to integrate this process with the joint funding protocol to streamline processes.
Multi agency assessment panel has met once (July 2020) to pilot the Joint Funding protocol. Agreed cases have to be for 18 years and below. Panel members to support links with adults services as required. Education cases to be submitted to the panel in August 2020 to complete the first stage of the pilot, progress will then be reviewed by Strategic Oversight Group.;
Agreement required re strategic monitoring of out of borough special school packages - both education and health costs are charged by OOB health services

Ref#:	3
Date Added:	
Date Updated:	30/07/2020
Review Committee:	CYPMF SOG
Senior Responsible Owner:	Anne Canning
Senior Management Owner:	Amy Wilkinson / Sarah Darcy

Objective	**Deliver a shift in resource and focus to prevention**	
	Deliver proactive community based care closer to	✓
	Ensure we maintain financial balance as a system	
	Deliver integrated care which meets the physical,	✓
	Empower patients and residents	✓

Description	**Inherent Risk Score *(pre-mitigations)***			**Residual Risk Score *(post-mitigations)***		
	Impact	**Likelihood**	**Total**	**Impact**	**Likelihood**	**Total**
Risk around the speed at which the offer of Personal Budgets across the health, education and social care system is expanded.	3	2	6	3	2	6

Risk Tolerance *(the ICB's appetite in relation to this risk)*			
	Target Score	**Detail**	**Total**
Impact	3		6
Likelihood	2		

Mitigations *(what are you doing to address this risk?)*	
Proposed Mitigation(s)	**Assurances & Evidence *(how will you know that your mitigations are working?)***
To date, the following actions have been undertaken to ensure all children and young people who require them have personal health budgets 1. All continuing care packages have at least a notional personal budget and some families have direct payments	Quarterly CCG reporting to NHSE and monthly review at Joint Complex Care Panel (JCCP) the children's continuing care panel. All CYP on the continuing care caseload have had at least a notional PHB since April 2018
2. Children's Social care personal budgets are offered	Short Breaks reporting
3. Education offer to be clarified	Development plan required

Action(s) *(how are you planning on achieving the proposed mitigations?)*			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
1. CCG to review adults PHB strategy to identify opportunitites for CYP roll out	30/07/2020	30/09/2020	S.Darcy
2. NHSE guidance to be sought on whether range of joint funding initiatives can be delivered as PHBs	30/07/2020	30/09/2020	S.Darcy
3. Workstream review of PHB development plans (including health, social care, education and LAC) to be undertaken at a Business Performance and oversight Group (BPOG)	30/07/2020	30/01/2021	S.Darcy

Monthly progress update *(agreed by Senior Management Owner & Senior Responsible Owner)*

To date, the following actions have been undertaken to ensure all children and young people who require them have personal health budgets
1. All continuing care packages have at least a notional personal budget
2. Children's Social care personal budgets are offered

Ref#:	4
Date Added:	
Date Updated:	16/12/2019
Review Committee:	CYPMF SOG
Senior Responsible Owner:	Anne Canning
Senior Management Owner:	Amy Wilkinson

Objective	**Deliver a shift in resource and focus to prevention**	✓
	Deliver proactive community based care closer to	✓
	Ensure we maintain financial balance as a system	✓
	Deliver integrated care which meets the physical,	✓
	Empower patients and residents	✓

Description	**Inherent Risk Score *(pre-mitigations)***			**Residual Risk Score *(post-mitigations)***		
	Impact	**Likelihood**	**Total**	**Impact**	**Likelihood**	**Total**
Strategic challenges associated with collaborative working across a number of organisations and a broad spectrum of work areas have a negative impact of strategic CYPMF workstream deliverables. This may include a lack of 'buy in' from partners across the system and partners 'pulling away' from scoped workstream business - potentially leading to a duplication of work or things not being done, risks re budget pooling / aligning, definition of scope, slippage in timescales and reduced quality of services commissioned. Operational challenges associated with collaborative working across a number of organisations and a broad spectrum of work have a negative impact on service operations leading to reduced quality in outcomes for children.	2	2	4	2	2	4

Risk Tolerance *(the ICB's appetite in relation to this risk)*			
	Target Score	**Detail**	**Total**
Impact	2		4
Likelihood	2		

Mitigations *(what are you doing to address this risk?)*	
Proposed Mitigation(s)	**Assurances & Evidence *(how will you know that your mitigations are working?)***
1. Regular meetings for, and updates to partners on workstream business	
2. Work with the Integrated Commissioning Prog Director and Workstream Directors to troubleshoot and share best practice re partnership working	
3. Dedicating time and resource to building strong partnership relationships across the system	

Action(s) *(how are you planning on achieving the proposed mitigations?)*			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
A cross workstream workshop on budget pooling is being planned for September	19/08/2019	Sep-19	Amy Wilkinson
Continue to ensure the system wide membership and leadership of the workstream e.g. through the BPOG and SOG		Ongoing	Amy Wilkinson
The CYPMF Workstream is holding a workshop to look at proposals relating to potential pooling arrangements for SLT budgets acrosss the partnership	19/08/2019	Sep-19	Amy Wilkinson
The workstream continues to be led by the partnerhip Strategic Oversight Group, and pursue integration of strategic plans and delivery alongside identifiying areas for joint funding arrangements (ie. CAMHS Integration, Joint Funding Protocol for	30/07/2020	Ongiong	Amy Wilkinson
Monthly progress update *(agreed by Senior Management Owner & Senior Responsible Owner)*			

The CYPMF Workstream held a workshop to look at proposals relating to potential pooling arrangements for SLT budgets acrosss the partnership. The workstream is continuing to monitor membership and ensure the governance is fit for purpose, and pursue integration opportunities on key areas of challenge (ie.immuisation, support for children with additonal needs etc).

Ref#:	5
Date Added:	
Date Updated:	30/07/2020
Review Committee:	CYPMF SOG
Senior Responsible Owner:	Anne Canning
Senior Management Owner:	Amy Wilkinson / Sarah Darcy

Objective	**Deliver a shift in resource and focus to prevention**	
	Deliver proactive community based care closer to	
	Ensure we maintain financial balance as a system	
	Deliver integrated care which meets the physical,	✓
	Empower patients and residents	

Description	**Inherent Risk Score *(pre-mitigations)***			**Residual Risk Score *(post-mitigations)***		
	Impact	**Likelihood**	**Total**	**Impact**	**Likelihood**	**Total**
Lack of a robust and integrated system approach to care and provision for CYP with LD and / or autism. Provision is of good quality at points throughout the CYP / family journey but is not a consistent pathway that supports early identification and prevention of escalation of needs.	3	4	12	3	4	12

Risk Tolerance *(the CCG's appetite in relation to this risk)*			
	Target Score	**Detail**	**Total**
Impact	3		9
Likelihood	3		

Mitigations *(what are you doing to address this risk?)*	
Proposed Mitigation(s)	**Assurances & Evidence *(how will you know that your mitigations are working?)***
Care Education Treatment Review (CETR) processes established across health, social care and education with service leads engagement	CETR register and CETR meeting minutes, minutes of register review meetings with Agency leads (held fortnightly during COVID).
CAMHS Tier 3.5 proposal submitted to CCG and for discussion with agency leads - intensive support for most at risk CYP with specified interventions from all three agencies	Proposal to be fully reviewed but KPIs demonstrating impact on the CYP, family and all agencies to be included. Intention is for reduction in avoidable inpatient admissions, improved family experience of support, reduction in avoidable Tribunal costs and avoidable residential placements. Investment required for early and sustained interventions across the multidisciplinary team.

Action(s) *(how are you planning on achieving the proposed mitigations?)*			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
Continue to promote and provide training for agency services re CETR cohort and processes	30/07/2020	Ongoing	S.Darcy
CYP focused chapter / addition to the Autism Strategy to be agreed to inform partnership plan	30/07/2020	30/12/2020	S.Darcy and TBC

Monthly progress update *(agreed by Senior Management Owner & Senior Responsible Owner)*
CETR register is established but CCG is not not receiving the number of referrals expected for monitoring who are not at immediate risk of requiring a community CETR. During COVID services have rag rated their caseloads leading to inter service review of who is in contact with families. Currently reviewing pre a possible 2nd wave those families who may be open but not in recent contact with services.

Ref#:	8

Objective	**Deliver a shift in resource and focus to prevention**	

Date Added:	
Date Updated:	30/07/2020
Review Committee:	CYPMF SOG
Senior Responsible Owner:	Anne Canning
Senior Management Owner:	Amy Wilkinson

	Deliver proactive community based care closer to	✓
	Ensure we maintain financial balance as a system	
	Deliver integrated care which meets the physical,	✓
	Empower patients and residents	

Description	**Inherent Risk Score *(pre-mitigations)***			**Residual Risk Score *(post-mitigations)***		
	Impact	**Likelihood**	**Total**	**Impact**	**Likelihood**	**Total**
Risk that low levels of childhood immunisations in the brought may lead to outbreaks of preventable disease that can severely impact large numbers of the population. Risk exacerbated during further drop in coverage during COVID pandemic.	5	3	15	5	2	10

Risk Tolerance *(the CCG's appetite in relation to this risk)*			
	Target Score	**Detail**	**Total**
Impact	4		4
Likelihood	1		

Mitigations *(what are you doing to address this risk?)*	
Proposed Mitigation(s)	**Assurances & Evidence *(how will you know that your mitigations are working?)***
1. Robust governance established across the Partnership with 1) a fortnightly COVID 19 Childhood Imms Task group with PH, CCG, HLT and Interlink members, 2) a C&H monthly steering group that also manages the flu strategy, and 3) a quarterly wider partnership oversight group with NHSE/PHE that will oversee the 2 year childhood imms action plan	Increased childhood imms offer across City and Hackney in the context of COVID (prior to COVID focus was on NE Hackney with signigicantly lowest coverage rates), building on and not replacing practice delivery of imms. A comprehensive communications campaign.
2. CCG NR investment in childhood immunisations	In addition to the Non Recurrent funding in NE Hackney, the CCG has invested £800k in 2020 to suport improved childhood imms and flu (adults and CYP)
3. Utilise NHSE training, data and shared learning opportunities	Access training webinars when made available; CEG working to develop timely imms activity data at practice level

Action(s) *(how are you planning on achieving the proposed mitigations?)*			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
Non Recurrent childhood imms and flu specification to be agreed with the GP Confederation	30/07/2020	30/08/2020	Amy Wilkinson
Continue to work with CEG / NHSE regarding improvements in data collection to support timely delivery	30/07/2020	Ongoing	Sarah Darcy

Monthly progress update *(agreed by Senior Management Owner & Senior Responsible Owner)*
Partnership work developed through the measles outbreak in 2018 and the ongoing non recurrent investment in the GP Confederation has been built on during the pandemic. The integration of the CYP imms work with the winter flu campaign is intended to maintain the highest profile of this priority and to optimise all opportunities to improve coverage. An update report on pre COVID imms work was taken to the ICB in November 2019 and an action plan was agreed. This will be reported back on in 2020.

