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 11 February 2021, 10.00 – 12.00
Microsoft Teams

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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		8-12
5.	**VCS Enabler Business Case**	Jonathan McShane *For approval*	Paper	10.05	13-46
6.	**IC Evaluation Framework**	Anna Garner *For approval*	Paper	10.40	47-51
7.	**Housing First Update**	Siobhan Harper *For noting*	Paper	11.00	52-63
8.	**Monthly Finance Update**	Sunil Thakker *For noting*	Paper	11.25	64-74
9.	**Workstream and Program Risk Registers**	Matthew Knell *For noting*	Paper	11.30	75-141
Items for Information					

Hackney

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NHS
City and Hackney Clinical Commissioning Group

-	**Integrated Commissioning Glossary**	*For information*	Paper	-	142-147

Date of next meeting:

11 March 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	11/12/2018	City and Hackney ICB advisor/ regular attendee	City & Hackney CCG	Chief Financial Officer	Non-Pecuniary Interest
Ian	Williams	20/03/2020	Hackney ICB advisor/ regular attendee	London Borough of Hackney	Group Director, Finance and Corporate Resources	Pecuniary Interest
				n/a	Homeowner in Hackney	Pecuniary Interest
				Hackney Schools for the Future Ltd	Director	Pecuniary Interest
				NWLA Partnership Board	Joint Chair	Pecuniary Interest
				London Treasury Ltd	SLT Rep	
				London CIV Board	Observer / SLT Rep	
				Chartered Institute of Public Finance and Accountancy	Member	Non-Pecuniary Interest
				Society of London Treasurers	Member	Non-Pecuniary Interest
				London Finance Advisory Committee	Member	Non-Pecuniary Interest
				Schools and Academy Funding Group	London Representative	Non-Pecuniary Interest
				Society of Municipal Treasurers	SMT Executive	
				London CIV Shareholders Committee	SLT Rep	
				London Pensions Investments Advisory Committee	Chair	Non-Pecuniary Interest
Ruby	Sayed	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	GP Member of the City & Hackney CCG Governing Body ICB advisor / regular attendee	City & Hackney CCG Governing Body	GP Member	Pecuniary Interest
				De Beauvoir Surgery	GP Partner	Pecuniary Interest
				City & Hackney CCG	Planned Care Lead	Pecuniary Interest
				Hackney GP Confederation	Member	Pecuniary Interest
				British Medical Association	London Regional Chair	Non-Pecuniary Interest
				n/a	Homeowner - Casimir Road, E5	Non-Pecuniary Interest

Forename	Surname	Date of Declaration	Position / Role in C&H System	Business / Organisation of the Interest	Nature of Interest / Position	Type of interest
				City of London Health & Wellbeing Board	Member	Non-Pecuniary Interest
				Local Medical Committee	Member	Non-Pecuniary Interest
				Unison	Member	Non-Pecuniary Interest
				CHUHSE	Member	Non-Pecuniary Interest

Forename	Surname	Date of Declaration	Position / Role 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
David	Maher	19/10/2020	Accountable Officers Group Member ICB regular attendee/ AO deputy	City and Hackney Clinical Commissioning Group	Managing Director	Pecuniary Interest
				University of Cambridge	Co-opted member, Careers Service Syndicate	Non-Pecuniary Interest
				NHS England, Sustainable Development Unit	Social Value and Commissioning Ambassador	Non-Pecuniary Interest
Rebecca	Rennison	26/08/2020	Member - Hackney Integrated Commissioning Board	Freelance Project Work		Pecuniary Interest
			Deputy Mayor and Cabinet Member for Finance, Housing Needs and Supply	Hackney Council	Cabinet Member for Finance and Housing Needs	Pecuniary Interest
				Cancer52Board	Member	Non-Pecuniary Interest
				Clapton Park Tenant Management Organisation	Board Member	Non-Pecuniary Interest
				North London Waste Authority	Board Member	Non-Pecuniary Interest
				Residential Properties		Non-Pecuniary Interest
						Non-Pecuniary Interest
				GMB Union	Member	Non-Pecuniary Interest
				Co-Operative Party	Member	Non-Pecuiniary Interest
				Labour Party	Member	Non-Pecuniary Interest
				Fabian Society	Member	Non-Pecuniary Interest
				English Heritage	Member	Non-Pecuniary Interest
				Pedro Club	Board Member	Non-Pecuniary Interest
				Chats Palace	Board Member	Non-Pecuniary Interest
Henry	Black	03/03/2020	NEL Commissioning Alliance - 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
Jane	Milligan	07/10/2020	Member - Integrated Commissioning Board	NHS North East London Commissioning Alliance (City & Hackney, Newham, Tower Hamlets, Waltham Forest, Barking and Dagenham, Havering and Redbridge CCGs)	Accountable Officer	Pecuniary Interest
				North East London Sustainability and Transformation Partnership	Senior Responsible Officer	Pecuniary Interest
				NEL Commissioning Support Unit	Partner is employed substantively (to Aug 2020)	Indirect Interest
				Central London Community Healthcare	Partner is Director of Partnerships and Integration	Indirect Interest
				NHS England	Partner on secondment as Director of Primary Care Development (to Aug 2020)	Indirect Interest
				Action for Stammering	Partner is a Trustee	Indirect Interest
				Stonewall	Ambassador	Non-Pecuniary Interest
				Peabody Housing Association Board	Non-Executive Director	Non-pecuniary interest
Mark	Rickets	14/01/2020	Member - City and Hackney Integrated Commissioning Boards	City and Hackney Clinical Commissioning Group	Chair	Pecuniary Interest
				Homerton University Hospital NHS Foundation Trust	Non-Executive Director	Pecuniary Interest
			Primary Care Quality Programme Board Chair (GP Lead)	Health Systems Innovation Lab, School Health and Social Care, London South Bank University	Wife is a Visiting Fellow	Non-financial professional interest
			Primary Care Quality Programme Board Chair (GP Lead)	GP Confederation	Nightingale Practice is a Member	Professional financial interest
			CCG Chair Primary Care Quality Programme Board Chair (GP Lead)	HENCEL	I work as a GP appraiser in City and Hackney and Tower Hamlets for HENCEL	Professional financial interest

Forename	Surname	Date of Declaration	Position / Role in C&H System	Business / Organisation of the Interest	Nature of Interest / Position	Type of 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
Tracey	Fletcher	26/08/2020	Chief Executive - Homerton University Hospital	Inspire, Hackney	Trustee	Non-pecuniary 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	Non-Pecuinary 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	Pecuniary Interest

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

and

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

Minutes of meeting held in public on 10 December 2020
Microsoft Teams

Present:

Hackney Integrated Commissioning Board

Hackney Integrated Commissioning Committee

Cllr Christopher Kennedy	Cabinet Member for Health, Adult Social Care and Leisure (ICB Chair)	London Borough of Hackney
Philip Glanville	Mayor	London Borough of Hackney
Cllr Caroline Woodley	Cabinet Member for Family, Early Needs and Play	London Borough of Hackney

City & Hackney CCG Integrated Commissioning Committee

Dr. Mark Rickets	Chair	City & Hackney CCG
David Maher	Managing Director	City & Hackney CCG
Honor Rhodes	Governing Body Lay member	City & Hackney CCG

City Integrated Commissioning Board

City Integrated Commissioning Committee

Randall Anderson QC	Chairman, Community and Children's Services Committee	City of London Corporation
Helen Fentimen	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
Ann Sanders	Governing Body Lay Member	City & Hackney CCG
Caroline Millar	Chair	City & Hackney GP Confederation
Denise D'Souza	Strategic Director: Adults, Public Health and Integration	London Borough of Hackney

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Diana Divajeva	Principal Public Health Analyst	London Borough of Hackney
Gary Marlowe	GP Member	City & Hackney CCG
Haran Patel	Clinical Director	PCN
Henry Black	CFO	NE London Commissioning Alliance
Ian Williams	Group Director, Finance and Corporate Services	London Borough of Hackney
Jake Ferguson	Chief Executive Officer	Hackney Council for Voluntary Services
Jenny Darkwah	Clinical Director	PCN
Jonathan McShane	Integrated Care Convenor	City & Hackney CCG
Jon Williams	Executive Director	Healthwatch Hackney
Nina Griffith	Workstream Director: Unplaned Care	
Paul Coles	General Manager	Healthwatch City of London
Sandra Husbands	Director of Public Health	London Borough of Hackney
Stella Okonkwo	IC Programme Manager	City & Hackney CCG
	Members of the public were also present on the call, though are not named here for privacy reasons.	

Apologies – ICB members

Ruby Sayed

Other apologies

Denise D'Souza

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. There were no questions from members of the public.

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. Neighbourhoods Program – Request for Program Resource

5.1. Nina Griffith and Mark Golledge introduced the item. Haran Patel asked what work was being done to address the digital divide. He also anticipated there being a lot of work in the future which would be done to address "long covid" [prolonged form of covid-19] and asked that this be reflected in the document. Mark Golledge responded that there was a lot of digital divide work taking place across the system. With regard to long covid, this would require an integrated solution but there are many arrangements in place that we can build upon.

5.2. Cllr Woodley asked about the impact of covid on children and young people with special education needs (SEND). Mark Golledge responded that multi-disciplinary team (MDT) working was about adopting a family-based approach as the program moved forward – not just supporting children & young people or adults – but whole families.

5.3. Randall Anderson asked how people would be contacted to garner their views and who they would be talking to. Mark Golledge responded that the partnership approach would be one which we focus on in the next few months. Nina Griffith stated that the focus this year had been on the service delivery in response to covid, and governance was still being worked through. There would be a variety of different mechanisms to aid partnership working in wards across City & Hackney. Jenny Darkwah responded that in Shoreditch Park, there had been a variety of outreach programs that had been undertaken in partnership in order to solicit patient and service user feedback.

5.4. Helen Fentimen noted the need for us to consider how some of the more difficult outcomes would be achieved. Mark Golledge responded that many of the six domains we were aiming to deliver on were "softer" measures but we would inevitably consider harder measures. MDT working, for example, would be looking at opportunities for early intervention which could abrogate the need for crisis response.

5.5. Cllr Kennedy stated that in order to deliver this program, some parts of the system would need to ensure that transformation is followed through at the PCN and neighbourhood level. Nina Griffith responded that the sustainability of the program was divided into two elements: the future funding for new models of care and what infrastructure could be put in place at a neighbourhood level to sustain a

neighbourhood approach. We also needed to ensure that we avoided the creation of organisational silos within neighbourhoods.

5.6. A member of the public asked if there would be provision in the program for mental health support for frontline staff. Nina Griffith responded that burnout and PTSD were recognized as key risks for staff. There was support in place which would continue to remain available, though it was not contained in the business case.

5.7. The **City Integrated Commissioning Board**

- **APPROVED** the request for £1,112,158 from the Better Care Fund (pending final CCG allocations of funding for 2021/22).

5.8. The **Hackney Integrated Commissioning Board**

- **APPROVED** the request for £1,112,158 from the Better Care Fund (pending final CCG allocations of funding for 2021/22).

AOB & Reflections

- Randall Anderson requested that we have a detailed review of the risk registers at the next ICB meeting.
- Honor Rhodes paid tribute to the staff who were working on the Neighbourhoods work in order to imagine a post-covid world.

City and Hackney Integrated Commissioning Programme Action Tracker

Ref No	Action	Assigned to	Assigned date	Due date	Status	Update
ICBMay-5	David Maher and Jonathan McShane to share a paper at a future ICB on the **provider alliance approach to service delivery, outcomes and patient experience.**	Jonathan McShane	14/05/2020	Jul-20	Closed	Due to be discussed as part of ICB Development in March.
LOBJan-1	Nina Griffith stated that she would raise the matter of **communicating to the wider public about hospital pressures** with comms officers.	Nina Griffith	14/01/2021	Feb-21	Closed	This has been completed.

Title of report:	***VCSE Enabler – a new approach to embed the VCSE in the City and Hackney Integrated Care Partnership***
Date of meeting:	11th Feb 2021
Lead Officer:	Jake Ferguson, Chief Executive Officer, Hackney CVS
Author:	Liz Hughes, Frances Haste, Jake Ferguson
Committee(s):	City & Hackney Integrated Commissioning Boards
Public / Non-public	Public

Executive Summary:

Never has there been a time for more focus to be placed on the role of the VCSE in responding to the current pandemic and increasing inequality.

The NHS Long Term Plan recognises the positive contribution of the VCSE as being critical to the success of transforming health and social care.

'To reduce widening and persistent health inequalities, a radical shift is needed to put communities at the heart of public health. Building healthy, resilient, connected and empowered communities is an important way of improving the health of the population….Evidence supports the case for a shift to more person and community-centred approaches to health and wellbeing. Actively involving citizens in prevention programmes and strengthening community assets is a key strategy in helping to improve the health of the poorest fastest'. Community-centred public health. Taking a whole system approach. PHE 2020

Through the VCSE Transformation Leadership Group (VCSETLG), facilitated by Hackney CVS, we want to establish a new infrastructure to support the City and Hackney system to maximise the knowledge, expertise and reach that the local VCSE has in tackling entrenched health and care inequalities. Central to this approach is the creation of a quarterly assembly where the VCSE and public sector can discuss and agree priorities for partnership activity.

This approach will create a straightforward way of tapping in to the large array of existing networks and VCSE representative structures that exist in Hackney and the City and the foundations created by the VCSE Operating Model approved by the ICB in July 2020. It has been informed by the VCSE Resilience framework which has been in place since the summer of 2020 to collate understanding of the impact of COVID on the sustainability of the VCSE and their beneficiaries.

Ultimately, the vision is for VCSE organisations, through the VCSE Enabler, to be at the heart of the City and Hackney health and care system with a focus on early intervention and primary wellbeing activities, offering resident/community focussed services to those most in need and providing preventative interventions which reduce pressures on other parts of the system. Using local knowledge and intelligence it will help create flexible, responsive and early intervention support to people in crisis, wrapping around and adding value to statutory forms of to meet the needs of Hackney residents from all communities

and age groups, including those with the most complex needs. The VCS Enabler will be the vehicle to make this happen.

Recommendations:

Hackney CVS, on behalf of the VCSE Transformation Leadership Group (VCSETLG), is seeking £300k investment to establish a new VCSE Enabler infrastructure for City & Hackney which:

1. Creates a problem solving/action focused 'toolbox' for the ICP to maximise the assets within the VCSE in Hackney and the City, centred around a large VCSE Assembly, VCSE Enabler Executive (the VCSETLG) and the range of VCSE networks so that the ICP can engage with of the wide range of VCSE organisations on an ongoing basis. System project sponsors will work with the VCSETLG to shape plans and solutions based on solid evidence and community insight
2. Provides dedicated organisational development support and capacity building for local organisations so that they can better engage with the ICP.
3. Increases co-production with the VCSE, particularly black and ethnic minority communities, by working with those grassroots community organisations that represent and are led by them
4. Provides a mechanism for the ICP to invest directly in activities led by local VCSE organisations that are based on co-produced solutions to problems co-identified by the local communities **AND** the public sector

Whilst the request for funding is for one year, we see the VCS Enabler as a key element of the City and Hackney Integrated Care Partnership and partners will be asked to identify resources to support the enabler in future years.

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

- To **NOTE** the report including the proposed VCSE Assembly model and decision making process to agree local priorities for action which can be undertaken by the VCSE in partnership with public bodies. The ICB and other parts of the system will be expected to work with the new Assembly and VCSETLG to identify key priorities which the VCSE can deliver community-focused and community led solutions to.
- To **CONSIDER** the evaluation needs of the VCSE enabler and support further exploration of the scope and resourcing of any such evaluation.
- To **CONSIDER** the submission of future business cases for investment on a quarterly basis which address co created solutions focused on tackling inequalities
- To **APPROVE** the contract award of £300,000 to Hackney CVS on behalf of the Voluntary and Community Sector Transformation Leadership Group (VCSETLG) with funds from the unspent CCG PINS allocation for 2020/21.
- To **APPROVE** the role of a System Project Sponsor to work with the VCSETLG and Assembly to ensure smooth system integration alignment and to support the development of business cases for investment

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

- To **NOTE** the report including the proposed VCSE Assembly model and decision making process to agree local priorities for action which can be undertaken by the VCSE in partnership with public bodies. The ICB and other parts of the system will be expected to work with the new Assembly and VCSETLG to identify key priorities which the VCSE can deliver community-focused and community led solutions to.
- To **CONSIDER** the evaluation needs of the VCSE enabler and support further exploration of the scope and resourcing of any such evaluation.
- To **CONSIDER** the submission of future business cases for investment on a quarterly basis which address co created solutions focused on tackling inequalities
- To **APPROVE** the contract award of £300,000 to Hackney CVS on behalf of the Voluntary and Community Sector Transformation Leadership Group (VCSETLG) with funds from the unspent CCG PINS allocation for 2020/21.
- To **APPROVE** the role of a System Project Sponsor to work with the VCSETLG and Assembly to ensure smooth system integration alignment and to support the development of business cases for investment

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	☒	This business case creates the infrastructure by which resources can flow into local grassroots community and voluntary sector organisations based on co-created priorities and solutions
Deliver proactive community based care closer to home and outside of institutional settings where appropriate	☒	The VCSE Assembly will support the discussion and prioritisation of community led approaches to Hackney and the City's entrenched health & care inequalities
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	☒	The VCSE Enabler will support better joint working between the public sector and VCSE and support the VCSE to deliver activities which are patient/resident focused
Empower patients and residents	☒	The whole VCSE Enabler approach is centred on empowering communities to be in the lead and is based on an asset based development approach to maximising the role that

		communities can play in delivering solutions to local problems

Specific implications for City

The VCSE Enabler will support the involvement of voluntary and community sector organisations in the City of London to engage in priority setting and delivery of activities which support the wider transformation plans of the ICP. Organisations from the City will be invited to participate in the VCSE Assembly. City of London Healthwatch are active members of the VCSE Transformation Leadership Group which will have a crucial role in agreeing priorities, solutions and developing business cases to the ICPB

Specific implications for Hackney

The VCSE Enabler will support the involvement of Hackney voluntary and community sector organisations to engage in priority setting and delivery of activities which support the wider transformation plans of the ICP. Organisations from Hackney will be invited to participate in the VCSE Assembly. Healthwatch Hackney are active members of the VCSE Transformation Leadership Group which will have a crucial role in agreeing priorities, solutions and developing business cases to the ICPB

Residents will be involved in a number of ways going forward;

- Attending Assembly meetings and helping to agree priorities for action
- Participating in grant panels when resources are being deployed
- Working through Healthwatches to undertake 'enter and view' activities with any commissioning projects/organisations
- Heling to share and gather insight from local communities.

Patient and Public Involvement and Impact:

- Slide deck of proposal presented at PPI Committee January 2021
- Ongoing discussions with Ann Sanders, Jonathan McShane, Catherine Macadam, and PPI Leads
- Healthwatch Hackney and Healthwatch City of London are members of VCSE TLG
- Outline proposal was brought to ICCEEG

The VCSE in Hackney and to a lesser extent, The City have been intrinsically involved in shaping this approach. They have been engaged in the following ways:

- Development of VCSE Operating Model From April 2020
- Ideas for new Assembly were discussed on sector wide calls in autumn 2020
- Operating model and Assembly proposal were brought to most of the local VCS network meetings during the last 6 months
- August 2020 ideas were discussed at City Advice Forum network
- August 2020 VCSE TLG workshops on internal governance and link to proposal
- Development of proposal and business case brought to 3 successive VCSE TLG meetings
- Information about Operating model and Assembly proposal were disseminated through Hackney CVS comms (1800 contacts)

Clinical/practitioner input and engagement:

VCSE practitioners have fed into the development of this proposal and also a members of the VCSETLG. We have been guided by discussions with the MD of City & Hackney CCG and ICS Convener.

