

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 domiciliary 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 Domiciliary 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	
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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		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	/
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Senior Responsible Owner:	Andrew Carter			Empower patients and residents	/
Senior Management Owner:	River Calveley				

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		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	/
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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:	River Calveley				

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-gearred 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	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	/
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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
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	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	/
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Date Updated:	1/8/2020		Ensure we maintain financial balance as a system and achieve our financial plans	/
Review Committee:	Planned Care Core Leadership Group		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:	Rozalia Enti			

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
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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 prescribing 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 for June2020-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.

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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:	Penny Heron/Charlotte Painter			

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		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	
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Senior Responsible Owner:	Andrew Carter			Empower patients and residents	/
Senior Management Owner:	River Calveley				

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		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	/
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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
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.