Ref#:	9
Date Added:	
Date Updated:	16/12/2019
Review Committee:	CYPMF SOG

Objective	**Deliver a shift in resource and focus to prevention**	
	Deliver proactive community based care closer to	
	Ensure we maintain financial balance as a system	
	Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	✓

Senior Responsible Owner:	Anne Canning
Senior Management Owner:	Amy Wilkinson

	Empower patients and residents	

Description	**Inherent Risk Score *(pre-mitigations)***			**Residual Risk Score *(post-mitigations)***		
	Impact	**Likelihood**	**Total**	**Impact**	**Likelihood**	**Total**
Gap in provision for children who require Independent Healthcare Plans (IHP) in early years settings, relating to health conditions such as asthma, epilepsy and allergies.	4	4	16	4	1	4

Risk Tolerance *(the CCG's appetite in relation to this risk)*			
	Target Score	**Detail**	**Total**
Impact	3		3
Likelihood	1		

Mitigations *(what are you doing to address this risk?)*	
Proposed Mitigation(s)	**Assurances & Evidence *(how will you know that your mitigations are working?)***
As part of the School Based Health (SBH) service, early years settings in City and Hackney have access to training to support them in developing IHP and managing conditions in their settings. There are four training sessions available, including: Introduction to IHP, Management of allergy & anaphylaxis and administration of rescue medication, Management of asthma and use of inhalers and Management of epilepsy and administration of rescue medication. The SBH service is working with HLT to promote and increase uptake of the training among early years settings.	The number of training sessions delivered, the number of settings represented at training and the number of practitioners that have attended training. An evaluation of the training sessions delivered will also highlight if knowledge and confidence in developing and maintaining IHP among practitioners has increased.
To ensure all parents/carers and education and health professionals are aware of the processes and responsibilities in developing IHP in early years settings, an early years IHP pathway is being drafted, with input from the CCG, HUHFT community nursing services, public health and HLT. The final pathway will support settings to ensure they receive the input and support required, at the right time.	The care pathway will be developed in partnership with key stakeholders that will be involved in developing an IHP at early years settings in City and Hackney. Therefore the pathway should be suitable for all partners. Currently, all of the IHPs are based on the information collected by settings, from parents when they register their child at a new setting. Collecting medical information about a child when they register at a setting is a requirement for all settings. Therefore all settings should have the initial information required to start the IHP process.

Action(s) *(how are you planning on achieving the proposed mitigations?)*			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
The SBH service is planning and booking all training sessions for the 2019/20 academic year, so that the sessions can be promoted in advance. The SBH service is liaising with HLT to promote these sessions and encourage practitioners to attend the training. In addition the SBH service will be attending EY partnership meetings to promote the training.	19/08/2019	Sep-19	Kate Heneghan (to be reallocated)
Public health are drafting a care pathway, based on the processes and information collected by early years settings when a child registers to attend a setting. Together with the CCG and the Homerton, public health will work to identify which health services can best support early years settings developing IHP and at which points. Together with HLT and the City of London, all partners will sign off on the process once a final version has been agreed.	19/08/2019	Oct-19	Kate Heneghan (to be reallocated)

Monthly progress update *(agreed by Senior Management Owner & Senior Responsible Owner)*
As part of the Independent Healthcare Plan (IHP) work, Public Health, the CCG, Hackney Learning Turst and the Homerton Hospital have set up a partnership approach to identify the small number of children effected and take appropriate steps. Consequently there is no gap in provision and we are maintaining a watching brief to ensure this continues.

Ref#:	11
Date Added:	

Objective	**Deliver a shift in resource and focus to prevention**	
	Deliver proactive community based care closer to	

Date Updated:	28/07/2020
Review Committee:	CYPMF SOG
Senior Responsible Owner:	Anne Canning
Senior Management Owner:	Amy Wilkinson / Anna Jones

	Ensure we maintain financial balance as a system	
	Deliver integrated care which meets the physical,	
	Empower patients and residents	

Description	**Inherent Risk Score *(pre-mitigations)***			**Residual Risk Score *(post-mitigations)***		
	Impact	**Likelihood**	**Total**	**Impact**	**Likelihood**	**Total**
Health of Looked-After Children: Risk to sustaining service performance during transfer of service to new provider and change to service model	4	3	12	3	2	6

Risk Tolerance *(the CCG's appetite in relation to this risk)*			
	Target Score	**Detail**	**Total**
Impact	3		3
Likelihood	1		

Mitigations *(what are you doing to address this risk?)*	
Proposed Mitigation(s)	**Assurances & Evidence *(how will you know that your mitigations are working?)***
1. Partnership redesign process completed with engagement of all partners across City and Hackney and agreement of statutory requirements, core principles and aspirations	Transistion of services took place in September 2019, service specification agreed and for review 6 months post process.
2. Joint transfer plan and regular meetings with new provider to plan for smooth transfer	Meetings held with providers to review the contract and the performance indicators.
3. Single integrated performance report agreed for new contract	Quarterly performance report agreed and reports produced forLead commissioner has established a COVID borough-based call for health & social care.2/52 meetings virtually with LBH, CCG and HUHT regardoing current issues inc. IHAs, RHAs staffing and priority LAC. Q3 & 4 2019. Q1 report produced July 2020. Risks during covid 19 that LAC may not receive IHAs/RHAs in the staturory timeframes,
4. Joint agency contract management arrangements agreed, led by CCG	During covid 19 2 weekly meetings have been implemented with multi-agency LAC service leads, CCG and both LBH and City of london to review service provision and any issues with LAC.
5. Agreed new service model will commence following 'steady state' delivery of service from September to end of year.	

Action(s) *(how are you planning on achieving the proposed mitigations?)*			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
Fortnightly virtual review meetings in place March 2020 - present	28/07/2020	30/09/2020	A Jones

Monthly progress update *(agreed by Senior Management Owner & Senior Responsible Owner)*
The service has successfully transferred to the Homerton without incident. We will continue to monitor delivery to ensure no issues arise. During covid 19 HUHT used virtual platforms to undertake iHAs and RHAs which will be followed up f2f when lockdown is implemented.Risk is lack of face to face health assessments for UASC may result in reduced identification of health issues including mental health, immunisation requirements, blood borne diseases and communication challenges around intrepreting service. UCHL ID clinic has reopened in June and social workers able to refer directly. Virtual IHAs undertaken and to be followed up face 2 face .Designated Doctor for LAC has now retired, HUHT have advsertised post. Capacity issues escalated to CCG and HUHT by Designated LAC nurse. HUHT clinicians covering the post for health assessments. GPs informed via CCG GP network. Locum Designated Doctor is now in place since end of July 2020.

Ref#:	15
Date Added:	
Date Updated:	16/12/2019
Review Committee:	CYPMF SOG
Senior Responsible Owner:	Anne Canning
Senior Management Owner:	Amy Wilkinson

Objective	**Deliver a shift in resource and focus to prevention**	
	Deliver proactive community based care closer to	
	Ensure we maintain financial balance as a system	
	Deliver integrated care which meets the physical,	✓
	Empower patients and residents	

Description	**Inherent Risk Score *(pre-mitigations)***			**Residual Risk Score *(post-mitigations)***		
	Impact	**Likelihood**	**Total**	**Impact**	**Likelihood**	**Total**
There is a risk that Out of Area Looked-After-Children experience longer waiting times to access CAMHS and other services, and that those services provided may not be of as high a standard as those provided within City & Hackney	4	3	12	3	3	9

Risk Tolerance *(the CCG's appetite in relation to this risk)*			
	Target Score	**Detail**	**Total**
Impact	3 (TBC)		9 (TBC)
Likelihood	3(TBC)		

Mitigations *(what are you doing to address this risk?)*	
Proposed Mitigation(s)	**Assurances & Evidence *(how will you know that your mitigations are working?)***
Clinical service will travel to deliver service where possible.	Ongoing monitoring of each child's care plan by the Independent Reviewing Officer
For children at a further distance the clinical service will liaise with services local to the child and the Designated Nurse for Looked After Children and Mental Health Commissioner on a case-by-case basis.	
Escalation processes are also available as required.	

Action(s) *(how are you planning on achieving the proposed mitigations?)*

Detail	**Last updated**	**Delivery Date**	**Action Owner**
No actions currently in scope - all of the proposed mitigations are now in place and are ongoing to mitigate the impact of this risk.	19/08/2019	n/a	Mary Lee
Negotiations ongoing for a stronger service provision for City of London UESC	16/12/2019	Apr-20	Chirs Pelham

Monthly progress update *(agreed by Senior Management Owner & Senior Responsible Owner)*

Arrangements are in place for clinical services to travel in order to meet the needs of LAC where possible. Where children are placed further away the clinical service will liaise with services loca to the child and the Designated Nurse for Looked After Children and Mental Health Commissioner on a case-by-case basis.

This risk is ongoing and it is the view of the clinical lead for Safeguarding that we are unlikely to be able to mitigate it further.

Negotiations ongoing for a stronger service provision for City of London UESC

Ref#:	16
Date Added:	
Date Updated:	29/07/2020
Review Committee:	CYPMF SOG
Senior Responsible Owner:	Anne Canning
Senior Management Owner:	Amy Wilkinson / Anna Jones

Objective	**Deliver a shift in resource and focus to prevention**	
	Deliver proactive community based care closer to	
	Ensure we maintain financial balance as a system	
	Deliver integrated care which meets the physical,	✓
	Empower patients and residents	

Description	**Inherent Risk Score *(pre-mitigations)***			**Residual Risk Score *(post-mitigations)***		
	Impact	**Likelihood**	**Total**	**Impact**	**Likelihood**	**Total**
The Named GP for safeguarding children is currently on maternity leave and the post has been uncovered, meaning that we have not been compliant with the Intercllegiate guidance. Addiitionally we have reduced capacity with the Designated Nurse for Safeguarding on long term leave. Potential increases in safeguarding issues presenting are being prepared for, thinking forward to the return of schools in September.	3	4	12	3	1	3

Risk Tolerance *(the CCG's appetite in relation to this risk)*			
	Target Score	**Detail**	**Total**
Impact	3		3
Likelihood	1		

Mitigations *(what are you doing to address this risk?)*	
Proposed Mitigation(s)	**Assurances & Evidence *(how will you know that your mitigations are working?)***
Appointment of Interims to cover Serious Case Reviews B and C following failure to recruit GP Maternity cover	Independent authors appointed and undertaking the reviews July 2020
Recruitment of Named Nurse for Primary Care Safeguarding to provide cover for the named GP	Nurse appointed and commended in post January 2020

Current Safeguarding governance is robust (SAG, CHSCP) locally with a NEL held risk register and these will continue to be monitored. Weekly HUFT / CCG catch ups will

Action(s) *(how are you planning on achieving the proposed mitigations?)*			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
Named GP returning to post September 2020	29/07/2020	01/09/2020	Anna Jones

Monthly progress update *(agreed by Senior Management Owner & Senior Responsible Owner)*
The named nurse for Primary Care, who started January 2020 and there were no gaps in service. Named GP returning to work in September 2020 and post has been covered during the absence. The Designated Nurse for Safeguarding role is being covered through acting up arrangements, and capacity and risk will continue to be monitored.