Many of the ideas in this document have come from meetings over the last 2 years at a local neighbourhood level and with the GP confederation, CCG, ELFT, Hackney Council cabinet, policy team, public health, adult services, children's services, Workstream directors, and the Neighbourhoods Team.

We have also spoken to VCSE practitioners in other parts of the country to include ideas and good practice. We benefited from a number of facilitated sessions with NCVO in developing our governance structures, and looking at the good practice guidance.

Communications and engagement:

We have been communicating widely with the VCSE through the range of networks we host. Learning from the work of the VCSE Enabler will be shared across the VCSE and public sector once established. We will use channels such as Healthwatches to promote the VCSE Assembly to residents and community / Patient representatives.

Comms Sign-off – not required

Equalities implications and impact on priority groups:

One of the key elements of the VCSE Enabler is to empower local communities, particularly those representing black and ethnic minority communities, to play a key role in the delivery and prioritisation of health and care services in City and Hackney.

We will use the range of networks hosted by Hackney CVS such as the Hackney Refugee Forum, Special Interest Groups (Mental Health, Learning Disabilities et al) to promote opportunities for local staff and volunteers from the VCSE to join the work of the VCSE Enabler at every stage. Many of our VCSE Transformation Leadership Group come from our diverse communities. We will also utilise the range of ethnic specific organisations who are funded through the COVID Information Grants scheme funded by public health to ensure a wide range of communities are able to participate in what we are doing.

We will also ensure our large Assembly meetings give due consideration to the access needs of some of our attendees, providing signing for instance when this facility is requested. We will ensure we take an easy read / jargon free approach to all our communications so that we do not exclude people, particularly those where English is not the first language they speak.

Through our grant investment processes we will ensure that they are accessible to smaller, grassroots organisations who may not have the capacity to compete on an equal footing with larger charities. We will also target our capacity building work on smaller, black and ethnic minority organisations.

Safeguarding implications:

This report does not contain specific service proposals. Through Hackney CVS Safeguarding has been a priority throughout the VCSE with Safeguarding Champions and training programmes. Safeguarding principles are well understood in the VCSE.

Where the VCSE Enabler invests in local VCSE organisations who are working with children or vulnerable people we will ensure, through our due diligence grant administration processes, that they have the requisite safeguarding procedures in place.

Impact on / Overlap with Existing Services:

The VCSE Enabler and Assembly mechanism provides the ICS a way of engaging with the wider VCSE in Hackney and the City.

It will provide insight and learning to the ICPB, NH&C Board, Population Health Group, People and Places Group and the Inequalities Steering Group

It will support the roll out of the neighbourhoods programme and provide investment for VCSE led activities at a local level.

It will support the integration of VCSE (particularly smaller, black & ethnic minority organisations) to understand and engage with MDTs and PCNs.

Supporting Papers and Evidence:

- VCSE Operating Model
- VCS Resilience Strategy and Framework

Sign-off:

Jonathan McShane - Integrated Care Convener

Title of report:	***VCSE Enabler – a new approach to embed the VCSE in the ICS***
Date of meeting:	11th Feb 2021
Lead Officer:	Jake Ferguson, Chief Executive Officer, Hackney CVS
Authors:	Liz Hughes, Frances Haste, Jake Ferguson
Committee(s):	City & Hackney Integrated Commissioning Boards
Public / Non-public	Public

1.1 Introduction

The NHS Long Term Plan recognises the positive contribution of the VCSE as being critical to the success of transforming health and social care. The range and reach of voluntary and community sector services in Hackney and the City provide a bridge into communities and the prevention work undertaken improves wellbeing and acts to reduce demand on the health and social care system.

> *'To reduce widening and persistent health inequalities, a radical shift is needed to put communities at the heart of public health. Building healthy, resilient, connected and empowered communities is an important way of improving the health of the population….Evidence supports the case for a shift to more person and community-centred approaches to health and wellbeing. Actively involving citizens in prevention programmes and strengthening community assets is a key strategy in helping to improve the health of the poorest fastest'.* Community-centred public health. Taking a whole system approach. PHE 2020

The sector plays a vital role in maintaining strong local communities, reaching residents that statutory services may struggle to reach and empowering and supporting community and individual resilience. Our local system can only make best use of these assets if there is a mechanism to engage with the VCSE effectively and ensure its resources are consistently seen as part of the solution to health and social care challenges we face However, too often the sector has been under-resourced, with insecure funding, and has struggled to have its contribution recognised and rewarded. **The VCS can only fulfil its potential and exploit all its assets if it has an infrastructure that is adequately resourced, embedded in the Health and Social Care landscape and it is recognised as a key partner in the Integrated Care Partnership.**

The Covid pandemic has disproportionately affected some communities and brought into sharp focus the importance of having reach and insight into all our communities. Of those who have died from Covid 69% were born outside the UK. Surveys have also showed that BAME groups are less likely to take up a vaccine offer. Very positive reports from the community champions approach, funded by Public Health grants, have shown substantially improved vaccine uptake. We need to build on the lessons we have learned from Covid both in terms of the nature of health inequalities in City and Hackney and how the system can work with the voluntary and community sector to engage effectively and address them.

NCVO, who are NHS England Learning Partners on the NHS England VCSE accelerator programme, have identified the components of success for involvement of local VCSE in local Integrated Care Partnerships as being: building relationships; shared vision and values; agreed principles for joint working; and investment and resources. The development of the VCSE Enabler is a means by which the contribution of the VCSE can be realised and maximised through a commitment to working in partnership with statutory health and care partners.

Hackney CVS has consulted widely across all partners and groups (see section 5.3) on the purpose and format of the VCSE Enabler and partners across the sector have agreed to the Enabler in principle and to the VCSE Operating Model drawn up in 2020.

In the context of recent changes and mergers in NE London it is a powerful opportunity to ensure that there is a real shift towards the empowerment of communities and ensuring that local solutions can be found to local problems, based on local intelligence and local assets.

Why focus on the voluntary and community sector?

The VCSE can combine both agility and stability in an ever-changing health care landscape. VCSE organisations often have deep roots in the places where they are based. They build strong relationships and trust with their local communities, because they can connect local assets and be responsive to local needs. After all, they are part of the community.

Furthermore the VCSE is able to trial and pilot new approaches to entrenched problems which can, if successful, then become mainstreamed as part of our local care and support pathways. Take Home and Settle, Connect Hackney and the development of black young leaders as mental health champions are all examples of this.

The VCSE Operating Model, which was discussed and approved by the ICB in 2020, focused on the values and principles of putting the VCSE at the heart of local health and care transformation. It stressed that relationships are the core of our proposed operating model – a model built on collaborative leadership and networks, neighbourhood and system wide delivery partnerships, with sustainability and community development consciously built into our approach.

As set out in the VCSE Operating Model adopted in July 2020, City & Hackney has a hugely diverse VCSE, with over 2500 organisations with a combined income of nearly £4.7billion employing over 7000 people and utilising many more volunteers to offer a huge range of interventions. Embedded in their communities, values based with trust at the heart of what they do, VCSE organisations are often set up to meet urgent unmet need, and many go on to become specialist providers, pioneering service development in their field. Services are person centred, and services users are often centrally involved in planning. VCSE organisations use imaginative ways to deliver services and work with those people other services find ‘hard to reach’. The Covid-19 crisis has shown how agile and responsive the VCSE can be, often first to re-organise to respond to needs of the most vulnerable in the community. Locally there are long established networks and representation arrangements which mean lots of organisations and people can be mobilised to be part of the thinking,

delivery and improvement of health and care services, as well as providing community insight for horizon scanning and prioritisation. These networks and grassroots community organisations are the key to delivering important messages too – evident in the current work with Public Health on Test and Trace and the roll out of vaccine take up messages which is engaging scores of different communities through champions and organisations acting as information points.

There is much we can build on locally - not least:

1. The response by the VCSE to the pandemic - whether that be the rapid deployment of volunteers to engage those isolated, support to people in mental health crisis, the provision of culturally specific food packages or help to patients to return home from hospital - the VCSE has been critical to the coordinated response locally
2. The recent investment from Public Health and the CCG through the COVID information and Response grants which has grant-aided a very diverse range of local VCSE organisations, large and small, generic and community specific to be part of the pandemic response and created new relationships between the public sector and disparate communities.
3. The neighbourhood conversations which have brought the VCSE, statutory sector and residents closer together to enable the development of new, more patient focused pathways of support, and the development of a VCSE Resilience strategy
4. The range of existing VCSE networks which supports the 2500 strong VCSE in City and Hackney to come together in sector specific groupings e.g. Health & Social Care Forum, Safer Young Hackney network, Refugee Forum and others

Critically if the Integrated Care Partnership wants to work with many different communities to empower them to take more ownership of their health & care then the VCSE Enabler is one of the key mechanisms to achieving this.

1.2 Vision

Never has there been a time for more focus to be placed on the role of the VCSE in responding to the current pandemic and increasing inequality.

Ultimately, the vision is for VCSE organisations, through the VCSE Enabler, to be at the heart of the City and Hackney health and care system with a focus on early intervention and primary wellbeing activities, offering resident/community focussed services to those most in need and providing preventative interventions which reduce pressures on other parts of the system. Using local knowledge and intelligence it will help create flexible, responsive and early intervention support to people in crisis, wrapping around and adding value to statutory forms of to meet the needs of Hackney residents from all communities and age groups, including those with the most complex needs. The VCS Enabler will be the vehicle to make this happen.

1.3 Recommendations

Hackney CVS, on behalf of the VCSE Transformation Leadership Group (VCSETLG), is seeking £300k investment to establish a new VCSE Enabler infrastructure for City and Hackney which:

1. Creates a problem solving/action focused 'toolbox' for the Integrated Care Partnership to maximise the assets within the VCSE in Hackney and the City, centred around a large VCSE Assembly, VCSE Enabler Executive (the VCSETLG) and the range of VCSE networks so that the ICP can engage with 100s of VCSE organisations on an ongoing basis. System project sponsors will work with the VCSETLG to shape plans and solutions based on solid evidence and community insight
2. Provides dedicated organisational development support and capacity building for local organisations so that they can better engage with the ICP
3. Increases co-production with the VCSE, particularly black and ethnic minority communities, by working with those grassroots community organisations that represent and are led by them
4. Provides a mechanism for the ICP to invest directly in activities led by local VCSE organisations that are based on co-produced solutions to problems co-identified by the local communities **AND** the public sector

We want the ICPB to give due consideration to proposals/business cases from the VCSETLG for investment in VCSE activities which support the sector in tackling of local health & care problems.

The City & Hackney Integrated Commissioning Boards are asked:

- To **NOTE** the report including the proposed VCSE Assembly model and decision making process to agree local priorities for action which can be undertaken by the VCSE in partnership with public bodies. The ICPB and other parts of the system will be expected to work with the new Assembly and VCSETLG to identify key priorities which the VCSE can deliver community-focused and community led solutions to.
- To **CONSIDER** the evaluation needs of the VCSE enabler and support further exploration of the scope and resourcing of any such evaluation.
- To **CONSIDER** the submission of future business cases for investment on a quarterly basis which address co created solutions focused on tackling inequalities
- To **APPROVE** the contract award of £300,000 to Hackney CVS on behalf of the Voluntary and Community Sector Transformation Leadership Group (VCSETLG) with funds from the unspent CCG PINS allocation for 2020/21. Whilst the request for funding is for one year, we see the VCS Enabler as a key element of the City and Hackney Integrated Care Partnership and partners will be asked to identify resources to support the enabler in future years.

- To **APPROVE** the role of a System Project Sponsor to work with the VCSETLG and Assembly to ensure smooth system integration alignment and to support the development of business cases for investment

It is recommended that the ICPB also commits to identifying a sponsor for each proposed solution, to act on their behalf, working with the VCSE TLG to refine the proposal and implementation plan. The identified sponsor should have sufficient knowledge of the service area to inform how the proposal will work best alongside existing services.

This will support the delivery of the NHS Long Term Plan and local health and care transformation by:

- Providing the community infrastructure to facilitate the shifting of resources and focus into more prevention and support the local responses to the impact of the pandemic
- Building on existing relationships between the VCSE and the statutory sector which are being developed in the neighbourhood structures;
- Allowing the co-creation of local strategies and responses to address inequality which ensures parity between communities, particularly black and ethnic minority communities, and the public sector and ultimately empowers communities to be at the forefront of local health and care transformation.
- Providing pathways for investment and resources to flow into the VCSE which maximises the expertise within VCSE organisations and encourages partnership between organisations and statutory staff
- Provide opportunities for system savings by addressing issues further upstream in ways which allow efficient, costs effective VCSE responses and action. Early intervention is well evidenced and recognised to be the best and most cost effective way – both for the resident who gets the help they need without reaching a crisis, and for the broader system in terms of saving resources on costly later interventions in the longer term. However this impact can take years to measure; we will work with our partners to give early indications, using best measures and case studies to illustrate.
- Allowing better networking and partnerships between local VCSE organisations so more of them are able to participate in the complex landscape and feed in their perspectives of what will make a difference as well as working together to deliver solutions to entrenched issues in ways which empower communities to be at the forefront
- Resourcing an expanded VCSE leadership and executive to enable democratic and accountable engagement across the City and Hackney VCSE
- Supporting residents from all backgrounds to participate in health and care transformation and service redesign led by the voluntary and community sector and allow them to co-decide where resources are best deployed

With sufficient infrastructure resources provided to the VCSE to support networking, problem-solving and wider reach, commissioners will be better able to co-produce their workstream plans and programmes with the expertise and insight that VCSE groups, large and small, can offer.

1.4 Strategic context

Locally and nationally it has been agreed that a successful integrated care system will have the following key priorities:

- A shift in resources towards prevention and reducing health inequalities
- Delivering proactive, community based care
- Providing integrated care to meet the needs of diverse communities
- Empowering patients and residents
- Ensuring financial balance and sustainability

Building on the local Covid experience

The experience of the Covid pandemic has hugely heightened awareness of health inequalities, both nationally and locally, exposing the needs and vulnerabilities of different communities (see also section 5.2).

It has also shown the strength of the VCS in mobilising to meet the challenges and get to the heart of local communities to provide both information and support. Hackney CVS, supported by resources from Public Health, has developed and enabled a network of support and information services reaching the most vulnerable communities to help respond to the pandemic. It will be important to build on that work for the future.

Hackney CVS has been co-developing a VCSE Covid Resilience Strategy with the local VCSE through community conversations, network surveys and large 'assembly' style zoom meetings. From this, specific problems being experienced have been articulated and solutions proposed. This process has demonstrated the value of the Assembly model proposed for the Enabler. See attached VCSE Covid Resilience Strategy for more detail about the priorities and solutions developed so far.

One of these Assemblies focussed on how public health messages about keeping safe in the pandemic, about contact tracing, and now about the vaccine could best be mediated to a such diverse population. Discussions in this forum with system leaders including the Director of Public Health, led to a £750k grant programme offering community organisations grants of £10k - £20k to develop comms strategies to take local public health info into local communities. The first round of 27 grants were awarded in November, and are resulting the messages reaching out in the following languages:

Arabic; Bengali; Cantonese,; Ewe (Ghana); Filipino; French; Greek; Hebrew; Irish; Krio, Patois (Caribbean, West Africa); Kurmanji (Kurdish); Lingala (Congo); Luganda; Mandarin, Other Filipino languages; Somali; Swahili, Themne, Mende, Koranko, Limba (Sierra Leone); Tigrinia; Turkish; Vietnamese; Yiddish.

The first grant holders forum with Public Health and feedback from community champions supported by Volunteer Centre Hackney have shown the dedication of the community organisations to get the public health message out, and to challenge myths and misunderstandings. Using WhatsApp and Facebook, they are reaching out widely and at speed – using accessible language and connecting with local people who may not be accessing any main stream media. They are also feeding back to Public Health the kind of responses and messaging they are seeing, so the local comms can be adapted to address this.

The development of the Neighbourhood Model
As part of the City & Hackney Neighbourhood programme – the VCS has been working on a Neighbourhood Partnership model in Well Street Common, co-produced with local voluntary and community groups, residents and frontline staff. Alongside this, in response to the pandemic, the pilot adapted, setting up 7 "Neighbourhood Conversations" – fast-track local forums to ensure local organisations have spaces to collaborate, raise concerns and keep in touch. The programme has been delivered with support from LBH policy team, Public Health Team, the CCG, the Volunteer Centre and Healthwatch – forming the basis and an integrated partnership for each Neighbourhood. The potential to build more is being taken forward this year working with the Office of the PCN, aiming to promote connectivity and referrals between the VCS and the statutory sector, collate local insight, be able to identify local priorities, and be a platform for collaborations to better meet local needs.

Building on the work of VCS networks
A raft of networks have been developed and hosted by Hackney CVS over more than 20 years. These bring together organisations working with equalities groups – for example - mental health, young people, disability, refugees and migrants, learning disability. Over this time, the connectivity between organisations has been built up, trust relationships developed – both between the organisations, and with relevant statutory organisations – through problem solving, sharing expertise and raising concerns. The Enabler model would build on those experiences and skills and develop this bedrock of reach and involvement.

