Public Document Pack

Integrated Commissioning Sub Committee

Date: **THURSDAY, 13 MAY 2021**

Time: 10.00 am

Venue: **MICROSOFT TEAMS**

Members:

Randall Anderson
Marianne Fredericks
Ruby Sayed

John Barradell
Town Clerk and Chief Executive

AGENDA

1. **INTEGRATED COMMISSIONING BOARDS**

For Information
(Pages 3 - 118)

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 May 2021, 10.00 – 12.00
Microsoft Teams

Click here to join the meeting

Item no.	Item	Lead and purpose	Documentation type	Time	Page No.
1.	**Welcome, introductions and apologies**	Chair	Verbal	10.00	-
2.	**Declarations of Interests**	Chair *For noting*	Paper		3-7
3.	**Questions from the Public**	Chair	None		-
4.	**Minutes of the Previous Meeting & Action Log**	Chair *For approval*	Paper		8-14
5.	**Anchor Alliance Update**	John Hitchin *For nothing*	Paper	10.05	15-25
6.	**Update on Terms of Reference for ICPB and NHCB**	Jonathan McShane *For discussion*	Paper	10.25	25-58
8.	**Monthly Finance Update**	Sunil Thakker / Ian Williams *For noting*	Verbal	11.30	-
9.	**Workstream & Program Risk Registers**	Matthew Knell *For noting*	Paper	11.45	59-110
Items for Information					
-	**Integrated Commissioning Glossary**	*For information*	Paper	-	111-116

Hackney

CITY OF LONDON

NHS
City and Hackney Clinical Commissioning Group

Date of next meeting:

10 June 2021 – Microsoft Teams

Integrated Commissioning
2021 Register of Interests

Forename	Surname	Date of Declaration	Position / Role in C&H System	Business / Organisation of the Interest	Nature of Interest / Position	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	23/04/2021	City and Hackney ICB advisor/ regular attendee	NE London CCG / City & Hackney Integrated Care Partnership	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	19/11/2020	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	Governing Bencher	Non-pecuniary interest
				Independent / Temple & Farringdon Together	Member	Non-pecuniary interest
				Worshipful Company of Haberdashers	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 / Director	Non-pecuniary interest
Mark	Jarvis	02/03/2020	City ICB advisor / regular attendee	City of London Corporation	Head of Finance	Pecuniary Interest
Anne	Canning	21/07/2020	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 (manages the City Wellbeing Centre)	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	27/08/2020	ICB advisor / regular attendee	NE London CCG / City & Hackney Integrated Care Partnership Governing Body	GP Member	Pecuniary Interest
				De Beauvoir Surgery	GP Partner	Pecuniary Interest
				NE London CCG / City & Hackney Integrated Care	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 in C&H System	Business / Organisation of the Interest	Nature of Interest / Position	Type of interest
				Local Medical Committee	Member	Non-Pecuniary Interest
				Unison	Member	Non-Pecuniary Interest
				CHUHSE	Member	Non-Pecuniary Interest
Siobhan	Harper	26/10/2020	ICB Member	NE London CCG / City & Hackney Integrated Care Partnership	Director of Transition	Professional financial interest

Forename	Surname	Date of Declaration	Position / Role in C&H System	Business / Organisation of the Interest	Nature of Interest / Position	Type of interest
Anntoinette	Bramble	12/08/2020	Member - Hackney Integrated Commissioning Board	Hackney Council	Deputy Mayor	Pecuniary Interest
				Local Government Association	Board - Deputy Chair Company Director Labour Group - Deputy Chair	Pecuniary Interest
				JNC for Teachers in Residential Establishments	Member	Non-Pecuniary Interest
				JNC for Youth & Community Workers	Member	Non-Pecuniary Interest
				Schools Forum	Member	Pecuniary Interest
				SACRE	Member	Pecuniary Interest
				Admission Forum	Member	Pecuniary Interest
				Hackney Schools for the Future (Ltd)	Director	Pecuniary Interest
				St Johns at Hackney	PCC	Non-Pecuniary Interest
				Unison	Member	Non-Pecuniary Interest
				GMB Union	Member	Non-Pecuniary Interest
				St Johns at Hackney	Church Warden & License Holder	Non-Pecuniary Interest
				Co-Operative Party	Member	Non-Pecuniary Interest
				Labour Party	Member	Non-Pecuniary Interest
				Urstwick School	Governor	Non-Pecuniary Interest
				City Academy	Governor	Non-Pecuniary Interest
				National Contextual Safeguarding Panel	Member	Non-Pecuniary Interest
				National Windrush Advisory Panel	Member	Non-Pecuniary Interest
				Hackney Play Bus (Charity)	Board Member	Non-Pecuniary Interest
				Christians on the Left	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	09/07/2020	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 in C&H System	Business / Organisation of the Interest	Nature of Interest / Position	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
				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
Robert	Chapman	14/04/2021	Member - City & Hackney ICB	Sun Babies, 1 Branch Place, London	Trustee	Non-pecuniary interest
				N15PH	Trustee	Non-pecuniary interest
				Shareholders Committee	Shareholder Representative	Non-pecuniary interest
				Hackney Co-Operative Party	Member	Non-pecuniary interest
				SERA	Member	Non-pecuniary interest
				TSSA	Member	Non-pecuniary interest
				Unite	Member	Non-pecuniary interest
				GMB Union	Member	Non-pecuniary interest
				Friends of Hackney Tower & Churchyard	Member	Non-pecuniary interest
				Labour Housing Group	Member	Non-pecuniary interest
				The Labour Housing Group	Member	Non-pecuniary interest
				Socialist Health Association	Member	Non-pecuniary interest
				The Co-Operative Society	Member	Non-pecuniary interest
				Labour Party	Member	Non-pecuniary interest
				Investment Governance & Engagement Committee, Local Government Pensions Scheme Advisory Board	Member	Non-pecuniary interest
				Local Authority Pension Fund Forum	Vice Chair	Non-pecuniary interest
				North London Waste Authority	Member	Non-pecuniary interest
Henry	Black	03/03/2020	NE London CCG - CFO	Barking, Havering & Redbridge University Hospitals NHS Trust	Wife is Assistant Director of Finance	Indirect interest
				Tower Hamlets GP Care	Daughter works as social prescriber	Indirect interest
				NHS Clinical Commissioners Board	Member	Non-financial professional
Mark	Rickets	04/02/2021	Member - City and Hackney Integrated Commissioning Board	City and Hackney Clinical Commissioning Group	Chair	Professional financial interest
				Homerton University Hospital NHS Foundation Trust	Non-Executive Director	Professional financial 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
Richard	Fradgley	30/04/2021	Director of Integrated Care	East London NHS Foundation Trust		Professional financial interest
Laura	Sharpe	23/04/2021	CEO	City & Hackney GP Confederation		Professional financial interest

Forename	Surname	Date of Declaration	Position / Role in C&H System	Business / Organisation of the Interest	Nature of Interest / Position	Type of interest
Tracey	Fletcher	26/08/2020	Chief Executive - Homerton University Hospital	Inspire, Hackney	Trustee	Professional financial interest
Sandra	Husbands	26/08/2020	Director of Public Health	Association of Directors of Public Health Faculty of Public Health Faculty of Medical Leadership and Management	Member Fellow Member	Professional financial interest Non-Pecuinary Interest Non-Pecuniary 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	Professional financial interest

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

Minutes of meeting held in public on 8 April 2021
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 Robert Chapman	Cabinet Member for Finance	London Borough of Hackney
Cllr Anntoinette Bramble	Cabinet Member for Education, Young People and Childrens' Social Care	London Borough of Hackney

North East London CCG Integrated Commissioning Committee

Dr. Mark Rickets	Chair	North East London CCG
Siobhan Harper	Transition Director	North East London CCG
Honor Rhodes	Governing Body Lay member	North East London CCG

City Integrated Commissioning Board

City Integrated Commissioning Committee

Randall Anderson QC	Chairman, Community and Children's Services Committee	City of London Corporation
Ruby Sayed	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

Anne Canning	Group Director: Children's, Adults and Community Health	London Borough of Hackney
Andrew Carter	Director of Community and Childrens' Services	City of London Corporation
Caroline Millar	Chair	City & Hackney GP Confederation
Diana Divajeva	Principal Public Health Analyst	London Borough of Hackney
Haren Patel	Clinical Director	Primary Care Network
Helen Fentimen	Member, Community & Children's Services Committee	City of London Corporation
Jake Ferguson	Chief Executive Officer	Hackney Council for Voluntary Services
Jonathan McShane	Integrated Care Convenor	North East London CCG
Jon Williams	Executive Director	Healthwatch Hackney
Matthew Knell	Head of Governance & Assurance	North East London CCG
Kiran Rao	Project Officer: Public Health	London Borough of Hackney
Paul Coles	General Manager	Healthwatch City of London
Philip Glanville	Mayor	London Borough of Hackney
Sandra Husbands	Director of Public Health	London Borough of Hackney
Simon Cribbens	Deputy Director of Community and Childrens' Services	City of London Corporation
Stella Okonkwo	IC Programme Manager	North East London CCG
Sunil Thakker	CFO	North East London CCG
Tracey Fletcher	Chief Executive	Homerton University Hospital NHS Foundation Trust
Tim Shields	Chief Executive	London Borough of Hackney

1. Welcome, Introductions and Apologies for Absence

1.1. The Chair, Dr Mark Rickets, 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. A member of the public asked the following question:

3.2. *"City of London unpaid carers were, historically, able to use a few services by the contracted carers support organisation in Hackney. I was told at the time the CCG budget for some services were shared. Since "Carers First" took over the Hackney contract, City of London unpaid carers are not permitted to use any carers first service.*

3.3. *Is there a reason for this change? During this pandemic some carers first activities are being provided via zoom and phone which, as historically was, may be available to City unpaid carers as well. How can we find out what shared CCG services are available to us unpaid carers?"*

3.4. Steve Stevenson stated that this arose because there was, as far as he was aware no out-of-hours advice was available to City of London carers. Randall Anderson added that this raised a broader issue – if the CCG funded a service it should be available to all residents. Siobhan Harper presumed that this would be a communication glitch and there should be no exclusion of City residents.

3.5. The response, provided after the meeting, was as follows:

4. Minutes of the Previous Meeting & Action Log

4.1. The **City Integrated Commissioning Board**
- **APPROVED** the minutes of the previous meeting.
- **NOTED** the action log.

4.2. The **Hackney Integrated Commissioning Board**
- **APPROVED** the minutes of the previous meeting.
- **NOTED** the action log.

5. ICPB Terms of Reference Update

5.1. Jonathan McShane introduced the item. The area committee terms of reference would be approved by the May North East London governing body. The June meeting would then be the first formal meeting of the Integrated Care Partnership Board (ICPB).

5.2. Haren Patel asked if we could have advance sight of the terms of reference before approval at the June meeting. Jonathan McShane responded that this would be possible. As soon as things were able to be shared, they would be circulated to get additional feedback.

5.3. Sunil Thakker added that he would like to be sighted on all of the ICP terms of reference in advance of the June meeting.

5.4. Cllr Kennedy asked if we were still operating under the extant ICB terms of reference. He also added that ICS development would be dependent on what was brought before

Parliament. Jonathan McShane responded that the current period was an interim period. He was not sure if we were operating under the previous arrangements or if there was an interim agreement in place. Sunil Thakker stated that we had statutorily transferred all contractual arrangements into the new CCG, the new S75 had been rolled forward, other arrangements had been put into place to ensure that we were still able to operate.

5.5. Siobhan Harper added that there were other statutory duties held at NE London level whilst transitional arrangements come into place at a place-based level.

5.6. Jonathan McShane also suggested that lawyers be asked to attend the May ICB meeting in order to answer any detailed questions that people may have and to run through scenarios.

5.7. The **City Integrated Commissioning Board**

- **NOTED** the report.

5.8. The **Hackney Integrated Commissioning Board**

- **NOTED** the report.

6. ICP Transition Update

6.1. Tracey Fletcher introduced the item. She noted that the work was occurring in two overlapping segments – the first was to ensure the transition to NE London CCG was smooth and that furthermore we don't lose sight of our place-based focus. We were looking to recruit for crucial posts such as the system clinical lead.

6.2. Siobhan Harper added that we were looking to stand up local governance fora. One of the challenges we were looking at was to ensure that all working within the system understood their responsibilities at a NE London level and a place-based level.

6.3. Haren Patel asked what would happen in relation to funding streams for services such as Prescribing Support Pharmacies during the transition. Siobhan Harper responded that the delegation of resources back to the local area committee was operating on an 80-20 principle (i.e. by default, 80% of resource would be delegated back to local areas, if not more). We needed to raise the level of investment in certain areas whilst not reducing it in areas that already had it.

- **Sunil Thakker added that there was work in progress to understand all the budgets which were delegated down to the local ICS, but that he would also meet with Haren Patel to discuss this further.**

6.4. Jake Ferguson noted that there had been sign-off of the VCSE Enabler work several months ago which had been aimed to help the VCS develop strategic responses to the challenges faced. He added that he was not clear how business cases would come into the system and then be addressed by the ICB. We also needed to ensure that we had representation across the system to get greater insight into discussions that were happening. Tracey Fletcher stated that the issue of strategic responses was still an open question and subject to ongoing discussion.

6.5. Siobhan Harper added that once we began to consider our programs of work, rehabilitation needed to be our focus. This was not just about the structures we were supporting but where delivery was happening as well. Sunil Thakker added that whilst were now NE London CCG, we would still be constrained by our budgetary operating model.

6.6. Jon Williams asked why co-production was not contained in the document and stated that it should be considered a key element of our work going forward. Siobhan Harper added that the co-production work would be reflected in the people and place work.

6.7. Cllr Kennedy stated that we should have a document that talks about a permanent resourcing settlement. Cllr Chapman also asked if there was a detailed budget for this work. Sunil Thakker stated that the NE London CCG and three ICPs were beginning to consider what budgets may look like and there was a framework in which we were operating. Regular updates would be provided to ICB and a detailed report would be brought back to ICB. Siobhan Harper added that the budgetary allocation would not look much different from the previous CCG budget allocation.

6.8. The **City Integrated Commissioning Board**

- **NOTED** the report.

6.9. The **Hackney Integrated Commissioning Board**

- **NOTED** the report.

7. M11 Financial Report

7.1. Sunil Thakker introduced the item. The financial situation for 2020/21 would be in a break-even position in terms of its overall spend for the year. All seven ICPs in NE London were aiming to declare a break-even position.

7.2. Ian Williams noted that the current position from the LBH was a modest overspend of roughly £2m, and a future meeting would consider an update on the 2021/22 budget.

7.3. We had mitigated some of our underspend through a variety of mechanisms. We also kept a clear track of our underspends to make sure that things were re-invested.

- **Sunil Thakker stated that he would send through the underspend analysis to Helen Fentimen.**

7.4. The **City Integrated Commissioning Board**

- **NOTED** the report.

7.5. The **Hackney Integrated Commissioning Board**

- **NOTED** the report.

8. Integrated Commissioning Register of Escalated Risks

8.1. Matthew Knell introduced the item. Honor Rhodes stated that she was particularly concerned about CYPMF19 and the ICB should monitor the risk closely.

8.2. Cllr Kennedy added that we needed to identify the neighbourhood-level resource in relation to UC20. Siobhan Harper added that this tied in with the Prevention Investment Standard. This would be central to our planning model for place-based working.

- **Jenny Darkwah noted that there had been work done about health inequalities within the PCNs and this could be brought back to ICB in due course.**

8.3. The **City Integrated Commissioning Board**

- **NOTED** the report.

8.4. The **Hackney Integrated Commissioning Board**

- **NOTED** the report.

AOB & Reflections

- Sunil Thakker added that the Prevention Investment Standard should be re-visited by the ICB to reflect on the early progress that had been made.
- Mark Rickets stated that he felt a sense of momentum and of things moving on which was extremely encouraging given the current environment.
- Cllr Chapman that it was very positive to attend meetings where there are such dedicated people working to improve the health of people in NE London.
- Honor Rhodes added that we were getting much better at talking about shared responsibility.
- Tracey Fletcher highlighted the need to adopt a system approach and consider which partners were not involved in these discussions.
- Sandra Husbands added that we need to reflect about how we approach inclusion in these meetings. She also added that even though there had been agreement in the ICB meetings but we needed to make sure that we were highlighting areas in which there was not necessarily agreement.

City and Hackney Integrated Commissioning Programme Action Tracker

Ref No	Action	Assigned to	Assigned date	Due date	Status	Update
ICBFeb-2	Ian Williams to bring back a report on the 2021/22 budget to a future ICB	Ian Williams	11/02/2021	Jun-21	In Progress	On forward planner for June ICB.
ICBMar-1	Jayne Taylor asked the board to consider the tools that the ICB would need to enable it to make equality impact assessments. This item would be brought back to the ICB in the next few months.	Jayne Taylor	11/03/2021	Jun-21	In Progress	
ICBApr-1	Sunil Thakker added that there was work in progress to understand all the budgets which were delegated down to the local ICS, but that he would also meet with Haren Patel to discuss this further.	Sunil Thakker	08/04/2021	May-21	In Progress	
ICBApr-2	Sunil Thakker stated that he would send through the underspend analysis to Helen Fentimen.	Sunil Thakker	08/04/2021	May-21	In Progress	
ICBApr-3	Jenny Darkwah noted that there had been work done about health inequalities within the PCNs and this could be brought back to ICB in due course.	Jenny Darkwah	08/04/2021	Jun-21	In Progress	

Title of report:	*City and Hackney Anchor Collaborative – ICB Update*
Date of meeting:	13th May 2021
Lead Officer:	Jonathan McShane
Author:	John Hitchin, Renaisi
Committee(s):	City & Hackney ICB 13 May
Public / Non-public	Public

Executive Summary:

This is a presentation for information, and not a formal report.

This presentation deck gives an update about the work of the City and Hackney Anchor Collaborative, and its progress in working with colleagues across the local system on two streams of work: shared apprenticeships and procurement practices. It highlights the key successes of that work, and underlines the ambitions of the work is to build collaboartive practices. The streams of work are of value in their own right, and as models for furthering joint working in other areas.

Whilst the last year has slowed down progress compared to our ambitions, there remain positive developments and also much greater knowledge about what conditions support collaboartive practice. To continue to move this on, we conclude with an request for senior endorsement, which will be sought outside of this meeting.

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	☒	The purpose of the collaboartive is to encourage new ways of thinking and working across 'back-office' functions which can both shift resource, and point that functions at health and wellbeing prioritise of City and Hackney residents.
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

None

Specific implications for Hackney

None

Patient and Public Involvement and Impact:

The work is not likely to impact on public and patient perceptions of service providers, and is explicitly starting from the institutional perspective. Over time the outputs of the collaborative will likely involved

Clinical/practitioner input and engagement:

None – we are working with procurement and workforce/HR colleagues.

Communications and engagement:

No, as it is about the working practices of officers at this stage, many in roles which are explicitly not community/engagement facing.

Comms Sign-off
N/A

Equalities implications and impact on priority groups:

The projects being developed are explicitly considering their potential for impact on priority groups, and this is a core theme for the work.

Safeguarding implications:

None

Impact on / Overlap with Existing Services:

There is no immediate impact on existing service provision. However, the intention of this work is that it explicitly encourages colleagues across the system to think about overlaps in their roles in relation to other organisations. As this develops we will be using the learning from this work to encourage a greater degree of shared working and practice.

City and Hackney Anchor Collaborative ICB Update

May 2020

RENAISI

What is it?

- The central idea of the Anchor Collaborative is that City and Hackney's biggest institutions can collaborate to use their resources to tackle inequalities and build an inclusive local economy.
- Building from international and national practice, we want to support individual anchors to work on practical projects with others so that their institutional functions (procurement, assets, workforce, investments etc) can be leveraged for health and economic impacts.
- We believe that working across a place-based system allows for learning, and projects that have greater impact than if organisations did this work on their own.
- Renaisi initiated this work, and it explicitly builds on our social purpose as a Hackney-based social enterprise. We see our role as facilitator, coordination and system support.

RENAISI

Definitions

An **anchor organisation** is typically – though not exclusively – not for profit organisations that are based in a city or town and are unlikely to move location, usually because their purpose and mission is intrinsically bound up in that area. They are also often one of the major players in the local economy, and can use this economic power to create wealth and improve opportunities for the people in that place.

An **anchor collaborative** is a formal partnership of anchor organisations that share a common geography, and have clearly defined, collective, objectives that guide their work. They are often supported by a trusted independent organisation that helps to facilitate the work, and this role is typically funded by a philanthropic partner.

Community wealth building is an approach to local economic development which prioritises benefits to the local economy and community. Anchor organisations have an important role within community wealth building as the most stable and significant local economic actors.