Ref#:	17
Date Added:	30/07/2020
Date Updated:	30/07/2020
Review Committee:	CCG HUHT Contracts Meeting
Senior Responsible Owner:	Amy Wilkinson
Senior Management Owner:	Sarah Darcy

Objective	**Deliver a shift in resource and focus to prevention**	
	Deliver proactive community based care closer to	✓
	Ensure we maintain financial balance as a system	✓
	Deliver integrated care which meets the physical,	
	Empower patients and residents	

Description	**Inherent Risk Score *(pre-mitigations)***			**Residual Risk Score *(post-mitigations)***		
	Impact	**Likelihood**	**Total**	**Impact**	**Likelihood**	**Total**
Gap in delivery of Tier 2 Audiology service for City and Hackney registered population. Service not restarted following pandemic pause in service delivery. Lack of HUHT community paediatricians to restart delivery of service. Plan to transfer service to Barts needs to be fast tracked and interim service solution identified.	4	3	12	4	3	12

Risk Tolerance *(the CCG's appetite in relation to this risk)*			
	Target Score	**Detail**	**Total**
Impact	3		6
Likelihood	2		

Mitigations *(what are you doing to address this risk?)*	
Proposed Mitigation(s)	**Assurances & Evidence *(how will you know that your mitigations are working?)***
Contractual dialogue initiated with Barts and HUHT as to longer term (4-6 month) service transfer as dependent on recruitment of B6 audiologist.	Contract agreement between CCG and Barts (who already provide Tier 3 audiology from the same site - Hackney Ark.
Barts exploration of secondment of audiologist to HUHT to lead delivery of interim service prior to contract agreed	Confirmation of staffing to enable restart of service delivery
Review with HUHT their contractual responsibility to deliver the service prior to any transfer of service to Barts	Review of waiting list, triage of cases and risk mitigation

Action(s) *(how are you planning on achieving the proposed mitigations?)*			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
Contractual meeting with Barts planned for w/c 30/7 to agree search for interim support to inform immediate steps re risk mitigation and timeframe for restarting service	30/07/2020	07/08/2020	Sarah Darcy
Ongoing review of risks and workforce planning with HUHT Divisional Leads	30/07/2020	Ongoing	Sarah Darcy

Monthly progress update *(agreed by Senior Management Owner & Senior Responsible Owner)*
Risk escalated to risk register and HUHT risk assessment requested 30/07/20

Ref#:	18
Date Added:	30/07/2020
Date Updated:	30/07/2020
Review Committee:	CCG HUHT Contracts Meeting
Senior Responsible Owner:	Amy Wilkinson
Senior Management Owner:	Sarah Darcy

Objective	**Deliver a shift in resource and focus to prevention**	
	Deliver proactive community based care closer to	✓
	Ensure we maintain financial balance as a system	✓
	Deliver integrated care which meets the physical,	✓
	Empower patients and residents	

Description	**Inherent Risk Score *(pre-mitigations)***			**Residual Risk Score *(post-mitigations)***		
	Impact	**Likelihood**	**Total**	**Impact**	**Likelihood**	**Total**
Significant staffing and recruitment issues in the HUHT Community Paediatrics service (approx 50% of Doctors)	5	3	15	4	3	12

Risk Tolerance *(the CCG's appetite in relation to this risk)*			
	Target Score	**Detail**	**Total**
Impact	3		6
Likelihood	2		

Mitigations *(what are you doing to address this risk?)*	
Proposed Mitigation(s)	**Assurances & Evidence *(how will you know that your mitigations are working?)***
Weekly review of staffing and mitigations between CCG commissioning and HUHT Divisional Lead	Risk assessment and service plan identify changes to service model and delivery to maintain continuation of services and communication with referrers regarding changes and alternative provision.

Alternative pathways / contingencies considered across the range of community paediatrics pathways	GP request pathway for delivery of Initial Health Assessments in place if required; EHCP assessments where CYP already has a diagnosis of autism to be screened by DCO prior to booking appt; acute Consultants reviewing opportunities to support community service

Action(s) ***(how are you planning on achieving the proposed mitigations?)***			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
HUHT service plan to be reviewed to inform further mitigations.	30/07/2020	14/08/2020	Sarah Darcy

Monthly progress update ***(agreed by Senior Management Owner & Senior Responsible Owner)***
Risk escalated to risk register and HUHT risk assessment requested 30/07/20

B1:I2B1:I35

Ref#:	
Date Added:	30/07/2020
Date Updated:	
Review Committee:	CYPMF SOG & MHCC
Senior Responsible Owner:	Greg Condon / Sophie McElroy
Senior Management Owner:	Dan Burningham / Amy Wilkinson

Objective	**Deliver a shift in resource and focus to prevention**	✓
	Deliver proactive community based care closer to	✓
	Ensure we maintain financial balance as a system	
	Deliver integrated care which meets the physical,	✓
	Empower patients and residents	✓

Description	**Inherent Risk Score** ***(pre-mitigations)***			**Residual Risk Score** ***(post-mitigations)***		
	Impact	**Likelihood**	**Total**	**Impact**	**Likelihood**	**Total**
Potentially significant increased demand for CAMH support througout the	3	4	12	3	3	9

Risk Tolerance ***(the CCG's appetite in relation to this risk)***			
	Target Score	**Detail**	**Total**
Impact	3		6
Likelihood	2		

Mitigations ***(what are you doing to address this risk?)***	
Proposed Mitigation(s)	**Assurances & Evidence** ***(how will you know that your mitigations are working?)***
CAMHs have respnded flexibly to supportfamilies during the peak of COVID, alongside schools and there are robust contingency plans in place for this to continue. This includes solid governance structures, RAG rating patients, children and famiies, the introduction of new online support and new services in development.	

Detail	**Last updated**	**Delivery Date**	**Action Owner**
Ongoing implementation of contingency planning, continuation of communications and close working with schools,	30/07/2020	Ongoing	
This risk is also part of the SOC action plan	30/07/2020	Ongoing	

Monthly progress update ***(agreed by Senior Management Owner & Senior Responsible Owner)***
Risk escalated to risk register 30/07/20

Risk mitigations & further detail

Ref#:	1
Date Added:	31/05/2019
Date Updated:	20/02/2020
Senior Responsible Owner:	Tracey Fletcher
Senior Management Owner:	Nina Griffith

Objective	**Deliver a shift in resource and focus to prevention**	
	Deliver proactive community based care closer to	
	Ensure we maintain financial balance as a system and achieve our financial plans	✓
	Empower patients and residents	

Description	**Inherent Risk Score *(pre-mitigations)***			**Residual Risk Score *(post-mitigations)***		
	Impact	**Likelihood**	**Total**	**Impact**	**Likelihood**	**Total**
Failure to deliver the workstream financial objectives for 2020/21	4	4	16	3	4	12

Risk Tolerance *(the ICB's appetite in relation to this risk)*							
	Target Score	**Detail**					**Total**
Impact	4						**6**
Likelihood	2						

Mitigations *(what are you doing to address this risk?)*	
Proposed Mitigation(s)	**Assurances & Evidence *(how will you know that your mitigations are working?)***
Good activity & finance forecast in place	Monthly Finance report in place
Processes in place to monitor performance against plan	

Action(s) *(how are you planning on achieving the proposed mitigations?)*			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
Work underway through UEC group to reduce hospital conveyances from 111 and 999	27/07/2020	01/12/2022	
Work underway through discharge group to reduce long length of stay	27/07/2020	31/10/2022	
Work undertaken with CCG QIPP lead and Informatics on measuring performance monthly.			

Monthly progress update *(agreed by Senior Management Owner & Senior Responsible Owner)*
PID in place for each QIPP scheme for 2019/20.
Attendance at monthly CCG QIPP meetings. Work undertaken with CCG QIPP lead and Informatics on measuring performance monthly. Negotiations continue with Barts to implement service change to try and avoid admissions Monthly Finance and QIPP monitoring report in place

Ref#:	3
Date Added:	
Date Updated:	28/07/2020
Review Committee:	Unplanned Care Board
Senior Responsible Owner:	Tracey Fletcher
Senior Management Owner:	Nina Griffith

Objective	**Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities**	
	Deliver proactive community based care closer to home and outside of institutional settings where appropriate	
	Ensure we maintain financial balance as a system and achieve our financial plans	
	Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	✓
	Empower patients and residents	

Description	**Inherent Risk Score *(pre-mitigations)***			**Residual Risk Score *(post-mitigations)***		
	Impact	**Likelihood**	**Total**	**Impact**	**Likelihood**	**Total**
If Primary care and Community Services are not sufficiently developed and are not established as a first point of call for patients this could lead to an increase in the number of inappropriate attendances at A&E and unplanned admissions to hospital.	4	5	20	3	4	12

Risk Tolerance *(the ICB's appetite in relation to this risk)*			
	Target Score	**Detail**	**Total**
Impact	3	Moderate impact on A&E volumes	6
Likelihood	2	Not expected to occur but there is a slight possibility it could at some point.	

Mitigations *(what are you doing to address this risk?)*		
Proposed Mitigation(s)	**Assurances & Evidence *(how will you know that your mitigations are working?)***	
Develop and implement the Neighbourhood model		Progress against programme deliverables
Support Primary Care to proactively and reactively manage patients to avoid A&E attendences and admissions		Data evaluation of A&E attendances for residents within primary care services. Contracts in place to support proactive care management
Review and ensure wider admission avoidance services are communciated and utilised by system partners		Range of admission avoidance services in place and being used by 111 and 999. Review of DoS profiles to take place by end September 2020
Implementation of the Enhanced Health in Care Homes Framework		Care homes residents have good access to proactive primary care services and care home staff are supported by wider health care services
New direct access pathways in development for 111 to bypass patients from ED in development as per NEL UEC Help Us Help You programme		Pilots complete with evaluation and agreed programme for roll out
NEL system objective of direct booking into ACP's in development		Direct booking in place

Action(s) *(how are you planning on achieving the proposed mitigations?)*			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
A&E attendance action plan has been developed and will be monitored by the board		end March 2020	Leah Herridge
Continue Working with NEL UEC to develop Help Us Help You Model		Ongoing	Clara Rutter
Work with LAS to improve update of ACPs		Ongoing	Leah Herridge / Clara Rutter
Implementation of the Enhanced Health in Care Homes Framework through the GP DES Contract and the standard NHS contract for community providers.		Oct-20	Cindy Fischer

Monthly progress update *(agreed by Senior Management Owner & Senior Responsible Owner)*
Work underway with NEL UEC group to develop Help Us Help You
Evaluation of proactive Care Home Visiting service in August 2018 - the Board endorsed a proposal to continue investment of PMS money into the proactive care practice-based service for 2019/20, for recommendation to the Primary Care Quality Board and the CCG Contracts Committee. The service is being evaluated.
Review ACP on DoS, develop monthly ACP newsletter

Ref#:	4
Date Added:	
Date Updated:	28/07/2020
Review Committee:	Unplanned Care Board
Senior Responsible Owner:	Tracey Fletcher
Senior Management Owner:	Nina Griffith

Objective	**Deliver a shift in resource and focus to prevention**	
	Deliver proactive community based care closer to home and outside of institutional settings where appropriate	✓
	Ensure we maintain financial balance as a system	
	Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	✓
	Empower patients and residents	✓

Description	**Inherent Risk Score *(pre-mitigations)***			**Residual Risk Score *(post-mitigations)***		
	Impact	**Likelihood**	**Total**	**Impact**	**Likelihood**	**Total**
Workstream fails to successfully integrate patients and the public in the design and development of services; services are not patient focused, and are thus limited in reach and scope	4	4	16	4	3	12

Risk Tolerance *(the ICB's appetite in relation to this risk)*			
	Target Score	**Detail**	**Total**
Impact	3		6
Likelihood	2		

Mitigations *(what are you doing to address this risk?)*	
Proposed Mitigation(s)	**Assurances & Evidence *(how will you know that your mitigations are working?)***
Ensure the Unplanned Care Board is plugged into Integrated Commissioning related PPI/co-production activities, and utilises IC co-production charter	Report on workstream co-production and principles to be discussed and endorsed by UCB
Ensure the Board works with IC PPI staff, including the Engagement Manager, Healthwatch and CCG PPI lead	Quarterly co-production paper coming to the Board
Ensure UCB has a patient or healthwatch representative at every meeting	Meeting attendance
UCB to map existing patient and public engagement mechanisms and successful PPI initiatives across the portfolio, develop a PPI and co-production strategy based on this information	
Ensure PPI and co-production is a standing item on board agendas	Meeting agendas
Review PPI activities quarterly at UCB	
Healthwatch Hackney is funded as part of the Neighbourhoods Programme to establish a model for meaningful resident engagement across Neighbourhoods. A full time Neighbourhoods Development Manager has been recruited to develop this model.	Session on resident engagement on Neighbourhoods Delivery Group Forward Plan.
A Neighbourhood Resident Involvement Group has been established which aims to ensure resident involvement is embedded across the Neighbourhoods programme.	There is representation from NRIG on the Neighbourhoods Delivery Group.