2 Purpose of the VCS Enabler

a) System optimisation - To work with ICPB to develop joint working agreements, governance, representation and finding how our operating model and networks can best contribute and be supported to reach their potential. It will support the ICP programme as a source of expert advice

- to pilot and implement solutions to address health inequalities
- develop and implement a work plan to support the overall ICP programme
- the Enabler will be the vehicle for channelling money more effectively where it is needed most

b) Inequalities and Shared Leadership – To address health inequalities and the inequalities within the system and within the VCSE itself **–** particularly what is needed to empower Black, Asian & Minority Ethnic communities, through:

- Working with statutory sector partners to identify concerns and priorities
- Ensuring the voices of frontline community organisations are heard
- Taking leadership role in areas where it has specific expertise
- Delivering solutions by bringing together voluntary and statutory sector partners

c) VCSE in Neighbourhoods - To develop the VCSE involvement in Neighbourhoods - looking how the VCSE can work with the NHS Neighbourhood Model and be represented on the Neighbourhood Health and Care Alliance

- Develop a cross sector commitment to an asset-based community development approach

d) Funding and Sustainability - To secure and provide resources from both inside and outside the borough to enable the VCSE to fulfil its potential contribution to the ICP

- VCS to be a core partner in the delivery of care pathways, with money following the patient
- Develop and promote new models of delivery to work across sectors to maximise benefit with holistic pathways

e) Supporting VCSE Sector Development - To develop wider support for VCSE organisations including support for staff and volunteers, training, HR and IT support so that they can better engage with the current health and care system beyond just being stronger organisations. This will enable it to:

- build capacity,
- develop workforce and expertise and leadership capacity
- understand how the system works and where to partner with the public sector

3 How will it support transformation?

- The VCSE Assembly will regularly bring together 60 -100 organisations giving the ICS a hotline to insight across **Hackney and City** communities, and able to brainstorm solutions and feed these back into the relevant system structures e.g. NH&C Board, Health & Wellbeing Board, ICPB
- System leaders and key staff across the system will be enabled to speak directly to forums of community leaders and grassroots organisations
- The project sponsor role will ensure buy in from broader organisations
- It will bring together an array of networks of organisations, organised on equalities themes, service and by neighbourhood – currently involving around 800 organisations
- It will be underpinned by the VCSETLG, offering a sounding board and a place where recommendations and solutions can be developed in detail.
- Community Research/Task & Finish Groups will be established on specific topics emerging from Enabler workshops, able to turn around fast-track insight reports
- A system 'Community Investment Fund' should be established as a mechanism for distributing resources, using the vision of PINS, to shift resources to a prevention focus. Using funding from partners and external agencies where appropriate, a range of grants (micro, small, large) based on the COVID info grants mechanism would resource local VCSE organisations in neighbourhoods to deliver programmes and services to meet local needs. Grant panels would be co-produced so decisions and ownership are shared between the VCSE and Public Sector.
- Funded organisations will be available and promoted to PCNs and MDTs as services these staff can call on, and will support a refreshed community navigation offer and contribute to the 'Find Your Services'
- Will provide continually evolving insight to the new Population Health Hub and Inequalities Steering Group
- Support the People and Place Group to have more reach into communities

Benefits of the VCSE Enabler to the different levels of the health system

Level	Benefit/contribution
Health and wellbeing Boards in the City of London and Hackney	Hearing feedback from local VCSE organisations about issues arising and the impact of system approaches on reducing health inequalities. Recommendations developed with the VCSE through the VCSETLG will inform policy changes and future focus of the HWB
ICPB	We want the ICPB to give consideration of proposals/business cases from the VCSE Enabler for investment in VCSE activities which support the sector's involvement in pathways for health and care. It will also receive consolidated feedback from local VCSE organisations about issues arising and the impact of system approaches on reducing health inequalities.
Neighbourhood Health and Care Board	Co-producing solutions to address gaps, jointly setting priorities, two conversations about the neighbourhood approach, how to operationalize the implementation of joint strategies. The NH&CB as well as the ICPB will be able to work with the VCSETLG to agree priorities for investigation through the VCSE Assembly model.
ICS enabler group & workstreams	The VCSE Enabler will provide expertise and local knowledge to support major transformation programmes. It will create a pool of supported local VCSE providers to deliver programmes in co-ordination with other services. Also providing insight to improve pathways as well as co-producing priorities
Statutory system partners, eg. LBH, ELFT, HUH	The VCSE Enabler will provide a forum for integrating pathways and co-ordinating solutions and give direct access to local groups, particularly those representing black and ethnic minority communities, to glean local knowledge and enhance understanding and review of current resident engagement structures such as the LBH food poverty work
Neighbourhoods/ PCNs	Building on programme work. Gain key insights from grassroots organisations about local problems. Able to co-ordinate and promote local services including those by VCSE. Provides stability to local providers and provides structure for neighbourhood partnerships in which to consider borough wide or community specific approaches which don't fit within neighbourhood structures. It offers route to provide greater sustainability for VCSE in neighbourhoods and can prioritize which parts of the VCSE need dedicated support to better embed in the local areas.
Residents and patient voice	Residents will be able to participate in the Assembly discussions, provide insight and be involved in discussions about resource deployment. Similarly, working with the Healthwatch Hackney and City of London Healthwatch we will be able to support their role as critical friends to the system by facilitating 'enter and view' activities with organisations resourced through the VCSE Enabler mechanisms. It will also support grassroots community groups to engage with the Healthwatch principles.
People and Place Group	As the People and Place Group develops, the Assembly and surrounding VCS networks could support it with the reach into local communities, with co-production and with the insight gathered through the Assembly and the networks.
North East London CCG/ICS	Learning from the approach in City and Hackney with this Enabler will be fed into the NEL level. The insight gathered through the VCSE Enabler and the VCSE led approaches and activities It invests in will be passported to the NEL Healthwatch Community Insight Database as well as locally to the Inequalities Steering Group

4 VCSE Enabler - Logic Model

Following conversations with colleagues from public health and the CCG we have devised a high level logic model which will provide the framework for any evaluation of the VCSE Enabler model.

Inputs	Activities	Outputs
Staff resource to support infrastructure development Project resources to support activities Engagement of local communities Data and intelligence from local communities about health inequalities and needs Knowledge and expertise (assets) of local communities to find solutions to local problems Shared leadership Optimisation of multi-sectoral working ….	Identify local priorities through consultations with communities Produce outcome measures to evidence impact, using digital referral tool Develop feedback systems to bring community insights to the foreground Develop care pathways to ensure VCSE interventions are included and funded Promote new models of delivery based on collaboration, including health, education, housing and transport Evaluate interventions Capacity building for VCS organisations through training, mentoring, IT support Improving capability for external funding requests to bring more money into the sector Establish a community investment fund to provide grants to resource groups	Local intelligence re problems experienced by communities Practical and innovative solutions for specific community problems A robust infrastructure for network of organisations to consult in an ongoing fashion Change to prevention focus Prioritisation process to reflect local need Grants programme to shift resources to prevention Community based intelligence to inform policy and priority setting …

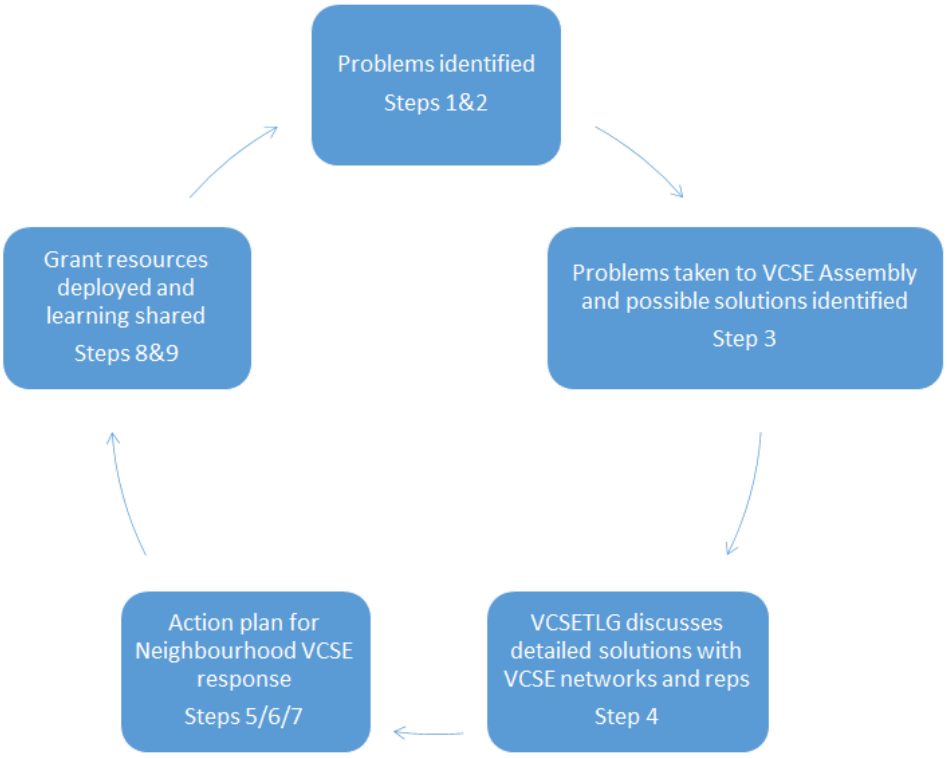
	Outcomes		
	Short term – 6-12m	**Medium term - 12-24m**	**Long term – 24m+**
Residents	*Provide opportunities for local community skills and knowledge to feed into decision making processes *Residents feel services are more joined up	*More joined up, stable services, to meet wider range of needs *More focus on and support for preventive services *Increased sense of being listened to	*More empowered and resilient communities *Reduction in preventable long term health problems *Improved health and wellbeing
VCO staff and organisations	*Build on Covid support activities to embed support within communities and gain local trust *Organisations start to identify problems and discuss solutions *Connections established between organisations to refine pathways *Increased security and confidence of smaller organisations	*Increased identification of community needs *Increased capacity to support communities and meet needs in a joined up way, eg refugees *More staff development and support ->more satisfaction *Increased focus on prevention and wellbeing and the number of people participating in or referred to preventive care/services *Improved community cohesion and empowerment	*Stronger VCS sector able to respond to local need, with sustainable funding *Retention of skilled staff and stronger, more supported organisations

Stat sector staff & organisations	*Connections established between organisations to refine pathways *Sector starts to have access to community info and feedback *More structured approach to policy making based on feedback	*Increased identification of community needs to feed into prioritisation and policy development *Increased capacity to support communities and meet needs in a joined up way *Increased awareness by residents and staff in partner organisations of availability of services *Reduced demand for health services where needs are not mainly clinical *Development of seamless pathways through co-ordination of VCS and statutory organisation	*Reduction in demand for health services, particularly mental health services *Improved information on service needs *Increased capacity to support communities and meet needs in a joined up way *Increased awareness by residents and staff in partner organisations of availability of services *Increased patient satisfaction
Wider system	*More efficient use of resources as start shift to prevention investments *Start to strengthen local resilience and capacity building	*Increased focus on and participation in prevention *More efficient use of resources *Improved community cohesion *Seamless pathways of care	*Reduction in health inequalities through meeting and supporting needs of deprived communities *Reduction in demand for health services, particularly mental health services

5 Process – how will the VCSE Enabler work? And make decisions?

This section describes how the VCSE Enabler and Assembly decision making will work in practice.

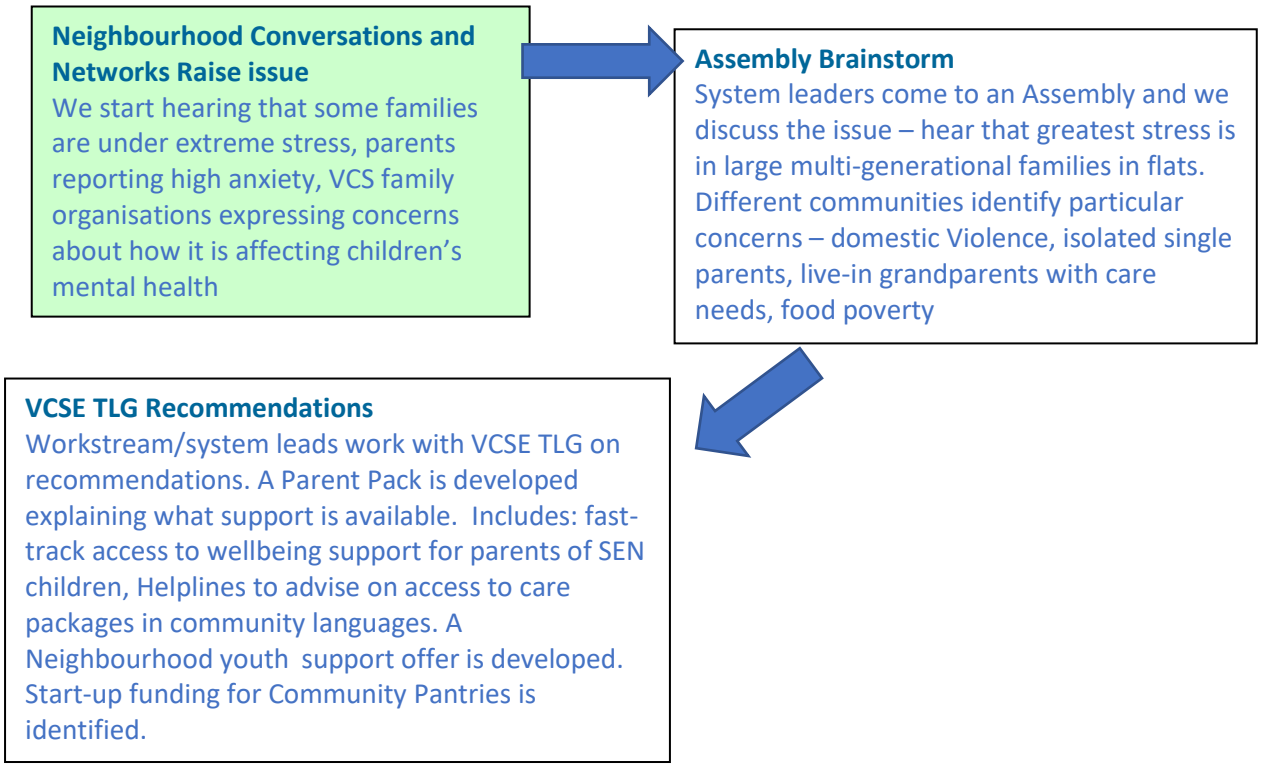
5.1 Agreement of priorities and Action planning



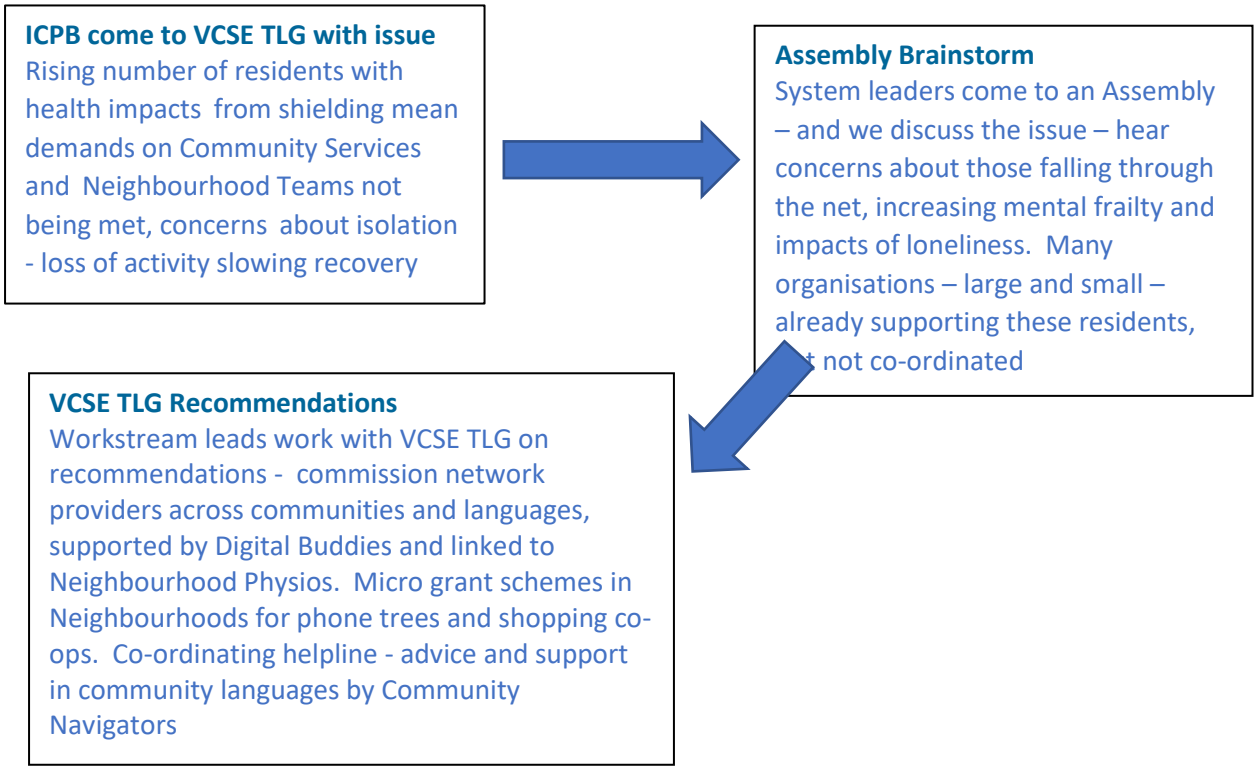
Problems identified:
Step 1 - Consideration of evidence and insight to agree the key focus for Assembly meeting, using evidence from Population Health Hub/Inequalities Steering Group, neighbourhood conversations, VCSE Resilience Strategy, from wider VCSE/Networks. Wide call for evidence on chosen topic.
Step 2 - VCSETLG agrees key focus for Assembly with input from System Leaders. System Sponsor jointly selected/nominated in line with key area of focus.
Solutions proposed:
Step 3 - Date is set for Assembly. Event briefing jointly created and circulated. Key speakers are secured. Co-chairs briefed. Workshops identified and co led by VCSE Reps and System leaders/public sector staff. Potential solutions discussed and recorded for the key area of focus
***Detailed Solutions developed*:**
Step 4 - VCSETLG meets to review solutions and turns these into recommendations and an 'ask' of the system, working with system sponsor/s. i.e. a business case and action plan is developed and agreed. Uses matrix model (utilized in JSNA process) to agree priorities.
Action plan developed and funded:
Step 5 - VCSETLG representative/s and system sponsor/s take business case and action plan to ICPB and or NH&C Board for approval. Action plan is discussed and where necessary, resources are secured and/or resources realigned so that agreed action plan can be implemented. Agreement reached of types of VCSE providers who are needed and who might need help or support
Step 6 - Grant Programme and commissioning process is established based on the focus of business case, which includes key outcomes sought and the type of

evaluation mechanisms. Capacity building support offered to local organisations who are recognised as key to delivery, especially those representing different black & ethnic minority communities
Step 7 - VCSE organisations apply for the grants available, workshops held for potential applicants with input from public sector staff. VCSE Organisations awarded grants following a co produced grant panel (which includes public sector staff, residents/patients and VCS reps in decision making process). Grant award contracts/letters given to selected VCSE providers.
Action/project delivered and evaluated:
Step 8 - Cohorts of funded organisations are brought together so that they are not working in silos. Capacity building is provided to those who need it. Linkage is made to key parts of system e.g. MDTs, PCNs, hospital staff. Project oversight group of VCSE and public sector staff is created to work with funded organisations and provide guidance/checks and balances.
Step 9 - Gather on-going feedback from providers, and collate monitoring information about impact of investment. Comms developed which demonstrates impact, eg with case studies of patient/resident benefit. Learning and evaluation report developed which is taken to ICPB and NH&C Board so that revised pathways and approaches can be embedded based on what has or hasn't worked. Learning shared and disseminated across VCSE and public sector.
It is expected that cycles for different projects will take different amounts of time, depending on the nature of the problem and the nature of the solution. Sustainability is important both for engaging local communities and for sustaining local services.

Example 1: Identifying a problem and starting to solve it



Example 2: Helping the system solve a problem



6 Equality considerations

The Covid pandemic has compounded and made more visible the many existing inequalities that Hackney residents experience.

VCSE Reps and Hackney CVS staff are involved in key system structures such as the Inequalities Steering Group and SOCG which have proved key places where evidence about the impact is being continually reviewed. Similarly we have also run a range of consultation with the VCSE about the VCSE Resilience priorities which has helped to inform our approach and focus for the VCSE Enabler.

The evidence:
Recent work from LB Hackney has demonstrated the disproportionate effect of the Covid pandemic on different population groups nationally and in Hackney, by:

- *Age*: 70% of deaths are in 70+yrs
- *Ethnicity*: Risk of hospitalisation is 1.5x for black people and 1.3x for Asian people compared to white. Black people have lower testing rates but higher positivity rates. Researchers on 22.1.21 noted '*Black and Asian people admitted to Barts Health hospitals with Covid-19 were significantly younger in age, had greater acute disease severity, and higher mortality relative to white patients of the same age and baseline health'.*
- *Gender:* Men are more at risk of dying than women and have 2-3x risk of hospitalisation
- *SES*: Death rate of most deprived is 2x death rate of least deprived groups. The most deprived groups have higher rates of risk factors – overcrowding, risky employment situations, long term health conditions.
- *Vulnerable groups*: People with disabilities have a higher mortality. Migrants, refugees and homeless people, already highly insecure, are more vulnerable to becoming infected due to social distancing and social vulnerability issues

In addition, the direct health effects are compounded by the indirect effects of lockdown:

- Poorer children have less access to online teaching materials so are educationally disadvantaged
- Lack of digital connections exposes older people to greater risk of isolation
- Hackney residents are more likely to be affected by lockdown employment restrictions due to jobs that cannot be done at home, insecure employment and loss of earnings, employment in public facing jobs
- Over- crowded housing affecting transmission, ability to isolate – as well as the pressures of home working/schooling
- Domestic abuse has increased with 25% increase in calls to help line, and 67% of abuse sufferers say abuse has got worse.