In City and Hackney **the anchors that have been directly engaged** are: Hackney Council; the CCG; ELFT; the GP Confederation; City of London Corporation; and Homerton Hospital.

There have also been conversations with a **wider range of local and London wide stakeholders** about the work, including Peabody, Barts NHS Trust, local projects in Hackney (e.g. the Improving Outcomes for Young Black men initiative, the Sport England pilot); public health teams, Citybridge Trust, the Museum of London, the North East London Commissioning Support Unit and many others.

RENAISI

Our ambition: Four roles for the collaborative

Facilitate relationships	The key role that we have been working on so far is the building of bilateral relationships, and then facilitating multi-lateral relationships on thematic issues. We strongly believe that collaboration and cooperation happens in practice not theory.
Use data and targeting	We are looking at ways to build common approaches to thinking about certain data points in the work, as this is essential to drive activity. Each organisation will have its own strengths, but there is a role to think collaborative-wide on resources, spend, pipeline of roles, recruitment, investment etc.
Push innovations and new ideas	We have not done any work on this role yet, but it is a key part of collaboratives in other places and is of interest to partners. Physical regeneration or new developments can often be the hook.
Independence and accountability	Each anchor in City and Hackney is already considering their role as an anchor. A collaborative is about a different kind of leadership, and we believe that an independent actor can have a significant value in terms of driving accountability and seeking resource.

RENAISI

Initial learning by the start of COVID

Our conversations and research have highlighted that there are different ways to lead this work, and leadership is key:

Led by place: the starting point here is to ask what the unique conditions of the place are – whether that is borough level or a more specific area within the borough

Led by strategy: this approach begins with different core functions (e.g. procurement, HR, finance) and has been out starting point – see right.

Led by cohort: this approach explores what all core functions of an anchor organisation could do to have a measurable impact on a particular group of people, for example, young people or low-income residents.

Led by opportunity: this approach starts by exploring what opportunities there are to apply community wealth building strategies. This might be the development of a new hospital, for example, or an upcoming procurement which has the potential to be used as a test bed for new thinking.

Led by challenge: this approach starts by exploring what the common ‘pain points’ are across the anchor organisations and developing collective approaches to tackling these. A common challenge that has been identified is the high cost of temporary / agency workers.

In terms of practical work, we have pulled together two thematic groups:

Procurement: procurement leads from all the anchor organisations are now engaged and we have had briefing calls with each one. We have asked each lead to share some data in advance of a themed workshop on the value of their current expenditure within the City and Hackney postcodes and share any existing social value or sustainable procurement policies. Once the Covid 19 pressures have eased, convening this group and running a development workshop that builds on this material and looks for opportunities across the anchors to collaborate will be a priority.

Workforce: workforce leads across the anchor organisations have also been identified, and we will run a similar development workshop exploring what opportunities workforce, as an anchor strategy, might present. We will work with the leads from each anchor to bring together data on their current workforce as a starting point.

We have captured learning through a series of blogs and an interim report, report, published on Renaisi’s website.

RENAISI

Where we are now – May 2021

The team so far have agreed the following elements regarding a potential shared role **apprenticeship** scheme.

- The creation of a multi-organisation apprenticeship role.
- A management role might be most suitable for anchor organisations and the three best options were a Level 6 PMO, Level 5 Ops manager or Level 6 Chartered manager
- The apprenticeship is likely to target people with some existing experience as an upskilling opportunity
- The aim is to have a common start date / month for the cohort. There are no set timescales.
- Funding is still to be agreed but one option discussed was that each anchor would have the same number of people / placements, so they would each fund their own staff, and release them (but benefit from getting a member of staff on rotation from another anchor).
- It was agreed that a shared approach to recruitment would be the most suitable, after some attendees expressed that 'pool recruitment' had not worked well for them in the past. Hiring managers and a mixture of leads from the organisations would need to be involved, but exactly *how* needs to be identified to avoid having overly large interview panels.

In terms of **procurement**, we have explored two routes:

1. **Joint approaches to one type of procurement**. Opportunities to collaborate around catering were explored over a number of workshops. The potential practical route on the concessions stand (Homerton) and commercial offer (Hackney Council, Children's services) have paused for now while we await confirmation on contract details and in-sourcing decisions.
2. **Social value in procurement.** The group covered how to include measures relating to local spend, environmental protections and diversity measures into procurement frameworks. This has resulted in a number of routes to further collaboartive practice.

This highlights that the opportunities are always about learning, and steady improvement, as well as bigger opportunities to think about a significant opportunity.

RENAISI

Next steps

Tangible progress

- In September 2019 we were given endorsement to explore these ideas with the anchors.
- We have focussed on two areas and seen, despite considerable delays, these areas of work developed and they are building tangible projects.
- Some of the most significant changes have come in relationships being built across organisations within the system.

Governance challenges

- There are constraints around time, and endorsement. We think senior leaders could unlock this through a stronger endorsement to collaborate, and not just explore.
- We think this would really benefit from each anchor nominating a senior director to lead the work, and for us to work with them if we are struggling to gain traction.
- This would also give us a stronger accountability mechanism for colleagues to bring their work and ideas to.

RENAISI

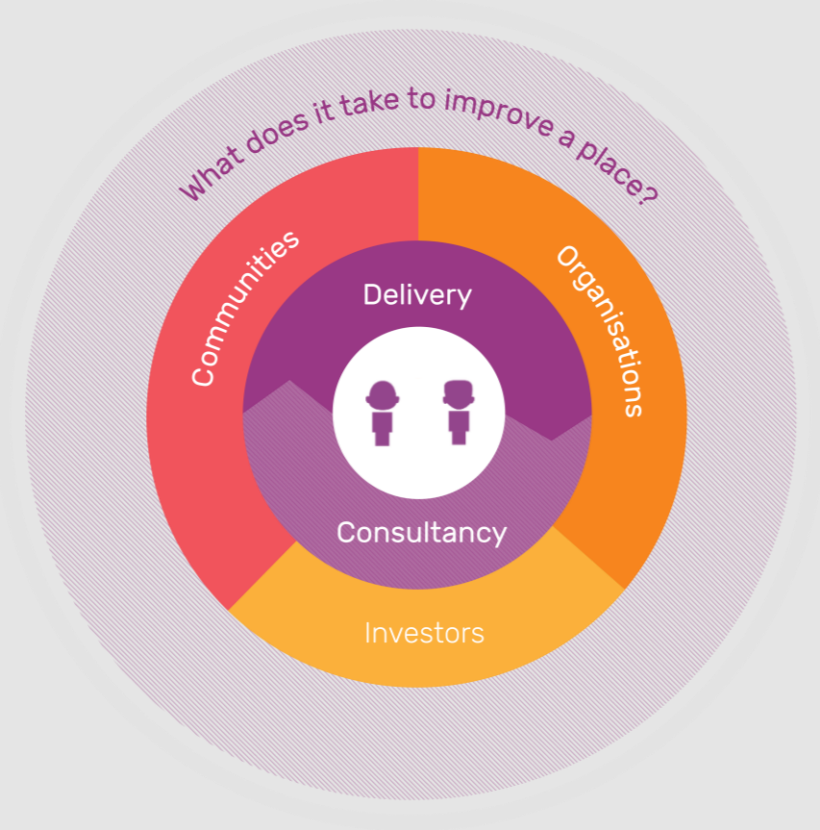
About Renaisi – place is the thread

Renaisi is a Hackney social enterprise, committed to improving places for the people who live in and use them. We do that by trying to understand what drives social change, what role place has in social change, and we work with different stakeholders to achieve that. We work with:

- **individuals** experiencing economic exclusion
- **social organisations** trying to improve their impact
- **funders** looking to learn about the value and role of their investments
- **place-based systems** that want to work differently through leadership and coordination

Each of these stakeholders is an integral part of improving places and a target for our products and work as a social enterprise.

We aim to influence the policy and practice debate by delivering quality work, highlighting practical examples, and demonstrating our learning on the role of place-based approaches.



RENAISI

Contact

John Hitchin

07739022771

j.hitchin@renaisi.com

RENAISI

Title of report:	*Update on Terms of Reference for ICPB and NHCB*
Date of meeting:	13th May 2021
Lead Officer:	Jonathan McShane
Author:	Jonathan McShane
Committee(s):	n/a
Public / Non-public	Public

Executive Summary:

Browne Jacobson have been instructed as solicitors to assist with setting up new governance arrangements for North East London as a whole and for each of the three local systems. They will attend the meeting on 13 May to discuss the drat Terms of Reference and answer any questions from ICB members.

ICPB

We are awaiting further feedback from lawyers at the City of London and London Borough of Hackney on the latest draft of the ICPB Terms of Reference. The latest draft is attached to inform the discussion.

NHCB

Partners will meet shortly to review draft Terms of Reference for the NHCB and once agreed these will be shared with ICPB so the Terms of Reference for both ICPB and NHCB can be reviewed together.

Next Steps

We still hope to be in a position to review and approve the Terms of Reference for ICPB and NHCB at our June meeting which would be the first formal meeting of ICPB.

Recommendations:

e.g. The **City Integrated Commissioning Board** is asked:

- To **NOTE** the report;

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

- To **NOTE** the report;

DRAFT UNDER DISCUSSION

City and Hackney Integrated Care Partnership

Terms of Reference

These terms of reference incorporate terms of reference for the following:

- **Part 1:** The Integrated Care Partnership Board
- **Part 2:**
  - The Integrated Commissioning Board [Draft TBD]
  - North East London Clinical Commissioning Group Governing Body City and Hackney ICP Area Committee
  - London Borough of Hackney Integrated Commissioning Sub-Committee [Awaited]
  - City of London Corporation Integrated Commissioning Sub-Committee [Awaited]
  - Terms of reference for the CCG ICP Finance & Performance Sub-Committee [To be incorporated once finalised]
  - Terms of reference for the CCG ICP Quality Sub-Committee. [Awaited]

1 Introduction	1.1	The Health and Care Partner Organisations represented below are Members of the City and Hackney Integrated Care Partnership ("ICP"). Representatives of the Members have come together as the City and Hackney Integrated Care Partnership Board ("ICPB") to enable the delivery of integrated population health and care services in the City and Hackney area, as set out in more detail below.
	1.2	The ICPB will be responsible for making decisions on strategic policy matters relevant to the ICP. Where applicable, the ICPB will also make recommendations on matters that it has been asked to consider on behalf of a constituent Member of the ICP. Note that where the ICPB has been asked to consider matters on behalf of a constituent Member of the ICP, the Member remains responsible for the exercise of its statutory functions and nothing that the ICPB does shall restrict or undermine that responsibility.
	1.3	As far as possible, Members will exercise their relevant statutory functions within the ICP governance structure, including within the ICPB. This will be enabled through delegations to specific individuals or through specific committees or other structures established by Members meeting as part of, or in parallel with, the ICPB. Part 1 of these terms of reference apply to collective

	strategic decisions taken at the ICPB and also describes how aligned decision-making by one or more statutory partner can take place within the ICPB structure, using the statutory structures whose terms of reference are set out in detail in Part 2. 1.4 However, where a Reserved statutory decision needs to be taken by one or more statutory organisation(s) alone, only the arrangements set-out in Part 2 of these terms of reference will apply. 1.5 The ICPB arrangements build on the Integrated Commissioning Board ("the ICB") arrangements that were in place in City and Hackney prior to the formation of the new single NEL CCG on 1 April 2021. The three statutory commissioning committees/sub-committees established by the CCG and the local authorities may, where appropriate, continue to meet in-common as the ICB in addition to operating as part of the ICPB, in order to exercise their commissioning functions. 1.6 To facilitate these arrangements for taking Reserved statutory decisions, the following statutory committees have been formed: 1.6.1 City of London Corporation Integrated Commissioning Sub-Committee, formed as a sub-committee of its Community and Children's Services Committee; 1.6.2 London Borough of Hackney Integrated Commissioning Sub-Committee, reporting to its Cabinet; 1.6.3 NHS North East London ("NEL") CCG Governing Body City and Hackney ICP Area Committee, formed as a Committee of the Governing Body. 1.7 Each of the above committees/sub-committees has the authority to make decisions on behalf of its respective establishing organisation, in accordance with Part 2 of these terms of reference. 1.8 It is expected that in many cases such decisions of the Integrated Care Board, its three constituent committees, or any other Reserved statutory decisions taken by individuals on behalf of their statutory organisations, will be able to be taken at meetings of the ICPB, as a result of either individual Members' representatives exercising delegated authority or through one or more statutory committees convening a quorate meeting and making the decision as a committee. Other Members of the ICPB will be present, and 'in attendance', at such times subject to the management of any conflicts of interest**.** 1.9 Where a Reserved statutory decision needs to be taken on a commissioner-only basis or where the commissioners consider it appropriate to hold focussed sessions on commissioning matters, the committees referred to above at 1.6 shall meet on a committees-in-common basis as the ICB. Further information

	about the ICB is set out in Part 2 of these terms of reference, which contains terms of reference for the ICB. 1.10 Whether decisions are taken under Part 1 and Part 2, or just Part 2 of these terms of reference, the aim will be to ensure that decisions reflect applicable national and local priority objectives and strategies. 1.11 The ICPB is established and constituted in accordance with the Codes of Conduct: code of accountability in the NHS (July 2004) and the UK Corporate Governance Code (June 2010).
Part 1: Terms of Reference for the ICPB	
2 Status	2.1 The ICPB is a non-statutory partnership body, that brings together representatives from across the ICP area with the necessary authority from their Member organisations to make collective decisions on strategic policy matters relating to the ICP. Where applicable, the ICPB will also make recommendations on matters that the Member organisations have asked it to consider on their behalf. 2.2 The ICPB incorporates Member-specific structures that also enable Reserved statutory decisions to be taken by individual Members within the ICPB structure, to the extent permitted by law. These are set-out in Part 2. 2.3 The ICPB is founded on the basis of a strong partnership with representation from across the City and Hackney health and care system, including from the CCG, local provider trusts, local authorities, primary care providers and voluntary sector partners. 2.4 The ICPB will be supported by the Neighbourhood Health and Care Board ("NH&CB"), which will lead on the delivery of the ICP strategy and vision agreed by the ICPB, consistent with the Mandate agreed between the ICPB and the NH&CB. The NH&CB is a non-statutory board. 2.5 Both the ICPB and the NH&CB may be supported by sub-groups. 2.6 The ICPB will work in close partnership with the Health and Wellbeing Boards ("HWBs") in City and Hackney and shall ensure that strategies agreed by the ICPB are appropriately aligned with the health and care components of the Joint Health and Wellbeing Strategy produced by the HWBs. 2.7 The ICPB will formally commence its operation on 1 April 2021.
3 Principles	3.1 The Members of the ICPB agree to abide by the following principles: 3.1.1 Encourage cooperative behaviour between ourselves and engender a culture of "Best for Service" including no

	fault, no blame and no disputes where practically possible. 3.1.2 Ensure that sufficient resources are available, including appropriately qualified staff who are authorised to fulfil the responsibilities as allocated. 3.1.3 Assume joint responsibility for the achievement of outcomes within our control. 3.1.4 Commit to the principle of collective responsibility for the functioning of the ICPB and to share the risks and rewards (in the manner to be determined as part of the agreed transition arrangements) associated with the performance of the ICP Objectives. 3.1.5 Adhere to statutory requirements and best practice by complying with applicable laws and standards including EU procurement rules, EU and UK competition rules, data protection and freedom of information legislation. 3.1.6 Agree to work together on a transparent basis (for example, open book accounting where possible) subject to compliance with all applicable laws, particularly competition law, and agreed information sharing protocols and ethical walls.
4 Role	4.1 The purpose of the ICPB is to consider the best interests of residents in the City and Hackney health and care system as a whole, rather than representing the individual interests of any of its Members over those of another. 4.2 The role of the ICPB is as follows: 4.2.1 To set a local system vision and strategy, which reflects both priorities determined by local residents and communities; the C&H ICP contribution to NEL ICS, and which is aligned with the health and care components of the Joint Health and Wellbeing Strategy produced by the HWBs; 4.2.2 To oversee system delivery of performance against national targets, NEL-level Long Term Plan commitments and ICP strategy; 4.2.3 To oversee the use of resources within delegated financial allocations and promote financial sustainability; 4.2.4 To establish a local outcomes framework and assure itself that performance against this will be achieved; 4.2.5 To agree the Mandate and associated annual objectives with the NH&CB and hold the NH&CB to account for delivery of these;

	4.2.6 To make recommendations about the exercise of those functions that a constituent statutory organisation has asked the ICPB to consider on its behalf; 4.2.7 To ensure that co-production is embedded across all areas of operation, consistent with the City and Hackney co-production charter. 4.3 Where a Member organisation has asked the ICPB to consider and make recommendations to it so as to support that Member organisation in the exercise of its statutory functions, these are set out in Annex 1 in Part 2 to these terms of reference. The ICPB may in turn ask that these matters are considered by another part of the ICP governance structure, provided that it ensures appropriate oversight and reporting arrangements are in place so as to meet its own obligations, under these terms of reference, as set out in Part 2 to these terms of reference.
5 Remit	5.1 The ICPB's remit shall include: 5.1.1 producing and championing a coherent vision and strategy for health and care for the ICP, which is aligned with the health and care components of the Joint Health and Wellbeing Strategy produced by the HWBs; 5.1.2 developing and describing the high-level strategic objectives for the system that are related to health and wellbeing; 5.1.3 producing an outcomes framework for the whole of the ICP to deliver increasing healthy life expectancy, address local variation and which seeks to reduce health inequalities; 5.1.4 promoting stakeholder engagement which will include engaging with staff, patients and the population; 5.1.5 developing a coherent approach to measuring outcomes and strategic objectives; 5.1.6 ensuring the delivery of high-quality outcomes, putting patient safety and quality first; 5.1.7 having oversight and management of the ICP financial resources, reporting to the ICS and to Member organisations as appropriate; 5.1.8 making recommendations on the delivery of those functions that the ICPB is asked to consider on behalf of one of its Members, as set out in Annex 1 in Part 2 below.
6 Geographical Coverage	6.1 The ICPB shall cover the City and Hackney ICP area, which is coterminous with boundaries of the City of London and the London Borough of Hackney.