Action(s) *(how are you planning on achieving the proposed mitigations?)*			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
Healthwatch Hackney is planning to complete a Discharge Review to look at patients experiences of discharge to assess between January and June 2020.	30/07/2020	Oct-20	Kanariya Yuseinova

Monthly progress update *(agreed by Senior Management Owner & Senior Responsible Owner)*

A range of engagement has taken place in relation to the Unplanned Care Workstream since the agreement of Co-Production principles in May 2019. These include:
- Urgent Care Event held at Ridley Road market in July 2019
- Commencement of Discharge Workstream Co-production Task & Finish Group
- LAS 111 IUC PPG established and operational since July 2019.
- A wide range of engagement has taken place around the Falls programme; both one-off engagement events and a co-production group, working with Healthwatch.

Ref#:	5
Date Added:	
Date Updated:	28/07/2020
Review Committee:	Unplanned Care Board
Senior Responsible Owner:	Tracey Fletcher
Senior Management Owner:	Dylan Jones

Objective	**Deliver a shift in resource and focus to prevention**	
	Deliver proactive community based care closer to home and outside of institutional settings where appropriate	✓
	Ensure we maintain financial balance as a system	
	Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	✓
	Empower patients and residents	

Description	**Inherent Risk Score *(pre-mitigations)***			**Residual Risk Score *(post-mitigations)***		
	Impact	**Likelihood**	**Total**	**Impact**	**Likelihood**	**Total**
Risk that Homerton A&E will not maintain delivery against four hour standard for 2020/21	4	3	12	4	2	8

Risk Tolerance *(the ICB's appetite in relation to this risk)*			
	Target Score	**Detail**	**Total**
Impact	4		8
Likelihood	2		

Mitigations *(what are you doing to address this risk?)*	
Proposed Mitigation(s)	**Assurances & Evidence *(how will you know that your mitigations are working?)***
Continued work across all system partners to navigate people away from the ED into community services where clinically appropriate	A&E attendance activity numbers
Divert ambulance activity - maintain ParaDoc model and further integrate, diverting activity from LAS	Ambulance conveyance number, Paradoc activity, LAS uptake of ACPs
Duty Doctor aim to improve patient access to primary care and manage demand on A&E	
HUH maintain strong operational grip through senior management focus on ED and hospital flow	Weekly COO-led review of ED performance / capacity management model in place

Action(s) *(how are you planning on achieving the proposed mitigations?)*			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
Recent reduction in DToCs should support flow		TBC	Simon Galczynski
Work to produce a PC admission avoidance DoS (via MiDos) underway – part of Case Notes Review action plan			
Continued work with LAS to improve uptake of ACPs		Ongoing	Clara Rutter

Monthly progress update *(agreed by Senior Management Owner & Senior Responsible Owner)*
NEL UEC Help Us Help You programme in development

Ref#:	7
Date Added:	10/07/2019
Date Updated:	28/07/2020
Review Committee:	Unplanned Care Board
Senior Responsible Owner:	Tracey Fletcher
Senior Management Owner:	Urgent Care Reference Group

Objective	**Deliver a shift in resource and focus to prevention**	✓
	Deliver proactive community based care closer to	✓
	Ensure we maintain financial balance as a system	✓
	Deliver integrated care which meets the physical,	✓
	Empower patients and residents	✓

Description	**Inherent Risk Score *(pre-mitigations)***			**Residual Risk Score *(post-mitigations)***		
	Impact	**Likelihood**	**Total**	**Impact**	**Likelihood**	**Total**
The new Integrated Urgent Care (111) service might have a negative impact on quality of urgent care for City & Hackney patients, and on downstream services: Quality of Care: - Possible issues with quality of clinical assessment and increased waiting times (call-back time from clinicians); - Recruitment of senior clinicians in CAS Downstream service impact: - General increase in demand due to availability of free-to-call number, quick answer times - Increased demand on acute (A&E/999) due to risk-averse nature of 'pathways' assessment, - issues with direct booking into urgent Primary Care, and - possible issues with quality of clinical assessment.	4	4	16	3	3	9

Risk Tolerance *(the ICB's appetite in relation to this risk)*			
	Target Score	**Detail**	**Total**
Impact	2		4
Likelihood	2		

Mitigations *(what are you doing to address this risk?)*	
Proposed Mitigation(s)	**Assurances & Evidence *(how will you know that your mitigations are working?)***
Review effectivness of CAS and Pathways to ensure delivery of service specification as a minimum, and identify potential for further improvement	LAS complete review and present findings to 111 CAS UEC sub group
Monitor and investigate why there is low update/usage of directly booked appointments via gp connect into primary care	Review Complete
Ensure that alternative primary urgent care services are promoted to patients and clinicians to ensure alternate services are frequented by patients [MDCNR]	

Action(s) *(how are you planning on achieving the proposed mitigations?)*			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
Ensure review and actions identified by LAS are reported against	28/07/2020	TBC	Clara Rutter
Identify who is completing review of GP Connect uptake	28/07/2020		Clara Rutter
Review of duty doctor to determine how we should promote primary urgent care services to residents in and out of hours	10/07/2019	TBC	Leah Herridge

Monthly progress update *(agreed by Senior Management Owner & Senior Responsible Owner)*
Set up of CAS transformation group complete, with senior clinical and operational representation and agreed terms of reference.
Agreed service specification for data flow into CSU.
There has been a 2nd draft of NELIUC Performance report produced - no significant change from previous position.
A review of Duty Doctor took place in July-August 2019, and the Unplanned Care Board agreed in October that the GP Confederation will take forward work to raise awareness and improve comms relating to the service.

Ref#:	9
Date Added:	
Date Updated:	29/07/2020
Review Committee:	Unplanned Care Board
Senior Responsible Owner:	Tracey Fletcher
Senior Management Owner:	Discharge Steering Group

Objective	**Deliver a shift in resource and focus to prevention**	
	Deliver proactive community based care closer to home and outside of institutional settings where appropriate	✓
	Ensure we maintain financial balance as a system	
	Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	✓
	Empower patients and residents	

Description	**Inherent Risk Score *(pre-mitigations)***			**Residual Risk Score *(post-mitigations)***		
	Impact	**Likelihood**	**Total**	**Impact**	**Likelihood**	**Total**
Discharge and Hospital Flow processes are not effective, resulting in increased DToCs and failure to meet Length of Stay Targets	4	5	20	3	4	12

Risk Tolerance *(the ICB's appetite in relation to this risk)*			
	Target Score	**Detail**	**Total**
Impact	3	Increased length of stay by 4-14 days.	6
Likelihood	2	Not expected to occur but there is a slight possibility it could at some point. Frequency of less than once a quarter.	

Mitigations *(what are you doing to address this risk?)*	
Proposed Mitigation(s)	**Assurances & Evidence *(how will you know that your mitigations are working?)***
Discharge working group established to continue to identify areas for improvement	Minutes from meetings and robust action plans to ensure work is carried out.
Implementation of High Impact Change Model	Monthly High Impact Change Model (HICM) task and finish group that reviews discharge action plans and agrees actions
LBH and Homerton have established a regular DTOC group that is focused on ensuring effective joint arrangements around discharge	Minutes from meeting and action plans
Daily Discharge Calls and Weekly management oversight meetings	Weekly dashboard produced to aid teleconference
Delivery of 30/60/90 Day Improvement Challenge	Regular reporting to the Unplanned Care Baord within the monthly Discharge report

Action(s) *(how are you planning on achieving the proposed mitigations?)*			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
Implement actions from core DTOC Action Plan	30/07/2020	ongoing	Cindy Fischer
Discharge SPA created in March to enable same day discharges during Covid-19	30/07/2020	ongoing	Mervyn Freeze
Redesign of the discharge pathway, including continued development of D2A model.	30/07/2020	Oct-20	Cindy Fischer
Homeless Discharge Pathway Task and Finish group established to develop a business case to create a Homeless Hospital Discharge Pathway Team. Phase two will be to Commission an accommodation-based Step-up/Step-down facility. Both actions are recommendations of the Pathway audit concluded in March 2020.	30/07/2020	31/03/2021	Beverley Gauchette

Monthly progress update *(agreed by Senior Management Owner & Senior Responsible Owner)*

Weekly teleconference continues although DTOC targets have not been met in this fiscal year.
A 30, 60, 90 day challenge has been set to urgently progress actions to reduce delays.
Recommendations from the evaluation of the D2A pilot are being implemented. This includes development of a Single Point of Access between Integrated Independence Team and Integrated Discharge Service.
LBH is currently recruiting three permanent senior social workers, which will add stability and facilitate improved discharge processes.

Ref#:	12
Date Added:	
Date Updated:	27/07/2020
Review Committee:	Unplanned Care Board
Senior Responsible Owner:	Tracey Fletcher
Senior Management Owner:	Neighbourhoods Delivery Group

Objective	**Deliver a shift in resource and focus to prevention**	
	Deliver proactive community based care closer to home and outside of institutional settings where appropriate	✓
	Ensure we maintain financial balance as a system and achieve our financial plans	✓
	Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	✓
	Empower patients and residents	

Description	**Inherent Risk Score *(pre-mitigations)***			**Residual Risk Score *(post-mitigations)***		
	Impact	**Likelihood**	**Total**	**Impact**	**Likelihood**	**Total**
Current IT infrastructure limits delivery of integrated working	3	4	12	3	4	12

Risk Tolerance *(the ICB's appetite in relation to this risk)*			
	Target Score	**Detail**	**Total**
Impact	2		4
Likelihood	2		

Mitigations *(what are you doing to address this risk?)*	
Proposed Mitigation(s)	**Assurances & Evidence *(how will you know that your mitigations are working?)***
Link with Integrated Commissioning IT Enabler Group and IT Enabler Board	Attendance at IT Enabler Board
Neighbourhoods Team are working closely with the IT enabler on the technology to support integrated working. Practical work being progressed on accessible Neighbourhood team platform, population health and system interoperability.	IT enabler representation on Neighbourhood Delivery Group. Meeting with workstream Directors and IT enabler to re-evaluate the programme of work.