There is evidence of these inequalities and their impact from multiple sources, and that the pandemic and lockdown have exacerbated these inequalities, described as "now a ravine".

As the impacts of the pandemic become clear, both the long-term health and mental health effects will be issues for the local system. These will be compounded by the effects of the

wider determinants of health, including increased unemployment, lower incomes and resultant loss of housing.

The Enabler work will provide the opportunity for a step change in addressing the stark health and wellbeing inequalities apparent in Hackney and the City.

Many local VCSE organisations work directly with disadvantaged or vulnerable communities. Giving organisations who work at the sharp end of inequalities more support will empower those groups and provide important insight and information about problems and solutions

Individuals and groups who traditionally are 'hard to reach' will have a place where their voice can be heard and concerns addressed.

There is broad agreement that there should be a shift in resources towards prevention - that this would save money in the longer run; that communities should be more involved in devising and delivering solutions; and an understanding that smaller VCS organisations working with diverse communities and some of the most vulnerable residents are hampered by stop/start and uncertain funding.

Directly addressing inequalities will require a shift in resources and focus towards prevention, and prioritising those at highest need. Addressing inequalities will not only benefit individuals and groups but in the longer term will save money through early intervention and prevention, reducing more expensive, re-active treatments later.

The feedback we have about making this change is "If not now, then when?"

This chimes with the recommendations from the work Hackney CVS has carried out lately to develop a **Recovery and Resilience Strategy for the VCS.**

Based on input from all the VCS networks, and rounds of "Community Conversations" with focus groups, there were multiple findings about poverty, including:

- DWP processes overwhelmed, resulting in delays and financial shortfalls
- Residents unable to pay for essential utilities, risk of phone/internet being cut off and becoming isolated / unable to access support
- Lack of digital skills impacting on ability to access online financial assistance
- Concerns about falling into debt / not being able to put food on the table/ losing home

And multiple findings about the disproportionate impact of the pandemic

- Increased levels of anxiety amongst people from Black and Asian communities
- Higher proportion of people from these communities living in overcrowded housing and occupying key worker roles, placing them at increased risk of infection
- Unable to self-isolate e.g. if living in temporary/shared accommodation
- Refugee and migrant community unable to access vital funding

And alongside this the consultation noted the hesitancy amongst some groups about the vaccine leading to some of the recommendations being:

- Improved communication between ethnically diverse community led orgs and statutory providers to improve their understanding of the needs of specific communities, to better inform how services can be appropriately adapted
- Good communication and connection between all organisations – to keep informed, share learning and identify opportunities (funding, ways to adapt services, connecting with isolated populations)
- Capacity building support to ethnically diverse led organisations; with bespoke support to address individual needs to support better resilience and future recovery
- Funding needs to be unrestricted, less bureaucratic and shorter timeframe from application to issuing grants. Core funding is essential at this time. e.g. Children in Need and Lloyds Foundation Trust noted as good examples

7 **Engagement of stakeholders and consultation**

The VCSE Enabler Workstream has been in development for some time and consultation with a wide range of organisations and system contacts has taken place to inform the final model.

With VCSE:

- Development of VCSE Operating Model From April 2020
- Ideas for new Assembly were discussed on sector wide calls in autumn 2020
- Operating model and Assembly proposal were brought to most of the local VCS network meetings during the last 6 months
- August 2020 ideas were discussed at City Advice Forum network
- August 2020 VCSE TLG workshops on internal governance and link to proposal
- Development of proposal and business case brought to 3 successive VCSE TLG meetings
- Information about Operating model and Assembly proposal were disseminated through Hackney CVS comms

With patients and patient representatives:

- Slide deck of proposal presented at PPI Committee January 2021
- Ongoing discussions with Ann Sanders, Jonathan McShane, Catherine Macadam, and PPI Leads
- Healthwatch Hackney and Healthwatch City of London are members of VCSE TLG
- Outline proposal was brought to ICCEEG

With ICPB and system leads:

- June 2020 – VCSE Operating Model developed and brought to ICPB for discussion and approval
- October 2020 – slide deck of VCSE Enabler shared with system leadership
- Ongoing discussions with Jonathan McShane and David Maher Autumn and Winter 2020/21 and Lee Walker in November re budget envelope
- Logic model and evaluation discussed with Anna Garner January 2021
- Proposal and synergy discussed with Simon Cribbens and Ellie Ward from City of London January 2021
- Operating model and proposal discussed with Hackney Council policy team July 2020 and October 2020

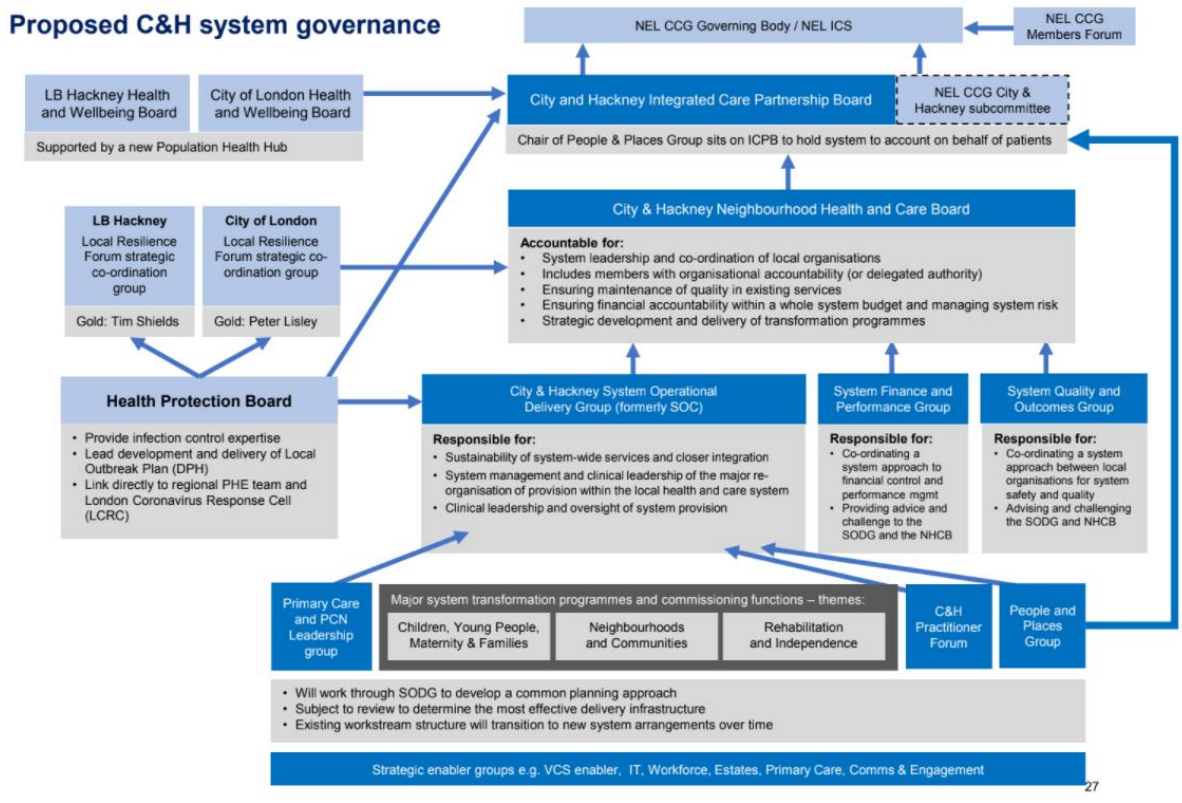
8 Governance Management and Accountability arrangements

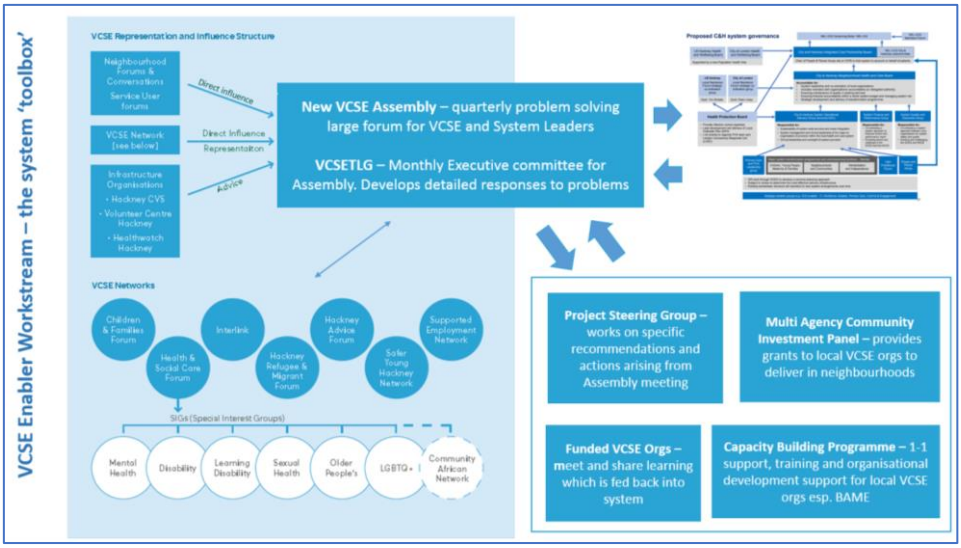
Robust, pragmatic governance will be key to the success of this approach. The VCSE TLG leadership group will act as the Executive of the VCSE Enabler Assembly, directing the programme, agreeing priorities and developing business cases for system asks. It has a governing document (MOU) which describes the relationships between its members and that of the host, Hackney CVS.

The VCSE TLG is composed of chairs from the VCSE networks across Hackney and the City, of VCSE reps to Integrated Care Boards and Partnerships, and of the local VCSE Infrastructure organisations (Hackney CVS, Volunteer Centre Hackney, Healthwatch City of London, Healthwatch Hackney). The VCSE TLG will meet 8 times a year to provide oversight to the Assembly and the surrounding delivery programme.

Reporting will be to the ICPB in the first instance but actually have read across to many parts of the system including the Neighbourhood Health & Care Board, People and Places Group and Health & Wellbeing Board.

Programme Management will be provided by Hackney CVS on behalf of the VCSE TLG. A dedicated team will be developed. Staff roles are detailed in section 6.1, the majority of which are existing roles which will be redeployed and enhanced to focus on the VCSE Enabler programme. This will build on and enhance networking already happening.





City Considerations

Our discussions with City of London colleagues indicate that this proposal fits well with developing conversations about the VCS support offer in the City. With networks opening up to City VCS organisations alongside the City specific networks, the involvement work with VCS organisations in the Shoreditch and City Neighbourhood work, and the proposed new processes around the Assembly, this proposal offers

- Representation on the VCSE TLG leadership group from City networks and Healthwatch City of London, and in future Shoreditch and City Neighbourhood Partnership Chair
- Increased capacity to work with City networks and organisations to ensure the maximum engagement opportunities are available to City VCS organisations
- Ability to follow up with City colleagues to ensure that the "City Voice" is not lost in any prioritisation and recommendations for proposals taken forward
- Capacity building, Neighbourhood based
- Working with City colleagues to align the VCS support and engagement offer across City and Hackney

9 Evaluation

Robust evaluation is critical to being able to identify the success of the project and the model.

Whilst the difficulty of attributing causality and effect in a complex health environment is recognised there is a variety of tools that will be used to assess the anticipated outcomes identified in the **Logic Model** above, from surveys of staff and residents to data on service demand and delivery.

We will need to agree with the ICPB and system leaders what such an evaluation framework should look like and how it could be resourced as this business case does not cover the

costs of an external evaluation. It may be that this model can be added to the work of Cordis Bright in terms of a high level evaluation the impact of this approach.

We have started to map the key considerations/areas for evaluation in line with the Logic Model which could include:

- How did the Enabler allow communities to take the lead in their own health & care?
- Did the Assembly meetings allow a diverse range of communities to participate?
- How did system leaders benefit from the insight gathered?
- How have pilot approaches led by the VCSE been mainstreamed?
- How did the approach engender partnership working between VCSE organisations and between them and statutory sector organisations and staff?
- How has the VCSE Enabler supported transformation at a neighbourhood level?
- How has it helped create more sustainable resources for the VCSE locally?

Specific outcome measures will need to be agreed for individual projects and services that are resourced through the Assembly in a similar way to the information being gathered from those funded through the COVID Grants programme, whilst broader ones will be agreed for assessing borough wide changes or for 'softer' changes, e.g. whether a community feels more empowered.

Specific funding is not being requested for evaluation but evaluation processes and recording will become embedded in the working of the sector. This will also benefit individual organisations by giving them the opportunity to audit and review their own services.

10 The VCSE Enabler Delivery Plan

We have planned the implementation of the VCSE Assembly based on approval being granted and contractual agreements in place from the beginning of April 21.

Assembly - Our proposal centres around an Assembly of Voluntary and Community Sector organisations, bringing community wide insight and ideas to address local health inequalities, and the impacts of those inequalities.

VCSE TLG - Our existing leadership group, drawn from representatives of local Hackney & City VCS networks, VCSE reps to system boards, and local VCSE infrastructure bodies – will be given the capacity to act as the executive to the Assembly.

It will prioritise requests for the use of the Assembly resource, using a matrix assessing both the breadth and depth of the impact. The VCSETLG will create bespoke project steering groups following each Assembly meeting to develop an action plan based on the recommendations developed, with membership from VCSE TLG as well as relevant system contacts, the Project Sponsor and other VCS reps where relevant. These will report regularly to the VCSE TLG.

System Sponsor - For each issue taken to the Assembly we will propose that there is a system sponsor. Their role would be to input from the start and to ensure alignment with the ICS priorities

- Be part of the discussion that prioritises this issue for discussion based on impact/known evidence
- Advise on who could inform the Assembly discussion from the public sector
- Work with the VCSE TLG and Hackney CVS staff to develop the proposal to ensure best fit and connection with existing statutory services/system alignment
- Work with the VCSE TLG and ICPB to propose funding is allocated

Existing Networks and Neighbourhood Conversations/Partnerships - The VCSE has a raft of Networks and Neighbourhood Conversations/Partnerships which propose issues for the Assembly and take issues from the Assembly for a more detailed examination and discussion.

Below is a step by step breakdown of the cycle of Assembly meetings, action planning and priority setting. As most of the staff and infrastructure is in place then we envisage being able to start in April 21.

Delivery	**Timescale**
New staffing roles agreed/advertised Timetable for Assemblies agreed Discussion on evaluation framework	April 2021
Prioritisation matrix agreed Requests for topics from ICPB and grass roots networks	May 2021
Sponsor Identified for first topic and focus for Assembly meeting agreed, system leads and relevant VCS invited	June 2021
First Assembly held	**June 2021**

Project oversight group set up to take forward the proposal from the first Assembly, to work with sponsor	July 2021
Proposal and business case for investment based on First Assembly brought to ICPB	July 2021
Business case contracted and Community Investment fund grant or other investment vehicle initiated	September
First Rapid 360 Review of process of first Assembly round VCSE TLG and ICPB agree improvements	September
New requests for topics	September 2021
Second Assembly held	**October 2021**
Proposal based on Second Assembly brought to ICPB	November 2021
Third Assembly	**January 2022**
Proposal based on Third Assembly brought to ICPB	November 2021
3 month reporting on impact of first investment round	March 2022
Fourth Assembly	**March 2022**
Proposal based on Fourth Assembly brought to ICPB	March 2022

11 Proposed Budget

The CCG has nominally identified a £300k funding envelope, derived from unspent PINS allocations, for the VCSE Enabler business case. There is a need to resource this work on an ongoing basis.

This funding envelope includes consideration of development costs as the work to develop the business case started in earnest in April 2020.

Budget for 2021/22	£
Staffing costs	213,237
Co-chair allocations	18,750
Projects costs – funding for VCS representatives in VCSETLG – back fill @ £30 per hour *	5,748
Contribution to non-pay costs	26,990
Budget for 2020/21	
Staffing costs	27,060
Chair allocations	4,688
Projects costs – namely funding for VCS representatives in – back fill £30 per hour for over 600 hours	n/a
Contribution to non-pay costs	3,527
TOTAL FUNDING REQUEST	**300,000**

* given the lockdown we have not included costs for face to face meetings of the Assembly.

This budget doesn't include resource requests which will be devised for each of the business cases which will be developed and brought to the ICPB following agreement on where and

how resources should be deployed against any priorities and recommendations created by each Assembly set of discussions.

The proposed budget will be supplemented by a grant of £25k from Public Health and £20k from the CCG which are provided in 2021/22 for the administration of the Health & Social Forum and Hackney Refugee Forum. The former has already been agreed for 21/22.

A more detailed budget breakdown which includes allocations to each respective staff member is available on request.

12 Staff Roles

Programme staffing and overheads	**Activities/Role**	**Details of dedicated hours for VCSE Enabler**
Programme Director (PMO)	Overall responsibility for project team, lead for system integration, executive support to Assembly and VCSETLG, contract manager, action plan lead, finance and budgeting lead (working with Hackney CVS finance team)	Existing role, currently funded from Hackney CVS reserves. Request for funding: 4 days per week.
Chief Executive Officer (SRO)	SRO for overall approach, reporting to ICS, HWB. Provide leadership to the new Assembly working with co-chairs and to the sector. Champion the work across forums in City and Hackney and with system leaders.	Existing role Request for funding: 1 day per week
Co-Chairs – VCSE Transformation Leadership Group (1/2 day each)	Chair of VCSETLG, inducting and supporting VCS representatives, liaising with PMO, facilitating strategic discussions, oversight of Assembly priorities and focus. Representation at SOCG and equivalent forums	Request for funding: ½ day each Chair
Networks Administrator	Meeting secretariat for Assembly, VCSETLG and coordinating diaries and secretariat for all 10 plus networks	This role is partly funded through Hackney CVS's contract for HSCF network with LBH and CCG. Request for funding: 4 days per week
Hackney Refugee and Migrant Forum Lead	Coordinating work of Hackney Refugee and Migrant Forum including gathering insight, supporting network members, fundraising, policy responses, strategic partnership work with public sector Without a system focus looking at the particular needs of migrants, and with	This role is partly funded through HCVS's contract for HRMF with LBH and CCG (same contract as above). Request for funding: 2.5 days per week

	70% of COVID deaths locally being people born outside the UK, we know that the long impact of the pandemic will mean the need to look at health and wellbeing needs of migrants	
VCS Development & Capacity Building	Direct 1-1 capacity building support to VCS organisations, involve in neighbourhood partnerships, facilitating training to VCS, impact reporting about development needs of VCS, leadership and governance support to organisations. Particular role in implementing the proposed solutions	New role. Request for funding: 3 days per week
Communications Coordinator	Communications will be key to engaging the sector, translating complex health terminology and ensuring that organisations joining the Assembly are aware of what is to be discussed, and share expectations. The Comms lead will also ensure that local VCS are informed of the outcomes of the Assembly, recommendations made, and how this is translating into action, and then impact. Including the developing case studies of impact, dedicated VCS Assembly newsletter, films, press releases	Communications Coordinator – support for current role. Request for funding: 1 day per week
Health & Care Policy lead	Lead on support for VCSE TLG, develop prioritisation system for issues going to Assembly. Working with VCSE TLG and system sponsors to develop plan for implementation and requests for funding. Translating needs of ICS to Assembly, following up on Assembly agreed actions, disseminating policy positions to wider VCS and public sector	Health & Care Policy lead. New role. Request for funding: 3 days per week

13 Challenges/risks

We will utilise a continual risk mitigation approach to the implementation the VCSE Enabler and have a risk register which maps against the table below and is monitored by staff and VCSETLG.