7 Membership	7.1	ICPB Members' representatives are selected so as to be representative of the constituent organisations referred to in paragraph 7.3 below, but participate in the ICPB to - as far as possible - promote the greater collective endeavour. Member representatives of the ICPB are intentionally broader than the three statutory committees/sub-committees that form part of the overall ICPB structure.
	7.2	ICPB Members' representatives are expected to make good two-way connections between the ICPB and their constituent organisations, modelling a partnership approach to working as well as listening to the voices of patients and the general public.
	7.3	The membership of the ICPB shall include the following representatives: • Two representatives from Homerton University Hospital Foundation Trust, who shall be the Chair and Chief Executive; • Two representatives from East London NHS Foundation Trust, who shall be the Chief Executive and a Non-Executive Director; • One representative from the City of London Corporation, who shall be the Director of Community and Children's Services; • One representative from the London Borough of Hackney, who shall be the Chief Executive; • One public health representative, who shall be the Director of Public Health for City and Hackney; • One representative from Healthwatch Hackney; • One representative from the City of London Healthwatch; • Two representatives from City and Hackney GP Confederation, who shall be the Chief Executive and one other nominated representative; • One representative from the Hackney Council for Voluntary Service, who shall be the Chief Executive; • Two Lay Member representatives from NEL CCG; • Two PCN Clinical Directors; • Three LBH representatives (each of whom will be a Councillor and who will together operate as the **London Borough of Hackney Integrated Commissioning Sub-Committee**, which shall be able to make decisions on matters that fall within its authority, as set out in the

	Committee's terms of reference, which are included in Part 2). Officer representatives of the LBH who attend the ICPB as Member representatives for the LBH are not members of the London Borough of Hackney Integrated Commissioning Sub-Committee. • Three City of London Corporation representatives (each of whom will be a Councillor and who will together operate as the **City of London Corporation Integrated Commissioning Sub-Committee**, which shall be able to make decisions on matters that fall within its authority, as set out in the Committee's terms of reference, which are included in Part 2). Officer representatives of the COLC who attend the ICPB as Member representatives for the COLC are not members of the City of London Corporation Integrated Commissioning Sub-Committee. • Six NEL CCG representatives (operating as the **NEL CCG Governing Body City and Hackney Area Committee**, which shall be able to make decisions on matters that fall within its authority, as set out in the Committee's terms of reference, which are included in Part 2). The six NEL CCG representatives are as follows: • ICP Managing Director or other similarly senior ICP lead; • Governing Body Lay Member; • Borough Clinical Chair; • Accountable Officer or nominated deputy; • Chief Finance Officer, or nominated deputy; • Director of Finance. 7.4 The ICPB may invite others to attend meetings, where this would assist it in its role and in the discharge of its duties. 7.5 The arrangements regarding decision making, administrative support for the ICPB and management of conflicts of interest are set out below.
8 Chairing Arrangements	8.1 The ICPB will adopt a rotating arrangement in relation to its Chair, with the responsibility being shared between the Chairs of the three statutory committees that form the Integrated Care Board. Each Chair will serve for a period of six months, and the sequence of rotation shall follow that set out the Integrated Care Board's terms of reference contained in Part 2, meaning that the Chair of the ICPB will be the same individual who leads and facilitates the Integrated Commissioning Board at the time. 8.2 If the Chair due to lead and facilitate discussions at a particular ICPB meeting or on a particular matter is absent or required to

	step aside due to a conflict of interest, an alternative chair shall be agreed from the other committee Chairs by the ICPB. 8.3 The Chair of the ICPB will have the following specific roles and responsibilities: 8.3.1 be a visible, engaged and active leader; 8.3.2 have sufficient time, experience and the right skills to carry the full responsibilities of the role; 8.3.3 ensure that the ICPB supports the operation of the Member organisations; 8.3.4 promote the governance design principles in the ICPB's operation, as follows: (a) 80:20 local:NEL; (b) clinically led; (c) resident driven; (d) size balanced with appropriate representation; (e) sensitive to democratic accountability; (f) recognises sovereignty; 8.3.5 create an open, honest and positive culture, encouraging partnership working and consensus decision-making; 8.3.6 comply with the agreed governance requirements, including in relation to managing actual and potential conflicts of interest; 8.3.7 ensure reporting requirements are complied with. 8.4 At its first meeting, the ICPB will appoint a Deputy Chair drawn from its Members' representatives.
9 Meetings and Decision Making	9.1 The ICPB will operate in accordance with the ICS governance framework, as set out in the ICS Governance Handbook, except as otherwise provided below. 9.2 For a meeting of the ICPB to be quorate, the following requirements must be met: 9.2.1 Each of the three aligned statutory committees must be present and quorate; 9.2.2 At least one representative from each other constituent Member organisations must be present. Each representative must have appropriate delegated

	responsibility from the organisation they represent to make decisions on matters within the ICPB's remit. 9.3 If it is not possible for one or more of the statutory committees to convene a quorate meeting, meetings of the ICPB may proceed provided that there is at least one individual representative present from the statutory organisation in question. It shall be the responsibility of that individual to ensure the scope of their authority is clear and that any matters requiring a decision of the statutory committee are reserved and ratified by the committee in question at a later date. 9.4 There will no less than [six] meetings per year. 9.5 Meetings shall be held in public and members of the public will have an opportunity to ask questions. The ICPB may resolve into private session as provided in the ICS's Standing Orders or, where appropriate, in accordance with the arrangements governing one or more of the statutory committees operating as part of, or in parallel with, the ICPB. 9.6 Other senior representatives of the Members may be invited for specific items where necessary. 9.7 Meeting dates are set by the governance team for each financial year in advance. Changes to meeting dates or calling of additional meetings should be provided to Members' representatives and attendees within five days of the meeting. 9.8 A minimum of five working days' notice and dispatch of meeting papers is required. Notice of all meetings shall comprise venue, time and date of the meeting, together with an agenda of items to be discussed and supporting papers. 9.9 To the extent allowed by law, the Chair may agree that Members' representatives on the ICPB may participate in meetings by means of telephone, video or computer link or other live and uninterrupted conferencing facilities. Participation in a meeting in this manner shall be deemed to constitute presence in person at such meeting. 9.10 The Chair may determine that the ICPB needs to meet on an urgent basis, in which case the notice period shall be as specified by the Chair. To the extent allowed by law, urgent meetings may be held virtually. 9.11 The aim will be for decisions of the ICPB to be achieved by consensus decision making. Voting between Members will not be used, except as a tool to measure support or otherwise for a proposal. In such a case, a majority vote in favour would be non-binding. The Chair will work to establish unanimity as the basis for all decisions. 9.12 In the event that the ICPB is unable to agree a consensus position on a matter it is considering, this will not prevent any or

		all of the statutory committees taking any applicable decisions they are required to take. To the extent permitted by their individual terms of reference, statutory committees may utilise voting on matters they are required to take decisions on.
	9.13	In situations where any decision(s) require the exercise of Member organisation(s) Reserved statutory functions, then these shall be made solely by the organisation(s) in question, pursuant to the Member-specific arrangements set out in Part 2 of these terms of reference. To the extent permitted by law, discussion and decision-making in relation to reserved statutory functions will take place within the ICPB structure.
	9.14	Conflicts of interest will be managed in accordance with the policies and procedures of the ICS and shall be consistent with the statutory duties contained in applicable legislation and the statutory guidance issued to Member organisations.
	9.15	A member of the CCG's Governance team shall be secretary to the ICPB and shall attend to take minutes of the meeting and provide appropriate support to the Chair and Members' representatives. The Member organisations shall agree between them the format of the minutes.
10 Accountability and Reporting	10.1	The ICPB will report to the NEL ICS in relation to the exercise of its functions.
	10.2	The ICPB will ensure that it complies with any Member-specific reporting requirements.
	10.3	The NH&CB will report to the ICPB on those matters that the ICPB has asked the NH&CB to consider on behalf of the ICP.
	10.4	The ICPB will receive reports from the Health and Wellbeing Boards and make recommendations to them on matters concerning delivery of the ICP priorities and delivery of the ICP outcomes framework. Health and Wellbeing Boards will continue to have statutory responsibility for the Joint Strategic Needs Assessments.
11 Working Groups	11.1	In order to assist it with performing its role and responsibilities, the ICPB is authorised to establish working groups and to determine the membership, role and remit for each working group. Any working group established by the ICPB will report directly to it.
	11.2	The terms of reference for any working group established by the ICPB will be incorporated within the ICS Governance Handbook. Where any working group is established to support the ICPB in making recommendations on the performance of functions that the NEL CCG Governing Body City and Hackney Area Committee has asked the ICPB to consider on its behalf, the terms of reference for such group will also be incorporated within the CCG Governance Handbook.

12 Monitoring Effectiveness and Compliance with Terms of Reference	12.1	The ICPB will carry out an annual review of its functioning and provide an annual report to the NEL ICS and to constituent Member organisations. This report will set out the ICPB's work in discharging its responsibilities, delivering its objectives and complying with its terms of reference.
13 Review of Terms of Reference	13.1	The ICPB shall, at least annually, review its own performance and terms of reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to Member organisations for approval.

Part 2: Member specific decision-making structures operating as part of the ICP arrangements

This Part sets out the Member-specific arrangements that have been established in order to enable decision-making by constituent Member organisations on Reserved statutory functions.

It also sets out, at Annex 1, the statutory functions in relation to which constituent Member organisations have asked the ICPB to consider and recommend how those functions should be exercised.

This Part includes the following terms of reference:

(a) Terms of reference for the CCG ICP Area Committee;
(b) Terms of reference for the City of London Corporation Integrated Commissioning Sub-Committee;
(c) Terms of reference for the London Borough of Hackney Integrated Commissioning Sub-Committee;
(d) Terms of reference for the CCG ICP Finance & Performance Sub-Committee; and
(e) Terms of reference for the CCG ICP Quality Sub-Committee.

Committees (a), (b) and (c) will, where an integrated commissioner-only decision is required, meet in common as the Integrated Commissioning Board. This is described in more detail in the Integrated Commissioning Board's Terms of Reference, which follow below.

The Integrated Commissioning Board

The Integrated Commissioning Board ("**ICB**") has been in place for [X] and has successfully enabled integrated decision-making between NHS City & Hackney CCG (one of the legacy CCGs that now forms part of NHS NEL CCG) and the City of London Corporation and the London Borough of Hackney. These arrangements will continue, but with the expectation that many of the discussions can take place within the ICPB itself, with decisions being taken as appropriate by each statutory committee on matters within the committee's authority.

Composition and authority

The ICB brings together the following committees:

(a) the City of London Corporation Integrated Commissioning Sub-Committee, which is established as a sub-committee under the COLC's Community and Children's Services Committee ("**the COLC Committee**");

(b) the London Borough of Hackney Integrated Commissioning Sub-Committee, which is established as a sub-committee reporting to the LBH Cabinet ("**the LBH Committee**"); and

(c) the City and Hackney ICP Area Committee, which is established as a committee reporting to the NEL CCG Governing Body ("**the Area Committee**").

The COLC Committee has authority to make decisions on behalf of COLC, which shall be binding on COLC, in accordance with the terms of reference set out here and with the scheme of delegation and reservation for the integrated commissioning arrangements.

The LBH Committee has authority to make decisions on behalf of LBH, which shall be binding on LBH, in accordance with these terms of reference and the scheme of delegation and reservation for the integrated commissioning arrangements.

The Area Committee has authority to exercise the functions delegated to it by the NEL CCG Governing Body and to make decisions on matters relating to these delegated functions, in accordance with its terms of reference and the associated CCG governance framework.

Section 75 pooled fund arrangements

Where section 75 pooled fund arrangements have been established, the following arrangements will apply:

- Members of the COLC Committee and the Area Committee will manage the Pooled Funds for which they have been assigned authority in accordance with a section 75 agreement in place between COLC and the CCG ("**City Pooled Funds**");

- Members of the LBH Committee and the Area Committee will manage the Pooled Funds for which they have been assigned authority in accordance with a section 75 agreement in place between LBH and the CCG ("**Hackney Pooled Funds**").

The LBH Committee shall have no authority in respect of City Pooled Funds and vice versa.

For services where no pooled fund arrangement is in place, the ICB arrangements may be used to make recommendations to the Area Committee, COLC Community and Children's Services Committee or LBH Cabinet as appropriate and in accordance with the relevant section 75 agreement.

Objectives

The ICB's specific objectives are to:

Commissioning strategies and plans

- Lead the commissioning agenda of the ICP area, including inputs from, and relationships with, all partners;
- Ensure that co-production is embedded across all areas of commissioning in line with the City and Hackney co-production charter;
- Ensure financial sustainability and drive local transformation programmes and initiatives;
- Determine and advise on the local impacts of commissioning recommendations and decisions taken at a NEL level;
- Ensure that the [Locality Plan] is delivering the local contribution to the ambitions of the NEL ICS;
- Lead the development and scrutiny and annual commissioning intentions as set out in the Integrated Commissioning Strategy, including the monitoring, review, commissioning and decommissioning of activities;
- Provide advice to the CCG about core primary care and make recommendation to the [CCG's Local GP Provider Contracts Committee];
- Ensure that local plans deliver constitutional requirements, financial balance, and support the improvement in performance and outcomes established by the Health and Wellbeing Boards;
- Promote health and wellbeing, reduce health inequalities, and address the public health and health improvement agendas in making commissioning recommendations
- Ensure commissioning decisions are made by the ICB in a timely manner that address financial challenges of both the in-year and longer term plans;
- Ensure that local plans can demonstrate their impact on City residents and City workers where appropriate.

Service re-design

- Approve all clinical and social care guidelines, pathways, service specifications, and new models of care;
- Ensure all local guidelines and service specifications and pathways are developed in line with NICE and other national evidence, best practice and benchmarked performance;
- Drive continuous improvement in all areas of commissioning, pathway and service redesign delivering increased quality performance and improved outcomes;
- Ensure that services are. co-designed by residents and practitioners working together and adhere to the principles set out in the City and Hackney Co-production charter.

Contracting and performance

- Oversee the annual contracting and planning processes and ensure that contractual arrangements are supporting the ambitions of the CCG, LBH and COLC to transform services, ensure integrated delivery and improve outcomes;
- Oversee local financial and operational performance and decisions in respect of investment and disinvestment plans.

Stakeholder engagement

- Ensure adequate structures are in place to support patient, public, service user, and carer involvement at all levels and that the equalities agenda is delivered;
- Ensure that arrangements are in place to support collaboration with other localities when it has been identified that such collaborative arrangements would be in the best interests of local patients, public, service users, and carers;
- Ensure and monitor on-going discussion between the ICB and provider organisations about long-term strategy and plans.

Programme management

- Oversee the work of the Accountable Officers Group including their work on the workstreams and enabler groups ensuring system wide implications are considered;
- Ensure that risks associated with integrated commissioning are identified and managed, including to the extent necessary through risk management arrangements established by the CCG, LBH and COLC.

Safeguarding

- In discharging its duties, act such that it supports the CCG, LBH and COLC to comply with the statutory duties that apply to them in respect of safeguarding patients and service users.

Accountability and Reporting

The ICB will report to the relevant forum as determined by the CCG, LBH and COLC. The matters on which, and the arrangements through which, the ICB is required to report shall be determined by the CCG, LBH and COLC (and shall include requirements in respect of Better Care Fund budgets).

The ICB will present for approval by the CCG, LBH and COLC as appropriate proposals on matters in respect of which authority is reserved to the CCG and/or COLC and/or LBH (including in respect of aligned fund services). The ICB will also provide advice to the CCG about core primary care commissioning and make recommendations to the appropriate CCG Committee.

The ICB will receive reports from the CCG, LBH and COLC on decisions made by those bodies where authority for those decisions is retained by them but the matters are relevant to the work of the ICB.

The ICB will provide reports to the Health and Wellbeing Boards, the ICPB, the NEL ICS Board and other committees as required.

Membership

The membership of the committees which the ICB brings together is set out in the table below:

COLC Committee	LBH Committee	Area Committee
The Chairman of the Community and Children's Services Committee (**Chair**)	LBH Lead Member for Health, Adult Social Care and Leisure (**Chair**)	NEL CCG Governing Body Lay Member (**Chair**)

The Deputy Chairman of the Community and Children's Services Committee	LBH Lead Member for Education, Young People and Children's Social Care	NEL CCG Accountable Officer or nominated deputy
1 other Member from the Community and Children's Services Committee who is a Member of the Court of Common Council	LBH Lead Member of Finance, Housing Needs and Supply	NEL CCG Chief Finance Officer or nominated deputy
		NEL CCG Borough Clinical Chair (for City and Hackney)
		NEL CCG ICP Managing Director (or other similarly senior ICP lead)
		NEL CCG City and Hackney ICP Director of Finance

The membership will be kept under review and through approval from the CCG's Governing Body, COLC's Community and Children's Services Committee and LBH's Elected Mayor as appropriate.

Deputy

The CCG's Accountable Officer and Chief Finance Officer may nominate a deputy to attend in their place, as provided for in the Area Committee's Terms of Reference.

Any member of the LBH Committee may appoint a deputy who is a Cabinet Member.

The COLC Community and Children's Services Committee may appoint up to three of its members who are members of the Court of Common Council to deputise for any member of the COLC Committee.

Any member appointing a deputy for a particular meeting of the ICB must give prior notification of this to the Chair.

Attendees

As the three committees shall meet in common, the members of each committee shall be in attendance at the meetings of the other two committees.

It is expected that meetings of the ICB will largely take place within the ICPB structure and, therefore, subject to conflict of interest management and ensuring compliance with each component part of the ICB's governance requirements, members of the ICPB and attendees (as specified in the ICPB's terms of reference) may be in attendance.

The following shall be expected to attend the meetings of the ICB, contribute to all discussion and debate, but will not participate in decision-making:

- The Director of Community and Children's services (Authorised Officer for COLC);

- The City of London Corporation Chamberlain;
- LBH Group Director – Finance and Corporate Resources;
- LBH Group Director – Children, Adults and Community Services.

The ICB may also call additional experts to attend meetings on an ad hoc basis to inform discussions.

Other parties may be invited to send representatives to attend the ICB's meetings in a non-decision-making capacity.

Leading and facilitating the discussion

For the first six months after its formation, where the three committees first met in common as the ICB, the Chair of the LBH Committee lead and facilitated the discussions. The Chair of the NHS City & Hackney CCG's Integrated Commissioning Committee ("ICC") performed the same role for the following six months; and the Chair of the COLC Committee performed the same role for the six months after that. Thereafter the role has swapped between the three Chairs, with each performing it for six months at a time.

These arrangements described immediately above will continue in sequence, but with the Chair of the Area Committee taking the place of the Chair of the ICC.

If the Chair nominated to lead and facilitate discussions in a particular meeting or on a particular matter is absent for any reason (for example, due to a conflict of interests) another of the committees' Chairs shall perform that role.

If all three Chairs are absent for any reason, the members of the COLC Committee, the LBH Committee and the Area Committee shall together select a person to lead and facilitate for the whole or part of the meeting concerned.

Quorum and voting

For the Area Committee the quorum will be **three of the six** members (or deputies duly authorised in accordance with these terms of reference), ensuring that the requirements set out in the Area Committee's terms of reference around the mix of individuals required for quoracy to be met are adhered to.

For the COLC committee the quorum will be **all three** members (or deputies duly authorised in accordance with these terms of reference).

For the LBH committee the quorum will be **two of the three** Council Members (or deputies duly authorised in accordance with these terms of reference).

Each of the COLC, LBH and CCG committees must reach its own decision on any matter under consideration and will do so by consensus of its members where possible. If consensus within a committee is impossible, that committee may take its decision by simple majority, and the Chair's casting vote if necessary.

The COLC Committee, the LBH Committee and CCG Committee will each aim to reach compatible decisions.

Matters for consideration by the three committees meeting in common as the ICB may be identified in meeting papers as requiring positive approval from all three committees in order to proceed. Any matter identified as such may not proceed without positive approval from all

of the COLC Committee, the LBH Committee and the CCG Committee. These decision-making arrangements shall be included in the review of these terms of reference as set out below.

Meetings and administration

The ICB's members will be given no less than five clear working days' notice of its meetings. This will be accompanied by an agenda and supporting papers and sent to each member no later than five working days before the date of the meeting. In urgent circumstances the requirement for five working days' notice may be truncated.

The ICB shall meet whenever COLC, LBH and the CCG consider it appropriate that it should do so but the three committees meeting as the ICB would usually meet [every month]. When the Chairs of the CCG, LBH and COLC Committees deem it necessary in light of urgent circumstances to call a meeting at short notice this notice period shall be such as they shall specify.

Meetings of the ICB shall be held in accordance with Access to Information procedures for COLC, LBH and the CCG, rules and other relevant constitutional requirements. The dates of the meetings will be published by the CCG, LBH and COLC. The meetings of the ICB will be held in public, subject to any exemption provided by law or any matters that are confidential or commercially sensitive. This should only occur in exceptional circumstances and is in accordance with the open and accountable local government guidance (June 2014).

Secretarial support will be provided to the ICB and minutes shall be taken of all of its meetings. The CCG, COLC and LBH shall agree between them the format of the joint minutes of the ICB which will separately record the membership and the decisions taken by the CCG Committee, the COLC Committee and the LBH Committee. Agenda, decisions and minutes shall be published in accordance with partners' Access to Information procedures rules.

Decisions made by the COLC Committee may be subject to referral to the Court of Common Council in accordance with COLC's constitution. Cabinet decisions made by the LBH Committee may be subject to call-in by members of the Council in accordance with LBH's constitution. Decisions made by the Area Committee may be subject to review by the CCG's Governing Body or otherwise in accordance with CCG's constitution. However, the CCG, LBH and COLC will manage the business of the ICB, including consultation with relevant forum and/or officers within those organisations, such that the incidence of decisions being reviewed or referred is minimised.

Conflicts of Interest

The partner organisations represented in the ICB are committed to conducting business and delivering services in a fair, transparent, accountable and impartial manner. ICB members will comply with the Conflicts of Interest policy statement developed for the ICB, as well as the arrangements established by the organisations that they represent or the ICS.

A register of interests will be completed by all members and attendees of the ICB and will be kept up to date in line with the policy. Before each meeting each member or attendee will examine the agenda to identify any matters in which they have (or may be perceived to have) an interest. Such interests may be in addition to those declared previously.

Any such conflicts should be raised with the Chair and the secretariat at the earliest possible time.

The Chair will acknowledge the register of interests at the start of the meeting as an item of business. There will be the opportunity for any potential conflicts of interest to be debated and the Chair (on the basis of advice where necessary) may give guidance on whether any conflicts of interest exist and, if so, the arrangements through which they may be addressed.

In respect of the CCG Committee, the members will have regard to any such guidance from the Chair and should adopt it upon request to do so. Where a member declines to adopt such guidance, it is for the Chair to determine whether a conflict of interests exists and, if so, the arrangements through which it will be managed.

In respect of the COLC Committee and the LBH Committee, it is for the members to declare any conflicts of interests which exist (taking into account any guidance from the Chair) and, if so, to adopt any arrangements which they consider to be appropriate.

In some cases, it may be possible for a person with a conflict of interest to participate in a discussion but not the decision that results from it. In other cases, it may be necessary for a person to withdraw from the meeting for the duration of the discussion and decision. Where the nominated Chair (or another person selected to lead and facilitate a meeting) has a conflict of interests, the arrangements set out above (under Leading and facilitating the discussion) shall apply.