Action(s) *(how are you planning on achieving the proposed mitigations?)*			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
Re-prioritsation activity underway across the IT enabler which Neighbourhoods is involved in. Fed into work on requirements.	27.07.2020	30.08.2020	NC / MG

Monthly progress update *(agreed by Senior Management Owner & Senior Responsible Owner)*

Significant work has been undertaken on this area during COVID. As part of the rollout of Neighbourhood Teams and Neighbourhood MDTs we have worked closely on the use of MSTeams as the platform for MDTs. This has enabled virtual MDTs to take place.

Work is progressing with the IT enabler on maximising the use of the East London Patient Record for MDT working. Work is planned with Cerner to test development of new functionality for shared MDT working.

Initial work is underway in relation to population health and using the CCG tool Co-Plug but this is at early stages and is not yet a sustainable solution in the long-term (funding from Innovate UK has only been for one year and therefore needs wider NEL engagement).

Ref#:	13
Date Added:	
Date Updated:	27/07/2020
Review Committee:	Unplanned Care Board
Senior Responsible Owner:	Tracey Fletcher
Senior Management Owner:	Neighbourhoods Delivery Group

Objective	**Deliver a shift in resource and focus to prevention**	
	Deliver proactive community based care closer to home and outside of institutional settings where appropriate	✓
	Ensure we maintain financial balance as a system and achieve our financial plans	
	Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	✓
	Empower patients and residents	

Description	**Inherent Risk Score *(pre-mitigations)***			**Residual Risk Score *(post-mitigations)***		
	Impact	**Likelihood**	**Total**	**Impact**	**Likelihood**	**Total**
Risk that we cannot get sufficient engagement from front line staff across all of our partner organisations in order to deliver the scale and pace of change required.	4	3	12	4	3	12

Risk Tolerance *(the ICB's appetite in relation to this risk)*			
	Target Score	**Detail**	**Total**
Impact	3		3
Likelihood	1		

Mitigations *(what are you doing to address this risk?)*	
Proposed Mitigation(s)	**Assurances & Evidence *(how will you know that your mitigations are working?)***
Engagement and leadership of system partners through System Operational Command Group	SOC minutes
Work with comms and engagement enabler to develop comms for staff which clearly describes the purpose of Neighbourhoods.	Session at Neighbourhoods Delivery Group on communications which includes with frontline staff. This is planned for initial discussion in July 2020.
Provider Alliance OD plan outlines specific proposals on how to take forward work with staff on Neighbourhood changes. This will form part of the Transformation funding request	Provider Alliance OD plan and implementation proposals
Providers have a clinical lead and/or senior lead in palce for Neighbourhoods which is used to champion the model and work with frontline staff to deliver change.	Provider update reports

Action(s) *(how are you planning on achieving the proposed mitigations?)*			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
Detailed above	01/02/2020		

Monthly progress update *(agreed by Senior Management Owner & Senior Responsible Owner)*
Presentations to SOC on Neighbourhoods Programme priorities and work plan.

Work is underway to establish the Neighbourhoods Delivery Group and potentially Engagement Forum involving key partners from across the system and ensuring that the Neighbourhoods work is co-produced.

Neighbourhood teams have been established and MDT meetings have commenced across eight Neighbourhoods. This has involved directly identifying link people from the different services but has also engaged relevant frontline professionals. It has also involved working closely with the PCN Clinical Directors to develop the approach.

Ref#:	15
Date Added:	
Date Updated:	10/01/2020
Review Committee:	Unplanned Care Board
Senior Responsible Owner:	Tracey Fletcher
Senior Management Owner:	Nina Griffith

Objective	**Deliver a shift in resource and focus to prevention**	
	Deliver proactive community based care closer to	
	Ensure we maintain financial balance as a system and achieve our financial plans	✓
	Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	✓
	Empower patients and residents	

Description	**Inherent Risk Score *(pre-mitigations)***			**Residual Risk Score *(post-mitigations)***		
	Impact	**Likelihood**	**Total**	**Impact**	**Likelihood**	**Total**
Ongoing difficulties in recruiting GP staff across unplanned care services, including OOH, PUCC and Primary Care puts pressure on the whole C&H health system - risk that patients are thus seen in acute settings such as A&E, with impact on HUH 4 hour target and cost	4	4	16	3	3	9

Risk Tolerance *(the ICB's appetite in relation to this risk)*			
	Target Score	**Detail**	**Total**
Impact	3		6
Likelihood	2		

Mitigations *(what are you doing to address this risk?)*	
Proposed Mitigation(s)	**Assurances & Evidence *(how will you know that your mitigations are working?)***
GP OOH contract budget has been modelled to accommodate increased hourly rates required for interim, face to face, OOH GPs	Contract in place
Explore ways to address challenges recruiting GPs through CEPN	
Look at the skill-mix model in place in Waltham Forest and consider whether something could be commissioned across NEL	New model agreed with partners
TF to consider setting up a City & Hackney Workforce summit, following the publication of the National Workforce Strategy	Summit
Develop PID for a cross-INEL review of out of hours services and get agreement for work from INEL System Transformation Board	

Action(s) *(how are you planning on achieving the proposed mitigations?)*			
Detail	**Last updated**	**Delivery Date**	**Action Owner**

Monthly progress update *(agreed by Senior Management Owner & Senior Responsible Owner)*

As of October 2019 the 6 month report on the GPOOH service at HUHFT showed that all shifts have been filled and at no point did the service not have full GP coverage. We will continue to monitor this and to take reasonable steps to mitigate the risk.

Ref#:	17
Date Added:	17/07/2019
Date Updated:	27/07/2020
Review Committee:	Unplanned Care Board
Senior Responsible Owner:	Tracey Fletcher
Senior Management Owner:	Neighbourhoods Delivery Group

Objective	**Deliver a shift in resource and focus to prevention**	✓
	Deliver proactive community based care closer to	✓
	Ensure we maintain financial balance as a system	
	Deliver integrated care which meets the physical,	✓
	Empower patients and residents	✓

Description	**Inherent Risk Score *(pre-mitigations)***			**Residual Risk Score *(post-mitigations)***		
	Impact	**Likelihood**	**Total**	**Impact**	**Likelihood**	**Total**
New ways of working in Neighbourhoods may require information to be shared across providers and this may not be covered by existing information sharing protocols. This is a particular issue for the voluntary sector who currently have very limited information sharing protocols in place.	3	3	9	3	3	9

Risk Tolerance *(the CCG's appetite in relation to this risk)*			
	Target Score	**Detail**	**Total**
Impact	3		6
Likelihood	2		

Mitigations *(what are you doing to address this risk?)*	
Proposed Mitigation(s)	**Assurances & Evidence *(how will you know that your mitigations are working?)***
Undertaking work on data sharing with GP Confederation Data Protection Officer (who is supporting work across the system) and DPOs / data sharing leads from partner organisations.	Development of DPIA, privacy notices, comms on data sharing for Neighbourhoods team
Encouraging services referring into the Neighbourhood MDTs to have person-centred discussions with individuals and ensure they are aware of and agree to discussions happening at the MDT	MDT referral form
Review model for data sharing across the voluntary sector and consider implications for future MDT working	Neighbourhoods Delivery Group

Action(s) *(how are you planning on achieving the proposed mitigations?)*			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
Complete Data Privacy Impact Assessment for Neighbourhood Teams	27.07.2020	30.08.2020	MG
All providers to publish Data Privacy Notices for Neighbourhoods	27.07.2020	30.08.2020	MG
Develop Information Sharing Agreement for Neighbourhoods (for larger organisations)	27.07.2020	30.08.2020	MD / MG
Work with smaller organisations from voluntary sector to adopt approach to information sharing agreed	27.07.2020	30.09.2020	MD / MG

Monthly progress update *(agreed by Senior Management Owner & Senior Responsible Owner)*
We have put in place arrangements to support data sharing between partners – developing a DPIA, drafting privacy notices for the public, preparing comms on information sharing for Neighbourhood Teams and working through storage and sending of this information between those involved in the Neighbourhood MDT. We are bringing together the DPOs / data sharing leads or other key points of contact from organisations who have been more regularly involved in the Neighbourhood MDTs so far to share materials and to support organisations (both large and small) to discuss data sharing as part of wider Neighbourhood day-to-day working.

Ref#:	19 / UCTBC2
Date Added:	01/06/2020
Date Updated:	
Review Committee:	Unplanned Care Board
Senior Responsible Owner:	Tracey Fletcher
Senior Management Owner:	Nina Griffith

Objective	**Deliver a shift in resource and focus to prevention**	
	Deliver proactive community based care closer to	
	Ensure we maintain financial balance as a system	✓
	Deliver integrated care which meets the physical,	✓
	Empower patients and residents	

Description	**Inherent Risk Score *(pre-mitigations)***			**Residual Risk Score *(post-mitigations)***		
	Impact	**Likelihood**	**Total**	**Impact**	**Likelihood**	**Total**
Risk that there is an increase in non-elective acute demand - either driven by a return to normal levels of admissions or a further peak in covid demand.	4	5	20	4	4	16

Risk Tolerance *(the CCG's appetite in relation to this risk)*			
	Target Score	**Detail**	**Total**
Impact	4		12
Likelihood	3		

Mitigations *(what are you doing to address this risk?)*	
Proposed Mitigation(s)	**Assurances & Evidence *(how will you know that your mitigations are working?)***
Delivery of the 'talk before you walk' agenda to reduce A&E attendances	

Strengthen community & primary care services to suport people within the community (through SOC)

Action(s) ***(how are you planning on achieving the proposed mitigations?)***			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
Need to consider admission avoidance pathways - through HAMU and ACPs	Jun-20	TBC	Nina Griffith / Clara Rutter
Need to ensure robust escalation plan in place in advance fo further COVID-19 peaks	Jun-20	TBC	Nina Griffith

Monthly progress update ***(agreed by Senior Management Owner & Senior Responsible Owner)***

Ref#:	20 / UCTBC2
Date Added:	27/07/2020
Date Updated:	
Review Committee:	Unplanned Care Board
Senior Responsible Owner:	Tracey Fletcher
Senior Management Owner:	Nina Griffith

Objective	**Deliver a shift in resource and focus to prevention**	
	Deliver proactive community based care closer to	
	Ensure we maintain financial balance as a system	✓
	Deliver integrated care which meets the physical,	✓
	Empower patients and residents	

Description	**Inherent Risk Score** ***(pre-mitigations)***			**Residual Risk Score** ***(post-mitigations)***		
	Impact	**Likelihood**	**Total**	**Impact**	**Likelihood**	**Total**
Risk that we do not understand and/or do not reduce the impact of health inequalities for local populations across the workstream.						

