

Integrated Commissioning Board managed risks

Ref#	Description	Inherent Risk Score	Risk Tolerance	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q2 20/21	Risk Movement	Monthly progress update	Projected next quarter risk score	Improve the health of our patients	Commissioning System Development	Integrated Commissioning	CCG Governance	Primary Care	Productive Health Economy
PCTBC1	Vulnerable patients, including those with a long term condition/learning disability, struggle to access care due to changes to local services. Vulnerable patient is defined as a patient who needs regular health input from primary care, who may struggle to access this due to COVID-19 service changes, For example, a patient with a long term condition who is having issues with managing it or a patient with a learning disability.	12	9	N/A	N/A	20	12	↓	<p>Targets for the Long Term Conditions Contract has been agreed with the GP Confederation and Practices. Practices are actively inviting patients in for LTC checks- expecting all patients to be offered an appointment before winter- with necessary follow-up.</p> <p>Proactive care has been implemented for other at-risk groups. Patients with a learning disability have been followed up by the Integrated Learning Disability Service and GP Practices. CEG searches and welfare check structure has been developed to support this.</p> <p>Plans for a domicilliary service have been signed off by Planned Care and FPC. These are ready to be stood up - if there is a COVID resurgence that means patients need to shield/self-isolate again.</p> <p>Patients are no longer being requested to shield and so are more willing to attend practices.</p> <p>Winter planning underway to provide support to vulnerable patients. GB will be</p>	12	✓	✓	✓	✓		
PCTBC2	High number of outstanding CHC assessments as a result of the pause due to Covid-19.	15	9	N/A	N/A	15	12	↓	<p>There are approximately 160 individuals on the list who were discharged from hospital between the 19 March and 31 August that still have a care package in place and may require a CHC checklist which is the first stage of CHC assessment. All patients have had a care plan developed by relevant clinicians and a package of care is in place. the list is being refined by the LBH as some individuals may be under the threshold for requiring a checklist.</p> <p>The CCG has been notified that it will receive £269K to support recruitment of staff to help complete the deferred assessments.</p> <p>The phase 3 letter and new CHC and Discharge guidance instructs the NHS to resume assessments from 1st September 2020. There is now national funding for up to 6 weeks of care during which time any Care Act Assessment and CHC</p>	12		✓	✓	✓		
PCTBC3	Patients do not access elective acute services due to services being moved outside City and Hackney in order to reduce the COVID infection risk. Replaced with Acute Alliance Elective Restart Programme	15	9	n/a	n/a	10	closed	✘	<p>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. City and Hackney have developed a workplan for engagement to promote engagement at local level. This work will be undertaken with partners including Healthwatch, LBH and PPI Committee.</p>	10	✓		✓	✓		

PCTBC4	Limited acute provider elective/diagnostic capacity and routine service closure during COVID-19 results in longer waiting times for patients Replaced with Acute Alliance Elective Restart Programme	20	9	n/a	n/a	20	closed	✘	At June 20, outpatient and diagnostics activity is at half of the level of pre-COVID. Daycase and Elective is at 30% 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.	15	✓			✓		
PCTBC5	Acute Alliance Elective Restart Programme - Restore full operation of all cancer services. - Recover the maximum elective activity possible between now and winter This risk covers the recovery of elective services, including patients accessing hot/cold sites and longer elective waiting times. As a result, we have closed PCTB3 and PCTB4.	15	9	N/A	N/A	N/A	12	✱	Hospital activity and GP referrals have made a good recovery. The NHS Phase 3 letter spells out the targets for recovery. Planned Care is working with clinical leads to ensure the implementation focuses on Clinical Need. However, there are some ongoing concerns in some areas: The acute alliance is mobilising surgical and diagnostics hub models. There are concerns about how patients will engage with the new pathways when services are out-of-area. The Planned Care Team are engaging with GPs to ensure they understand developing pathways. NEL are leading on patient engagement with input from C&H Comms and Engagement Leads. C&H are liaising with local partners to disseminate messages to ensure patients understand the change. Self-isolation requirements before elective surgery have been changed and now	12	✓			✓	✓	
PC6	The 62 day target to begin cancer treatment is not consistently achieved	10	8	6	20	16	16	↓	As per direction from the phase 3 letter, the Cancer Collaborative are leading on the plan to recover full operation of all cancer services. There are ongoing concerns with access to diagnostics, particularly endoscopy. HUH have increased capacity and GPs have received guidance on alternatives, such as the FIT Test. Diagnostic capacity has been increasing at HUH- for example MRI and CT are up to 2/3 capacity as of September. This is being monitored through the Collaborative. NEL are looking at the development of diagnostics centres as a potential solution. Mile End is also opening an early diagnosis service which will provide increased endoscopy and USS capacity. COVID caused some delays in screening, but invites and testing is now in progress. NHSE are looking at additional clinics for cervical. Call Centre has extended its opening hours to support patients. Bowel Screening are reporting increased responses and more returned FIT tests. The Collaborative is working with partners to increase patient engagement to improve uptake. In the main the recovery has been strong with C&HCCG meeting 7 out of 8 cancer waiting targets in July. 31 day surgery metric not met. 2 previous months were at 100% and July is at 91%- target: 94%. Homerton and Barts both met their cancer	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.	15	4	4	4	4	15	↑	For 2020/21, as of Sept2020 prescribing data is only available for April -Jun2020. Based on the 3 months data, the estimated annual cost pressure for NCSO is £764,896 in addition to a cost pressure of £223,051 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 June 2020-Mar2021 will be provided with the next update of this register. Previous low scores was due to it these cost pressures being mitigated by QiPP savings delivered, each year to 2019/20, by the Meds Management team in conjunction with practices. budget in. These costs remain an ongoing cost pressure in 20/21	15		✓	✓	✓		

PC8	There remain some significant financial pressures in the Adult Learning Disability service which require a sustainable solution from system partners.	20	9	20	20	20	20	↔	<p>Joint funding work is still under completion- due for completion Dec2020. A further multiagency workshop needs to take place to ratify the tool and processes, this will then establish joint funding as business as usual.</p> <p>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 a dashboard.</p> <p>Sign off of the final version of the LD Strategy has been delayed due to the COVID-19 response. To be presented at the ICB in October. A budget review was completed which puts ILDS in a significantly better position than previously. Although there is still some overspend which is likely to exceed £1million at the end of the year, it is less likely to result in the several £million overspend of previous years.</p> <p>To note - The budget position has improved by several million £s; however, as end of year overspend likely to be >£1million risk remains at 20 (red)</p>	16	✓	✓	✓	✓	✓	
PC12	Failure to commission an Adult complex obesity Service	15	9	9	15	5	↓	<p>Delay in commissioning adult specialist weight management service due to COVID. We have found a way forward to fund the service outside the current block arrangements with the Homerton which should enable for commissioning the service from April 21. Contracts are in discussions to bring this forward to January but that is yet to be agreed.</p>	10	✓			✓			
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	20	5	25	25	25	↓	<p>A bid has been made to central government (MHCLG) for funding to include costs of funding the Housing First model.</p> <p>Both LBH and CoL continue to provide additional accommodation to rough sleepers in response to COVID. Lack of clarity on how this will be funded. A Rough Sleeper and Health Partnership Group is meeting and will coordinate the response.</p>	20	✓	✓		✓	✓		