When considering any proposals relating to actual or potential contractual arrangements with local GP providers the ICB will seek independent advice from the [CCG Local GP Provider Contracts Committee] who provide a scrutiny function for all such matters, particularly that the contract is in the best interests of local people, represents value for money and is being recommended without any conflict of interest from GPs.

All declarations and discussions relating to them will be minuted.

Additional requirements

The members of the ICB have a collective responsibility for the operation of it. They will participate in discussion, review evidence, and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view. They will take advice from the [Accountable Officers Group] and from other advisors where relevant.

The ICB functions through the scheme of delegation and financial framework agreed by the CCG, COLC and LBH respectively, who remain responsible for their statutory functions and for ensuring that these are met and that the ICB is operating within all relevant requirements.

The ICB may assign tasks to such individuals or committees as it shall see fit, provided that any such assignments are consistent with each party's relevant governance arrangements, are recorded in a scheme of delegation for the relevant Committee, are governed by terms of reference as appropriate, and reflect appropriate arrangements for the management of any actual or perceived conflicts of interest.

Review

The terms of reference will be reviewed annually, to coincide with reviews of the section 75 agreements.

City and Hackney ICP Area Committee of the North East London CCG Governing Body

1 Status of the Committee	1.1	The Committee is a committee of the North East London CCG Governing Body ("NEL CCG Governing Body"), established in accordance with Schedule 1A of the 2006 Act and with the specific provisions contained within the CCG's Constitution and in the NHS Act 2006.
	1.2	The Committee will commence its operation on 1 April 2021.
2 Role of the Committee	2.1	The Committee has been established in order to enable the CCG to take decisions on the Delegated Functions within the ICPB structure, as permitted by law, and to enable, where necessary, commissioner only decision-making on the Reserved Functions in a simple and efficient way. The Delegated and Reserved Functions are summarised below and are also set out in the CCG's SoRD.
	2.2	In each case, where the Committee has been asked to oversee the development of a policy, framework or other equivalent, this includes the function of providing assurance to the NEL CCG Governing Body on the appropriateness of the policy, framework or other equivalent in question.
3 Authority	3.1	The Committee is authorised by the NEL CCG Governing Body to investigate any activity within these Terms of Reference. It is authorised to seek any information it requires in this regard from any employee within the CCG and all employees are directed to cooperate with any request made by the Committee.
	3.2	The Committee is also authorised by the NEL CCG Governing Body to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.
	3.3	The Committee will be responsible for determining any additional or reconfigured sub-structural arrangements to support fulfilment of the Committee's remit.
4 Delegated Functions	4.1	The Delegated Functions that the Committee will exercise include the following. In general, and subject to the Reserved Functions, the intention is that the Delegated Functions will be exercised within the ICPB structure.
	4.2	*<u>Commissioning Strategy</u>: the Committee will have lead responsibility for the CCG's commissioning strategy in the ICP area. This includes exercising the following specific functions in this context:*
		4.2.1 overseeing the health and care needs assessment process within the ICP area and supporting the CCG in the overall health and care needs assessment process in the ICP;

	4.2.2 overseeing the development of the commissioning vision and outcomes setting, and supporting the CCG in the development of the overall commissioning vision and outcomes setting, within the ICP area; 4.2.3 overseeing the development and implementation of service specification and standards within the ICP area, ensuring that these are consistent with the overarching principles agreed by the CCG; 4.2.4 overseeing the development and implementation of a decommissioning policy within the ICP area, ensuring consistency with the overall policy agreed by the CCG. *4.3* *<u>Population health management:</u> the Committee will have lead responsibility for population modelling and analysis within the ICP area, supporting the CCG to discharge its statutory duties, including those relating to equality and inequality. This includes exercising the following specific functions in this context:* 4.3.1 ensuring appropriate arrangements are in place to support the ICP to carry-out predicative modelling and trend analysis; 4.3.2 overseeing and implementing information governance arrangements within the ICP area; 4.3.3 overseeing the development and implementation of system incentives and re-alignment in order to deliver a response population health driven system. *4.4* *<u>Market management:</u> the Committee will work the ICPB, asking it to consider and make recommendations on aspects of market management as appropriate, as part of its overall role in relation to this function, as follows:* 4.4.1 working with the ICPB to evaluate health and care services in the ICP area; 4.4.2 working with the ICPB to design and develop health and care services; 4.4.3 agreeing the strategic market shape for the ICP area, ensuring consistency with the overall objectives and principles agreed by the CCG for the ICP; 4.4.4 leading on horizon scanning within the ICP area. *4.5* *<u>Financial and contract management:</u> the Committee will support the CCG in discharging its statutory financial duties, including through managing the budget delegated to it by the NEL CCG Governing Body and exercising the following functions:*

	4.5.1 managing the budget for the ICP area, ensuring that it operates within the agreed CCG financial accountability and reporting framework; 4.5.2 managing the allocation of budgets to any Borough sub-committee established by the Committee and ensure that accountability and reporting arrangements are in-place, consistent with the overall financial accountability and reporting framework agreed by the CCG; 4.5.3 overseeing the development of a financial plan for the ICP area and, once approved by the NEL CCG Governing Body, manage the plan, ensuring that all NEL CCG Governing Body reporting requirements are met; 4.5.4 leading on tendering and procurement within the ICP area; 4.5.5 leading on contract design for health services commissioned within the ICP area; 4.5.6 working with the ICPB to manage supply chain for health and care services within the ICP area; *4.6* *<u>Monitoring performance:</u> the Committee will support the CCG in discharging its statutory reporting requirements and in discharging its duties in relation to quality and the improvement of services, as follows:* 4.6.1 working with the ICPB to manage and monitor contracts for health and care services in the ICP area; 4.6.2 working with the ICPB to ensure continuous quality improvement in health and care services within the ICP area; 4.6.3 complying with statutory reporting requirements in relation to services being commissioned in the ICP area; 4.6.4 working with the ICPB in relation to safeguarding, ensuring that all CCG policies and procedures are appropriately implemented within the ICP area; 4.6.5 overseeing safeguarding interventions, working with the ICPB; 4.6.6 leading on performance review and management for the ICP area; *4.7* *<u>Stakeholder engagement and management:</u> the Committee's overall role is to support the CCG in discharging its statutory duty under section 14Z2 in relation to public involvement and consultation. This includes, but is not limited to the following responsibilities:*

	4.7.1 overseeing the development of the ICP engagement strategy and implementation plan; 4.7.2 overseeing the development and delivery of patient and public involvement activities, as part of any service change process in the ICP area; 4.7.3 facilitating and promote clinical and professional engagement within the ICP area. 4.8 In exercising the Delegated Functions, the Committee's role is to support the CCG in discharging its statutory duties. 4.9 When exercising any Delegated Functions, the Committee will ensure that it has regard to the statutory obligations that the CCG is subject to including, but not limited to, the following statutory duties set out in the 2006 Act: 4.9.1 Section 14P – Duty to promote the NHS Constitution 4.9.2 Section 14Q – Duty to exercise functions effectively, efficiently and economically 4.9.3 Section 14R – Duty as to improvement in quality of services 4.9.4 Section 14T – Duty as to reducing inequalities (and the separate legal duty under section 149 of the Equality Act 2010, the Public Sector Equality Duty) 4.9.5 Section 14U – Duty to promote involvement of each patient 4.9.6 Section 14V – Duty as to patient choice 4.9.7 Section 14W – Duty to obtain appropriate advice 4.9.8 Section 14X – Duty to promote innovation 4.9.9 Section 14Z – Duty as to promoting education and training 4.9.10 Section 14Z1 – Duty as to promoting integration 4.9.11 Section 14Z2 – Public involvement and consultation (and the related duty under section 244 and the associated Regulations to consult relevant local authorities) 4.9.12 Section 14O – Registers of interests and management of conflicts of interest 4.9.13 Section 14S – Duty in relation to quality of primary medical services

	4.9.14 Section 223G – Means of meeting expenditure of CCGs out of public funds 4.9.15 Section 223H – Financial duties of CCGs: expenditure 4.9.16 Section 223I - Financial duties of CCGs: use of resources 4.9.17 Section 223J - Financial duties of CCGs: additional controls on resource use 4.10 Annex 2 below sets out which of the above Delegated Functions are Reserved Functions, to be exercised by the Committee only. 4.11 In performing its role, the Committee will exercise its functions in accordance with its Terms of Reference; the terms of the delegations made to it by the NEL CCG Governing Body and the financial limit on its delegated authority, which shall be the total budgeted resource allocated to the Committee. 4.12 Where there is any uncertainty about whether a matter relates to the Committee in its capacity as a decision-making body within the CCG governance structure or whether it relates to its wider local system role as part of the ICPB, the flowchart included in Annex 3 to these Terms of Reference will be followed to guide the Chair's consideration of the issue.
5 Geographical Coverage	5.1 The geographical area covered will be the same as the ICPB.
6 Membership	6.1 There will be a total of six members, as follows: • Accountable Officer or nominated deputy • Chief Finance Officer or nominated deputy • Governing Body Lay Member (Chair) • Borough Clinical Chair • ICP Managing Director or other similarly senior ICP lead • Director of Finance 6.2 Any member of the ICPB will have a standing invite to attend all meetings of the Committee. 6.3 Although attendees will not have a formal decision-making role in relation to the Delegated Functions and will not be entitled to vote on such matters, they will be encouraged to participate in discussions and to contribute to the decision-making process, subject always to the Committee operating within the CCG's governance framework, including in relation to managing actual and potential conflicts of interest.

7	**Chairing Arrangements**	7.1	The role of Chair of the Committee will be performed by the Governing Body Lay Member who is also a member of the Committee.
		7.2	At its first meeting, the Committee will appoint a Deputy Chair drawn from its membership.
8	**Secretariat**	8.1	Secretariat support will be provided to the Committee by the CCG's governance team.
9	**Meetings and Decision Making**	9.1	The Committee will operate in accordance with the CCG's governance framework, as set out in its Constitution and CCG Governance Handbook, except as otherwise provided below.
		9.2	The quoracy for the Committee will be three and must include one executive director, one lay member and one clinical director.
		9.3	The Chair may agree that members of the Committee may participate in meetings by means of telephone, video or computer link or other live and uninterrupted conferencing facilities. Participation in a meeting in this manner shall be deemed to constitute presence in person at such meeting.
		9.4	The Chair may determine that the Committee needs to meet on an urgent basis, in which case the notice period shall be as specified by the Chair. Urgent meetings may be held virtually.
		9.5	Each member of the Committee shall have one vote. Attendees do not have voting rights.
		9.6	The aim will be for decisions of the Committee to be achieved by consensus decision-making, with voting reserved as a decision-making step of last resort and/or where it is helpful to measure the level of support for a proposal.
		9.7	Decision making will be by a simple majority of those present and voting at the relevant meeting. In the event that a vote is tied, the Chair will have the casting vote.
		9.8	Members of the Committee have a duty to demonstrate leadership in the observation of the NHS Code of Conduct and to work to the Nolan Principles, which are: selflessness, integrity, objectivity, accountability, openness, honesty and leadership.
		9.9	Conflicts of interest will be managed in accordance with the policies and procedures of the CCG and shall be consistent with the statutory duties contained in the 2006 Act and the statutory guidance issued by NHS England to CCGs ((Managing conflicts of interest: revised statutory guidance for CCGs 2017 https://www.england.nhs.uk/publication/managing-conflicts-of-interest-revised-statutory-guidance-for-ccgs-2017/)
		9.10	Members of the Committee have a collective responsibility for its operation. They will participate in discussion, review evidence

		and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view. 9.11 Where confidential information is presented to the Committee, all members will ensure that they comply with any confidentiality requirements. 9.12 The Committee will meet bi-monthly. The frequency of meetings may be varied to meet operational need, with the Chair determining this as necessary and in accordance with the provisions for meetings set out above.
10 Accountability and Reporting	10.1	The Committee shall be directly accountable to the NEL CCG Governing Body. 10.2 The Committee will ensure that it reports to the NEL CCG Governing Body on a bi-monthly basis and that a copy of its minutes is presented to the NEL CCG Governing Body, for information. 10.3 In the event that the NEL CCG Governing Body requests information from the Committee, the Committee will ensure that it responds promptly to such a request.
11 Sub-committees	11.1	In order to assist it with performing its role and responsibilities, the Committee is authorised to establish sub-committees and to determine the membership, role and remit for each sub-committee. Any sub-committee established by the Committee will report directly to it. 11.2 The terms of reference for any sub-committee established by the Committee will be incorporated within the CCG Governance Handbook. 11.3 The Committee may decide to delegate decision-making to any of its sub-committees duly established but, unless this is explicitly stated within the terms of reference for the relevant sub-committee, the default will be that no decision-making has been delegated. Where decision-making responsibilities are delegated to a sub-committee, these will be clearly recorded in the Committee's SoRD, which shall be maintained by the Secretariat to the Committee and incorporated within the CCG Governance Handbook. 11.4 The Committee may delegate funds from its overall budget to a sub-committee, provided that appropriate accountability and reporting arrangements are agreed and that these reflect the Committee's own financial reporting requirements.
12 Monitoring Effectiveness and Compliance with Terms of Reference	12.1	The Committee will carry out an annual review of its functioning and provide an annual report to the NEL CCG Governing Body on its work in discharging its responsibilities, delivering its objectives and complying with its terms of reference.

13	**Review of Terms of Reference**	13.1 The terms of reference of the Committee shall be reviewed by the NEL CCG Governing Body at least annually.

Annex 1

Functions that the ICPB will consider and make recommendations to the Area Committee on

The Committee, operating in accordance with its terms of reference, hereby asks the ICPB to consider the following functions on its behalf and to make appropriate recommendations:

1 Developing, agreeing and implementing the ICP vision and outcomes, ensuring that this reflects the agreed CCG-specific vision and outcomes;

2 Supporting the CCG Committee in relation to market management, including through managing the following:

2.1 service evaluation; and

2.2 service design and development.

3 Supporting the CCG Committee in relation to financial and contract management, specifically through supply chain management.

4 Supporting the CCG by leading on planning and delivery within the ICP, ensuring that in doing so the outcomes are consistent with the ICP commissioning strategy agreed by the Committee, as follows:

4.1 community-based assets identification and integration;

4.2 integrated pathway-design;

4.3 service and care coordination;

4.4 place-based planning;

4.5 evidence-based protocols and pathways;

4.6 cost-reduction and demand management;

4.7 workforce strategy.

5 Support the CCG Committee in relation to monitoring performance, including through considering and making recommendations on the following:

5.1 contract management and monitoring;

5.2 promoting continuous quality improvement;

5.3 safeguarding interventions and learnings;

5.4 regulatory liaison and relationship;

5.5 regular public outcome reporting.

6 Support the CCG Committee in relation to stakeholder engagement and management, including through the following:

6.1 political engagement;

6.2 clinical and professional engagement;

6.3 public and community engagement;

6.4 provider relationship management;

6.5 strategic partnership management.

7 When considering and making recommendations concerning the functions which the CCG has delegated to the Committee, the ICPB will ensure that it has regard to the statutory duties that the Committee is subject to, including but not limited to the following:

- Section 14P – Duty to promote the NHS Constitution
- Section 14Q – Duty to exercise functions effectively, efficiently and economically
- Section 14R – Duty as to improvement in quality of services
- Section 14T – Duty as to reducing inequalities (and the separate legal duty under section 149 of the Equality Act 2010, the Public Sector Equality Duty)
- Section 14U – Duty to promote involvement of each patient
- Section 14V – Duty as to patient choice
- Section 14W – Duty to obtain appropriate advice
- Section 14X – Duty to promote innovation
- Section 14Z – Duty as to promoting education and training
- Section 14Z1 – Duty as to promoting integration
- Section 14Z2 – Public involvement and consultation (and the related duty under section 244 and the associated Regulations to consult relevant local authorities)
- Section 14O – Registers of interests and management of conflicts of interest
- Section 14S – Duty in relation to quality of primary medical services
- Section 223G – Means of meeting expenditure of CCGs out of public funds
- Section 223H – Financial duties of CCGs: expenditure
- Section 223I: Financial duties of CCGs: use of resources
- Section 223J: Financial duties of CCGs: additional controls on resource use

8 The ICPB will report to the Committee on a [monthly] basis.

9 The Committee may revise the scope of the functions that it has asked the ICPB to manage on its behalf.

Annex 2: Reserved Functions to be exercised by the CCG's Area Committee only

This list sets out the key CCG functions that will be the exercised at the ICP level and where a formal, legal decision may be required by the CCG. The list is not an exhaustive list of the CCG's functions and should be read alongside the CCG's Constitution and the CCG's Governance Handbook.

The functions set out below may be exercised in the following ways:

(a) by each of the CCG Governing Body ICP Area Committees established by the NEL CCG Governing Body; and/or

(b) by individuals with delegated authority to act on behalf of the CCG and within the scope of such delegated authority.

Subject to ensuring that conflicts of interest are appropriately managed, the CCG Reserved Functions may be exercised by (a) or (b) at a meeting of the ICP Board.

CCG Reserved Functions:

- Approving commissioning plans (and subsequent revisions to such plans) developed in order to meet the agreed ICP population health needs assessment and strategy;
- Approving demographic, service use and workforce modelling and planning, where these relate to the CCG's commissioning functions;
- Approving proposed health needs prioritisation policies and ensuring that this enables the CCG to meet its statutory duties in relation to outcomes, equality and inequalities;
- Approving the CCG's financial plan for the ICP area;
- Approving financial commitments where these relate to delegated CCG budgets;
- Receiving recommendations from the ICP Finance and Performance Sub-Committee and making decisions on matters referred to it by that Sub-Committee;
- Approving procurement decisions, where these relate to health services commissioned by the CCG;
- Approving contract design, where these are developed specifically to reflect health needs and priorities within the ICP area;
- Approving health service change decisions (whether these involve commissioning or de-commissioning);
- Overseeing and approving any stakeholder involvement exercises proposed, consistent with the CCG's statutory duties in this context;

- Approving ICP-specific policies and procedures relating to the above, where these are different to any NEL CCG policies and procedures;

- Approving a proposal to enter into formal partnership arrangements with one or more local authority, including arrangements under section 75 of the NHS Act 2006;

- Other matters at the discretion of the City and Hackney ICP Area Committee of the NEL CCG Governing Body or individuals with delegated authority acting on behalf of the CCG, where it is considered that the matter is one that should be considered and determined by the CCG alone (including where this is necessary in order to ensure appropriate management of conflicts of interest).

[ALSO: agree how specific treatment decisions, safeguarding, CHC etc. are dealt with revise this list accordingly once this has been discussed.]

Annex 3: Decision-Making Flow Chart

1 Does any legislation expressly place a function or duty on a statutory body or bodies which means that it and only it should determine the issue in question?

[If it does that statutory body or group of bodies should make the decision.]

2 Should no statutory body or bodies expressly hold such a function or duty then is the issue an ICS matter?

[If it is then the matter should go to the proper part of the ICS governance for determination.]

3 If the issue is an ICS matter, is it one that is within the ICPB's remit?

[If it is, then the matter should go to the ICPB for consideration]

4 Does the issue in question cover decisions that may fall for determination in both statutory forums and the ICPB?

[If the split in decision making is apparent then that should be followed, otherwise the matter should be referred to Chairs of the three ICB constituent committees/sub-committees for guidance on the approach to be followed].

Title:	Integrated Commissioning Risk Registers
Date of meeting:	11 February 2020
Lead Officer:	Matthew Knell – Head of Governance & Assurance, CCG Stella Okonkwo – Integrated Commissioning Programme Manager Workstream Directors
Author:	Workstream Directors
Committee(s):	Integrated Commissioning Board, 13 May 2020
Public / Non-public	Public.

Executive Summary:

This report presents the detailed risk registers for the Integrated Commissioning workstreams and the IC Programme.

Update on ICOM Register: following the merger of the 7 NE London Commissioning Alliance CCGs into the single NE London CCG, the ICOM Register has been retired. An update on reporting of strategic integrated care risks will be brought to the ICB in the coming months.