Risk Tolerance ***(the CCG's appetite in relation to this risk)***			
	Target Score	**Detail**	**Total**
Impact			
Likelihood			

Mitigations ***(what are you doing to address this risk?)***	
Proposed Mitigation(s)	**Assurances & Evidence** ***(how will you know that your mitigations are working?)***
Further development of Neighbourhood profiles to provide data on health outcomes and (where possible) inequalities at a Neighbourhood level	
A more targeted programme of work (potentially piloted) to address specific population health priorities in Neighbourhoods	

Action(s) ***(how are you planning on achieving the proposed mitigations?)***			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
Work with system partners through Neighbourhoods to refine Neighbourhood profiles	Jul-20	Aug-20	Mark Golledge
Develop approach with Neighbourhood Delivery Group to help understand and address specific outcomes in local Neighbourhoods	Jul-20	Sep-20	Mark Golledge

Monthly progress update ***(agreed by Senior Management Owner & Senior Responsible Owner)***
Reports from Neighbourhood conversations have been written highlighting key themes including mental health/isolation, digital divide, building connections, supporting volunteering and developing longer-term options to tackle food inequalities.

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Risk Register and Issues Log

Planned Care Workstream

					Residual Risk Score							Objective				
Business as Usual or COVID	Ref	Description	Inherent Risk Score	Risk Tolerance	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Risk Movement	Monthly progress update	Projected next quarter risk score	Focus on prevention to address health inequalities	Community care close to home	Maintain system financial balance	Deliver integrated care which meets physical and mental health of our diverse communities	Empower patients and residents
COVID	PC1	Vulnerable patients, including those with a long term condition/learning disability, struggle to access care due to changes to local services.	20	9	n/a	n/a	n/a	20		Access to services has improved since the height of the pandemic. CEG data suggests GP consultations are close to pre-COVID levels and phlebotomy activity is over 80% of pre-COVID level. Community Services are opening up routine f2f services with necessary infection control safeguards. Planned Care are working to launch a domiciliary service pilot for phlebotomy and LTC checks for vulnerable patients. The CCG will also be launching a transport service to enable vulnerable patients to attend their practice without using public transport. Planned Care ran an inequalities session to identify vulnerable groups and discuss what changes services could make to ensure vulnerable groups continue to have good access. This will be discussed with partners at Core Leadership Group and an action plan developed to ensure vulnerable groups have access. Primary Care also have CEG searches to identify vulnerable patients for proactive care.	15	√	√		√	√
COVID	PC2	High number of outstanding CHC assessments as a result of the pause due to Covid-19.	15	10	n/a	n/a	n/a	15		There are 50 outstanding CHC assessments. All patients have had a care plan developed by relevant providers and a package of care is in place. The phase 3 letter instructs the NHS to resume assessments from 1st September 2020. Meeting to be held week commencing 10th August to discuss the instructions in the letter and plan for the resumption of CHC assessments.	10		√	√	√	
COVID	PC3	Patients do not access elective acute services- due to services being moved out of area with hot/cold site changes	15	9	n/a	n/a	n/a	10		Weekly calls are in place to discuss utilisation of independent sector capacity. Looking at options for tracking the number of patient initiated cancelled appointments as part of the Outpatient and Elective Recovery Dashboard. This will enable effective reporting and tracking to understand the impact. NEL are responsible for communication and engagement to promote access; and so will C&H will feed into this process.	10	√			√	√
COVID	PC4	Limited acute provider elective/diagnostic capacity and routine service closure during COVID-19 results in longer waiting times for patients	20	9	n/a	n/a	n/a	20		At May 20, outpatient and diagnostics activity is at half of the level of pre-COVID. Daycase and Elective is at 20% of pre-COVID activity. CCG holds weekly meetings with HUH to discuss the recovery. An outpatient and elective recovery dashboard has been developed to track progress and the Outpatient Transformation Programme has been re-geared to deliver the recovery. NEL are working with the systems to lead on the recovery- it is particularly focusing on daycase/elective. Access to independent sector capacity will be in place until the end of March 2021.	15	√			√	

COVID

PC6	The 62 day target to begin cancer treatment is not consistently achieved	15	8	6	6	6	20		C&HCCG met 6 out of 8 cancer waiting targets in May 2020. This is broadly in line with cancer waiting performance pre-COVID. Performance for 62 day wait for screening referral has worsened since April, but numbers are relatively low with only an activity of 3 in May. The phase 3 letter has requested that local Cancer Collaboratives develop a local plan to ensure cancer waiting time targets are met. There is a Cancer Collaborative meeting on Monday 10th August where the development of the plan will be discussed. The letter requests that collaboratives submit their plans in early September.	10	√				
PC7	B/ground to NCSO: During 2017/18, limited stock availability of some widely prescribed generics significantly drove up costs of otherwise low cost drugs. The price concessions made by DH to help manage stock availability of affected products, were charged to CCGs - this arrangement (referred to as NCSO) presents C&H CCG with an additional cost pressure.	20	4	4	4	4	20	↔	For 2019/20 year end, the annual cost pressure from NCSO was **£348,516** in addition to a cost pressure of **£653,903** for increased drug tariff pricing for drugs prescribed. An additional cost pressure from increased costs of category M products as a consequence of DH announcement to claw back £15M from CCGs by increasing the cost of these drugs. The cost impact for C&H CCG for Aug2019-Mar2020 was **£380,568.** The C&H primary care precribing costs for year end for 2019/20 showed break even position despite these cost pressures. For 2020/21, as of August 2020 prescribing data is only available for April &May 2020. Based on the 2 months data, the estimated annual cost pressure for NCSO is **£943,878** in addition to a cost pressure of **£86,070** for the associated cost pressure of increased Drug Tariff pricing for drugs prescribed. An additional cost pressure from increased costs of category M products as a consequence of DH announcement to claw back £15M from CCGs by increasing the cost of these drugs from June 2020. The cost impact for C&H CCG forJune2020-Mar2021 is estimated at **£480,618**. During 2017-18 the total year end impact for C&H was £1.3M NCSO - however the wider QiPP work delivered savings higher than the £1.3M cost pressure. This was a similar picture in 2018-19 & then for 2019-20 in that savings on the prescribing budget outweighed the NCSO cost pressure and the overall prescribing budget was underspent. In light of this, this risk was rescored to reduce the potential impact.	4		√	√	√	

BAU

PC8	There are significant financial pressures in the Adult Learning Disability service which require a sustainable solution from system partners	20	9	20	20	20	20	↔	Joint funding work is still under completion and due to be complete by autumn 2020. A further multiagency workshop needs to take place to ratify the tool and processes to be used, this will then establish joint funding as business as usual. A new transition governance structure is in place but work is still being undertaken to ensure accurate data captured around needs and so transition can happen in a planned way as per Education Health and Care Plans and through use of the dashboard. Sign off of the final version of the LD Strategy has been delayed due to the COVID-19 response. Looking to be presented at the ICB in the near future.	15	√	√	√	√	√

BAU	PC12	Failure to commission an Adult complex obesity Service	15	6	9	9	9	15	↔	Delay in commissioning adult complex obesity service due to COVID. Business case has been approved and specification developed, but there are challenges with regards to securing funding for the service due to current block arrangements with the Homerton and the CCG's current position.	10	√			√	
BAU	PC13	No long term funding is secured for the Housing First programme and there is a risk that the service will finish at the end of the year 1 pilot	25	5	n/a	25	25	25	↔	As part of the COVID-19 response, both LBH and CoL provided housing for all rough sleepers, including those with NRPF. LBH have committed to continuing this provision until the end of March 2021 and have procured two hotels near Finsbury Park to provide accommodation. CoL have also indicated they will carry on with the scaled up provision. The GLA are working with local authorities to decant the rough sleepers housed in their accommodation. The GLA are working with local authorities to ensure this transition is smooth. Health and Public Health are looking at how to coordinate wrap around care to ensure residents are well supported. This level of housing is in line with the principles of Housing First. Housing First had secured funding for the first year, but the outlook beyond this was less clear. Central Government made funding available for scaled up provision in the immediate response to COVID, but it's unclear whether funding will be made available in the medium-long term.	25	/	/		/	/

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Risk mitigations & further detail

Ref#:	PC1	**Objective**	**Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities**	/
Date Added:	1/6/2020		**Deliver proactive community based care closer to home and outside of institutional settings where appropriate**	/
Date Updated:	1/8/2020		**Ensure we maintain financial balance as a system and achieve our financial plans**	
Review Committee:	Planned Care CLG		**Deliver integrated care which meets the physical, mental health and social needs of our diverse communities**	/
Senior Responsible Owner:	Andrew Carter		**Empower patients and residents**	/
Senior Management Owner:	Siobhan Harper			

Description	**Inherent Risk Score *(pre-mitigations)***			**Residual Risk Score *(post-mitigations)***		
	Impact	**Likelihood**	**Total**	**Impact**	**Likelihood**	**Total**
Vulnerable patients, including those with a long term condition/learning disability, struggle to access care due to changes to local services.	5	4	20	5	3	15

Risk Tolerance *(the ICB's appetite in relation to this risk)*			
	Target Score	**Detail**	**Total**
Impact	3	The impact of this risk would be moderate	9
Likelihood	3	This could occur at some point	

Mitigations *(what are you doing to address this risk?)*	
Proposed Mitigation(s)	**Assurances & Evidence *(how will you know that your mitigations are working?)***
Support Community Services and GP Practices to engage patients through f2f and virtual activity	Service activity and feedback
Support practices to run searches and invite patients in for health checks, LTC monitoring and other care	Development of CEG searches, feedback from practices, CEG consultation data
Launch of enhanced patient transport and domicilliary service- providing LTC check and phlebotomy	Confirmation of launch, service activity

Action(s) *(how are you planning on achieving the proposed mitigations?)*			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
Launch of Patient Transport Service	Aug-20	Aug-20	River Calveley
Review of Community and Primary Care Service Activity at Planned Care SMG	Aug-20	Aug-20	James Courtney
Agree plans with Domicilliary Service for LTC Checks and Phlebotomy	Aug-20	Aug-20	River Calveley

Monthly progress update *(agreed by Senior Management Owner & Senior Responsible Owner)*
Access to services has improved since the height of the pandemic. CEG data suggests GP consultations are close to pre-COVID levels and phlebotomy activity is over 80% of pre-COVID level. Community Services are opening up routine f2f services with necessary infection control safeguards. Planned Care are working to launch a domiciliary service pilot for phlebotomy and LTC checks for vulnerable patients. The CCG will also be launching a transport service to enable vulnerable patients to attend their practice without using public transport. Planned Care ran an inequalities session to identify vulnerable groups and discuss what changes services could make to ensure vulnerable groups continue to have good access. This will be discussed with partners at Core Leadership Group and an action plan developed to ensure vulnerable groups have access. Primary Care also have CEG searches to identify vulnerable patients for proactive care.