Challenge/Risk	Mitigation
VCSE Organisations do not engage in the Assembly	We are confident from our consultations and from the high levels of participation in test Assemblies (80 – 100 participants) that the Assembly is fulfilling a need, and will continue to have good participation
When lockdown ends, and face to face meetings are reinstated, the logistics will become more complex and costly, and could challenge the viability	While some of our networks will move back to some face to face meetings when they can, we plan to continue the Assembly as an online forum. The wide participation from community organisations, and of system leaders has shown that this is the best format for the time being
The Assembly and VCSE TLG will propose excellent solutions, but there will be no available funding	We are asking for a commitment from the ICPB to use the PINS funding to allocate to these solutions.
The Assembly and VCSE TLG will propose excellent solutions, but there will be no interest from the statutory sector in implementing	We are also asking for a system sponsor to ensure that the solutions are viable, and enhance existing work.
The VCSE TLG is unable to prioritise solutions	We will employ a matrix model to assess requests from both the ICS and the grassroots, and work with (Anna Garner) to ensure this is workable and effective
The number of ideas from the Assembly are scattered and not making a coherent proposed solution	We are proposing to employ a new health and care policy lead (part-time) to work with the VCSE TLG and the system sponsor to understand the insights coming from the community, and bring together their proposals into the intended solution. We also have the resources of the VCSE networks (e.g. Mental Health Sig, Hackney Refugee and Migrant Forum, Children and Families Forum), who could be asked to further examine proposals, and add their recommendations on how could be best proposed.
Organisations working with City and Hackney's diverse communities don't engage	We have run several trial Assemblies that have been very well attended (more than 70 participants), and have attracted participants from across local communities and communities of interest. With topics that spoke about local issues (the disproportionate impact of COVID, Concerns about Test and Trace), local VCS organisations

	want to speak about what they are finding, their concerns for residents, and what could be done. If we have an Assembly where we fail to engage, this shows it is because we have either the wrong topic or have not communicated well. We would take some soundings on this, and revise the topic and the comms
No project sponsor comes forward	Our expectation is that with the buy in of the ICPB to this process, that demonstrates a keenness for this work to bring a step change in the inequalities and prevention work, and that this will be reflected in the willingness of sponsors to be involved – and to see this change brought about in their area of work.
Funding bids to ICPB for solution focussed investment fail	Our process will ensure that both the grass roots networks and system leads and the ICPB jointly agree that this is a priority issue for City and Hackney that needs addressing. Continual review and feedback process should pick up hesitancy from the ICPB about a particular approach before a business case is put forward, to enable discussions to be had before the case is made, to ensure the proposal is widely viewed positively
Lockdown prevents face to face meetings	It is anticipated that restrictions will continue into the future, therefore we aren't building face to face into approach
No recurrent funding for staff/infrastructure	The host organisation (Hackney CVS) will be in continual dialogue with key representatives from the CCG to ensure recurrent resources are identified. Given the nature of the enabler it is expected that this will be funded on a recurrent basis. If this is not possible then the work will need to be paused until resources are made available
A key statutory partner doesn't engage in the development of the proposed solutions	Our request to the ICPB is that a system sponsor is identified who can help bring key statutory partners on board. And if these partners lack the capacity to engage, is sufficiently knowledgeable to be able to represent their interests
Staff sickness prevents delivery	We have had a lot of staff sickness, and have managed to continue to deliver our programmes, through the good will of both our commissioners, and other staff members. If there was a large degree of staff sickness, the programme would be delayed, and we would agree a new timetable with the ICPB.

Title of report:	*Evaluation of City and Hackney Integrated Care Programme – evaluation framework*
Date of meeting:	11 February 2021
Lead Officer:	Anna Garner, Head of Performance, City and Hackney CCG
Author:	Anna Garner, Head of Performance, City and Hackney CCG
Committee(s):	Integrated Care evaluation steering group – December 2020
Public / Non-public	Public

Executive Summary:

Paper presents summary of current position of evaluation of City and Hackney Integrated Care Programme, including:

- Work completed
- Proposed framework for final phase of evaluation

Final phase of evaluation to include:

1. Evaluation of Integrated Care Partnership in City and Hackney
2. Detailed review into Neighbourhood programme
3. Service level economic evaluations

Recommendations:

The **City and Hackney Integrated Commissioning Boards** are asked:

- To **APPROVE** the content of the evaluation framework,

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

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

Specific implications for City

N/A

Specific implications for Hackney

N/A

Patient and Public Involvement and Impact:

PPI representative on Integrated Care Evaluation steering group. Specific consultation with residents included in the main paper.

Clinical/practitioner input and engagement:

N/A

Communications and engagement:

Consultation and engagement will be part of evaluation. Communication of findings later in 2021, will require communication and engagement team input. **Comms Sign-off** Ann Sanders on Integrated Care evaluation steering group.

Equalities implications and impact on priority groups:

N/A

Safeguarding implications:

N/A

Impact on / Overlap with Existing Services:

N/A

Main Report

Context and evaluation work so far

An alliance of Cordis Bright, PPL and COBIC were awarded the contract to conduct an evaluation of the Integrated Care programme in City and Hackney in January 2017.

They have conducted work to date on:

- Literature review on factors necessary for successful integration (May 2018)
- Rapid evidence assessments in relation to each of the four ICP workstreams (May 2018)
- Baseline evaluation report with recommendations (August 2018)
- Support to four workstreams on developing logic models/theory of changes identifying and linking key activities of each workstream and how they would impact on resident outcomes (January - July 2019)

- Support in development of the City and Hackney outcomes framework (December 2019)

The evaluation providers are now starting the final phase of the evaluation, and this document presents the approach for the evaluation of the City and Hackney Integrated Care Programme (ICP). The revised approach has been developed following a pause to the evaluation between March 2020 and September 2020 due to the impact of the Covid-19 pandemic.

Components of the final evaluation

1. Evaluation of the integrated care partnership in City and Hackney:

   - What has been the journey so far, from 2016 onwards, and what has been learnt from this?
   - What has changed during the pandemic, in terms of partnership working and integration? What has been learnt that will help City and Hackney in the future? How has integration impacted on the system's response to the Covid-19 pandemic, and how may it support recovery?
   - What has worked well, and what isn't working well?
   - How mature is integrated working? Where are the areas that are more mature and where are the areas that are less mature?

2. Detailed review into Neighbourhoods:

   - A stocktake evaluation including challenges and solutions.
   - Experiences of the implementation and development of the Neighbourhoods Programme to date, including what has worked well, and areas for improvement.
   - The relationship between Neighbourhoods and Primary Care Networks, and the role of this relationship in the future delivery of services through the Neighbourhoods Programme model.
   - The current and planned activities being delivered as part of the Neighbourhoods Programme model, and the intended inputs, activities, outputs, outcomes and impacts. This is intended to support the development of a Theory of Change for the programme (see below).
   - Practical support with planning and service design for the future at both a programme and service level, i.e. developing Theories of Change and evaluation frameworks, supporting the establishment and refinement of monitoring and evaluation systems, capacity building for ongoing internal monitoring and evaluation, etc.
   - The role of the Neighbourhoods Programme in City and Hackney's response to the Covid-19 pandemic, and what the vision for the future of the Neighbourhoods delivery model looks like.

3. Economic evaluation at a service level:

   - Focusing on an identified service within each of the CYPMF, Planned Care and Unplanned Care workstreams.

Evaluation element	Methodology
ICP-level evaluation	As well as capturing the context of the integration of care in City and Hackney, this element will explore the maturity of integrated working, how integration has impacted on the system's response and recovery to the Covid-19 pandemic, and what has changed during the pandemic in terms of partnership working and integration. This element includes: • A review of documentation relating to the ICP and the integration of care in City and Hackney • Consultation with - Senior leaders across the system - Workstream stakeholders - Focus groups with patient/resident representation groups This phase will inform the development of evaluation tools for subsequent consultation (see below), as well and ensuring that the evaluation captures the full context of how the integration of care has developed in City and Hackney since 2016.
Detailed review into the Neighbourhoods Programme	Review of documentation on planning and implementation of Neighbourhoods programme so far. Neighbourhoods stakeholder engagement: • Frontline practitioner engagement – focus groups • Heads of Service/Middle Management engagement – one to one interviews • Programme Leads engagement – one to one interviews • System Leaders engagement – one to one interviews Support to Neighbourhoods Programme services to develop one service-level Theory of Change and support the development of monitoring and evaluation systems
Service-level economic evaluation	Service-level economic evaluation for three individual services or interventions being delivered as part of the integration of care in City and Hackney; one each from the CYPMF, Planned Care and Unplanned Care workstreams.

Summary of proposed outputs

1. An ICP-level evaluation report containing:

   - The context and journey of integration in City and Hackney so far. This will provide a narrative of how the integration of care has developed in City and Hackney, including the overarching values and principles, and key drivers of change. The purpose of this will be to inform the collective vision of the ICP, to support planning and to support public engagement.
   - An assessment of the maturity of integrated working in City and Hackney.

- The barriers and enablers to the integration of care in City and Hackney.
- How integration has impacted on the system's response to the Covid-19 pandemic, and how it may support recovery.

2. A Theory of Change and evaluation framework for the overall Neighbourhoods Programme, and a service-level Theory of Change for a selected Neighbourhoods Programme service.

3. A Neighbourhoods Programme 'stocktake' evaluation report containing:

   - A stocktake of Neighbourhoods work done to date, and lessons learned from this. This will include a focus on how the four ICP workstreams have functioned within the Neighbourhoods delivery model.
   - Recommendations to support the future shaping and development of the Neighbourhoods Programme.
   - The role of Neighbourhoods in City and Hackney's response to the Covid-19 pandemic.
   - The planned vision for the future of the Neighbourhoods delivery model, including reflections on the interaction between the Neighbourhoods structures and Primary Care Networks.
   - The revised Neighbourhoods Programme Theory of Change, and recommendations for ongoing monitoring and evaluation of the programme.

4. An economic evaluation report, presenting the combined economic evaluations of three services from across the CYPMF, Planned Care and Unplanned Care workstreams.

Sign-off:

[Papers for approval by the ICBs must be signed off by the appropriate senior officers. Any paper with financial implications must be signed by the members of the Finance Economy Group.
If there are any legal implications which require consultation with legal counsel, please make reference to that below.
Please ensure you have appropriate sign off for your report, along with the papers. Papers which have not been signed-off by the appropriate officers will not be considered]

Workstream SRO: [*insert name and title*]

London Borough of Hackney: [*insert name and title*]

City of London Corporation: [*insert name and title*]

City & Hackney CCG: [*insert name and title*]

Title of report:	Housing First Business Case and Funding Agreement- Years 2 and 3
Date of meeting:	11th February 2021
Lead Officer:	Siobhan Harper
Author:	Beverley Gachette/Maggie Boreham/Will Norman
Committee(s):	CCG Finance and Performance Committee- November 20 Rough Sleeper and Health Partnership Group- December 20
Public / Non-public	Public

Executive Summary:

City & Hackney Housing First delivers intensive, wraparound, person-centred, housing-related support to entrenched rough sleepers enabling them to move away from marginalised and chaotic lifestyles. By providing access to stable, independent housing to a cohort traditionally excluded from this type of accommodation, service users will have the opportunity to address their support needs, thus reducing pressure on local care and support services.

This service model has been developed and delivered through a partnership approach of London Borough of Hackney (LBH), City of London (CoL) and the City and Hackney CCG working with St Mungo's as the service provider. The three organisations have agreed to jointly/equally fund the service for years 2 and 3- after the CCG funded the service in year 1. The City and LBH ICBs are asked to note this development and invited to discuss the service as a best practice example of partnership working.

Recommendations:

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

- To **NOTE** the report;

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

- To **NOTE** the report;

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

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

Empower patients and residents	☒	

Specific implications for City

The service will be commissioned to support City based rough sleepers for the next 2 years.

Specific implications for Hackney

The service will be commissioned to support Hackney based rough sleepers for the next 2 years.

Patient and Public Involvement and Impact:

Patients and the Public were involved in the development of the local service model before it launched. They have also been engaged about the Rough Sleeper/Everybody In Agenda through the course of the pandemic.

Clinical/practitioner input and engagement:

Clinicians and practitioners were involved in the development of the service model. They have also been engaged via the CCG FPC and Rough Sleeper and Health Partnership Group.

Communications and engagement:

The report does not required communications and/or stakeholder engagement at this current time. The report details the plan to continue the service and so there will be no significant change for service users. Housing teams and other services are aware of the service and the referral route. We will continue to review opportunities for communication and engagement.

Comms Sign-off
Not applicable- see above

Equalities implications and impact on priority groups:

The service provides accommodation and wrap around support for rough sleepers from a mix of different backgrounds. An equality impact assessment was undertaken

Safeguarding implications:

No safeguarding concerns- the service has a process for managing/escalating potential safeguarding issues.

Impact on / Overlap with Existing Services:

The service interfaces with other services for Rough Sleepers, including the Greenhouse Practice and local outreach teams.

Sign-off:

Workstream SRO: Andrew Carter, Director of Community and Children's Services, City of London London Borough of Hackney: Zainab Jalil- Head of Commissioning, Business Support and Projects City of London Corporation: Simon Cribbens- Assistant Director- Commissioning and Partnerships City & Hackney CCG: Siobhan Harper, Planned Care Workstream Director

Hackney

CITY OF LONDON

NHS
City and Hackney
Clinical Commissioning Group

Business Case and Funding Agreement
City & Hackney Housing First- Years 2 and 3

1. Executive summary

The City & Hackney Housing First service contract awarded to St Mungo's, a specialist housing support provider, commenced on 2nd March 2020. The contract was issued for one year with the option two yearly extensions (1 + 1 + 1). Breakdown below:

Housing Related Support Provision	1 Year investment £	Extension Year 1 £	Extension Year 2 £	Whole Life Investment £
Housing First	214,338	221,425	220,781	656,544

The first year was funded by City and Hackney Clinical Commissioning Group (CCG) with the expectation that subsequent years would be funded through Rough Sleeper Initiative grants allocated by the Ministry of Housing, Communities and Local Government (MHCLG) and savings delivered through the reconfiguration of Mental Health Complex Needs Residential provision, jointly funded by London Borough of Hackney (LBH) and the CCG. Both sources have not delivered the anticipated funding and so partners have reviewed alternate options.

Following negotiation, the CCG, LBH and City of London (CoL) have agreed to jointly fund the Housing First Service for the remaining two years. Each partner will contribute an equal share of funding. This settlement has been achieved through partnership working with all stakeholders buying in to the 'Everybody In' national agenda and vision of Housing First as a service model. The City and Hackney Rough Sleeper and Health Partnership Group facilitated this joint approach and work is ongoing to deliver a robust evaluation of the outcomes.

This paper provides background on the service and the rationale for this partnership approach.

1.1 Issue

1.1.1 Background

Jointly developed by commissioners at London Borough of Hackney, the City of London and City and Hackney CCG, non-recurring prioritisation funding from the CCG provided for initial start-up and delivery costs in the first year. The rationale was that first year provision would allow us to develop a local evidence base to support a business case for permanent funding as part of the wider Supported Housing provision being delivered, aligning with integrated commissioning principles. In addition, this service represents a platform for partnership working across the partner organisations, overcoming initial set-up and implementation barriers.

The Housing First model addresses the health and housing needs of those that place high demands on services, whilst adding value and delivering potential savings across the local health and care system. By supporting people into stable accommodation and enabling them to address their health issues, this service will reduce levels of need across a marginalised and vulnerable group. This also enables the Local Authority to discharge its duty under the Care Act 2014 to provide preventative services and increase the wellbeing of residents.

City & Hackney Housing First delivers intensive, wraparound, person-centred, housing-related support to 20 entrenched rough sleepers enabling them to move away from marginalised and chaotic lifestyles. By providing access to stable, independent housing to a cohort traditionally excluded from this type of accommodation, service users will have the opportunity to address their support needs, thus reducing pressure on the Council's homeless services.

Traditional homeless hostels deliver support that is transactional; using a support plan that is jointly agreed with their support worker, service users move towards stability and independence by engaging with interventions that help them achieve their personal goals. This model delivers successful outcomes for the majority of service users, who eventually move into their own home after completing their support journey. There is, however, a cohort for whom this approach is unsuccessful. Housing First inverts the journey from street homeless to stable housing with accommodation before support needs have been addressed.

Housing First provides self-contained, independent housing with access to high levels of person-centred support as required. Placing an emphasis on tenancy sustainment, service users experience a support journey that is self-directed, enabling them to address their support issues at their own pace, without fear of being penalised for not following a prescribed support journey.

A relatively new model, this service is an alternative for those with a history of entrenched rough sleeping/homelessness and complex needs, those who typically 'revolve' through services without achieving positive outcomes.

City & Hackney Housing First also represents real collaboration between City & Hackney CCG, London Borough of Hackney and the City of London, demonstrating the partner's commitment to integrating Health and Local Authority services.

1.1.2 Funding background

From inception, with the initial year's service funded through City & Hackney CCG, the Council's intention was to fund subsequent years through Rough Sleeper Initiative grants allocated by the MHCLG and savings delivered through the reconfiguration of Mental Health Complex Needs Residential provision, jointly funded by LB Hackney and City & Hackney CCG. Both sources have failed to deliver the anticipated funding.

Although the MHCLG have funded Housing First services across the country, most notably in May 2018 they funded services in Greater Manchester, Liverpool and West Midlands; Central government healed the service model as an effective tool for reducing rough sleeping, therefore it was reasonable to assume funding would be made available to C&H Housing First. However, bids submitted to MHCLG by LB Hackney in 2019 and more recently in early 2020, setting out our solutions for homelessness reduction, which included requests for funding to sustain C&H Housing First. Each request has been declined with the explanation that they are not willing to fund other Housing First services because they are piloting services in Manchester, *et al*.

The other source, efficiencies delivered through the reconfiguration of LB Hackney and C&H CCG funded Mental Health and Complex Needs Residential services, will not be delivered by 1st March 2021, year two of the Housing First service. The project has progressed slowly, impacted by a series of events and will not conclude in time to contribute to years two or three of the contract.

The Housing First service launched during the first national lockdown was implemented in response to the Covid19 global pandemic, negatively impacting the provider's ability to engage with their new service users and move them into independent accommodation. However, it should be noted that the Provider continued to seek engagement with service users, while supporting the Council's Covid19

Urgent Housing service. St Mungo's officers were redeployed into Covid19 hotels where several referrals were housed. Throughout the pandemic they have built a rapport with service users, procured accommodation and have currently housed nine Housing First clients (see Appendix A).

As the planned options for funding have not materialised, the CCG, LBH and CoL have agreed to jointly fund the Housing First Service for the remaining two years with each partner contributing an equal share of funding. Partnership working and a belief in the service model was at the heart of the agreement. Strategic oversight of the service and its evaluation will be steered by the Rough Sleeper and Health Partnership Group.

Housing Related Support Provision	**1 Year Cost £214,338**	**Year 2 Cost £221,425**	**Year 3 Cost £220,781**	**Three year costs £656,544**
City & Hackney CCG	214,338	73,808	73,594	361,740
City of London Contribution	0	73,808	73,594	147,402
LB Hackney Contribution	0	73,808	73,594	147,402
Deficit	**£214,338**	**£221,424**	**£220,781**	**£656,543**

1.2 Anticipated outcomes

1.2.1 Which outcomes does the Housing First model affect?

In 2015, the University of York undertook an evaluation[1] of 9 Housing First Services in England. While the findings only related to a small cohort of clients (60 in total), the results were encouraging in a variety of areas:

Health
Of the 60 clients who completed outcomes forms, 43% reported 'very bad or bad' physical health a year before using Housing First. This fell to 28% when asked about current health.

52% of the same group reported 'bad or very bad' mental health a year before using Housing First, falling to 18% when asked about current mental health.