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	☒	The risk register supports all the programme objectives

institutional settings where appropriate		
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:

N/A

Sign-off:

Charlotte Painter – Director: Planned Care

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

Nina Griffith – Director: Unplanned Care

Children, Young People, Maternity and Families Workstream Risk Register - May 2021

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	Q4 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	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 morbidity.	10	4	4	4	6	6	6	⟷	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). As of November 2020 31% of pregnant women have been immunised to date, significantly increased since the previous year, and moving toward target. Work continues and this risk will be reviewed in early 2021 to assess the impact of mitigations. May 2021: Updated data requested from NHS England covering imms delivered by GPs and HUH, awaiting receipt of data	6	✓			✓	
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	9	9	9	⟷	LBH leads have reviewed function of Post 16 Panel and the flow of cases from Transitions Case Management Meeting. Health contributions to EHCP costs: - agreed with new Head of SEND that process should be streamlined and should sit within the scope of the EHCP Panel. A monthly panel meeting to pilot the Joint Funding protocol has been established. The first case has been successfully submited to the CCG for a contribution to a LAC residential placement. Although out of scope for funding recommendations, the process for reviewing adults' contributions for 18-25 years SEND plans is being progressed within the pilot. Pilot progress was reviewed by the Transitions Steering Group in January 2021 with a further review in 6 months. To update June 2021.	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	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 Planned NHSE support sessions delayed impacting review	6		✓		✓	✓

				Residual Risk Score								Objective				
Ref#	Description	Inherent Risk Score	Risk Tolerance	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 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	Empower patients and residents
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	4	⟺	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).	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	12	12	⟺	CETR register is established but CCG is not receiving the number of referrals expected during Covid, with the lowered eligibility threshold. During COVID , services have rag rated their caseloads leading to inter service review of who is in contact with families. Tier 3.5 / Intensive Support Pathway: Following consultation with education and social care, SOG approved pilot initiation. Recruitment will begin with intended service delivery from September 2021 Community mapping exercise of autism and LD services submitted to NHSE January 2021. This will inform NHSE funding / development support priorities.	12				✓	

				Residual Risk Score							Objective				
Ref#	Description	Inherent Risk Score	Risk Tolerance	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 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	Empower patients and residents
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	15	15	15	⇔	Responsibility for commissioning and delivery of all immunisations sits across a wide range of partners. There is no statutory commissioning role for the CCG or for local Public Health, although City and Hackney CCG has continually invested in supporting delivery of immunisations in order to tackle our local challenges. Partnership work was developed through the measles outbreak in 2018 and the ongoing non recurrent investment in the GP Confederation has been built on during the pandemic. Over the course of the recent Covid 19 surge residents/patients have not been accessing routine healthcare to usual levels. A 2 year action plan to improve immunisations across the whole life course has been developed, with a number of pilots and interventions. These were set out in a paper to the ICB in June 2020. Key progress includes: 1. Commissioning of GP confederation catch up programme to support primary care ahead of winter 2020 (agreed July 2020) - good plans are in place and this is being taken forward with the GP Confederation. 2.Proposal being devleoped for health visitors to deliver immunisations in children's centres and for key 'at risk groups (ie. families in temp accom) 3.The Back to school communications campaign on childhood immunisations finished on 25 September, and communicaitons are now focusing on flu immunisations. 4. New system governance and delivery structures in place, led by public health 5.Specific interventions for the North of the borough continue to be commissioned and delivered, including Sunday clinics, with new models being explored This risk is part of a broader system risk on immunisations, and there is still work to be done to clarify how responsibility for managing the risk is shared between CYPM, Planned Care and Primary Care Workstreams. A specific report on flu immunisations went to the October ICB. Current uptake of flu vaccinations for 2/3 year olds is 29%, significantly higher than this time last year and a new model of flu vaccinations is being tested from children's centres. Work continues to progress toward the target of 75% coverage. Update 01/21 - over winter in the 2nd peak imms coverage continues to deteriorate. GPC funding has focused on the flu campaign with the imms badged funding (£100k) to be accrued to 21/22. Progress has been made in developing the future strategy with a focus on call and recall and vaccine hesitancy. NE Hackney PCNs are developing immunisations champions roles and plan to commission an Imms coordinator to ensure this work is prioritised in the context of the Covid vaccine. Update 25/03/21: The 0.5 wte Imms coordinator funding has been agreed by NHSE/NEL and the post will be recruited to via the lead PCN with start date to be in April. Also agreed 0.5wte NEL resource to be hosted by the same PCN with focus on strengthening call and recall and	15		✓		✓	
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	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				✓	

				Residual Risk Score								Objective				
Ref#	Description	Inherent Risk Score	Risk Tolerance	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 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	Empower patients and residents
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	6	6	⟷	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. Update 29/01: Service review post service transfer was submitted to the CCG in November 2020, resulting in increase to service funding in line with model endorsed by HUHT and partnership. Staffing resource is now sufficient for caseload and enhanced quality requirements of the specification. Risks remain around Doctor staffing for IHAs. There are two IHA streams per clinic, with the remaining 1st lockdown backlog being addressed. Update 25/03/21 nursing posts x2 recruited. Lockdown IHA backlog being monitored and appointments being offered F2F .	6				✓	
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	6	6	⟷	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. 25/11/2020 Risk reduced as HUHT are undertaking OOB placed health assessments 27/01/2021 The risk has been raised nationally at the National Network of Designated professionals fora to be further escalated to NHSE. Locally, City of London UASC are now commissioning services from Coram Baaf. The escalation process continues for LBH lAC. 25/03/2021 The risk remains due to a shortage of T4 beds nationally and increased numbers of referrals to CAMHs services locally and nationally. The Designated Nurse for LAC continues to advocate for OOB children placed who are unable to access CAMHS	9				✓	

				Residual Risk Score							Objective				
Ref#	Description	Inherent Risk Score	Risk Tolerance	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 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	Empower patients and residents
16	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	12	12	⟷	Risk escalated to risk register and HUHT risk assessment requested 30/07/20. Service restarted in October provided jointly with Bart's, waiting list triaged and being addressed. Joint development of transfer plan for Barts service with start date of 1/4/21. Working group established. Risk not reduced in Q2 as funding risks not identified. Risk escalated by HUHT 01/21 as Tier 2 has again been paused by Barts. Concern about cumulative waiting list as previous backlog not cleared. CCG meeting with Newham CCG as commissioner lead and Barts is planned. Fortnightly transfer meeting established and detailed transfer plan agreed. Costs including data transfer and equipment are to be agreed. Indicative transfer date of 1/7/21	12		✓	✓		
17	Significant staffing and recruitment issues in the HUHT Community Paediatrics service (approx 50% of Doctors)	15	6			12	12	12	⟷	Risk escalated to risk register and HUHT risk assessment requested 30/07/20. Interim support secured and workforce strengthened for high risk areas such as LAC. Risk not reduced in quarter as known vacancy issues emerging in December though recruitment planned. Update 29/01: During 2nd peak staffing concerns continue largely re fragility of LAC IHA Doctor resource (2 clinic streams retained currently) and EHCP clinic should numbers of assessment referrals increase - currently very low but influx may be expected. Due to shortage of paediatricians the role of Named Dr for safeguarding children HUH Community is currently unfilled. Update 05.21: CCG requested staffing plan and HUHT submitted the report that went to their April Trust Board. The CCG has requested further detail. Progress can be evidenced but risk remains around success of planned recruitment to 5 Consultant posts	12		✓	✓	✓	

				Residual Risk Score							Objective				
Ref#	Description	Inherent Risk Score	Risk Tolerance	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 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	Empower patients and residents
18	Potentially significant increased demand for CAMHS support througout the impending phases of the pandemic, at specialist and universal level for children and families. As the pandemic has continued, we have seen increased pressure on T4 beds, and increasing crisis and ED presentations, which is also reflected across NEL and London. Many services are seeing a large risk in the number of referrals, particularly Tier 3 CAMHS, Eating Disorders and Crisis. In addition, specialist CAMHS have raised a risk of staff absence through sick leave due to workload.	12	9			12	12	15	↑	CAMHs have responded flexibly to support families 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. We are now becoming more concerned about ongoing impacts of th pandemic on adolsecent and CYP mental health, with T4 beds at capacity and increasing presentations. This is being addressed at NEL, with a new crisis group working with the provider collaborative, and an Integrated discharge planning group has been set up to meet fornightly (with C&H, Newham and Tower Hamlets) with reps from health, education and social care to strengthen the community offer. Several new services are supporting families online (Kooth, Helios) and we are developing plans for an integrated T3.5 service. Through WAMHS we are writing to schools to encourage them to use their linked clinician for consultation so that, where possible, cases can be held through school intervention and referral to range of agencies, making sure referrals to CAMHS are appropriate. MHST has extended it's offer beyond it's original scope of Wave 1 WAMHS schools, to invite all schools to universal parent support and training groups (primary & secondary), as well as groups for secondary age children. Update 05:21: This risk and mitigation is continuing to be	15	✓	✓		✓	✓
	During Covid-19 a combined NEL Safeguarding and Looked After Children risks register has been in place and reviewed monthly by the designated nurses. The NEL key risks relate to reduced face to face contact between services, schools and children during the COVID-19 Pandemic, and the increased risks to children which result from this. It is nationally anticipated that there may be a surge of safeguarding issues identified when COVID-19 restrictions end and move to business as usual returns.	12	6			TBC	12	12	↔	The CYPMF Strategic Oversight Group (SOG) reviewed the NEL Safeguarding Risk register at its meeting on 7 December. Following the return of children in City & Hackney to school, the NEL Safeguarding group has been able to provide a clearer assessment of the risk to children. The SOG recognised the mitigations and assessment of revised risk scores represented by that group, and agreed to continue to review those risks, keeping them as a summary risk on the the CYPMF register (collectively rated 12), and be informed by the C&H Safeguarding Children's Partnership (of which the Workstream Director and designated nurse for Safeguarding Children are members). It was noted that additionally, these risks are mitigated in part by the actions relating to risks 2,5,11 and 15 on the CYPMF Register. The updated CYP Covid risk register was presented to CH SAG on 29.01.21. 25/03/21 Following the third lockdown the CHSCP have been meeting 3 weekly to highlight any significant themes, patterns and trends identified by all agencies in respect of safeguarding and promoting the welfare of children. Schools are now open again. For us in C&H our greatest concern relates to the large increase in referrals to CAMHS services (risk 19). The overarching NEL risk register is a collective but all boroughs are individually represented.	12	✓			✓	

				Residual Risk Score								Objective				
Ref#	Description	Inherent Risk Score	Risk Tolerance	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 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	Empower patients and residents
20	Loss of child protection information sharing (CPIS) data due to cyber -attack in Hackney council. This means that information regarding children, young people and unborn who are the subject of a child protection plan or are LAC may not be available to clinicians to inform assessment at unscheduled care appointments.	12						6		n/a - added April 2021						

Risk mitigations & further detail

Ref#:	1
Date Added:	
Date Updated:	04/05/2021
Review Committee:	CYPMF SOG
Senior Responsible Owner:	Anne Canning
Senior Management Owner:	Amy Wilkinson / Jairzina Weir

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

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). As of November 2020 31% of pregnant women have been immunised to date, significantly increased since the previous year, and moving toward target. Work continues and this risk will be reviewed in early 2021 to assess the impact of mitigations.

May 2021: Updated data requested from NHS England covering imms delivered by GPs and HUH, awaiting receipt of data

Ref#:	2
Date Added:	
Date Updated:	29/01/2021
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?)*	**Last updated**	**Delivery Date**	**Action Owner**
Transition Steering Group to review pilot progress in July 2021	29/01/2021	31/07/2021	Sarah Darcy

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

LBH leads have reviewed function of Post 16 Panel and the flow of cases from Transitions Case Management Meeting.
Health contributions to EHCP costs: - agreed with new Head of SEND that process should be streamlined and should sit within the scope of the EHCP Panel.
A monthly panel meeting to pilot the Joint Funding protocol has been established. The first case has been successfully submited to the CCG for a contribution to a LAC residential placement. Although out of scope for funding recommendations, the process for reviewing adults' contributions for 18-25 years SEND plans is being progressed within the pilot. Pilot progress was reviewed by the Transitions Steering Group in January 2021 with a further review in 6 months. To update June 2021.

Ref#:	3
Date Added:	
Date Updated:	29/01/2021

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	

Review Committee:	CYPMF SOG
Senior Responsible Owner:	Anne Canning
Senior Management Owner:	Amy Wilkinson / Sarah Darcy

	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	30/04/2021	S.Darcy
2. NHSE guidance to be sought on whether range of joint funding initiatives can be delivered as PHBs	30/07/2020	30/04/2021	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	30/04/2021	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 Planned NHSE support sessions delayed impacting review

Ref#:	4
Date Added:	
Date Updated:	29/01/2021
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:	30/04/2021
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.
Integrated Discharge Oversight Group established by the Provider Collaborative to improve communication and discharge planning from the point of admission	Commitment from all agencies will be sustained. Tangible outcomes including discharge protocol and agreed notification and referral processes and timeframes. Agencies report improve communication and visibility of Tier 4 cohort.
CYP Focused autism working group aligned with All Age Autism Alliance strategy	Cross agency work plan with agreed owners and timeframes

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	29/01/2021	Ongoing	S.Darcy
Autism working group to be convened in Q1	29/01/2021	31/03/2021	S.Darcy

Monthly progress update *(agreed by Senior Management Owner & Senior Responsible Owner)*
CETR register is established but CCG is not receiving the number of referrals expected during Covid, with the lowered eligibility threshold. During COVID , services have rag rated their caseloads leading to inter service review of who is in contact with families. Tier 3.5 / Intensive Support Pathway: Following consultation with education and social care, SOG approved pilot initiation. Recruitment will begin with intended service delivery from September 2021 Community mapping exercise of autism and LD services submitted to NHSE January 2021. This will inform NHSE funding / development support priorities.

Ref#:	8
Date Added:	
Date Updated:	25/03/2021
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**
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	3	15

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**
Continue to work with CEG / NHSE regarding improvements in data collection to support timely delivery	29/01/2021	Ongoing	Sarah Darcy

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

Since the changes in health commissioning in 2013 Health and Social Care Act, responsibility for commissioning and delivery of all immunisations sits across a wide range of partners. There is no statutory commissioning role for the CCG or for local Public Health, although City and Hackney CCG has continually invested in supporting delivery of immunisations in order to tackle our local challenges. Partnership work was developed through the measles outbreak in 2018 and the ongoing non recurrent investment in the GP Confederation has been built on during the pandemic. Over the course of the recent Covid 19 surge residents/patients have not been accessing routine healthcare to usual levels, and this is a double blow to imms uptake given that it was already relatively poor. A 2 year action plan to improve immunisations across the whole life course has been developed, with a number of pilots and interventions. These were set out in a paper to the ICB in June 2020. Key progress includes:
1. Commissioning of GP confederation catch up programme to support primary care ahead of winter 2020 (agreed July 2020) - good plans are in place and this is being taken forward with the GP Confederation.
2.Proposal being devleoped for health visitors to deliver immunisations in children's centres and for key 'at risk groups (ie. families in temp accom)
3.The Back to school communications campaign on childhood immunisations finished on 25 September, and communicaitons are now focusing on flu immunisations.
4. New system governance and delivery structures in place, led by public health
5.Specific interventions for the North of the borough continue to be commissioned and delivered, including Sunday clinics, with new models being explored
This risk is part of a broader system risk on immunisations, and there is still work to be done to clarify how responsibility for managing the risk is shared between CYPM, Planned Care and Primary Care Workstreams. A specific report on flu immunisations went to the October ICB. Current uptake of flu vaccinations for 2/3 year olds is 29%, significantly higher than this time last year and a new model of flu vaccinations is being tested from children's centres. Work continues to progress toward the target of 75% coverage.
Update 01/21 - over winter in the 2nd peak imms coverage continues to deteriorate. GPC funding has focused on the flu campaign with the imms badged funding (£100k) to be accrued to 21/22. Progress has been made in developing the future strategy with a focus on call and recall and vaccine hesitancy. NE Hackney PCNs are developing immunisations champions roles and plan to commission an Imms coordinator to ensure this work is prioritised in the context of the Covid vaccine.
Update 25/03/21: The 0.5 wte Imms coordinator funding has been agreed by NHSE/NEL and the post will be recruited to via the lead PCN with start date to be in April. Also agreed 0.5wte NEL resource to be hosted by the same PCN with focus on strengthening call and recall and approach to vaccine hesitancy across NEL. Both posts non-recurrent funding for 12 months. Risk rating remains unchanged.

Ref#:	9
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, 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**
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:	
Date Updated:	25/03/2021
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**
Health of Looked-After Children: Risk to sustaining service performance during transfer of service to new provider and change to service model	3	3	9	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**

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. Update 29/01: Service review post service transfer was submitted to the CCG in November 2020, resulting in increase to service funding in line with model endorsed by HUHT and partnership. Staffing resource is now sufficient for caseload and enhanced quality requirements of the specification. Risks remain around Doctor staffing for IHAs. There are two IHA streams per clinic, with the remaining 1st lockdown backlog being addressed. Update 25/03/21 nursing posts x2 recruited. Lockdown IHA backlog being monitored and appointments being offered F2F .

Ref#:	15
Date Added:	
Date Updated:	27/01/2021
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	3	3	12	3	2	6

Risk Tolerance *(the CCG's appetite in relation to this risk)*			
	Target Score	**Detail**	**Total**
Impact	3 (TBC)		6 (TBC)
Likelihood	2(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.	27/01/2021	n/a	Mary Lee

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. Negotiations ongoing for a stronger service provision for City of London UESC.
25/11/2020 Risk reduced as HUHT are undertaking OOB placed health assessments
27/01/2021 The risk has been raised nationally at the National Network of Designated professionals fora to be further escalated to NHSE. Locally, City of London UASC are now commissioning services from Coram Baaf. The escalation process continues for LBH lAC.
25/03/2021 The risk remains due to a shortage of T4 beds nationally and increased numbers of referrals to CAMHs services locally and nationally. The Designated Nurse for LAC continues to advocate for OOB children placed who are unable to access CAMHS

Ref#:	16
Date Added:	30/07/2020
Date Updated:	30/04/2021
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**
Ongoing review of risks and workforce planning with HUHT Divisional Leads	29/01/2021	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. Service restarted in October provided jointly with Bart's, waiting list triaged and being addressed. Joint development of transfer plan for Barts service with start date of 1/4/21. Working group established. Risk not reduced in Q2 as funding risks not identified. Risk escalated by HUHT 01/21 as Tier 2 has again been paused by Barts. Concern about cumulative waiting list as previous backlog not cleared. CCG meeting with Newham CCG as commissioner lead and Barts is planned. Fortnightly transfer meeting established and detailed transfer plan agreed. Costs including data transfer and equipment are to be agreed. Indicative transfer date of 1/7/21

Ref#:	17
Date Added:	30/07/2020
Date Updated:	30/04/2021
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**

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

Risk escalated to risk register and HUHT risk assessment requested 30/07/20. Interim support secured and workforce strengthened for high risk areas such as LAC. Risk not reduced in quarter as known vacancy issues emerging in December though recruitment planned.
Update 29/01: During 2nd peak staffing concerns continue largely re fragility of LAC IHA Doctor resource (2 clinic streams retained currently) and EHCP clinic should numbers of assessment referrals increase - currently very low but influx may be expected. Due to shortage of paediatricians the role of Named Dr for safeguarding children HUH Community is currently unfilled.
Update 05.21: CCG requested staffing plan and HUHT submitted the report that went to their April Trust Board. The CCG has requested further detail. Progress can be evidenced but risk remains around success of planned recruitment to 5 Consultant posts

Ref#:	18
Date Added:	26/11/2020
Date Updated:	30/04/2021
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 CAMHS support througout the impending phases of the pandemic, at specialist and universal level for children and families. As the pandemic has continued, we have seen increased pressure on T4 beds, and increasing crisis and ED presentations, which is also reflected across NEL and London. Many services are seeing a large risk in the number of referrals, particularly Tier 3 CAMHS, Eating Disorders and Crisis. In addition, specialist CAMHS have raised a risk of staff absence through sick leave due to workload.	3	4	12	3	5	15

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 responded flexibly to support families 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.	

We are now becoming more concerned about ongoing impacts of th pandemic on adolsecent and CYP mental health, with T4 beds at capacity and increasing presentations. This is being addressed at NEL, with a new crisis group working with the provider collaborative, and an Integrated discharge planning group has been set up to meet fornightly (with C&H, Newham and Tower Hamlets) with reps from health, education and social care to strengthen the community offer. Several new services are supporting families online (Kooth, Helios) and we are developing plans for an integrated T3.5 service.
Through WAMHS we are writing to schools to encourage them to use their linked clinician for consultation so that, where possible, cases can be held through school intervention and referral to range of agencies, making sure referrals to CAMHS are appropriate.
MHST has extended it's offer beyond it's original scope of Wave 1 WAMHS schools, to invite all schools to universal parent support and training groups (primary & secondary), as well as groups for secondary age children. Update 05:21: This risk and mitigation is continuing to be monitored closely and is now also reporting to the Integrated Emotional Heath and Wellbeing Partnership.

Actions			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
Ongoing implementation of contingency planning, continuation of communications and close working with schools	01/02/2021	Ongoing	Greg Condon / Sophie McElroy
This risk is also part of the SOC action plan	01/02/2021	Ongoing	

Monthly progress update ***(agreed by Senior Management Owner & Senior Responsible Owner)***
CAMHs have responded 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. We are now becoming more concerned about ongoing impacts of th pandemic on adolsecent and CYP mental health, with T4 beds at capacity and increasing presentations. This is being addressed at NEL, with a new crisis group working with the provider collaborative, and an Integrated discharge planning group has been set up to meet fornightly (with C&H, Newham and Tower Hamlets) with reps from health, education and social care to strengthen the community offer. Several new services are supporting families online (Kooth, Helios) and we are developing plans for an integrated T3.5 service. LBH CAMHS clinical services are re-designing their offer from April 2021. We are currently attempting to establish the impact of this at a system level and any possible associated costs.