Ref#:	PC2	**Objective**	**Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities**	
Date Added:	1/6/2020		**Deliver proactive community based care closer to home and outside of institutional settings where appropriate**	/
Date Updated:	1/8/2020		**Ensure we maintain financial balance as a system and achieve our financial plans**	/
Review Committee:	Planned Care CLG		**Deliver integrated care which meets the physical, mental health and social needs of our diverse communities**	/
Senior Responsible Owner:	Andrew Carter		**Empower patients and residents**	
Senior Management Owner:	Cindy Fischer			

Description	**Inherent Risk Score *(pre-mitigations)***			**Residual Risk Score *(post-mitigations)***		
	Impact	**Likelihood**	**Total**	**Impact**	**Likelihood**	**Total**
High number of outstanding CHC assessments as a result of the pause due to Covid-19.	5	3	15	5	2	10

Risk Tolerance *(the ICB's appetite in relation to this risk)*			
	Target Score	**Detail**	**Total**
Impact	3	The impact of this risk would be moderate	9
Likelihood	3	This could occur at some point	

Mitigations *(what are you doing to address this risk?)*	
Proposed Mitigation(s)	**Assurances & Evidence *(how will you know that your mitigations are working?)***
Develop plan for resuming CHC assessments	Plan, CHC assessment numbers

Action(s) *(how are you planning on achieving the proposed mitigations?)*			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
Meeting with key stakeholders to discussion plan to resume f2f assessments	Aug-20	Aug-20	Cindy Fischer
Resume CHC Assessments	Sep-20	Sep-20	Cindy Fischer
Review Progress with CHC Assessments	Sep-20	Sep-20	Cindy Fischer

Monthly progress update ***(agreed by Senior Management Owner & Senior Responsible Owner)***
There are 50 outstanding CHC assessments. All patients have had a care plan developed by relevant providers and a package of care is in place. The phase 3 letter instructs the NHS to resume assessments from 1st September 2020. Meeting to be held week commencing 10th August to discuss the instructions in the letter and plan for the resumption of CHC assessments.

Ref#:	PC3
Date Added:	1/6/2020
Date Updated:	1/8/2020
Review Committee:	Planned Care CLG
Senior Responsible Owner:	Andrew Carter
Senior Management Owner:	River Calveley

Objective	**Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities**	/
	Deliver proactive community based care closer to home and outside of institutional settings where appropriate	
	Ensure we maintain financial balance as a system and achieve our financial plans	
	Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	/
	Empower patients and residents	/

Description	**Inherent Risk Score** ***(pre-mitigations)***			**Residual Risk Score** ***(post-mitigations)***		
	Impact	**Likelihood**	**Total**	**Impact**	**Likelihood**	**Total**
Patients do not access elective acute services- due to services being moved out of area with hot/cold site changes	5	3	15	5	2	10

Risk Tolerance ***(the ICB's appetite in relation to this risk)***			
	Target Score	**Detail**	**Total**
Impact	3	The impact of this risk would be moderate	9
Likelihood	3	This could occur at some point	

Mitigations ***(what are you doing to address this risk?)***	
Proposed Mitigation(s)	**Assurances & Evidence** ***(how will you know that your mitigations are working?)***
Patient communications and engagement	Plan, activity of patient cancelled appointments, DNAs

Action(s) *(how are you planning on achieving the proposed mitigations?)*			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
Weekly independent sector calls	Aug-20	Aug-20	River Calveley
Provider patient communications	Aug-20	Aug-20	River Calveley

Monthly progress update ***(agreed by Senior Management Owner & Senior Responsible Owner)***
Weekly calls are in place to discuss utilisation of independent sector capacity. Looking at options for tracking the number of patient initiated cancelled appointments as part of the Outpatient and Elective Recovery Dashboard. This will enable effective reporting and tracking to understand the impact. NEL are responsible for communication and engagement to promote access; and so will C&H will feed into this process.

Ref#:	PC4
Date Added:	1/6/2020
Date Updated:	1/8/2020
Review Committee:	Planned Care CLG
Senior Responsible Owner:	Andrew Carter
Senior Management Owner:	River Calveley

Objective	**Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities**	/
	Deliver proactive community based care closer to home and outside of institutional settings where appropriate	
	Ensure we maintain financial balance as a system and achieve our financial plans	
	Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	/
	Empower patients and residents	

Description	**Inherent Risk Score** ***(pre-mitigations)***			**Residual Risk Score** ***(post-mitigations)***		
	Impact	**Likelihood**	**Total**	**Impact**	**Likelihood**	**Total**
Limited acute provider elective/diagnostic capacity and routine service closure during COVID-19 results in longer waiting times for patients	5	4	20	5	3	15

Risk Tolerance ***(the ICB's appetite in relation to this risk)***			
	Target Score	**Detail**	**Total**
Impact	3	The impact of this risk would be moderate	9
Likelihood	3	This could occur at some point	

Mitigations ***(what are you doing to address this risk?)***	
Proposed Mitigation(s)	**Assurances & Evidence** ***(how will you know that your mitigations are working?)***
Homerton and other providers adjust services and are able to meet local need	Service activity, referral numbers

Action(s) *(how are you planning on achieving the proposed mitigations?)*			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
Develop Outpatient and Elective Recovery Dashboard	Aug-20	Aug-20	River Calveley
Weekly Recovery meetings with the Homerton to track progress- HUH to share updates on reopening of services and plans for access	Aug-20	Aug-20	River Calveley
Engage NEL on STP and London-wide progress	Aug-20	Aug-20	River Calveley
Weekly Independent Sector Capacity meetings to ensure utilisation of capacity	Aug-20	Aug-20	River Calveley

Monthly progress update ***(agreed by Senior Management Owner & Senior Responsible Owner)***
At May 20, outpatient and diagnostics activity is at half of the level of pre-COVID. Daycase and Elective is at 20% of pre-COVID activity. CCG holds weekly meetings with HUH to discuss the recovery. An outpatient and elective recovery dashboard has been developed to track progress and the Outpatient Transformation Programme has been re-geared to deliver the recovery. NEL are working with the systems to lead on the recovery- it is particularly focusing on daycase/elective. Access to independent sector capacity will be in place until the end of March 2021.

Ref#:	PC6
Date Added:	
Date Updated:	1/8/2020
Review Committee:	Planned Care CLG
Senior Responsible Owner:	Andrew Carter
Senior Management Owner:	Siobhan Harper

Objective	**Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities**	/
	Deliver proactive community based care closer to home and outside of institutional settings where appropriate	
	Ensure we maintain financial balance as a system and achieve our financial plans	
	Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	
	Empower patients and residents	

Description	**Inherent Risk Score** ***(pre-mitigations)***			**Residual Risk Score** ***(post-mitigations)***		
	Impact	**Likelihood**	**Total**	**Impact**	**Likelihood**	**Total**
The 62 day target to begin cancer treatment is not consistently achieved	5	3	15	5	2	10

Risk Tolerance ***(the ICB's appetite in relation to this risk)***			
	Target Score	**Detail**	**Total**
Impact	4	Major	8
Likelihood	2	Not expected to occur	

Mitigations ***(what are you doing to address this risk?)***	
Proposed Mitigation(s)	**Assurances & Evidence** ***(how will you know that your mitigations are working?)***
Develop plan for Cancer Services to ensure they are resilient to covid and can meet need	Plan, delivery against waiting times

Action(s) *(how are you planning on achieving the proposed mitigations?)*			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
Cancer Collaborative Meeting	Aug-20	Aug-20	Siobhan Harper

Monthly progress update ***(agreed by Senior Management Owner & Senior Responsible Owner)***
C&HCCG met 6 out of 8 cancer waiting targets in May 2020. This is broadly in line with cancer waiting performance pre-COVID. Performance for 62 day wait for screening referral has worsened since April, but numbers are relatively low with only an activity of 3 in May. The phase 3 letter has requested that local Cancer Collaboratives develop a local plan to ensure cancer waiting time targets are met. There is a Cancer Collaborative meeting on Monday 10th August where the development of the plan will be discussed. The letter requests that collaboratives submit their plans in early September.

Ref#:	PC7
Date Added:	
Date Updated:	1/8/2020
Review Committee:	Planned Care Core Leadership Group
Senior Responsible Owner:	Andrew Carter
Senior Management Owner:	Rozalia Enti

Objective	**Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities**	
	Deliver proactive community based care closer to home and outside of institutional settings where appropriate	/
	Ensure we maintain financial balance as a system and achieve our financial plans	/
	Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	/
	Empower patients and residents	

Description	**Inherent Risk Score** ***(pre-mitigations)***			**Residual Risk Score** ***(post-mitigations)***		
	Impact	**Likelihood**	**Total**	**Impact**	**Likelihood**	**Total**

B/ground to NCSO: During 2017/18, limited stock availability of some widely prescribed generics significantly drove up costs of otherwise low cost drugs. The price concessions made by DH to help manage stock availability of affected products, were charged to CCGs - this arrangement (referred to as NCSO) presents C&H CCG with an additional cost pressure.	5	4	20	2	2	4

Risk Tolerance ***(the ICB's appetite in relation to this risk)***			
	Target Score	**Detail**	**Total**
Impact	2	Minor	4
Likelihood	2	Unlikely	

Mitigations ***(what are you doing to address this risk?)***	
Proposed Mitigation(s)	**Assurances & Evidence** ***(how will you know that your mitigations are working?)***
Work with providers to manage medication costs within the budget to mitigate any impact	Performance against relevant budgets

Action(s) ***(how are you planning on achieving the proposed mitigations?)***			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
Track performance against the budget	Aug-20	Aug-20	Rozalia Enti
Engage practices and other providers on prescribing improving quality where possible	Aug-20	Aug-20	Rozalia Enti

Monthly progress update ***(agreed by Senior Management Owner & Senior Responsible Owner)***

For 2019/20 year end, the annual cost pressure from NCSO was £348,516 in addition to a cost pressure of £653,903 for increased drug tariff pricing for drugs prescribed. An additional cost pressure from increased costs of category M products as a consequence of DH announcement to claw back £15M from CCGs by increasing the cost of these drugs. The cost impact for C&H CCG for Aug2019-Mar2020 was £380,568.
The C&H primary care precribing costs for year end for 2019/20 showed break even position despite these cost pressures.
For 2020/21, as of August 2020 prescribing data is only available for April &May 2020. Based on the 2 months data, the estimated annual cost pressure for NCSO is £943,878 in addition to a cost pressure of £86,070 for the associated cost pressure of increased Drug Tariff pricing for drugs prescribed. An additional cost pressure from increased costs of category M products as a consequence of DH announcement to claw back £15M from CCGs by increasing the cost of these drugs from June 2020. The cost impact for C&H CCG forJune2020-Mar2021 is estimated at £480,618.
During 2017-18 the total year end impact for C&H was £1.3M NCSO - however the wider QiPP work delivered savings higher than the £1.3M cost pressure. This was a similar picture in 2018-19 & then for 2019-20 in that savings on the prescribing budget outweighed the NCSO cost pressure and the overall prescribing budget was underspent. In light of this, this risk was rescored to reduce the potential impact.

Ref#:	PC8
Date Added:	
Date Updated:	1/8/2020
Review Committee:	Planned Care CLG
Senior Responsible Owner:	Andrew Carter
Senior Management Owner:	Penny Heron/Charlotte Painter

Objective	**Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities**	/
	Deliver proactive community based care closer to home and outside of institutional settings where appropriate	/
	Ensure we maintain financial balance as a system and achieve our financial plans	/
	Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	/
	Empower patients and residents	/

Description	**Inherent Risk Score** ***(pre-mitigations)***			**Residual Risk Score** ***(post-mitigations)***		
	Impact	**Likelihood**	**Total**	**Impact**	**Likelihood**	**Total**
There are significant financial pressures in the Adult Learning Disability service which require a sustainable solution from system partners	5	4	20	5	3	15

Risk Tolerance ***(the ICB's appetite in relation to this risk)***			
	Target Score	**Detail**	**Total**
Impact	3	The impact of this risk would be moderate	9
Likelihood	3	This could occur at some point	

Mitigations ***(what are you doing to address this risk?)***	
Proposed Mitigation(s)	**Assurances & Evidence** ***(how will you know that your mitigations are working?)***
Sign Off LD Strategy and costings at ICB	
Agree Joint Funding Arrangements	

Action(s) ***(how are you planning on achieving the proposed mitigations?)***			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
Arrange Multiagency workshop to ratify tool and processes	Aug-20	Aug-20	Penny Heron/Charlotte Painter
LD S75 quarterly meetings	Aug-20	Aug-20	Penny Heron/Charlotte Painter
Undertake work to improve needs data reporting	Aug-20	Aug-20	Penny Heron/Charlotte Painter

Monthly progress update ***(agreed by Senior Management Owner & Senior Responsible Owner)***

Joint funding work is still under completion and due to be complete by autumn 2020. A further multiagency workshop needs to take place to ratify the tool and processes to be used, this will then establish joint funding as business as usual.