Drug and Alcohol Misuse
Among the group of 60 service users completing outcomes forms, 71% reported they would 'drink until they felt drunk' a year prior to using Housing First. This fell to 56% when asked about current behaviour.

When asked about illegal drug use, 66% of the same group reported drug use a year prior to using Housing First, falling to 53% when asked about current behaviour.

[1] Housing First In England - An evaluation of nine services - Joanne Bretherton and Nicholas Pleace - University of York - February 2015

Social Inclusion

Among the 60 service users who anonymously shared outcomes data with the research team, 25% reported monthly, weekly or daily contact with family a year prior to using Housing First, rising to 50% when asked about current contact.

78% reported involvement in anti-social behaviour a year prior to using Housing First, compared to 53% when asked about current behaviour.

Cost Benefits

The Housing First services cost between £26 and £40 an hour. Assuming that someone using a Housing First service would otherwise be accommodated in high intensity supported housing, potential annual savings ranged between £4,794 and £3,048 per person in support costs.

There was also the potential for reductions in use of emergency medical services and lessening contact with the criminal justice system. Housing First could deliver potential overall savings in public expenditure that could be in excess of £15,000 per person per annum.

1.3 Recommendation

The CCG, LBH and CoL have agreed to jointly fund the service for years 2 and 3, and so there is no recommendation for the ICB to consider. This is a paper for noting as an example of successful partnership working.

1.4 Justification and Rationale for Agreement

Austerity and the increasing demand for social care services means that only those with the highest support needs can access specialist supported housing. At the same time general needs accommodation is also under increasing pressure with vulnerable clients housed in unsuitable temporary accommodation or increasingly far from their local support networks. Housing First supports a cohort of clients whose mental health vulnerabilities place them at increased risk of tenancy failure and poor health outcomes if left unsupported in general needs accommodation, resulting in homelessness and often readmission to hospital. Housing First offers a viable pathway to tenancy sustainment and improved long term health outcomes

The Housing First model delivers significant benefits to a cohort of the community who, because they are excluded from services and the effects of entrenched rough sleeping, experience poor health outcomes. Traditional hostel provision is transactional, it uses a framework of support that sets out an expectation that service users must achieve support goals before they are deemed ready for independence, Housing First inverts that rationale - placing ‘housing first’ service users are only required to comply with their tenancy agreement and essentially be a ‘good neighbour’. Invariably the service users choose to engage and address their support needs.

Despite the impact of the COVID-19 pandemic, nine people have been placed in stable independent accommodation and an additional five are being prepared to move into accommodation, the impact of withdrawing support after only a few months will have a detrimental effect on the group. Taking account of their rough sleeping histories, they are likely to return to the streets and engage in the high risk behaviours associated with that lifestyle. Physical and mental health will decline as well as re-traumatisation by being ‘let down’ by services is inevitable

2.0 Business Case and Funding Agreement team

Name	Job Role	Business Case Role Description
Beverley Gachette	Strategic Commissioner, Mental Health & Prevention, LB Hackney	Author
Maggie Boreham	Principal Public Health Specialist, LB Hackney	Contribution and review
Will Norman	Head of Homelesness Prevention and Rough Sleeping, City of London	Contribution and review
James Courtney	Commissioning Manager Planned Care, City & Hackney CCG	Co-ordinator

3. Outcomes and Benefits

A summary of Housing First outcomes and benefits are set out in section 1.2.1 of this report. More localised and detailed outcomes and benefits are set out below.

3.1 Physical health outcomes and benefits

Homelessness both drives as well as is driven by poor health. Physical, mental and substance misuse issues remain prevalent among the homeless population and at levels that are much higher than those experienced by the general population. The longer people remain without a stable and safe place to live, the more these problems multiply and the harder they are to overcome.

Primary care data from the Greenhouse Homeless Surgery in Hackney[2] show a significantly higher prevalence of lifestyle risk factors as well as higher prevalence of long-term conditions in surgery patients versus Hackney's general population:

- 29.6% versus 0.7% have substance misuse issues and/or were in drug addiction therapy in past 12 months
- 26.4% versus 7.8% are recorded as high risk drinkers
- 63.2% versus 17.4% are recorded smokers
- 46.8% versus 24.1% have at least one long-term condition

Between 2007 and 2018, the practice list increased by almost 33% - from around 650 to around 970 patients respectively[3]. These trends indicate that the number of homeless with substance misuse problems and/or with long-term conditions is likely to increase in the future.

Working with a cohort of residents that have been accepted as homeless and in priority need by the local authority, Housing First approaches have been shown to have a positive impact on the physical

[2] Extracted from the local GP register by CEG, Blizard Institute, 2016. Data cover residents of Hackney and the City registered with a GP in Hackney, the City of London, Tower Hamlets and Newham

[3] Numbers of patients registered at a GP practice. NHS Digital, 2018.

health of clients. By enabling housing sustainment they are able to reverse the range of negative health impacts associated with homelessness and insecure housing.

The pilot study in Liverpool demonstrated a 15% drop in reports about very bad physical health[4]. Similarly the York University assessment of Camden Housing First identified improvements in the physical health of participants.

Engagement with services including GP registration was a notable success of the Camden service. Eleven of the thirteen participants evaluated after the first year of the programme were successfully registered with a GP practice. For many, this was the first time they had done this.

More than 50% of the participants also reported a positive change in their drug or alcohol use after 12 months, reducing or ending their harmful substance misuse. This is particularly impressive given the lack of a requirement to engage with treatment before entering a Housing First programme.

There was also a marked reduction in anti-social behaviour reported to the policy and other community safety services.

3.2 Mental health and wellbeing benefits

Homelessness and inappropriate housing have been shown to have a negative impact on mental health. Working age adults in poor housing are 26% more likely to report low mental health and 45% of homeless people have been diagnosed with a mental health problem compared to 25% of the general population. They are also more likely to have problems with substance misuse, 36% have taken drugs, 77% are regular smokers and 27% are reported as suffering or recovering from an alcohol addiction.

Liverpool Housing First reported a 34% drop in reports of bad or very bad mental health.

Wider engagement with treatment for mental health problems was a key outcome of the Camden Housing First evaluation. More than three quarters of relevant participants reported more frequent engagement with mental health services and support groups.

Studies have identified a lack of appropriate housing as a key factor in delayed discharges of care for mental health patients, meaning that people are inappropriately in hospital, incurring high costs and also experiencing greater levels of restriction than are appropriate. There is significant pressure on acute mental health services with providers reporting occupancy rates as high as 138%, against the Royal College of Psychiatrists recommended level of 85%. Step down care available to people leaving secure mental health inpatient services can free up value inpatient capacity and deliver financial savings e.g. care provided to people leaving secure mental health inpatient services at Tile House in Kings Cross by Look Ahead Care and Support is calculated to have saved the NHS £443,964 per year[5].

The Housing Options service at LB Hackney identified a particular cohort of clients with mental health vulnerabilities that can currently only be housed in general needs accommodation and would benefit from the higher level of support provided by Housing First. In individual cases the service has reported instances of self-harm and violent outbursts towards other residents were clients with a mental health vulnerability have been housed in general needs hostel accommodation because of a lack of suitable

[4] Pleace N. and Bretherton J., "Camden Housing First, a Housing First Experiment in London", University of York (2013)
[5] Buck D. and Gregory S. 'Housing and Health – Opportunities for sustainability and transformation partnerships', The Kings Fund (2018)

alternatives. Housing First would provide an additional option with greater levels of support for this cohort.

To build the evidence base for this type of intervention we will gather wellbeing related data on the participants which will allow us to monitor their progress in comparison to other residents outside of the programme. The data will be collected at the beginning of the programme at 1 year follow-up using ONS wellbeing questionnaire

3.3 C&H Housing First Service Outcomes

City & Hackney Housing First has been designed to deliver support that is delivered within an outcomes focused framework. Whilst, the Housing First model makes it explicit that addressing support needs is **not** a condition of the service, the provider is expected to provide robust evidence of service delivery across the following group of outcomes for those service users who choose to engage with support. Service outcomes will be monitored through regular contract monitoring meetings. Detailed information is set out in section 4.3 of this report.

Outcome Evaluation

The Rough Sleeper and Health Partnership group will provide oversight for evaluation of the Housing First Service. This group has representation from all key stakeholders and clinical/professional groups. A working group will be set up to review outcomes to date and develop a framework for future evaluation. They will share outcome reporting and recommendations with senior stakeholders through the course of years 2 and 3.

4. Project overview

4.1 Project performance

Project goal/objective	Performance measure and target
Full utilisation of service	Provision to be delivered to 20 people through the course of the service
Economic Well-Being	● 100% of clients claim correct benefits within the first two months ● 100% of clients have a bank account setup within the first two months ● Clients report being better able to manage money ● Clients report debt reduction ● No evictions due to rent arrears. ● 100% of clients have email addresses
Enjoy & Achieve	● Clients report improved confidence and well-being ● 100% of clients taking part in some meaningful activity by the end of their first 18 months in the service ● Mental Health improved and clients stabilised due to meaningful activities
Be Healthy	● 100% Clients registered with GP and dentist ● 70% clients engaging with health services ● Health and living conditions are managed ● Independent living skills improved

	• Hospital admissions reduction • 70% of clients identified as requiring drug treatment attending community drug services • 100% clients requiring occupational therapy assessment receive one in their first 6 months in tenancy
Stay Safe	• 100% of clients have comprehensive risk assessments • Client accommodation is clean and tidy • 100% tenancy management • Clients engaging with court orders • Good relationships with landlords • No evictions due to rent arrears • Clients report feeling safe
Make a Positive Contribution	• 100% registered to vote • Client feedback valued and used to improve service provided using a 'you said, we did' approach • Clients to co-produce as much of the service as possible Improved client confidence in themselves as a valued member of society

5. Strategic alignment

Strategic plan	Plan goal/objective	Project contribution to plan goal/objective
The Care Act 2014[6]	Requires local authorities to promote individual's wellbeing in order to prevent or delay - 'the development by adults in its area of need and support'.	In line with the Care Act, the service is designed to take a person-centred approach when safeguarding vulnerable adults. The provider will ensure their policies reinforce the principles set out by the City and Hackney Safeguarding Adults Board.
Homelessness Reduction Act 2017[7]	Emphasises the duty for local authorities to prevent homelessness.	The service provides accommodation and support to those experiencing the highest levels of health and housing inequality
LB Hackney ten year community strategy - 2018 [8]	The direction this strategy sets for other local plans and strategies aims to make Hackney a fairer, safer and more sustainable place for everyone, and to protect Hackney's open, inclusive community spirit	The service is designed to enable service users to access appropriate health services

[6] http:www.legislation.gov.uk/ukpga/2014/23/contents/enacted
[7] http://www.legislation.gov.uk/ukpga/2017/13/contents/enacted
[8] https://hackney.gov.uk/article/3628/Community-strategy

	for future generations - specifically: A borough with healthy, active and independent residents	
City of London Corporate Plan - 2018	The plan aims to make City of London a place where people enjoy good health and wellbeing	The service supports this objective by enabling service users to access appropriate health services
City & Hackney Neighbourhood Model[9]	The aim of the Neighbourhood Model is to bring different services together to provide care closer to home which is better suited to the unique needs of local communities, prevent ill health and help reduce unnecessary hospital admissions.	This service is expected to note the developments around the Neighbourhood Care Model and become more aligned in its delivery as the model progresses.

[9] http://www.cityandhackneyccg.nhs.uk/about-us/neighbourhoods.htm

Title of report:	Consolidated Finance (income & expenditure) 2020/2021 Month 9
Date of meeting:	February 11th
Lead Officer:	Anne Canning, London Borough of Hackney (LBH) Jane Milligan, City & Hackney Clinical Commissioning Group (CCG) Simon Cribbens, City of London Corporation (CoL)
Author:	Fiona Abiade for Integrated Commissioning Finance Economy Group
Presenter:	Sunil Thakker, Executive Director of Finance, City & Hackney CCG Mark Jarvis, Head of Finance, Citizens' Services, City of London Ian Williams, Group Director, Finance and Corporate Resources, LBH
Committee(s):	City Integrated Commissioning Board Hackney Integrated Commissioning Board Transformation Board
Public / Non-public	Public

Executive Summary:

At month 9, the CCG reported a YTD overspend of £0.6m against a YTD allocation of £371.7m. This position includes an allocation top-up of £7.6m to cove M1-M6 Covid-19 and other overspends. Mitigations identified during the month have reduced the previously reported deficit of £7.6m to £3m in M9. The CCG continues to identify and release underspends, dispute resolutions and balance sheet gains to further mitigate the position in the coming months.

At Month 9, LBH is forecasting an overspend of £6.8m inclusive of £4.5m in relation to Covid-19 expenditure - this is across both pooled and aligned budgets. Covid-19 related expenditure includes significant investment to support the market through uplifts to care providers, additional staffing and PPE costs. This does not include Covid-19 NHS discharge related spend where there is an agreement to fully recharge the cost to the CCG. The remaining £2.3m overspend is predominantly driven by care package costs in Learning Disabilities (LD), Physical and Sensory Support which are all within the Planned Care workstream.

At Month 9, the City of London Corporation is forecasting a year end adverse position of £0.4m.

Recommendations:

The City Integrated Commissioning Board is asked:

- To **NOTE** the report.

The Hackney Integrated Commissioning Board is asked:

- To **NOTE** the report.

Hackney

CITY OF LONDON

NHS
City and Hackney Clinical Commissioning Group

Strategic Objectives this paper supports:

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

Specific implications for City

N/A

Specific implications for Hackney

N/A

Patient and Public Involvement and Impact:

N/A

Clinical/practitioner input and engagement:

N/A

Equalities implications and impact on priority groups:

N/A

Safeguarding implications:

N/A

Impact on / Overlap with Existing Services:

N/A

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

Integrated Commissioning Fund
Financial Performance Report

Month 9 - 2020/21

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City and Hackney CCG – Position Summary at Month 9, 2020/21

- In response to COVID-19, a temporary financial regime was put in place to cover the period 1 April 2020 to 31 July 2020. This was then extended for a further two months, to September, whilst the restart plan for NEL was being developed.

- Table 1 summarises the baseline categories and high-level approach to calculating the 2020/21 expected expenditure

Table 1

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

From M7 onwards the NHSE/I top-up funding mechanism only applies to Hospital Discharge costs. Other Covid and Non-Covid costs over and above the CCG's allocation form part of the overall deficit declared which are to be partly mitigated by NEL STP held Covid and growth funds and partly mitigated by CCG non-recurrent gains. The position

City and Hackney CCG – Position Summary at Month 9, 2020/21

				YTD Performance			Forecast	
	ORG	WORKSTREAM	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Variance £000's
Pooled Budgets	Commissioned	Unplanned Care	18,896	14,078	14,078	(0)	18,896	0
		Planned Care	6,595	4,946	4,821	125	6,428	167
		Prevention	265	199	189	10	265	(0)
		Childrens and Young People	0	0	0	0	0	0
	Pooled Budgets Grand total		25,756	19,223	19,088	135	25,589	167

	ORG	WORKSTREAM	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Variance £000's
Aligned	Commissioned	Unplanned Care	121,669	90,942	92,042	(1,101)	122,550	(880)
		Planned Care	210,455	157,580	156,363	1,217	209,033	1,422
		Prevention	4,422	2,716	2,709	8	4,446	(24)
		Childrens and Young People	56,696	42,940	42,779	161	57,131	(435)
		Corporate and Reserves	36,266	21,219	22,193	(974)	33,001	3,265
	Aligned Budgets Grand total		429,509	315,396	316,086	(690)	426,160	3,348
Subtotal of Pooled and Aligned			**455,265**	**334,619**	**335,174**	**(555)**	**451,750**	**3,515**
In Collab	Primary Care Co-commissioning		50,189	37,161	37,161	0	50,731	(542)
Grand Total			**505,454**	**371,780**	**372,335**	**(555)**	**500,823**	**4,631**
CCG Total Resource Limit			**497,819**					
SURPLUS			**(7,635)**					

- **Pooled budgets:** The Pooled budgets reflect the pre-existing integrated services of the Better Care Fund (BCF), Integrated Independence Team (IIT) and Learning Disabilities. These are expected to underspend by £0.2m at M9.
- Non-recurrent schemes and QIPP Transformation schemes continue to be on-hold.

- At month 9, the CCG reported a YTD overspend of £0.6m against a YTD allocation of £371.7m. This position includes an allocation top-up of £7.6m to cove M1-M6 Covid-19 and other overspends.
- Mitigations identified during the month have reduced the previously reported deficit of £7.6m to £3m in M9. The CCG continues to identify and release underspends, dispute resolutions and balance sheet gains to further mitigate the position in the coming months.
- The full year forecast outturn includes £12m Covid-19 spend, of which £8.5m is expected to be reimbursed by NHSE/I.
- The CCG is reporting all acute contract spend in line with the funding values as prescribed by NHSE. From M7, the CCG is no longer making smaller value payments (under £0.5m.) to NHS Providers as required by M1-M7 Contract and Payments Guidance. The remaining Trusts continue to receive payments at the same value, with the exception of the Homerton (who will receive an additional £0.8m per month)in respect of the Covid fund and growth monies.
- Prescribing budget is reporting YTD breakeven position, with an underlying year end forecast overspend of £0.7m ,an improvement of £0.1m on the previous month. The CCG is utilising prior year accruals to meet the overspend. The year-end forecast takes into account the Covid impact and resulting cost pressure of all Concessions & NCSO on total actual cost of all prescribing including increase in Category M prices.
- Primary care forecast overspend of £0.4m, includes Primary Care Co-Commissioning (£0.5m), reinstated due to loss under the COVID temporary financial regime, resulting from reworking the CCG programme budgets. These are being mitigated by LES forecast underspends.
- Additional cost pressures envisaged at year-end from annual leave accruals, work-in-progress adjustments, RTT back log clearance contribute to the Trust movements, whilst the CCGs continue to balance additional 2nd wave Covid-19 cost pressures with underspends elsewhere in the portfolios.

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

London Borough of Hackney – Position Summary at Month 9, 2020/21

	ORG Split	WORKSTREAM	Total Annual Budget £000's	Pooled Annual Budget £000's	Aligned Annual Budget £000's	YTD Performance Budget £000's	YTD Performance Spend £000's	YTD Performance Variance £000's	Forecast Fcast Spend £000's	Forecast Variance £000's	Forecast Prior Mth Variance £000's
Pooled and Aligned Budgets	Commissioned & Directly Delivered	LBH Capital BCF (Disabled Facilities Grant)	1,525	1,525	-	1,144	425	719	1,525	-	-
		LBH Capital subtotal	1,525	1,525	-	1,144	425	719	1,525	-	-
		Unplanned Care (including income)	6,697	1,238	5,460	5,023	4,401	623	6,225	472	542
		Planned Care (including income)	71,668	35,803	35,864	53,751	62,084	(8,334)	78,932	(7,264)	(7,297)
		CYPM	9,539	-	9,539	7,154	4,588	2,566	9,539	-	-
		Prevention	24,559	-	24,559	18,419	12,387	6,033	24,546	13	13
		LBH Revenue subtotal	112,463	37,041	75,422	84,347	83,460	888	119,242	(6,779)	(6,742)
Grand total			**113,988**	**38,566**	**75,422**	**85,491**	**83,884**	**1,607**	120,768	(6,779)	(6,742)

113,998

At Month 9, LBH is forecasting an overspend of **£6.8m** inclusive of £4.5m in relation to Covid-19 expenditure - this is across both pooled and aligned budgets. Covid-19 related expenditure includes significant investment to support the market through uplifts to care providers, additional staffing and PPE costs. This does not include Covid-19 NHS discharge related spend where there is an agreement to fully recharge the cost to the CCG. The remaining £2.3m overspend is predominantly driven by care package costs in Learning Disabilities (LD), Physical and Sensory Support which are all within the Planned Care workstream.