Ref#:	19
Date Added:	30/08/2020
Date Updated:	25/03/2021
Review Committee:	CYPMF SOG & MHCC
Senior Responsible Owner:	Anna Jones / Mary Lee
Senior Management Owner:	Amy Wilkinson / NEL

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**

During Covid-19 a combined NEL Safeguarding and Looked After Children risks register has been in place and reviewed monthly by the designated nurses. The NEL key risks relate to reduced face to face contact between services, schools and children during the COVID-19 Pandemic, and the increased risks to children which result from this. It is nationally anticipated that there may be a surge of safeguarding issues identified when COVID-19 restrictions end and move to business as usual returns. The management of the 7 risks directly pertaining to City & Hackney is being held at North East London level, and each has been given an adjusted scoring which is lower, reflecting the mitigations in place an asurances gathered since the re-opening of schools. The SOG agreed on 7 December 2020 to reflect this position with a summary risk on the register, collectively scored as a 12.	4	4	16	4	3	12

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?)***
Management and mitigation of this risk is reflected on the NEL Safeguarding Risk Register. These risks are also mitigated in part by the mitigations relating to risks 2,5,11 and 15, (above).	

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

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

The CYPMF Strategic Oversight Group (SOG) reviewed the NEL Safeguarding Risk register at its meeting on 7 December. Following the return of children in City & Hackney to school, the NEL Safeguarding group has been able to provide a clearer assessment of the risk to children. The SOG recognised the mitigations and assessment of revised risk scores represented by that group, and agreed to continue to review those risks, keeping them as a summary risk on the the CYPMF register (collectively rated 12), and be informed by the C&H Safeguarding Children's Partnership (of which the Workstream Director and designated nurse for Safeguarding Children are members). It was noted that additionally, these risks are mitigated in part by the actions relating to risks 2,5,11 and 15 on the CYPMF Register. The updated CYP Covid risk register was presented to CH SAG on 29.01.21.

25/03/21

Following the third lockdown the CHSCP have been meeting 3 weekly to highlight any significant themes, patterns and trends identified by all agencies in respect of safeguarding and promoting the welfare of children. Schools are now open again. For us in C&H our greatest concern relates to the large increase in referrals to CAMHS services (risk 19). The overarching NEL risk register is a collective but all boroughs are individually represented.

Ref#:	20
Date Added:	30/04/2021
Date Updated:	
Review Committee:	CYP SOG / CHSCP
Senior Responsible Owner:	Mary Lee
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**

Loss of child protection information sharing (CPIS) data due to cyber -attack in Hackney council. This means that information regarding children, young people and unborn who are the subject of a child protection plan or are LAC may not be available to clinicians to inform assessment at unscheduled care appointments.	3	4	12	3	2	6

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?)***
All providers have issued detailed guidance to staff relating to clinical presentation and absence of CPIS data	
Safeguarding alerts are added to children and pregnant women's records as appropriate (information shared between LB Hackney and hospital safeguarding teams)	
Detailed audits are planned (May 2021) to monitor mitigations for efficacy	
Report and assurance provided to NHSE/I and NHS Digital national CPIS board April 2021 and update to board with audit findings planned for May 2021	

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

Integrated Commissioning Board managed risks

Ref#	COVID/BAU	Description	Inherent Risk Score	Risk Tolerance	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 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	Comment
PCTBC1	COVID	Changes to services (e.g. services being moved out of area / hot-cold site changes, virtual consultations) have an impact on vulnerable residents and / or negatively impact those already most at-risk from the covid-19 pandemic. 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	x	20	12	12	**Same**	Local services have undertaken a range of actions to mitigate the impact of COVID for vulnerable groups. GP Confed contract has been regeared to focus on vulnerable patients- utilising CEG searches to identify them. Community Services- ACERS, Lymphoedema, etc.- are actively managing patients on their caseload. Winter Pressures work is being undertaken by meds management team. Local authorities are managing service response through Neighbourhood Recovery Planning Groups and linking with other partners in the system. We will be working with the GP Confed to review the focus of the LTC contract from Q1 2021/22 focussing on practices with lower performance in 2020/21 and using a new tool to identify patients who have not been reviewed recently and whose condition(s) are less well controlled.	12	/	/			/	This replaces: Vulnerable patients, including those with a long term condition/learning disability, struggle to access care due to changes to local services.
PCTBC2	COVID	High number of outstanding CHC assessments as a result of the impact of Covid-19.	12	9	x	x	15	12	**Reducing**	There are 105 individuals on the Scheme 1 list who were discharged from hospital between the 19 March and 31 August that the team identified as likely requireing a CHC assessment. The deadline for these cases was supposed to be the end of March; however, we had 14 patients still awaiting a CHC assessment at year end. As of the 4 May we have 3 cases that are outstanding; 1 is awaiting medical information from the acute team; however, the other two have been completed and will be sent to the CSU for ratification. For individuals discharged during quarter 4 2020-21, 88% (22/25) of assessments were assessed within the 28-day timeframe.	12		/	/	/		
PC6	COVID	Impact of COVID on access to local cancer services	20	9	6	20	16	10	**Same**	National message: "Cancer services remain an absolute priority for the NHS. Our key aims are to: ● minimise patients that do not present to primary care for referral ● Ensure our providers have Fast Track appointments available ● Diagnostics capacity will be available GP referrals maintaining pre COVID levels. Lung clinic referrals low due to similarity to COVID symptoms. GPs being made aware to be vigilant. Local providers meeting 2ww appoinment availability Homerton diagnostics capacity available now for all imaging, endoscopy requirements. Still a focus on A & G, FIT and other triage to ensure prioritisation of referrals.	12	/					This replaces: the 62 day target to begin cancer treatment is not consistently achieved
PCTBC5	COVID	Acute Alliance Elective Restart Programme - Restore full operation of all cancer services. - Recover the maximum elective activity possible between now and winter	20	9	x	x	x	15	**Same**	No significant changes. Hospital based elective services continue to be reopened. Independent sector still needed to bridge short fall. We are able to keep cancer services running in all areas. Independent sector capacity is still supporting cancer diagnostics and surgery for north east London. Capacity will continue to be effected by COVID for sometime and back log for NEL is being evaluated in operating plan submissions.	12	/					
PC14	COVID	Increase in mortality for residents with a learning disability as a result of COVID (increase in Learning Disabilities Mortality Review (LeDeR) Programme reporting)	20	9	x	x	x	x	Same	The Integrated Learning Disability Service is proactively following up with patients on it's caseload to conduct welfare checks. For patients not on the service caseload, Primary Care are conducting annual health checks. AHCs targets have been hit and work is ongoing to reiterate the impotance of these. Vaccinations programme in place for patients with LD. LD vaccination group set up to support with more complex cleints and vaccinations. Resources have been developed and promoted by the council and CCG. Ongoing monitoring of LeDeR reporting and a thematc review was recently undertaken to explore key action areas. The risk will need to be reviewed again follllowing the covid easements.	12	/					
PC15	COVID	Risk of COVID outbreaks at care homes and commissioned placements for residents with a learning disability	16	9	x	x	x	12	Same	Vaccinations have been rolled out to care homes and Supported living; there has been a reasonable uptake. This and the new testing procedures help lower the risk of outbreak. Those who have not yet accepted the offer of the vaccine still needs to be explored and work to promote uptake is ongoing. Standard Operating Procedures in place to address outbreaks. Regular testing in place. Still awaiting Restore2 mini training from NHSE	9	/					

PC16	COVID	Medium to long term health impact of Covid and Covid related suspension of usual care on people with Long Term Conditions. This may be due to failure to present to health care settings; reduction in proactive monitoring and care or difficulty in accessing services due to restrictions. Likely to have a significant adverse impact on especially vulnerable groups including those in deprived socio-economic groups, people with LD and people from BAME backgrounds. This may become a "rising tide" of people with worsening health outcomes and complications of diseases such as diabetes.	16	9	x	x	x	x	**New risk**	Ongoing monitoring in place to support planning for medium-long term. Development of data models will be scheduled for later in the year to understand the quantitative impact. Engagement and Listening Events also planned to be scheduled for later in the year to gain a qualitative understanding of local need. Review of LTC contract for 21/22 in pipeline to address fallout from COVID, particularly for vulnerable groups. This will also focus on LTC recovery and how to manage the situation post-COVID. Business case presented to FPC in March 2021 for additional resources to help practices recover their LTC management programme as well as additional Pulmonary rehab. New tool developed to search for most at risk groups for practices to focus on. Exploring options for engagement activities and group consultations with specific patient cohorts later in the year. Full impact of pandemic on these groups is yet to be established.	16	/					
PC17	COVID	Impact of COVID on the health of the rough sleepers and asylum seeker populations	20	9	20	12	x	x	**Decreasing**	Rough Sleeper and Health Partnership Group in place to oversee response. ELFT Outreach Service providing outreach clinics to accommodation housing both rough sleepers and asylum seekers. Proactive outreach being undertaken by LAs to ensure rough sleepers are offered accommodation. Working group has been set up to manage the rollout of vaccines to these two groups. Plan for a mixed model of vaccination centres with support and an outreach model. All asylum seekers have been registered at Hoxton/Greenhouse. Regular fortnightly meetings are in place with all stakeholders to discuss asylum seeker needs and how to respond best to them. Current roll out of covid vaccinations at both the Homeless and Asylum Seeker hotels w/c 15.02.21 by the ExCel Vaccination team. 76 HL residents vaccinated (37% uptake) and 105 AS vaccinated (47% uptake). Plans in place for a second mop up visit in mid april. Second dosage plans still in discussion.	16	/					
PC18	COVID	Level of uptake of COVID vaccinations for health and social care staff	12	9	x	x	x	x	**New risk**	Requests sent out to providers and partners to submit staff lists for issuing invites. All staff submitted up to 15th February have received invites. Early delays in processing lists have been resolved. There are, however, still issues with reporting on who has been invited and who has received the vaccine. HUH are working on reporting to meet national requirements. Project is reporting progress to SOC and Health Protection Board.	9	/					
PC7	BAU	NCSO- 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. As a result of EU exit, there is risk of transport delays of medicines which could lead to limited stock availability of medicines (which could further drive up the cost of commonly prescribed drugs).	20	9	20	20	20	20	**Same**	The NHS has put measures in place to help ensure stocks continue to be available even if there are transport delays. The national recommendation is that medicines should be prescribed and dispensed as normal and that medicines should not be stockpiled, the MMT has already shared the message regarding appropriate prescribing and ordering of medicines to prescribers and patients (through Healthwatch Hackney) during the first wave of the COVID-19 pandemic – Spring 2020 and again in Nov/ Dec of 2020. For 2020/21, as of January 2021 prescribing data is only available for April -October 2020. Based on the 7 months data, the estimated annual cost pressure for NCSO is £567,214 in addition to a cost pressure of £367,788 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 per month from CCGs by increasing the cost of these drugs from June 2020. The estimated cost impact for C&H CCG for this clawback is £412,090 over June2020 to March 2021. Previous low scores was due to it these cost pressures being fully mitigated by QiPP savings delivered, each year to 2019/20, by the Meds Management team in conjunction with practices. So in previous years prescribing budget has always remained break even or underspent. An additional prescription cost factor arising from Covid pandemic is that there appears to be much higher compliance with medicines or at least with having prescriptions being dispensed with upto 30% higher rates of prescriptions dispensed.	20			/			
PC8	BAU	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	**Same**	Although there was a huge reduction in the overall overspend, ILDS was >£2milion overspent last financial year. Work is ongoing to get a clearer picture of the budget and ensure consistency of some costs e.g. interrogation of day service costs and sign up to a SLS Framework. Overspend was in part as a result of extra support needs around covid (e.g. increased 1:1 support) which is likely to continue with the current Pandemic; it's highly unlikely that savings could be made. Furthermore the LBH cyberattack has meant preparatory and preventative work has been negatively impacted and many costs reain unclear. This is a new financial year so although the overspend is currently not an issue it is a likely risk for this year.	20			/			
PC13	BAU	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	9	20	20	20	20	**Reducing**	Funding for Years 2 and 3 of the service has been agreed by partner organisations. Working group to be developed to focus on enchanced outcomes monitoring- building on the original proposal.	5			/	/		
PC19	BAU	Impact of the LBH Cyber Attack on local Planned Care Services	20	9	x	x	x	x	**Same**	Services that use Hackney Council IT infrastructure have had ongoing issues caused by October's Cyber-Attack. This has impacted a range of services and has caused issues with access to the social care client database. Regular risk reporting to senior figures within the council is ongoing. A Project Group has been set up and is exploring devlopment of an alternative system. It is thought that some information may be able to be recovered.	9						
PC20	BAU	Challenges to system finances impacting on development of services critical to recovery	6	9	9	x	x	x	**Same**	**Specialist Weight Management** - seen as key to supporting high risk patients with obesity in the community. Finance issues relating to ongoing funding in 21/22 are delaying mobilisaiton of the service. Request to finace to update on SWM service funding. **PCN pilot -** The PCN Pilot has now been incorporated into the Neighbourhood programme and funding is now fully covered and is no longer a risk. **Gynae community service expansion** funding issue may be resolved and HUH confirmation is awaited. **Other intiatives-** Transformation funding for the acne pathway service and methotrexate service are yet to be finalised but may be an issue for 21/22.	6			/			
PC21	BAU	No decision has been made by government about the continuation of discharge to assess funding from April 2021 onwards. Systems should therefore assume that individuals discharged from hospital from 1 April 2021 onwards who require care and support will need to be funded from locally agreed funding arrangements which will have an impact on CCG Continuing Healthcare, and Adult social care budgets. Without a clear process, this could have a detrimental impact on hospital discharge.	20	8	x	x	x	x	**Reducing**	The Government confirmed that there will be central funding to support discharge to assess; this will be up to 6 weeks of care during quarter 1 and up to 4 weeks during quarter 2. This risk is therefore delayed at this time.	6		x	x			

Ref#:	PCTBC1	**Objective**	**Improve the health of our patients**	/
Date Added:			**Commissioning System Development**	
Date Updated:	May-21		**Integrated Commissioning**	
Review Committee:	Planned Care Core Leadership Group		**CCG Governance**	
Senior Responsible Owner:	Jayne Taylor		**Primary Care**	/
Senior Management Owner:	Charlotte Painter		**Productive Health Economy**	

Description	**Inherent Risk Score *(pre-mitigations)***			**Residual Risk Score *(post-mitigations)***		
	Impact	**Likelihood**	**Total**	**Impact**	**Likelihood**	**Total**
Changes to services (e.g. services being moved out of area / hot-cold site	3	4	12	3	3	9

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?)***
Develop tool for identification of vulnerable patients by primary care	Implementation of tool in primary care - feedback reports on use
Process of review and active case management - primary care and	Data capture and reporting through CEG

Action(s) *(how are you planning on achieving the proposed mitigations?)*			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
Development of tool for identifying vulnerable patients requiring active management	May-21	Complete	CP
Agree cohorts and process for vulnerable patient reviews	May-21	Spring 21	CP
Review of LTC contract performance 2020/21 to identify prioroty areas for 2021/22	May-21	Spring 21	CP

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

Local services have undertaken a range of actions to mitigate the impact of COVID for vulnerable groups. GP Confed contract has been regeared to focus on vulnerable patients- utilising CEG searches to identify them. Community Services- ACERS, Lymphoedema, etc.- are actively managing patients on their caseload. Winter Pressures work is being undertaken by meds management team. Local authorities are managing service response through Neighbourhood Recovery Planning Groups and linking with other partners in the system. We will be working with the GP Confed to review the focus of the LTC contract from Q1 2021/22 focussing on practices with lower performance in 2020/21 and using a new tool to identify patients who have not been reviewed recently and whose condition(s) are less well controlled.

Ref#:	PC6	**Objective**	**Improve the health of our patients**	/
Date Added:			**Commissioning System Development**	
Date Updated:	Feb-21		**Integrated Commissioning**	
Review Committee:	Planned Care Core Leadership Group		**CCG Governance**	
Senior Responsible Owner:	Siobhan Harper		**Primary Care**	
Senior Management Owner:	River Calveley		**Productive Health Economy**	

Description	**Inherent Risk Score *(pre-mitigations)***			**Residual Risk Score *(post-mitigations)***		
	Impact	**Likelihood**	**Total**	**Impact**	**Likelihood**	**Total**
Impact of COVID on access to local cancer services	5	4	20	4	3	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?)***
Messages to GPs about service changes and right pathways	Utilisation of correct pathways, feedback from GPs, Comms Circulated
Planning with Providers to mitigate impact and utilise service capacity	Weekly meetings, service reporting, utilisation of independent sector and capacity within the system

Action(s) *(how are you planning on achieving the proposed mitigations?)*			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
Monthly NEL Cancer Delivery Group to address Cancer Key Areas	19.03.21	Ongoing	RC
Twice weekly meetings with NEL partners to discuss performance	19.03.22	Ongoing	RC
Cancer Collaborative meeting to discuss mitigations	19.03.23	Ongoing	RC

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

National message: "Cancer services remain an absolute priority for the NHS.
The impact of COVID-19 will impact services causing delays in referrals, diagnosis and nationally mandated targets.

Our key aims are to:
● minimise patients that do not present to primary care for referral
● Ensure our providers have Fast Track appointments available
● Diagnostics capacity will be available

Homerton - open for all 2ww services
Diagnostics:
Radiology - X-Ray urgent patients only
GPs asked to consider local pathways before referring for USS and MRI
DEXA has been temporarily suspended-patients already referred will have their appointments rebooked
Imaging for suspected cancer continues as normal
Duty radiology available on bleep 341 before 5pm on weekdays
Out of Hours input available via HUH Switchboard- if urgent

● Direct access endoscopy services have restarted on the 15th March at HUH. Use of FIT and A & G still important for GPs to prioritise patients.

GP referrals are now at pre COVID levels for most cancers - Lung has been low but now are increasing.

Ref#:	PCTBC2
Date Added:	Sep-20
Date Updated:	04/05/2021
Review Committee:	Planned Care Core Leadership Group
Senior Responsible Owner:	Siobhan Harper
Senior Management Owner:	Cindy Fischer

Objective	**Focus to prevention to address health inequalities**	
	Community care close to home	/
	Maintain system financial balance	/
	Deliver integrated care which meets physical and menta	/
	Empower patients and residents	

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 impact of	4	5	12	4	2	6

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?)***
We received central funding of £269K to recruit staff to support completion	Staff in post
From 1 September 2020 CHC assessments resumed as business as usual.	Monthly finance reports from LBH/CSU

Action(s) *(how are you planning on achieving the proposed mitigations?)*			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
Recruitment of staff by LBH & Homerton	Mar-21	31/03/2021	Cindy Fischer
Work with partners to monitoring progress via sitreps and financial reporting	Mar-21	31/03/2021	Cindy Fischer

Monthly progress update *(agreed by Senior Management Owner & Senior Responsible Owner)*
There are 105 individuals on the Scheme 1 list who were discharged from hospital between the 19 March and 31 August that the team identified as likely requireing a CHC assessment. The deadline for these cases was supposed to be the end of March; however, we had 14 patients still awaiting a CHC assessment at year end. As of the 4 May we have 3 cases that are outstanding: 1 is awaiting medical information from the acute team; however, the other two have been completed and will be sent to the CSU for

Ref#:	PCTBC5
Date Added:	
Date Updated:	Feb-21
Review Committee:	Planned Care Core Leadership Group
Senior Responsible Owner:	Siobhan Harper
Senior Management Owner:	River Calveley

Objective	**Improve the health of our patients**	/
	Commissioning System Development	
	Integrated Commissioning	
	CCG Governance	
	Primary Care	
	Productive Health Economy	

Description	**Inherent Risk Score *(pre-mitigations)***			**Residual Risk Score *(post-mitigations)***		
	Impact	**Likelihood**	**Total**	**Impact**	**Likelihood**	**Total**
Acute Alliance Elective Restart Programme	5	4	20	4	3	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?)***

GP Comms	GP behaviour, use of pathways
Use of independent sector	Reporting
Recovery planning and reporting on this	Feedback and Reporting from Homerton

Action(s) ***(how are you planning on achieving the proposed mitigations?)***			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
Fortnightly Elective Recovery Meetings with Homerton	19.03.20	Ongoing	RC
Activity Reports from the Homerton	19.03.21	Ongoing	RC
Meetings with London Colleagues to discuss utilisation of the independent sector	19.03.22	Ongoing	RC
Comms to GPs on pathways and alternatives for example FIT, A&G, etc..	19.03.23	Ongoing	RC

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

No significant changes but plans are now advanced in the reopening of hospital based elective services and there will be less reliance on the independent sector going forwards.
We are able to keep cancer services running in all areas.
Independent sector capacity is still supporting cancer diagnostics and surgery for north east London.
In summary:
• London Independent (located near the Royal London Hospital) is our cancer surgery hub. This will be the location for the following: colorectal, spinal and gynae. Teams are all working together collaboratively.
• Other outer London independent sector capacity, including Holly house, Spire London East, Spire Hartswood, the Treatment centre and inhealth will deliver cancer diagnostics, and non-complex cancer surgical treatments
• Complex work will take place at The London clinic: complex gynae, HPB, interventional radiology, complex colorectal.
• At King Edward VII, we will be able to undertake complex breast surgery.
• At Wellington, there will also be complex breast surgery as well as nuclear medicine.
• NHS 'green' capacity is in place at St Barts for Lung cancer surgery, and Homerton have maintained day surgery capacity.
Diagnostics - Providers continue to prioritise cancer diagnostics, including endoscopy and biopsies.
We have increased capacity within the Independent Sector to minimise delays in diagnosing / ruling out cancer.
Outer London independent sector sites are being used to maintain cancer diagnostic work as well as benign P2 work. Patients may be asked to attend these independent sector sites for diagnostics.