A new transition governance structure is in place but work is still being undertaken to ensure accurate data captured around needs and so transition can happen in a planned way as per Education Health and Care Plans and through use of the dashboard.

Sign off of the final version of the LD Strategy has been delayed due to the COVID-19 response. Looking to be presented at the ICB in the near future.

Ref#:	PC12
Date Added:	
Date Updated:	1/8/2020
Review Committee:	Planned Care CLG
Senior Responsible Owner:	Andrew Carter
Senior Management Owner:	River Calveley

Objective	**Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities**	
	Deliver proactive community based care closer to home and outside of institutional settings where appropriate	/
	Ensure we maintain financial balance as a system and achieve our financial plans	
	Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	
	Empower patients and residents	/

Description	**Inherent Risk Score *(pre-mitigations)***			**Residual Risk Score *(post-mitigations)***		
	Impact	**Likelihood**	**Total**	**Impact**	**Likelihood**	**Total**
Failure to commission an Adult complex obesity Service	5	3	15	5	2	10

Risk Tolerance *(the ICB's appetite in relation to this risk)*			
	Target Score	**Detail**	**Total**
Impact	2	Impact would be minor	6
Likelihood	3	This could occur at some point	

Mitigations *(what are you doing to address this risk?)*	
Proposed Mitigation(s)	**Assurances & Evidence *(how will you know that your mitigations are working?)***
Negotiate funding for service	Outcome of negotiation

Action(s) *(how are you planning on achieving the proposed mitigations?)*			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
Explore flexibilities in HUH position and financial arrangements within HUH bloc	Aug-20	Aug-20	River Calveley
Arrange meeting with HUH to discuss further	Aug-20	Aug-20	River Calveley

Monthly progress update *(agreed by Senior Management Owner & Senior Responsible Owner)*
Delay in commissioning adult complex obesity service due to COVID. Business case has been approved and specification developed, but there are challenges with regards to securing funding for the service due to current block arrangements with the Homerton and the CCG's current financial position.

Ref#:	PC13
Date Added:	1/6/2020
Date Updated:	1/8/2020
Review Committee:	Planned Care CLG
Senior Responsible Owner:	Andrew Carter
Senior Management Owner:	Siobhan Harper

Objective	**Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities**	/
	Deliver proactive community based care closer to home and outside of institutional settings where appropriate	/
	Ensure we maintain financial balance as a system and achieve our financial plans	
	Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	/
	Empower patients and residents	/

Description	**Inherent Risk Score *(pre-mitigations)***			**Residual Risk Score *(post-mitigations)***		
	Impact	**Likelihood**	**Total**	**Impact**	**Likelihood**	**Total**
No long term funding is secured for the Housing First programme and there is a risk that the service will finish at the end of the year 1 pilot	5	5	25	5	4	20

Risk Tolerance *(the ICB's appetite in relation to this risk)*			
	Target Score	**Detail**	**Total**
Impact	5	The impact of this risk would be major	5
Likelihood	1	This is unlikely to occur	

Mitigations *(what are you doing to address this risk?)*	
Proposed Mitigation(s)	**Assurances & Evidence *(how will you know that your mitigations are working?)***
Continue to lobby central government and explore local funding options	Clear options, funding in place

Action(s) *(how are you planning on achieving the proposed mitigations?)*			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
Health and Rough Sleepers meeting scheduled for 10th August 2020	Aug-20	Aug-20	James Courtney

Monthly progress update ***(agreed by Senior Management Owner & Senior Responsible Owner)***
As part of the COVID-19 response, both LBH and CoL provided housing for all rough sleepers, including those with NRPF. LBH have committed to continuing this provision until the end of March 2021 and have procured two hotels near Finsbury Park to provide accommodation. CoL have also indicated they will carry on with the scaled up provision. The GLA are working with local authorities to decant the rough sleepers housed in their accommodation. The GLA are working with local authorities to ensure this transition is smooth. Health and Public Health are looking at how to coordinate wrap around care to ensure residents are well supported. This level of housing is in line with the principles of Housing First. Housing First had secured funding for the first year, but the outlook beyond this was less clear. Central Government made funding available for scaled up provision in the immediate response to COVID, but it's unclear whether funding will be made available in the medium-long term.

													LIKELIHOOD				
													1	2	3	4	5
													RARE	UNLIKELY	POSSIBLE	LIKELY	CERTAIN
													<20%	20% to 40%	40% to 60%	60% to 80%	< 80%
						IMPACT							Should not occur and probably never will. May occur only in exceptional circumstances. A one off event at most	Not expected to occur but there is a slight possibility it could at some point. Frequency of less than once a quarter.	Could occur at some point. There is a history of occurrence within the organisation.	There is a strong possibility the event will occur. There is a recent and frequent history of the occurrence within the organisation or across the	The event is expected to occur in most circumstances. There is a history of regular occurrences at the organisation or across the
			A	B	C	D	E	F	G	H	I	J					
SEVERITY	RATING	DESCRIPTION	OBJECTIVES / PROJECTS	SAFETY / HARM / INJURY TO PATIENTS, STAFF VISITORS AND OTHERS	QUALITY / ACTUAL OR POTENTIAL COMPLAINTS AND CLAIMS	SERVICE DISRUPTION	STAFFING AND COMPETENCE	FINANCIAL	INSPECTION / AUDIT	PARTNERSHIP WORKING	COMPLIANCE / LEGISLATION	ADVERSE MEDIA / REPUTATION					
	1	INSIGNIFICANT / NEGLIBIBLE	Insignificant cost increase / time slippage. Barely noticeable reduction in scope or quantity	No or minimal chance of harm to patients. No or minimal intervention required.	Locally resolved complaint. No or minimal chance of claim. No impact on outcome.	Loss / Interruption more than 1 hour	Short term low staffing levels leading to reduction in quality (less than 1 day)	Small loss <£1000. Costs managed within the delegated authority of individuals as stated in the scheme of delegation.	Minor recommendations	Difficulties communicating with partners	No or minimal threat to breech of statutory duty.	Localised rumours. Adverse provider local media report for which we hold substantial contracts with.	1	2	3	4	5
	2	MINOR	Less than 5% cost or time increase. Minor reduction in quality or scope	CCG Minor safety incident (e.g. small IG data sharing breech). Minor injury or illness requiring minimal intervention. Impact on length of stay by 1-3 days. Staff needed <3 days off work or normal duties	Small claims (<£10K). Minor risk to quality (e.g. delayed discharge). Complaint peripheral to clinical care.	Loss of one whole working day	On-going low staffing levels reducing service quality	Loss of 0.1% budget (£1K - £10K. Minor organisational or personal financial loss. Major impact on individual project or budget holders financial position.	Recommendations given. Non-compliance with standards.	Lack of information sharing.	Reduced provider performance rating. Single failure to meet internal standards. Minor breech of contract / short term failure to achieve KPI Minor threat to breech of statutory duty.	Negative local media report. Localised media campaign against provider for which we hold substantial contracts.	2	4	6	8	10
	3	MODERATE	5-10% cost or time increase. Moderate reduction in scope or quality	Injury requiring professional intervention. Increased length of stay by 4-14 days. Increased waiting times by up to 3 weeks (excluding RTT). Infection control threshold breech. Reportable incident (RIDDOR) An event impacting on a small number of patients (1-10) Individual(s) required a moderate increase in care. Staff needed >3 days off work	Below excess claim. Justified complaint involving sub-standard care. Formal complaint (Ombudsmen). Service has significantly reduced effectiveness.	Loss of more than one working day.	Late delivery of key objectives / service due to lack of staff. On-going unsafe staff levels.	Loss of more than 0.25% of budget (£10K - £100K). Significant organisational or personal loss. Major impact on programme board budget.	Reduced rating. Challenging recommendations. Non-compliance with standards.	Temporary closure of small service. Targets and plans not aligned. Partners intending to cut services that impact on CCG services.	Reduced provider rating following CQC improvement notice. Single breech of standard NHS contract. Sustained failure to achieve a single KPI. Failure to deliver NHS constitutional standard e.g. acknowledging complaints within 32 working days.	Poor patient reported outcomes. Poor patient adult report. Local media front page report. Local Media front page story. National media report critical of provider services for which we hold substantial contracts with or are mentioned in the report> Letter from local MP.	3	6	9	12	18
	4	MAJOR	10% to 25% cost or time increase. Failure to meet secondary objectives.	Individual(s) suffered permanent harm. Staff sustained a 'Major Injury'. CCG SI as defined by national guidance. Major injury leading to long term condition / disability. Increased length of stay >15 days. Mismanagement of patient care with long term effects.	Claim above excess level. Significant increase in SIS at provider we hold substantial contracts with. Failure to meet a number of NHS targets. Multiple complaints / independent review. Multiple claims exceeding £10K. Significant impact on clinical outcome.	Loss of more than one working week.	Uncertain delivery of services due to lack of staff. Large error owing to insufficient training.	Loss of more than 0.5% budget <£500K. Major organisational or personal financial loss (£100K - £1M). Significant impact on the financial position of the CCG.	Enforcement action. Critical report. Major non-compliance with core standards.	Significant disagreement with partners on plans and priorities. Overview and scrutiny committee publicly critical of CCG.	Critical independent report. Provider performance rating resulting in enforcement notice. NHSE Assurance process failure. Non compliance with national standards carrying a risk to patients. Significant failure of a vital KPI. Sustained failure to achieve multiple KPI.	Sustained local media campaign against the CCG. Short national media article critical in nature.	4	8	12	16	20
	5	SEVERE	>25% cost or time increase. Failure to meet primary objective	Incident leading to death. Multiple permanent injury or irreversible health effect. An event significantly impacting on a large number of patients (>10)	Failure to meet RTT / Cancer / A&E target (more than 6 months). Inquest / Ombudsmen inquiry. Gross failure of patient care. Multiple or single claim exceeding £1M	Permanent loss of premises or facility.	Non delivery of service. Critical error owing to insufficient training	Loss of more than 1% budget. >£500K. Severe organisational or personal financial loss (>£1M). Serious impact on financial position of the CCG.	Prosecution. Zero rating. Severely critical report.	Legal action from Partner. Financial mismanagement of partner	CCG placed under special measures by NHSE Prosecution as a result of mismanagement. Gross sustained failure to meet national standards. Gross failure to deliver against contract resulting In poor outcomes or care	National media focus for more than 3 days. MP concerned (questions raised in the House of Commons). Complete loss of public confidence	5	10	15	20	25

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