Government Funding announced to date (£32.349m) to mitigate the impact of Covid-19 falls short of the Council's estimate of total spend and as a result the Council may need to consider the extent to which it ceases expenditure on non-essential work across both the revenue and capital budgets and what resources can be reallocated to fund the Council's response to the COVID-19 crisis as part of the Medium Term Financial Planning process.

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

- For Adult Social Care, £600m was allocated for infection control in care homes to fight COVID-19 of which the council received £0.5m. A further £546m was recently announced, of which the council will receive £0.9m. The Council is required to passport the majority of these funds to care providers to support infection control.
- £3.1m was allocated to Hackney as part of the launch of the wider NHS Test and Trace Service. This funding will enable the local authority to develop and implement tailored local Covid-19 outbreak plans. A City and Hackney Health protection Board has been established and plans are being developed to allocate these funds accordingly.

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

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

Unplanned Care: The majority of the forecast underspend of £472k relates to Interim Care and is offset by overspends on care package expenditure which sits in the Planned Care work stream.

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

- Learning Disabilities (LD) Commissioned care packages within this workstream is the most significant area of pressure, with a £1.9m overspend after a contribution of £2.7m forecasted (actual position currently is £2.56m agreed) from the CCG for joint funded care packages. Remaining cases still to be assessed for JF will be reviewed in 2020/21 to establish the baseline for the following financial year.
- Physical & Sensory Support reflects an overspend of £2.2m, whilst Memory/Cognition & Mental Health ASC (OP) has a further budget pressure of £1.2m. Cost pressures being faced in both service areas have been driven by the significant growth in client numbers as a result of hospital discharges, and these forecasts include Covid-19 related expenditure.
- Mental Health is forecasted to overspend by £1m and this is due to externally commissioned care packages (£1.4m) which is offset by an underspend on staffing (£0.4m). The Section 75 MH meetings will focus on developing management actions in collaboration with ELFT to reduce this budget pressure going forward.

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

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

London Borough of Hackney - Risks and Mitigations Month 9, 2020/21

London Borough of Hackney

Risks	Full Risk Value £'000	Probability of risk being realised %	Potential Risk Value £'000	Proportion of Total %
Pressures remains within Planned Care	6,779	100%	6,779	100%
TOTAL RISKS	**6,779**	**100%**	**6,779**	**100%**

Mitigations	Full Mitigation Value £'000	Probability of success of mitigating action %	Expected Mitigation Value £'000	Proportion of Total %
Personalisation and DPs - Increasing Uptake	TBC	TBC	TBC	TBC
My Life, My Neighbourhood, My Hackney	TBC	TBC	TBC	TBC
Review one off funding	6,779	100%	6,779	100%
Uncommitted Funds Sub-Total	**6,779**	**100%**	**6,779**	**100%**
Actions to Implement				
Actions to Implement Sub-Total	**0**	**0**	**0**	**0**
TOTAL MITIGATION	**0**	**0**	**0**	**0**

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

London Borough of Hackney – Wider Risks & Challenges

- Covid 19 is having a major impact on the operation and financial risk of the Council Latest estimates show the impact across the General Fund and Housing Revenue Account totalling £72m with £44m being in relation to loss of income. To date, the Government has only allocated £32.349m of Emergency Grant Funding to Hackney. In respect of the Scheme to compensate for loss of income Councils will bear the first 5% of loss compared to budgeted income. Beyond this, 75p in the £ will be compensated, further detailed guidance is to be sent out imminently to local authorities but we currently anticipate that c£10m in compensation could be drawn down. Given the recent announcement of a third national lockdown, cost estimates linked to Covid 19 will need to be revisited and will be revised as further information becomes available. It must be stressed that Covid19 expenditure continues to reduce the flexibility and resilience of the council's financial position.

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

- Fair funding review, although delayed due to Covid-19, could redistribute already shrinking resources away from most inner London boroughs including Hackney.

- Demand for services increasing particularly in Children's & Families services, Adults Social Care and on Homelessness services.

- Additional funding through IBCF, winter funding, and the additional Social Care grant funding announced in the Spending Review 2019 has been confirmed for the lifespan of the current parliament but this additional funding is still insufficient. There has been an additional £300m of Social Care grant funding announced for Local Authorities in the latest Spending Review 2020, and we await further details in respect of this funding announcement.

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

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

City of London Corporation – Position Summary at Month 9 , 2020/21

				YTD Performance			Forecast Outturn	
Pooled Budgets	ORG Split	WORKSTREAM	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Outturn £000's
	Comm'ned & *DD	Unplanned Care	65	65	63	2	65	-
		Planned Care	118	85	-	85	85	33
		Prevention	60	60	45	15	60	-
Pooled Budgets Grand total			243	210	108	102	210	33

Aligned Budgets	ORG Split	WORKSTREAM	Annual Budget £000's	Budget £000's	Spend £000's	Variance £000's	Forecast Outturn £000's	Forecast Outturn £000's
	Comm'ned & *DD	Unplanned Care	342	235	99	136	342	-
		Planned Care	4,218	3,164	3,091	73	4,395	(177)
		Prevention	1,270	701	505	196	1,270	-
		Childrens and Young People	1,400	903	1,066	(163)	1,607	(207)
		Non - exercisable social care services (income)	-	-	-	-	-	-
Aligned Budgets Grand total			7,230	5,002	4,760	242	7,614	(384)
Grand total			**7,473**	**5,212**	**4,868**	**344**	**7,824**	**(351)**

* DD denotes services which are Directly delivered .
* Comm'ned = Commissioned

- At Month 9, the City of London Corporation is forecasting a year end adverse position of £0.4m.
- Pooled budgets reflect the pre-existing integrated services of the Better Care Fund (BCF). These budgets are forecast to under spend (£33k) at year end.
- Aligned budgets are forecast to overspend at year end (£384k).This is largely due to the pressures on children's social care.
- No additional savings targets have been set against City budgets for 2020/21.

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

Integrated Commissioning Fund – Savings Performance Month

City and Hackney CCG

- All transformation and QIPP initiatives planned for 2020/21 have been put on hold whilst the providers and commissioners of health and care respond to COVID-19.
- At Month 09, these schemes continue to be on-hold.

London Borough of Hackney

- Savings proposals are currently being reviewed, as to date no savings have been agreed for LBH

City of London Corporation

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

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 & Programme Managers
Committee(s):	Integrated Commissioning Board, 11 February 2020
Public / Non-public	Public.

Executive Summary:

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

Changes Since Last Register

New Risks

ICOM Register has been largely re-written since the last update

UPC 21 – Adverse health outcomes for care home residents

PC14 – Mortality risk for those with learning disabilities

PC15 – Covid outbreaks at care homes / commissioned placements

PC16 – Health impacts of covid / suspension on those with long-term conditions

PC17 – Rough sleeper / asylum seeker health

PC18 – Covid vacs for Health and Social Care Staff

PC19 – Impact of LBH cyber-attack

PC20 – Financial concerns in recovery

Mitigation updates:

PC – All mitigations updated, “detailed” register added

CYPMF 2 - Notes pilot progress review by Transition Steering Group in Jan 2021

CYPMF 3 – Updated to reflect delay in NHSE support sessions

CYPMF 8 – January update to reflect current vaccination position

CYPMF 11 – Details the service review post-service transfer and current staffing status

CYPMF 15 – Notes escalation of risk process

CYPMF 18 – Reflects second peak staffing concerns

CYPMF 20 – Notes the review and escalation process for the safeguarding register as at 29 Jan 2021

UPC 3 – Mitigation re-written

UPC 4 – Now includes more comprehensive detail of reinstatement of resident involvement programs

UPC 7 – Removes some outdated progress updates from previous registers

UPC 9 – Score decreased, mitigation has been largely re-written to reflect this

UPC 12 – Score decreased, mitigation has been largely re-written to reflect this

UPC 13 – Mitigation largely re-written to reflect immediate system pressures

UPC 19 – **Score increased, now rated red**, mitigation re-written

UPC 20 – Mitigation largely re-written

Risks Removed Since Previous Register [Ref – Risk Description]

ICOM 11 – Possibility of 80:20 principle being eroded
PCTBC 3 – Patients not accessing elective services due to relocation
PCTBC 4 – Limited acute provider elective / diagnostic capacity
UPC 15 – Ongoing difficulties in recruiting GP staff
UPC 17 – Neighbourhoods working causing issues with information sharing protocols

Recommendations:

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

- To **NOTE** the registers.

The **Hackney Integrated Commissioning Board** is asked: • To **NOTE** the registers.

Strategic Objectives this paper supports:

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

Specific implications for City

N/A

Specific implications for Hackney

N/A

Patient and Public Involvement and Impact:

N/A

Clinical/practitioner input and engagement:

N/A

Supporting Papers and Evidence:

Risk register cover sheets in agenda pack. **Full detailed registers circulated as appendices.**

Sign-off:

Siobhan Harper – Director: Planned Care
Amy Wilkinson – Director: Children, Maternity, Young People and Families
Nina Griffith – Director: Unplanned Care
Carol Beckford – Transition Director

Integrated Care Operating Model & CCG Merger - February 2021

Ref#	Description	Senior Management Owner	Inherent Risk Score (pre-mitigation)	Likelihood	Impact	MITIGATING ACTIONS
ICOM 1	**Covid-19 and winter pressures** If there is a resurgence of the Covid-19 pandemic coupled with severe winter pressures: **There is a risk that the programme of work to put in place the new IC Operating Model and the CCG merger is paused** The consequence is... The merger will not take place by April 2021 and NEL would continue to act as an ICS by default	Accountable Officer: David Maher Risk Manager: Carol Beckford	15	5	3	Accept this risk – if the programme is paused There has been a surge in the pandemic - but the message from NHS England/Improvement is that NEL should forge ahead with the CCG Merger as planned and meet the April 2021 deadline
ICOM 3	**Support from Residents and Patients** If Residents and Patients are not engaged on the proposed changes: **There is a risk that Residents and Patients do not support the proposed IC Operating Model or the merged NEL CCG** The consequence is... Residents and Patient begin to lose confidence in their local health and social care services and leaders	Accountable Officer: David Maher Risk Manager: CCG SMT Member TBC	12	3	4	Develop a comprehensive stakeholder engagement plan (draft now in place - as of July 2020 and reviewed weekly) Publish the NEL vision document locally week commencing 3 Aug 2020 (Completed - published on time) Publish tailored communications and engagement material to support the NEL vision 3 Aug 2020 (Completed - published on time) Put in place an initial programme of ongoing engagement though to end Oct 2020 (Feedback at Public and Patient Involvement Committee so far has been supportive) (Complete) Develop more resident and patient focused communications and engagement material (by Mid Nov 2020). First draft under review to meet the target date and will be shared at PPI committee for their feedback 12 November and 10 December (Complete) Ensure that the resident and patient voice is more embedded and evidenced in the IC Operating Model and Merger Programme. This should be evidenced in the Integrated Care Partnership Board, Neighbourhood Health & Care Board and the sub-groups within the city & Hackney local system (Nov 2020 to Mar 2021)
ICOM 4	**Support from Partner organisations** If we do not engage with all system Partner organisations: **There is a risk that...** **Partners fail to play a full and active role in the design and delivery of the new IC Operating Model** The consequence is... There is insufficient buy-in to the new Operating Model and it will not be founded on a solid base	Accountable Officer: David Maher Risk Manager: CCG SMT Member TBC	8	2	4	Use existing channels such as AOG, ICB and Partner organisation Boards to engage on the new IC operating model to create buy-in (Aug to Dec 2020) Follow-up ICB Development Session to be held with partners to walk though the more refined IC Operating Model and Governance arrangements in ~~February 2021~~ March 2021, subject to Covid-19 pandemic priorities
ICOM 5	**Alignment of SOC and new Operating Model** We need to bring together the different parts of the local system developing the developing the new operating model, the CCG merger and the Transitional SOCG arrangements otherwise: **There is a risk that the arrangements for the CCG merger and new Operating Model will not align with the new structures and processes being put in place by the SOCG** The consequence is... There will not be a smooth transition from the current Phase 2 SOCG arrangements to the Phase 3 Operating Model.	Accountable Officer: David Maher Risk Manager: CCG SMT Member TBC	8	2	4	David Maher and Tracey meet regularly, including a fortnightly SOCG Action Plan Review meeting to 30 Sept 2020 (Complete) The Workstream Directors are members of both SOCG and the CCG SMT end Oct 2020 (Complete) New transitional SOCG structures will involve more key CCG leads in transitional planning during the development of Phase 2 to Oct 2020 (Complete) Homerton CEO Tracey Fletcher has established a weekly meeting with the CCG SMT - this is one vehicle for building structural alignment (Started Oct 2020). This is ongoing. The CCG SMT have produced an draft Action Plan - which will be discussed with CCG staff and other key stakeholders during March 2021 Build on the ICB Development Session (October 2020), agreement in principle, to the new IC Operating Model and develop a plan for the transitional arrangements (develop plan during November and December 2020). A high level plan through to April 2021 has been developed but is somewhat volatile due to the need to redirect focus and resources to the pandemic. The plan needs to be flexible

Ref#	Description	Senior Management Owner	Inherent Risk Score (pre-mitigation)	Likelihood	Impact	MITIGATING ACTIONS
ICOM 6	**Relationship between Integrated Care Partnership Board (ICPB) and Neighbourhood Health & Care Board (NH&CB)** The scope role and remit of the ICPB is not clear yet therefore: **There is a risk that there is lack of clarity regarding the relationship and accountabilities between the ICPB and the NH&CB** It will be hard to plan in detail for either Board because it will not be clear how power is devolved	Accountable Officer: David Maher Risk Manager: CCG SMT Member TBC	12	3	4	We are working with NEL partners to clarify legal options arrangements for delegation of money / powers from the single CCG to local systems / ICPs. NEL will share their assumptions by mid September 2020 (Complete) An engagement programme is in place with all system partners to seek their views and opinions on the accountabilities of the ICPB and the NH&CB. This will be discussed at the ICB Development Session (29 Oct 2020). (Complete) Clarify the ICPB and NH&CB accountabilities in the light of the (October) ICB Development Session and develop a supporting transition plan in support of the new IC operating model ~~November/December 2020~~ March 2021 Draft the mandate which the ICPB should give to the NH&CB to begin to clarify accountabilities. Work with ICB, SOCG to refine the mandate December 2020 to March 2021 so that the mandate has been signed off by the Transitional ICPB before April 2021
ICOM 7	**Neighbourhood health and care service delivery infrastructure** The scope role and remit of the NH&CB is not clear yet therefore: **There is a risk that there is uncertainty regarding the shape of the neighbourhood health and care service delivery infrastructure and its resources** The consequence is... It is not clear how workstream and major programme resources align with the NH&CB, local system Partners and the NEL CCG. This creates uncertainty for CCG staff and seconded staff	Accountable Officer: David Maher Risk Manager: CCG SMT Member TBC	12	3	4	We are working with NEL partners to clarify legal options arrangements for delegation of money / powers from the single CCG to local systems / ICPs. NEL will share their assumptions by mid September 2020 (Complete) SOCG is establishing transitional structures, including a transitional NH&CB and System Delivery Group, which will allow for iterative development between partners in order to work through the practicalities of delivery through the NH&CB – by ~~mid September- December 2020~~ March 2021 Map the work of the Care Workstreams onto the new IC operating mode, major programmes and the accountabilities of the NH&CB by end December 2020 (Complete)
ICOM 8	**CCG Merger - lack of clarity for staff and impact on staff morale** If we do not have timely, tailored information for staff on how they fit into the local IC Operating Model and what the CCG merger means for them personally means: **There is a risk that staff become disillusioned and morale falls during the period of transition** The consequence is... Staff lack information about what changes will take place and when. Some may leave and local relationships and corporate knowledge about the City & Hackney system is lost – undermining the success of the merger	Accountable Officer: David Maher Risk Manager: CCG SMT Member TBC	12	3	4	Seek clear direction from NEL People & OD team on detailed plans from now to April 2021 (awaiting proposals). Given the need to focus on the pandemic, NEL Senior Management Team have decided to prioritise merger TUPE consultation, merger due diligence and CCG closedown through to April 2021 Ensure that line managers understand the proposed changes and supply them with the material they need to have a meaningful dialogue with their staff (August 2020 to April 2021) Ensure that that the people and HR programmes in place support people in being resilient and able to manage/cope with the change (August 2020 to April 2021) Awaiting framework/approach for the work to be done between now and April 2020 - in terms of line management engagement with staff: what, who, when and how? The work needs to be tailored to City & Hackney but the approach should be consistent across the three local systems Establish All Staff twice monthly IC Operating Model and CCG merger Drop-Ins hosted by David Maher (commenced 2 November) Identify CCG Merger issues set out in the Staff Reflections exercise which took place in October and agree actions with Staff Council (November/December 2020) (Complete) Implement the actions documented in the Staff Reflections document - through to June 2021
ICOM 9	**ICPB and NH&CB Subgroups** If there is uncertainty regarding the role of subgroups in providing assurance in the Integrated Care Operating Model and the local system: **There is a risk that subgroups may lack the power, respect, authority and autonomy they need to play an effective role in the local system** The consequence is... Inadequate feedback loop from resident and patient engagement, loose financial and performance management and accountability and a system where inequality and quality are not prioritised	Accountable Officer: David Maher Risk Manager: CCG SMT Member TBC	12	3	3	Finance & Performance, Risk management, Quality are already embedded in the transitional NH&CB governance design arrangements (from August 2020). ~~The role of remaining sub-groups to be confirmed by October 2020~~ Scope of system-wide People & Place sub-group - to be discussed at December 2020 ICB meeting. (Complete) The role of all subgroups will be developed once there is clarity regarding the accountabilities of the ICPB and the NH&CB. However work will continue on Finance & Performance, Quality & Outcomes, People & Place. The terms of reference for these subgroups is unlikely to be signed off until the terms of reference for the ICPB and NH&CB are signed off - which looks like it will take place in March or April 2021 suggesting that sub-groups which are tailored to the needs of the system will not be up and running until after April 2021. In the interim all three priority subgroups are working on laying the foundations for their work with the ICPB and NH&CB

Ref#	Description	Senior Management Owner	Inherent Risk Score (pre-mitigation)	Likelihood	Impact	MITIGATING ACTIONS
ICOM 10	**Coherent system-wide culture** If we fail to create a City & Hackney wide system culture which resonates and brings together the best of all our the partner organisations: **There is a risk that...** **The City & Hackney system may lack a coherent system-wide culture which will result in partnership work being undermined by poor relationships** The consequence is... Difficult decisions are avoided and integration work stalls because trust relationships are not cemented and staff adopt unhelpful 'them and us' postures	Accountable Officer: David Maher Risk Manager: CCG SMT Member TBC	12	3	4	Develop an OD plan (by ~~mid Oct 2020~~ ~~Jan/Feb 2021~~ June 2021) for the system which supports organisations to address not just what work we will do, but how we will work together work to cement the common values of our City and Hackney culture that all staff hold dear. This needs to be deferred as it is unlikely to be the focus in Jan/Feb 2021 - whilst pandemic priorities remain high
ICOM 12	**PCN/Neighbourhood governance and accountability** GP Consortia and PCN/Neighbourhood teams are in the process of working out how they will work together so currently: **There is a risk that PCN/Neighbourhood governance and accountability remains unclear** The consequence is... The relationships between PCNs/GP Practices, Neighbourhood teams, and the NH&C Executive could lack clarity	Accountable Officer: David Maher Risk Manager: CCG SMT Member TBC	12	3	4	Work has been initiated, and is being led by a Workstream Director, to investigate the short to medium term governance needs of PCNs/Neighbourhoods and Consortia. Workshops ongoing until end September and will inform IC Operating Model governance design (Complete) This is an ongoing programme of work which will continue in November and December 2020 and will outline the transition proposals for Consortia, PCNs working together through 2021. PCN Clinical Directors and GP Consortia have agreed a plan for blending their ways of working, priorities and financial arrangements for the next 12 months. Proposal to close this risk