Ref#:	PC14	**Objective**	**Improve the health of our patients**	/
Date Added:	Feb-21		**Commissioning System Development**	
Date Updated:	Feb-21		**Integrated Commissioning**	
Review Committee:	Planned Care Core Leadership Group		**CCG Governance**	
Senior Responsible Owner:	Siobhan Harper		**Primary Care**	
Senior Management Owner:	Penny Heron		**Productive Health Economy**	

Description	**Inherent Risk Score** ***(pre-mitigations)***			**Residual Risk Score** ***(post-mitigations)***		
	Impact	**Likelihood**	**Total**	**Impact**	**Likelihood**	**Total**
Increase in mortality for residents with a learning disability as a result of	5	4	20	4	3	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?)***
Welfare checks and proactive follow-up	Primary Care and ILDS Service Reporting
Vaccine offer and support to take it up	Vaccine Reporting
Infection control and self-care resources for patients and their carers	Reporting of actions

Action(s) ***(how are you planning on achieving the proposed mitigations?)***			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
Circulating support resources to patients with a learning disability	Feb-21	Complete	PH
Vaccinations for patients with a learning disability who meet age criteria and/or are extremely clinically vulnerable (group 1-4)	Feb-21	Feb-21	RB/PH
Vaccinations for patients with a learning disability who fall into other national vaccination prioritisation groups	Feb-21	Spring 21	RB/PH/CP
Integrated Learning Disability Service proactive welfare checks for patients on their caseload	Feb-21	Ongoing	PH
Primary Care welfare checks for patients with a learning disability and not on ILDS caseload	Feb-21	Ongoing	CP/AG
Ongoing monitoring of LeDeR Reporting	Feb-21	Ongoing	PH

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

To mitigate COVID's impact, the Integrated Learning Disability Service is proactively following up with patients on it's caseload to conduct welfare checks. For patients not on the service caseload, Primary Care are conducting checks. GPs have clear guidance for identifying patient via CEG searches and protocol for what to discuss with patients when they are contacted. Vaccinations being offered to patients with LD- who are extremely clinical vulnerable. Patients who are not extremely clinically vulnerable- fall in group 6 and will need to wait for the groups ahead to receive their vaccine. Resources have been promoted by the council and CCG- a winter planning handbook has been shared with patients. Annual Health checks are ongoing. Ongoing monitoring of LeDeR reporting.

Ref#:	PC15	**Objective**	**Improve the health of our patients**	/

Date Added:	Feb-21
Date Updated:	Feb-21
Review Committee:	Planned Care Core Leadership Group
Senior Responsible Owner:	Siobhan Harper
Senior Management Owner:	Penny Heron

	Commissioning System Development	
	Integrated Commissioning	
	CCG Governance	
	Primary Care	
	Productive Health Economy	

Description	**Inherent Risk Score** *(pre-mitigations)*			**Residual Risk Score** *(post-mitigations)*		
	Impact	**Likelihood**	**Total**	**Impact**	**Likelihood**	**Total**
Risk of COVID outbreaks at care homes and commissioned placements for	4	4	16	3	3	9

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?)*
Vaccinations for Staff and Residents	Activity reporting
Infection Protection and Control Training and SOPs for Care Homes and	Action reporting- number of outbreaks and impact of outbreaks
Support Resources for patients, staff and carers	Action reporting- people have received the resources, understand it and can implement it

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

Detail	**Last updated**	**Delivery Date**	**Action Owner**
Infection Protection and Control training for Staff at Care Homes		Complete	PH
Standard Operating Procedures at Care Homes to manage IPC and potential outbreaks		Complete	PH
Share winter planning handbook		Complete	PH
Restore2Mini training for staff		Spring 21	NEL
Vaccinate Staff and Residents		Spring 21	RB/PH/CP

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

Vaccinations being provided to Staff and Residents. Infection Protection and Control sessions are being held at care homes. Public Health and CCG looking at options for enhancing this provision. Standard Operating Procedures in place to address outbreaks. Winter planning handobooks shared with patients and staff. NEL reviewing options for further online training called Restore2mini.

Ref#:	PC16
Date Added:	Feb-21
Date Updated:	Feb-21
Review Committee:	Planned Care Core Leadership Group
Senior Responsible Owner:	Jayne Taylor
Senior Management Owner:	Charlotte Painter

Objective	**Improve the health of our patients**	/
	Commissioning System Development	
	Integrated Commissioning	
	CCG Governance	
	Primary Care	
	Productive Health Economy	

Description	**Inherent Risk Score** *(pre-mitigations)*			**Residual Risk Score** *(post-mitigations)*		
	Impact	**Likelihood**	**Total**	**Impact**	**Likelihood**	**Total**
Medium to long term health impact of Covid and Covid related suspension of usual care on people with Long Term Conditions. This may be due to failure to present to health care settings; reduction in proactive monitoring and care or difficulty in accessing services due to restrictions. Likely to have a significant adverse impact on especially vulnerable groups including those in deprived socio-economic groups, people with LD and people from BAME backgrounds. This may become a "rising tide" of people with worsening health outcomes and complications of diseases such as diabetes.	4	4	16	4	4	16

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?)*
Develop data reporting and modelling to assess need	Reporting and review by services/commissioners
Engage patients to collate qualitative feedback	Report attended- feedback summarised

Review services briefs to understand how this need can be met	Use collated information to inform changes to services

Action(s) ***(how are you planning on achieving the proposed mitigations?)***			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
Data monitoring in primary and secondary care of indicators for medium/long term impact of COVID	Feb-21	Ongoing	CP
Review of LTC indicators for 21/22	Feb-21	Spring 21	CP
Development of data modelling to aid reporting for this area	Feb-21	Spring 21	CP
Engagement events to collate patient feedback on medium to long term impact	Feb-21	Summer 21	CP

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

Ongoing monitoring in place to support planning for medium-long term. Development of data models will be scheduled for later in the year to understand the quantitative impact. Engagement and Listening Events also planned to be scheduled for later in the year to gain a qualitative understanding of local need. Review of LTC contract for 21/22 in pipeline to address fallout from COVID, particularly for vulnerable groups. This will also focus on LTC recovery and how to manage the situation post-COVID.

Ref#:	PC17
Date Added:	Feb-21
Date Updated:	Feb-21
Review Committee:	Planned Care Core Leadership Group
Senior Responsible Owner:	Siobhan Harper
Senior Management Owner:	James Courtney/Fawzia Bahkt

Objective	**Improve the health of our patients**	/
	Commissioning System Development	
	Integrated Commissioning	
	CCG Governance	
	Primary Care	/
	Productive Health Economy	

Description	**Inherent Risk Score** ***(pre-mitigations)***			**Residual Risk Score** ***(post-mitigations)***		
	Impact	**Likelihood**	**Total**	**Impact**	**Likelihood**	**Total**
Impact of COVID on the health of the rough sleepers and asylum seeker populations	5	4	20	4	3	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?)***
Ongoing accommodation offer	LA reporting- number on street v number in accommodation, reporting on engaging rough sleepers
Outreach services from council and ELFT	Service reporting- numbers assessed and registered
Out of Hospital Discharge Pathway	Support workers and accommodation commissioned- reporting of patients utilising pathway, reporting of
Vaccination implementation	Model agreed and reporting of numbers vaccinated

Action(s) ***(how are you planning on achieving the proposed mitigations?)***			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
Register all asylum seekers at a local GP Practice	Feb-21	Complete	JC
Source accommodation in CoL and LBH to continue to provide scaled up accommodation	Feb-21	Complete	JC
Undertake CHRISP health and welling being survey for all rough sleepers in accommodation	Feb-21	Complete	JC
6 weekly Rough Sleeper and Health Partnership Group meeting	Feb-21	Ongoing	JC/FB
Outreach clinics provided at rough sleeper and asylum seeker accommodation	Feb-21	Ongoing	JC/FB
Agree model and support to ensure rough sleepers and asylum seekers are vaccinated	Feb-21	Feb-21	JC/FB
Develop Out of Hospital Discharge Pathway model and bid working with INEL Partners	Feb-21	Spring 21	JC/FB

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

Rough Sleeper and Health Partnership Group in place to oversee response. ELFT Outreach Service providing outreach clinics to accommodation housing both rough sleepers and asylum seekers. Proactive outreach being undertaken by LAs to ensure rough sleepers are offered accommodation. Working group has been set up to manage the rollout of vaccines to these two groups. Plan for a mixed model of vaccination centres with support and an outreach model. All asylum seekers have been registered at Hoxton/Greenhouse. Regular fortnightly meetings are in place with all stakeholders to discuss asylum seeker needs and how to respond best to them. Asylum Seeker hotel was stood up in July 2020. DOTW, ELFT and Hoxton supported providing initial health assessment and registering patients through outreach clinics and primary care follow-up.

Ref#:	PC7
Date Added:	
Date Updated:	Feb-21
Review Committee:	Planned Care Core Leadership Group
Senior Responsible Owner:	Siobhan Harper
Senior Management Owner:	Rozalia Enti

Objective	**Improve the health of our patients**	
	Commissioning System Development	
	Integrated Commissioning	
	CCG Governance	
	Primary Care	
	Productive Health Economy	/

Description	**Inherent Risk Score** ***(pre-mitigations)***			**Residual Risk Score** ***(post-mitigations)***		
	Impact	**Likelihood**	**Total**	**Impact**	**Likelihood**	**Total**
NCSO- Limited stock availability of some widely prescribed generics	5	4	20			

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?)***
QIPP efficiencies to aid financial balance	Medicine Spend, QIPP Project Reporting

Action(s) ***(how are you planning on achieving the proposed mitigations?)***			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
MMT monitors NCSO & related costs and to date have utilised QiPP schemes to mitigate overall impact. Current message	Feb-21	Ongoing	RE
Dietician QiPP work on oral nutrition supplementation will help to deliver savings if general practice remains engaged over	Feb-21	Ongoing	RE
Messages to primary care on appropriate prescribing	Feb-21	Ongoing	RE

Monthly progress update ***(agreed by Senior Management Owner & Senior Responsible Owner)***
The NHS has put measures in place to help ensure stocks continue to be available even if there are transport delays. The national recommendation is that medicines should be prescribed and dispensed as normal and that medicines should not be stockpiled, the MMT has already shared the message regarding appropriate prescribing and ordering of medicines to prescribers and patients (through Healthwatch Hackney) during the first wave of the COVID-19 pandemic – Spring 2020 and again in Nov/ Dec of 2020. For 2020/21, as of January 2021 prescribing data is only available for April -October 2020. Based on the 7 months data, the estimated annual cost pressure for NCSO is £567,214 in addition

Ref#:	PC8
Date Added:	
Date Updated:	Feb-21
Review Committee:	Planned Care Core Leadership Group
Senior Responsible Owner:	Siobhan Harper
Senior Management Owner:	Penny Heron

Objective	**Improve the health of our patients**	
	Commissioning System Development	
	Integrated Commissioning	
	CCG Governance	
	Primary Care	
	Productive Health Economy	/

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	4	20

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?)***
Joint Funding	Ratification of tool and protocol agreed- action reporting
Transition governance structure	Effective data capture and clear transition planning- action reporting

Action(s) ***(how are you planning on achieving the proposed mitigations?)***			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
Joint funding work is still under completion. An independent review needs to take place to ratify the tool, a protocol has been	Feb-21	Apr-21	PH
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.	Feb-21	TBC (dependent on Cyber attack mitigations)	PH

Monthly progress update ***(agreed by Senior Management Owner & Senior Responsible Owner)***
Integrated Learning Disability Service is currently £2milion overspent this financial year. This is in part as a result of extra support needs around covid (e.g. increased 1:1 support). With the current Pandemic, it's highly unlikely that savings could be made. To note - Following a paper prepared for the ICB, the budget position has improved by several million £s than in previous years; however, as end of year overspend is >£1million risk remains at 20 (red) and will likely rise to 25 by next time when overspend is certain.

Ref#:	PC19
Date Added:	Feb-21
Date Updated:	Feb-21
Review Committee:	Planned Care Core Leadership Group
Senior Responsible Owner:	Siobhan Harper
Senior Management Owner:	Penny Heron

Objective	**Improve the health of our patients**	
	Commissioning System Development	
	Integrated Commissioning	
	CCG Governance	
	Primary Care	
	Productive Health Economy	/

Description	**Inherent Risk Score** ***(pre-mitigations)***			**Residual Risk Score** ***(post-mitigations)***		
	Impact	**Likelihood**	**Total**	**Impact**	**Likelihood**	**Total**
Impact of the LBH Cyber Attack on local Planned Care Services	4	5	20	3	3	9

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?)***
Develop and implement alternate solutions while issues remain	Alternate options are workable- service reporting
Investigate cause of attack and implement solutions to prevent it happening	Cybercrime investigation and report

Action(s) ***(how are you planning on achieving the proposed mitigations?)***			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
Secure google sheets used as an alternative for client database	Feb-21	Complete	PH

Cyber Crime complete investigation	Feb-21	Ongoing	PH
Reporting to senior leadership within council to assess progress	Feb-21	Ongoing	PH
Regular Project Group meetings to manage response	Feb-21	Ongoing	PH

Monthly progress update *(agreed by Senior Management Owner & Senior Responsible Owner)*
Services that use Hackney Council IT infrastructure have had ongoing issues caused by October's Cyber-Attack. This has impacted a range of services and has caused issues with access to the social care client database. Secure google sheets are being used as a fallback option in the interim. Project Group led by Ilona Sakulakis addressing the issue and Cybercrime are investigating. Regular risk reporting to senior figures within the council is ongoing.

Ref#:	PC21		**Objective**	**Focus to prevention to address health inequalities**	
Date Added:	Feb-21			**Community care close to home**	
Date Updated:	May-21			**Maintain system financial balance**	/
Review Committee:	Planned Care Core Leadership Group/Unplanned Care Board			**Deliver integrated care which meets physical and menta**	
Senior Responsible Owner:	Siobhan Harper/Nina Griffith			**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**
No decision has been made by government about the continuation of discharge to assess funding from April 2021 onwards. Systems should therefore assume that individuals discharged from hospital from 1 April 2021 onwards who require care and support will need to be funded from locally agreed funding arrangements which will have an impact on CCG Continuing Healthcare, and Adult social care budgets. Without a clear process, this could have a detrimental impact on hospital discharge.	4	5	20	4	2	8

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?)***
Review Services without Prejudice arrangement that was in place with the	An agreement is reached on funding arrangements with the local authorities.
The Hospital Discharge to Assess processes must continue with any funding	Discharge Sitreps

Action(s) *(how are you planning on achieving the proposed mitigations?)*			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
The NEL CHC Leads group need to discuss the impact on CHC budgets and whether a singular arrangement can be agreed with	Feb-21	01/04/2021	Siobhan Harper
Ensure D2A processes continue past the end of March regardless of central funding.	Feb-21	01/04/2021	Cindy Fischer

Monthly progress update *(agreed by Senior Management Owner & Senior Responsible Owner)*
The Government confirmed that there will be central funding to support discharge to assess; this will be up to 6 weeks of care during quarter 1 and up to 4 weeks during quarter 2. This risk is therefore delayed at this time.

Unplanned Care Workstream Risk Register - May 2021

Cover Sheet

Ref#	Description	Inherent Risk S	Risk Tolerance	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22	Risk Movemen	Monthly progress update	Projected next quarter risk score	Objective					
											Focus to prevention to address health	Community care close to home	Maintain system financial	Deliver integrated care which meets physical and mental health of our diverse	Empower patients and residents	
1	Failure to deliver the workstream financial objectives for 2020/21	16	8	12	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. Lack of clarity on financial regime in quarters 3 and 4	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	12	⟷	Neighbourhoods MDTs went live in July 2020 and supporting patients with complex physical, social and emotional needs. Neighbourhood-based teams in development - Community nursing, community mental health and adult social care re-organisation underway and will be finalised in 2021 . Proactive model of care for residents with (moderate) frailty underway. National DES expected from Q3 2021 (part of the ageing well programme). Pilot being prepared in Springfield Park Neighbourhood. Increasing utilisation of both core ParaDoc and ParaDoc Falls service by 999, 111, primary care and telecare. Inc. agreement to pilot direct booking from 111 into Paradoc Falls Service - low level of conveyence to hospitals, and service is cost effective based on current activity. Maximising utilisation of all urgent community services through inreased referral from 111/999 will be key objective of NEL UEC subgroups. Longer term piece of work underway to re-design the telecare response service to improve outcomes and reduce unnecessary calls to LAS. Use of CMC continues to grow, there has been a huge increase in the % of plans reviewed by LAS.	12				✓	

Ref#	Description	Inherent Risk S	Risk Tolerance	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22	Risk Movemen	Monthly progress update	Projected next quarter risk score	Objective				
											Focus to prevention to address health	Community care close to home	Maintain system financial	Deliver integrated care which meets physical and mental health of our diverse	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	12	⟺	Whilst a lot of resident engagement was ceased in Q1 20/21 owing to the pandemic - the workstream have worked hard to reinstate opportunities for resident involvement in shaping priorities and service: -Winter preparedness and self care event held in November 2020 - Healthwatch Discharge Review Report has been provided and will be used to help inform hospital and DSPA communications with patients and residents. -Commissioned a social marketing company to develop communications for patients so there are clearer messages for the discharge to assess process. Service users and the public will be involved in testing of messages. - London workshop to understand how the 111 service can support people across all cultires - LAS 111 IUC PPG continues - Neighbourhoods resident involvement continues and co-production training is planned between Healthwatch and with Neighbourhood Project Managers. -Neighbourhoods conversations hosted by HCVS held in all neighbourhoods and work underway to increase resident involvement in these - Appointment of new EoL patient representatives	12		✓		✓	✓
5	Risk that Homerton A&E will not maintain delivery against four hour standard for 2020/21	16	8	8	8	8	8	⟺	NEL UEC Recovery and Restoration Steering Group meeting on a regular basis. Recent review of governance and priorities with proposal for 3 new subroups to agree key objectives and drive delivery.	8		✓		✓	

Ref#	Description	Inherent Risk S	Risk Tolerance	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22	Risk Movemen	Monthly progress update	Projected next quarter risk score	Objective				
											Focus to prevention to address health	Community care close to home	Maintain system financial	Deliver integrated care which meets physical and mental health of our diverse	Empower patients and residents
9	Discharge and Hospital Flow processes are not effective, resulting in failure to meet criteria to reside requirements.	20	6	12	12	9	9	⟺	DSPA is operational and composed of staff from the Integrated Independence Team (IIT), Integrated Discharge Service (IDS), and Age UK East London (AUKEL). (See details on next tab) Varied step down accomodation is in place to support discharge for both Covid / non-Covid individuals (see detail tab). A daily NEL Discharge call is in place to provide oversight of hospital and step down bed capacity. System leads escalate concerns from the Integrated Discharge Hubs to help facilitate discharge for out of borough residents. Mutual aid has also been provided where there are no appropriate step down options locally. The weekly discharge teleconference continues to provide oversight of hospital flow and ensure system capacity. DTOC reporting has been suspended this year and replaced by a daily sitrep completed by the Homerton Hospital.	9		✓		✓	
12	Current IT infrastructure limits delivery of integrated working	12	4	12	12	9	9	⟺	Presentation from IT Enabler to Neighbourhoods Steering Group in February 2021 which focused on taking forward the following areas of work: - Development of personalised care and support planning (scoping of 'as is' and exploration of 'to be') - Further developments of East London Patient Record (engagement has taken place through existing MDTs) - Use of collaboration tools for MDT working (e.g. Microsoft Teams) - Development of Find Support Services to provide support for navigation. Further work required on the detailed roadmap as some of these are dependent on progress being made across NEL as a whole.	9		✓	✓	✓	

Ref#	Description	Inherent Risk S	Risk Tolerance	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22	Risk Movemen	Monthly progress update	Projected next quarter risk score	Objective				
											Focus to prevention to address health	Community care close to home	Maintain system financial	Deliver integrated care which meets physical and mental health of our diverse	Empower patients and residents
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	12	⟺	Work continues on more medium term transformation work (e.g. through Neighbourhoods). Regular reporting of progress on the programme through Neighbourhoods Steering Group on progress and ensuring continued engagement and committment from partners. Work undertaken (in collaboration with Healthwatch) on a comms proposal for Neighbourhoods which would be commissioned to improve engagement with practitioners and with patients to help them understand what Neighbourhood based working means for them. Similar engagement work underway in specific services (e.g. nursing, therapies, social care) as part of re-design work.	12		✓		✓	
18 / UCTBC1	Risk that we cannot safely cohort patients according to covid and non-covid on acute emergency pathways.	16	12	12	12	12	12	⟺	All patients are tested on admission, and patients are cohorted in green, amber, amber exposed and red wards May need to move to gender mixing Prioritising covid cohorting over specialty cohorting Working with 111 to develop admission avoidance pathways through HAMU and Appropriate Care Pathways. Direct booking from 111 into ED has started. Robust escalation plan is in place	12					
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-19 demand.	20	12	16	12	16	16	⟺	SOC are overseeing a range of plans to strengthen community support including Neighbourhood MDTs and Primary Care Long Term Condition Management Working with 111 to improve usage of admission avoidance pathways through SDEC and ACPs - Pathways put in place, ongoing reporting and monitoring occuring via NHSD and 111 reports. Work with 111 and onward UEC pathways will be focus of new NEL UEC subgroup - this group will be established imminently and will agree objectives work plan as first priority, meet reguarly after this to drive delivery.	16			✓	✓	

											Objective				
Ref#	Description	Inherent Risk S	Risk Tolerance	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22	Risk Movemen	Monthly progress update	Projected next quarter risk score	Focus to prevention to address health	Community care close to home	Maintain system financial	Deliver integrated care which meets physical and mental health of our diverse	Empower patients and residents
20 / UCTBC3	Risk that we do not understand and/or do not reduce the impact of health inequalities for local populations across the workstream, and this is exacerbated in the context of the pandemic.	20	6	16	16	16	12	↓	Work is ongoing to understand and respond to local inequalities as we move out of the pandemic. Work commenced on developing proposals for partnership arrangements within Neighbourhoods which would bring together residents, voluntary and community sector, PCNs and other health/ care organisations. Forums such as Neighbourhood Conversations enable engagement with local communities about what is important to them. Our aim is to have some form of partnership / strategic delivery group to help drive local improvements within Neighbourhoods. PCNs currently recruiting to additional roles which are about increasing services in PCNs to address local population health needs. Nationally the Health Inequalities Direct Enhanced Service (DES) which was due to be published in April 2021 as a requirement for PCNs to deliver has been delayed (no date has been confirmed for when it will be published). This will also give an opportunity for system partners to work with PCNs in tackling health inequalities. The Discharge Workstream business case for a Homeless Hospital Discharge Team was approved before Christmas and contractual mechanisms are being reviewed to mobilise the service by the new fiscal year.	16	✓	✓		✓	✓

											Objective					
Ref#	Description	Inherent Risk S	Risk Tolerance	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22	Risk Movemen	Monthly progress update	Projected next quarter risk score	Focus to prevention to address health	Community care close to home	Maintain system financial	Deliver integrated care which meets physical and mental health of our diverse	Empower patients and residents	
21	Adverse health outcomes for individuals living in care home and other supported living setting as a result of the pandemic as they are already a vulnerable population with multiple co-morbidities.	20	12	n/a	n/a	12	12	⇔	Support for care homes and residential settings has continued over the course of the pandemic. The LBH Quality Assurance Team take the lead on communications with providers. The Care Home Group meets bi-weekly to review actions in place. Vaccinations of care home residents started on the 29 December and all social care staff have also been invited to receive a vaccination. As of the 29 April, 88.54% of residents have had their first vaccination and 46.88% have had their second dose. 68% of permanent care home staff have received their first vaccination, and 38% have had the second dose. We are lucky that local care home aren't heavily reliant on agency staff; however, 60% (6/10) of agency staff have had their first dose and 10% have had their second dose. We held a care home forum on the 29 April to discuss current challenges and update on the digital offer available to care homes which includes support with the Digital Security Protection Toolkit, access to remote monitoring, proxy ordering and CMC.	TBC		✓		✓	✓	

Risk mitigations & further detail

Ref#:	1		**Objective**	**Deliver a shift in resource and focus to prevention**			
Date Added:	05/05/2021			**Deliver proactive community based care closer to**			
Risk Tolerance ***(the ICB's appetite in relation to this risk)***							
	Target Score	**Detail**					**Total**
Likelihood	2						**6**

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)***

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.
Lack of clarity on financial regime in quarters 3 and 4

Ref#:	3
Date Added:	
Date Updated:	05/05/2021
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
EDDI put in plance to allow 111 direct booking into ED		Launched end of 2020
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**
Monitoring outcomes of pilots put in place to support direct booking into injuries pilot (BHR), ED via BEACH (WEL) EPAU at HUH		Ongoing	Anna Hanbury
Work with LAS to improve update of ACPs		Ongoing	Leah Herridge / Anna Hanbury
Implement proactive model (anticipatory care) for residents with complex needs in the community as part of Neighbourhoods programme	01/01/2021	01/09/2021	Mark Golledge

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

Neighbourhoods programme is focused on strengthening community services - neighbourhoods MDTs went live in July 2020 and supporting patients with complex physical, social and emotional needs.
Work underway on bringing together Neighbourhood-based teams. Community nursing, community mental health and adult social care re-organisation underway and will be finalised in 2021 (will form part of these Neighbourhood teams).
Proactive model of care for residents with (moderate) frailty needs is underway. National DES expected from Q3 2021 and forms part of the ageing well programme across City and Hackney. Pilot being prepared for frailty within Springfield Park Neighbourhood.
Continued work to increase utilisation of both core ParaDoc and ParaDoc Falls service by 999, 111, primary care and telecare. This includes agreement to pilot direct booking from 111 into Paradoc where work is now underway to put this in place. Falls Service - There is a low level of conveyence to hospitals, and the service is cost effective based on current levels of activity. Maximising utilisation of all urgent community services to avoid unecessary hopstial attendences / admisions through inreased referral from 111/999 will be key objective of NEL UEC subgroups.
Longer term piece of work underway to re-design the telecare response service to improve outcomes and reduce unnecessary calls to LAS.
Enhanced Health in Care Homes Framework through the GP DES Contract and the standard NHS contract for community providers went live 1 October 2020
Use of CMC continues to grow, there has been a huge increase in the % of plans reviewed by LAS.

Ref#:	4
Date Added:	
Date Updated:	05/05/2021
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.	NRIG involvement in the Neighbourhoods Steering Group and involvement in specific projects across Neighbourhoods including - anticipatory care and in the approach to evaluation across the programme (with Cordis Bright). Quarterly monitoring is asking providers to highlight where resident involvement is in place across the projects underway.

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. A report will come back to the Discharge meeting in December.	25/11/2020	Dec-20	Kanariya Yuseinova
In partnership with the Neighbourhoods Resident Involvement Group - initiative co-production in specific areas of the programme (anticipatory care and evaluation) and support NRIG to deliver a co-production handbook *(deliverable led by Healthwatch Hackney)*	01/02/2021	May-21	Mark Golledge

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

Whilst a lot of resident engagement was ceased in Q1 20/21 owing to the pandemic - the workstream have worked hard to reinstate opportunities for resident involvement in shaping priorities and service:

-Winter preparedness and self care event held in November 2020

- Healthwatch Discharge Review Report has been provided and will be used to help inform hospital and DSPA communications with patients and residents.

-Commissioned a social marketing company to develop communications for patients so there are clearer messages for the discharge to assess process. Service users and the public will be involved in testing of messages.

- London workshop to understand how the 111 service can support people across all cultires

- LAS 111 IUC PPG continues

- Neighbourhoods resident involvement continues and co-production training is planned between Healthwatch and with Neighbourhood Project Managers.

-Neighbourhoods conversations hosted by HCVS held in all neighbourhoods and work underway to increase resident involvement in these

- Appointment of new EoL patient representatives

Ref#:	5
Date Added:	
Date Updated:	05/05/2021
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
Implementation of ED direct booking via EDDI	The distribution of patients across a 24 hour period should improve and thereby reduce the probability of demand and capacity mismatch, long waits and any breeches

Action(s) *(how are you planning on achieving the proposed mitigations?)*			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
Work with system partners to implement and embed direct booking via EDDI	28/01/2021	Ongoing	Anna Hanbury
Continued work with LAS to improve uptake of ACPs	28/01/2021	Ongoing	Anna Hanbury

Monthly progress update *(agreed by Senior Management Owner & Senior Responsible Owner)*
Recent review and refresh of governance structure and key priorities - NEL UEC Recovery and Restoration Steering Group will continue to meeting on a regular basis and proposal for 3 new subgroups to agree objectives and drive delivery.

Ref#:	9
Date Added:	
Date Updated:	05/05/2021
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 failure to meet criteria to reside requirements.	4	5	20	3	3	9

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 Steering group established to identify areas for improvement and monitor progress of initiatives.	Minutes from meetings and robust action plans to ensure work is carried out.
Implementation of High Impact Change Model	High Impact Change Model (HICM) is embedded into delivery of the Discharge Model.
Daily Discharge Calls and Weekly management oversight meetings	Weekly dashboard produced to aid teleconference

Action(s) *(how are you planning on achieving the proposed mitigations?)*			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
Implement Discharge SPA (DSPA) to respond to national Discharge Policy that was published the end of August. The team will enable same day discharges once a patient is identified as no longer meeting the criteria to reside in hospital. This is a home first, discharge to assess model that includes 4 discharge pathways.	26/11/2020	30/11/2020	Cindy Fischer & Mark Watson
The Homeless Hospital Discharge Pathway Team business case was approved by the CCG Finance and Performance Group on the 28 October. Contractual discussions are underway.	29/01/2021	31/03/2021	Cindy Fischer & Mark Watson
Commissioning of Designated Settings for care home residents and other short term accommodation (Step-up/Step-down beds) to support discharge for COVID positive individuals and others who need to self-isolate and cannot return to there normal residence (or are homeless).	26/11/2020	31/12/2020	Cindy Fischer & Mark Watson

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

DSPA is operational and composed of staff from the Integrated Independence Team (IIT), Integrated Discharge Service (IDS), and Age UK East London (AUKEL). A 10am meeting occurs to review the list of patients identified at ward rounds as ready for discharge and a 1:30pm call occurs for follow-up on actions with a smaller group of staff. An administrator and OT have been brought into the team to help flow of patients through interim step down accomodation. Community social workers have been brought into the hospital team to support discharge and onward assessment processes.

A variety of step down accomodation is in place to support discharge for both Covid positive and negative individuals. Mary Seacole is the designated care home approved to accept COVID positive individuals who require a nursing home. Acorn Lodge and two other out of borough care homes take Covid negative individuals. There are assessment flats for people aged 55 and above who are unable to return home due to hoarding, disrepair or safety issues. Assistive technology is in place to support assessment of ongoing needs. A four-bedded unit and attached property with two independent flats in Goodmayes (Redbridge) has been commissioned for adults (working age) who are ready for discharge and are COVID positive/need to isolate, and is also for those living in a long term residential settings which cannot accommodate the need to self isolate.

A weekly NEL Discharge call is in place to provide oversight of hospital and step down bed capacity. System leads escalate concerns from the Integrated Discharge Hubs to help facilitate discharge for out of borough residents. Mutual aid has also been provided where there are no appropriate step down options locally. The weekly discharge teleconference continues to provide oversight of hospital flow and ensure system capacity. DTOC reporting has been suspended this year and replaced by a daily sitrep completed by the Homerton Hospital.

Ref#:	12
Date Added:	
Date Updated:	05/05/2021
Review Committee:	Unplanned Care Board
Senior Responsible Owner:	Tracey Fletcher
Senior Management Owner:	Neighbourhoods 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 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	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?)***
Link with Integrated Commissioning IT Enabler Group and IT Enabler Board	Attendance at IT Enabler Board and IT involvement in Neighbourhoods Steering Group (and project related activity)
Ensure that the IT programme plan and deliverables has clarity about requirements and commitment (resources and funding) to deliver on Neighbourhood programme plan	Clear IT plan for Neighbourhoods with specific deliverables Funding and resource from the IT enabler to deliver on the projects Regular progress review agains the Neighbourhood related projects

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)*
Presentation from IT Enabler to Neighbourhoods Steering Group in February 2021 which focused on taking forward the following areas of work: - Development of personalised care and support planning (scoping of 'as is' and exploration of 'to be') - Further developments of East London Patient Record (engagement has taken place through existing MDTs) - Use of collaboration tools for MDT working (e.g. Microsoft Teams) - Development of Find Support Services to provide support for navigation. Further work required on the detailed roadmap as some of these are dependent on progress being made across NEL as a whole.

Ref#:	13
Date Added:	
Date Updated:	05/05/2021
Review Committee:	Unplanned Care Board
Senior Responsible Owner:	Tracey Fletcher
Senior Management Owner:	Neighbourhoods 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 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?)***
Regular review through System Operational Command Group of out-of-hospital priorities and progress	Commitment through System Operational Command Group
Review of priorities and progress within the Neighbourhoods Steering Group in light of practitioner and staff COVID pressures	Neighbourhoods Programme Plan will continue to be reviewed in light of system pressures / priorities and adjustments made where necessary
Providers have a clinical lead and/or senior lead in place for Neighbourhoods which is used to engage with frontline staff	Provider update reports through the Neighbourhoods Programme

Neighbourhoods Programme Highlight Report circulated to System Operational Command Group

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)*
Work continues on more medium term transformation work (e.g. through Neighbourhoods). Regular reporting of progress on the programme through Neighbourhoods Steering Group on progress and ensuring continued engagement and committment from partners. Work undertaken (in collaboration with Healthwatch) on a comms proposal for Neighbourhoods which would be commissioned to improve engagement with practitioners and with patients to help them understand what Neighbourhood based working means for them. Similar engagement work underway in specific services (e.g. nursing, therapies, social care) as part of re-design work.

Ref#:	18/UCTBC1
Date Added:	27/07/2020
Date Updated:	27/01/2021
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**	
	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	✓
	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 safely cohort patients according to covid and non-covid on acute emergency pathways		4	4	16	4	3	12

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

Mitigations ***(what are you doing to address this risk?)***							
Proposed Mitigation(s)		**Assurances & Evidence** ***(how will you know that your mitigations are working?)***					
All patients are tested on admission, and patients are cohorted in green, amber, amber exposed and red wards							
Prioritising covid cohorting over specialty cohorting							

Action(s) ***(how are you planning on achieving the proposed mitigations?)***							
Detail					**Last updated**	**Delivery Date**	**Action Owner**
Working with 111 to develop admission avoidance pathways through HAMU and Appropriate Care Pathways.							

Monthly progress update ***(agreed by Senior Management Owner & Senior Responsible Owner)***				
All patients are tested on admission, and patients are cohorted in green, amber, amber exposed and red wards May need to move to gender mixing Prioritising covid cohorting over specialty cohorting Working with 111 to develop admission avoidance pathways through HAMU and Appropriate Care Pathways. Direct booking from 111 into ED has started. Robust escalation plan is in place				

Ref#:	19 / UCTBC2
Date Added:	01/06/2020
Date Updated:	05/05/2021
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?)***
Implementation of ED direct booking via EDDI to smooth demand	Demand and arrival time analysis
SOC are overseeing a range of plans to strengthen community support including Neighbourhood Multi-Disciplinary Teams and Primary Care Long Term Conditions Management	
Working with 111 to develop admission avoidance pathways through SDEC and Appropriate Care Pathways	Pathways put in place, ongoing reporting and monitoring occuring via NHSD and 111 reports

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

SDEC pilots put in place for EPAU within Homerton. Reviewing outcomes of other NEL pilots	Jan-21		Nina Griffith / Anna Hanbury

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

SOC are overseeing a range of plans to strengthen community support including Neighbourhood MDTs and Primary Care Long Term Condition Management
Working with 111 to improve usage of admission avoidance pathways through SDEC and ACPs - Pathways put in place, ongoing reporting and monitoring occuring via NHSD and 111 reports. Work with 111 and onward UEC pathways will be focus of new NEL UEC subgroup - this group will be established imminently and will agree objectives work plan as first priority, meet reguarly after this to drive delivery.

Ref#:	20 / UCTBC3
Date Added:	27/07/2020
Date Updated:	05/05/2021
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, and this is exacerbated in the context of the COVID-19 pandemic.	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?)***
Better understanding of health inequalities and their impact across the Unplanned Care Programme	Workshop being put in place to initially discuss this across Unplanned Care Population health profiles developed for Neighbourhoods and Co-Plug developing work to be able to understand impact on health outcomes by different ethnic groups.

Action(s) *(how are you planning on achieving the proposed mitigations?)*			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
Develop approach for Partnership Structures / Governance for Neighbourhoods (at a 30-50,000 population level) to determine population health needs (being delivered by system partners)	01.02.2021	01.07.2021	Mark Golledge
Support Primary Care Networks with the national requirements through the Health Inequalities Direct Enhanced Service (DES) once published	01.02.2021	01.07.2021	Mark Golledge

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

Work is ongoing to understand and respond to local inequalities as we move out of the pandemic. Work commenced on developing proposals for partnership arrangements within Neighbourhoods which would bring together residents, voluntary and community sector, PCNs and other health/ care organisations. Forums such as Neighbourhood Conversations enable engagement with local communities about what is important to them. Our aim is to have some form of partnership / strategic delivery group to help drive local improvements within Neighbourhoods.
PCNs currently recruiting to additional roles which are about increasing services in PCNs to address local population health needs.
Nationally the Health Inequalities Direct Enhanced Service (DES) which was due to be published in April 2021 as a requirement for PCNs to deliver has been delayed (no date has been confirmed for when it will be published). This will also give an opportunity for system partners to work with PCNs in tackling health inequalities.
The Discharge Workstream business case for a Homeless Hospital Discharge Team was approved before Christmas and contractual mechanisms are being reviewed to mobilise the service by the new fiscal year.

Ref#:	21
Date Added:	29/01/2021
Date Updated:	05/05/2021
Review Committee:	Unplanned Care Board
Senior Responsible Owner:	Tracey Fletcher
Senior Management Owner:	Nina Griffith

Objective	**Deliver a shift**				
	Deliver				
	Ensure we				✓
	Deliver				✓
	Empower				

Description		**Inherent Risk Score *(pre-mitigations)***			**Residual Risk Score *(post-mitigations)***		
		Impact	**Likelihood**	**Total**	**Impact**	**Likelihood**	**Total**
Adverse health outcomes for individuals living in care home and other supported living setting as a result of the pandemic as they are already a vulnerable population with multiple co-morbidities.		5	4	20	4	3	12

Risk Tolerance *(the CCG'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?)***					
Additional Clinical support provided to care homes.	Contracts in place.					
Ongoing information sessions and communication of guidance to providers.	Clear guidance available to support providers.					
Availability of testing for residents and staff.	Information provided on Capacity Tracker or through the LBH Quality Assurance Team.					
Vaccination of residents and staff.	Information provided on Capacity Tracker or through the LBH Quality Assurance Team.					
Action(s) ***(how are you planning on achieving the proposed mitigations?)***						
Detail				**Last updated**	**Delivery Date**	**Action Owner**
Communication of national and local guidance/ standard operating procedures and provision of webinars.				29/01/2021	Ongoing	Jenny Singleton,
GP Confederation Swabbing Service to provide testing for residents and staff and Infection, Prevention and Control advice.				29/01/2021	Ongoing	Mary Clarke

Monthly progress update ***(agreed by Senior Management Owner & Senior Responsible Owner)***
Support for care homes and residential settings has continued over the course of the pandemic. The LBH Quality Assurance Team take the lead on communications with providers. The Care Home Group meets bi-weekly to review actions in place. Vaccinations of care home residents started on the 29 December and all social care staff have also been invited to receive a vaccination. As of the 29 April, 88.54% of residents have had their first vaccination and 46.88% have had their second dose. 68% of permanent care home staff have received their first vaccination, and 38% have had the second dose. We are lucky that local care home aren't heavily reliant on agency staff; however, 60% (6/10) of agency staff have had their first dose and 10% have had their second dose.

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	