Ref#:	ICOM 1
Date Added:	10/08/2020
Date Updated:	02/02/2021
Review Committee:	Integrated Commissioning Board
Senior Responsible Owner:	David Maher - CCG Managing Director
Senior Management Owner:	Carol Beckford - CCG Transition Director

Objectives	To establish a single CCG organisation to provide strategic commissioning leadership, lead strategic planning and support the development of the ICS for north east London.
	To create a strategic framework where decisions are made as close to the patient as possible. Adopting the 80:20 principle that the vast majority of decisions and activity are done at a local level.
	A clear accountability framework that identifies what occurs at NEL level, what at the ICP level and what at the Borough and neighbourhood level.
	A staffing structure that deploys the right skills and experience to the right place.
	Single governance, assurance and delivery frameworks.
	A clear operating model and financial framework for the new CCG.
	Engaged and developed staff, partners and stakeholders
	Create efficiencies in working and release resources to meet the 20% RCA target.
	More rapid and collective decision making.
	Staffing structures for the CCG with staff deployed against the refocussed priorities identified through the LTP and local ICPs.
	Establish a robust assurance framework that clearly shows accountabilities and responsibilities for delivering high performing services and meeting national standards
	A CCG that enhances the development of the new ICS way of working.
	Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities (Prevention Investment Standard)
	Deliver proactive community based care closer to home and outside of institutional settings where appropriate (Neighbourhood Health and Care Alliance)
	Ensure we maintain financial balance as a system and achieve our financial plans (Developing of a Whole Population Budget)
	Deliver integrated care which meets the physical, mental health and social needs of our diverse communities (Neighbourhoods)
	Empower patients and residents (Coproduction Charter and Council)

Description	**Inherent Risk Score *(pre-mitigations)***			**Residual Risk Score *(post-mitigations)***		
	Impact	**Likelihood**	**Total**	**Impact**	**Likelihood**	**Total**
Covid-19 and winter pressures If there is a resurgence of the Covid-19 pandemic coupled with severe winter pressures: There is a risk that the programme of work to put in place the new IC Operating Model and the CCG merger is paused The consequence is... The merger will not take place by April 2021 and NEL would continue to act as an ICS by default	**3**	**5**	**15**	**4**	**3**	**12**

Risk Tolerance *(the CCG's appetite in relation to this risk)*			
	Target Score	**Detail**	**Total**
Impact	3	Managing the impact of this is outside the scope of this programme	15
Likelihood	5	Managing the likelihood of this is outside the scope of this programme	

Mitigations *(what are you doing to address this risk?)*	
Proposed Mitigation(s)	**Assurances & Evidence *(how will you know that your mitigations are working?)***
Accept this risk – if the programme is paused	The mitigations associated with this risk are outside the scope of this programme
There has been a surge in the pandemic - but the message from NHS England/Improvement is that NEL should forge ahead with the CCG Merger as planned and meet the April 2021 deadline	N/A

Action(s) *(how are you planning on achieving the proposed mitigations?)*			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
Accept this risk – if the programme is paused	19/08/2020	N/A	David Maher

Monthly progress update *(agreed by Senior Management Owner & Senior Responsible Owner)*
No change (@ 2 February 2021)

Ref#:	**ICOM 2 RISK NOW CLOSED**
Date Added:	10/08/2020
Date Updated:	19/08/2020
Review Committee:	Integrated Commissioning Board
Senior Responsible Owner:	David Maher - CCG Managing Director
Senior Management Owner:	Carol Beckford - CCG Transition Director

Objectives	To establish a single CCG organisation to provide strategic
	To create a strategic framework where decisions are made as close to
	A clear accountability framework that identifies what occurs at NEL
	A staffing structure that deploys the right skills and experience to the right place.
	Single governance, assurance and delivery frameworks.
	A clear operating model and financial framework for the new CCG.
	Engaged and developed staff, partners and stakeholders
	Create efficiencies in working and release resources to meet the 20%
	More rapid and collective decision making.
	Staffing structures for the CCG with staff deployed against the
	Establish a robust assurance framework that clearly shows
	A CCG that enhances the development of the new ICS way of working.
	Deliver a shift in resource and focus to prevention to improve the long
	Deliver proactive community based care closer to home and outside of
	Ensure we maintain financial balance as a system and achieve our
	Deliver integrated care which meets the physical, mental health and
	Empower patients and residents (Coproduction Charter and Council)

Description	**Inherent Risk Score *(pre-mitigations)***			**Residual Risk Score *(post-mitigations)***		
	Impact	**Likelihood**	**Total**	**Impact**	**Likelihood**	**Total**
Creating clarity for CCG Members If we do not put in place a specific and targeted engagement programme for clinicians and CCG Members: There is a risk that CCG Members are unclear regarding what they are being asked to vote on in October 2020 The consequence is... C&H Members do not vote for the dissolution of the City & Hackney CCG in favour of a single NEL CCG	**4**	**4**	**16**	**4**	**3**	**12**

Risk Tolerance *(the CCG's appetite in relation to this risk)*			
	Target Score	**Detail**	**Total**
Impact	1	Undermines NEL's application to NHSE/I for a single CCG	2
Likelihood	2	Objective: Members feel confident to vote for dissolution of C&H CCG	

Mitigations *(what are you doing to address this risk?)*	
Proposed Mitigation(s)	**Assurances & Evidence *(how will you know that your mitigations are working?)***
Develop a comprehensive stakeholder engagement plan (draft in place July 2020)	Clarity on dates and times to engage with Members to discuss the CCG merger and IC operating model
Engage with GP Consortia and Members in Sept 2020	The soft ballot of C&H Members in early October will be close to, or in favour of, dissolution of the CCG. -The voting timetable developed by NEL does not allow City & Hackney to have a soft ballot 1 October as planned. More detail and effort will need to be placed on GP engagement during September 2020. Additional GP engagement meetings have been organised
Provide sufficient data for a meaningful "soft vote" in early October – to test opinions with a the official vote taking place by mid-October 2020	Members should understand the benefits of the merger and the new operating model within C&H and vote for dissolution of the C&H CCG. The voting timetable developed by NEL does not allow City & Hackney to have a soft ballot 1 October as planned. More detail and effort will need to be placed on GP engagement during September 2020. Additional meetings have been placed in the calendar

Action(s) *(how are you planning on achieving the proposed mitigations?)*			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
GP Consortia Meetings in September 2020	19/08/2020	Sep-20	Mark Rickets
Meeting with Members	19/08/2020	01-Oct-20	Mark Rickets

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

Ref#:	ICOM 3
Date Added:	10/08/2020
Date Updated:	02/02/2021
Review Committee:	Integrated Commissioning Board
Senior Responsible Owner:	David Maher - CCG Managing Director
Senior Management Owner:	Carol Beckford - CCG Transition Director

Objectives	To establish a single CCG organisation to provide strategic
	To create a strategic framework where decisions are made as close to
	A clear accountability framework that identifies what occurs at NEL
	A staffing structure that deploys the right skills and experience to the right place.
	Single governance, assurance and delivery frameworks.
	A clear operating model and financial framework for the new CCG.

	Engaged and developed staff, partners and stakeholders
	Create efficiencies in working and release resources to meet the 20%
	More rapid and collective decision making.
	Staffing structures for the CCG with staff deployed against the
	Establish a robust assurance framework that clearly shows
	A CCG that enhances the development of the new ICS way of working.
	Deliver a shift in resource and focus to prevention to improve the long
	Deliver proactive community based care closer to home and outside of
	Ensure we maintain financial balance as a system and achieve our
	Deliver integrated care which meets the physical, mental health and
	Empower patients and residents (Coproduction Charter and Council)

Description	Inherent Risk Score *(pre-mitigations)*			Residual Risk Score *(post-mitigations)*		
	Impact	Likelihood	Total	Impact	Likelihood	Total
Support from Residents and Patients If Residents and Patients are not engaged on the proposed changes: There is a risk that Residents and Patients do not support the proposed IC Operating Model or the merged NEL CCG The consequence is... Residents and Patient begin to lose confidence in their local health and social care services and leaders	**4**	**3**	**12**	**4**	**3**	**12**

Risk Tolerance *(the CCG's appetite in relation to this risk)*			
	Target Score	Detail	Total
Impact	1	Residents do not perceive a detriment to the health and care services	2
Likelihood	2	Good engagement with Residents and Patients will reduce likelihood	

Mitigations *(what are you doing to address this risk?)*	
Proposed Mitigation(s)	**Assurances & Evidence *(how will you know that your mitigations are working?)***
Develop a comprehensive stakeholder engagement plan (draft in place July 2020)	Clarity on dates and times to engage with Patients and Residents to discuss the CCG merger and IC operating model
Publish the NEL vision document locally week commencing 3 Aug 2020	If we receive positive feedback on the NEL vision document
Publish tailored communications and engagement material to support the NEL vision 3 Aug 2020	If we receive positive feedback on the C&H supporting document to the NEL vision document
Put in place an initial programme of ongoing engagement though to end Oct 2020	The minutes of the September PPI meeting will be a gauge of Patient and Residents opinions. Feedback from Healthwatch engagement will provide additional evidence. Emails and correspondence documented in the local system Feedback Document will provide another channel for Patient and Residents views.
Develop more resident and patient focused communications and engagement material (by Mid Nov 2020). First draft under review to meet the target date and will be shared at PPI committee for their feedback 12 November and 10 December	Feedback from PPI Committee members on how to ensure the communications and engagement material is meaningful
Ensure that the resident and patient voice is more embedded and evidenced in the IC Operating Model and Merger Programme.	This should be evidenced in the Integrated Care Partnership Board, Neighbourhood Health & Care Board and the sub-groups within the city & Hackney local system (Nov 2020 to Mar 2021)

Action(s) *(how are you planning on achieving the proposed mitigations?)*			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
PPI Committee September 2020	19/08/2020	Sep-20	Eeva Huoviala
Weekly review of the Engagement Feedback at the NEL CCG management meetings	19/08/2020	Weekly	Carol Beckford

Monthly progress update *(agreed by Senior Management Owner & Senior Responsible Owner)*
Implement the actions in the engagement plan

Ref#:	ICOM 4
Date Added:	10/08/2020
Date Updated:	02/02/2021
Review Committee:	Integrated Commissioning Board
Senior Responsible Owner:	David Maher - CCG Managing Director
Senior Management Owner:	Carol Beckford - CCG Transition Director

Objectives	To establish a single CCG organisation to provide strategic
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	Single governance, assurance and delivery frameworks.
	A clear operating model and financial framework for the new CCG.
	Engaged and developed staff, partners and stakeholders
	Create efficiencies in working and release resources to meet the 20%

	More rapid and collective decision making.
	Staffing structures for the CCG with staff deployed against the
	Establish a robust assurance framework that clearly shows
	A CCG that enhances the development of the new ICS way of working.
	Deliver a shift in resource and focus to prevention to improve the long
	Deliver proactive community based care closer to home and outside of
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	Deliver integrated care which meets the physical, mental health and
	Empower patients and residents (Coproduction Charter and Council)

Description	**Inherent Risk Score *(pre-mitigations)***			**Residual Risk Score *(post-mitigations)***		
	Impact	**Likelihood**	**Total**	**Impact**	**Likelihood**	**Total**
Support from Partner organisations If we do not engage with all system Partner organisations: There is a risk that... Partners fail to play a full and active role in the design and delivery of the new IC Operating Model The consequence is... There is insufficient buy-in to the new Operating Model and it will not be founded on a solid base	**4**	**2**	**8**	**2**	**4**	**8**

Risk Tolerance *(the CCG's appetite in relation to this risk)*			
	Target Score	**Detail**	**Total**
Impact	1	Target: there is no adverse impact on local system partnership working	2
Likelihood	2	Target: Partners buy-into the operating model and the CCG merger	

Mitigations *(what are you doing to address this risk?)*	
Proposed Mitigation(s)	**Assurances & Evidence *(how will you know that your mitigations are working?)***
Use existing channels such as AOG, ICB and Partner organisation Board to engage on the new IC operating model to create buy-in (Aug to Sept 2020)	Support from C&H system accountable officers for the IC operating model
Follow-up ICB Development Session to be held with partners to walk though the more refined IC Operating Model and Governance arrangements in ~~February 2021~~ March 2021, subject to Covid-19 pandemic priorities	Active engagement and participation of partners in the ICPB Development session in March 2021

Action(s) *(how are you planning on achieving the proposed mitigations?)*			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
Present update papers to governance forums: AOG, ICB at their monthly meetings	19/08/2020		David Maher & Carol Beckford
Host ICB Development Sessions for accountable officers and non-executive Directors from Partner organisations	19/08/2020	Nov 2020 & Jan 2021	David Maher & Jonathan McShane
Host ICPB Development session with partners	02/02/2021	Mar-21	David Maher & Jonathan McShane

Monthly progress update *(agreed by Senior Management Owner & Senior Responsible Owner)*
IC Operating Model and CCG Merger updates are on the AOG and ICB forward plans. Planning for ICB Development Session will start in September 2020 and will continue in 2021

Ref#:	ICOM 5
Date Added:	10/08/2020
Date Updated:	02/02/2021
Review Committee:	Integrated Commissioning Board
Senior Responsible Owner:	David Maher - CCG Managing Director
Senior Management Owner:	Carol Beckford - CCG Transition Director

Objectives	To establish a single CCG organisation to provide strategic
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Description	Inherent Risk Score *(pre-mitigations)*			Residual Risk Score *(post-mitigations)*		
	Impact	Likelihood	Total	Impact	Likelihood	Total
Alignment of SOC and new Operating Model We need to bring together the different parts of the local system developing the developing the new operating model, the CCG merger and the Transitional SOCG arrangements otherwise: There is a risk that the arrangements for the CCG merger and new Operating Model will not align with the new structures and processes being put in place by the SOCG The consequence is... There will not be a smooth transition from the current Phase 2 SOCG arrangements to the Phase 3 Operating Model.	**4**	**2**	**8**	**4**	**2**	**8**

Risk Tolerance *(the CCG's appetite in relation to this risk)*			
	Target Score	**Detail**	**Total**
Impact	1	Target: Transition from SOGG Phase 2 and 3 into IC Operating model is seamless	2
Likelihood	2	Target: A transition plan which takes account required outcomes and milestones from each programme and generate a single transition plan	

Mitigations *(what are you doing to address this risk?)*	
Proposed Mitigation(s)	**Assurances & Evidence *(how will you know that your mitigations are working?)***
David Maher and Tracey Fletcher meet regularly, including a fortnightly SOCG Action Plan Review meeting to 30 Sept 2020	Approval of the SOCG transition plan put to AOG and ICB in July 2020
The Workstream Directors are members of both SOCG and the CCG SMT end Oct 2020	Embed Workstream Directors in SOCG Phase 2 governance from October 2020
New transitional SOCG structures will involve more key CCG leads in transitional planning during the development of Phase 2 to Oct 2020	Embed Communications, Engagement and Finance leads in transitional planning from September/October 2020
Homerton CEO Tracey Fletcher has established a weekly meeting with the CCG SMT - this is one vehicle for building structural alignment (Started Oct 2020). This is ongoing. The CCG SMT have produced an draft Action Plan - which will be discussed with CCG staff and other key stakeholders during March 2021	Weekly meetings between Tracey Fletcher and SMT
Build on the ICB Development Session (October 2020), agreement in principle, to the new IC Operating Model and develop a plan for the transitional arrangements (develop plan during November and December 2020). A high level plan through to April 2021 has been developed but is somewhat volatile due to the need to redirect focus and resources to the pandemic. The plan needs to be flexible	Buy-in from partners to the transitional plan

Action(s) *(how are you planning on achieving the proposed mitigations?)*			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
Implement SOCG Phase 2 Plan	19/08/2020	30/10/2020	Nic Ib
Ensure close working between SOCG lead and IC Operating, CCG merger leads	19/08/2020	25/09/2020	Carol Beckford Nic Ib
Buy-in from partners to the transitional plan	02/02/2021	30/06/2021	Nic Ib

Monthly progress update *(agreed by Senior Management Owner & Senior Responsible Owner)*
Discussed and reviewed at David Maher's weekly Oversight meetings

Ref#:	ICOM 6
Date Added:	10/08/2020
Date Updated:	02/02/2021
Review Committee:	Integrated Commissioning Board
Senior Responsible Owner:	David Maher - CCG Managing Director
Senior Management Owner:	Carol Beckford - CCG Transition Director

Objectives	To establish a single CCG organisation to provide strategic
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	Empower patients and residents (Coproduction Charter and Council)

Description	Inherent Risk Score *(pre-mitigations)*			Residual Risk Score *(post-mitigations)*		
	Impact	Likelihood	Total	Impact	Likelihood	Total
Relationship between Integrated Care Partnership Board (ICPB) and Neighbourhood Health & Care Board (NH&CB) The scope role and remit of the ICPB is not clear yet therefore: There is a risk that there is lack of clarity regarding the relationship and accountabilities between the ICPB and the NH&CB It will be hard to plan in detail for either Board because it will not be clear how power is devolved	**4**	**3**	**12**	**4**	**3**	**12**

Risk Tolerance *(the CCG's appetite in relation to this risk)*			
	Target Score	Detail	Total
Impact	1	Target: Clear governance interface between the ICPB and the NH&CB	2
Likelihood	2	Target: No ambiguity between to decisions made by ICPB and NH&CB	

Mitigations *(what are you doing to address this risk?)*	
Proposed Mitigation(s)	**Assurances & Evidence *(how will you know that your mitigations are working?)***
We are working with NEL partners to clarify legal options arrangements for delegation of money / powers from the single CCG to local systems / ICPs. NEL will share their assumptions by mid September 2020	Consensus and agreement at the ICB Development Sessions in November and January there is clarity regarding the delegation of money and powers from the single CCG to City & Hackney. Leaders and staff within the local system are able to read the draft NEL CCG Constitution
An engagement programme is in place with all system partners to seek their views and opinions on the accountabilities of the ICPB and the NH&CB. This will be discussed at the ICB Development Session (29 Oct 2020). (Complete)	Discussion at ICB Development session in October 2020
Clarify the ICPB and NH&CB accountabilities in the light of the (October) ICB Development Session and develop a supporting transition plan in support of the new IC operating model - ~~November/December 2020~~ March 2021	ICB signoff on the proposed ToR for the ICPB, NH&CB and their accountabilities
Draft the mandate which the ICPB should give to the NH&CB to begin to clarify accountabilities. Work with ICB, SOCG to refine the mandate December 2020 to March 2021 so that the mandate has been signed off by the Transitional ICPB before April 2021	Mandate has been signed off by the Transitional ICPB before April 2021

Action(s) *(how are you planning on achieving the proposed mitigations?)*			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
Establish and facilitate a task and finish group to agree the role, remit and function of the Integrated Care Partnership Board (ICPB)	19/08/2020	30/10/2020	David Maher Johnathan McShane
Establish and facilitate a task and finish group to agree the role, remit and function of the Neighbourhood Health & Care Board (NH&CB)	19/08/2020	30/10/2020	David Maher Nic Ib
Agree the ToR for the ICPB and NH&CB at the March 2021 ICPB Development Session	02/02/2021	30/03/2021	David Maher Nic Ib Jonathan McShane

Monthly progress update *(agreed by Senior Management Owner & Senior Responsible Owner)*
Work is taking place to establish the first meetings with the Accountable Officers, Non-Executive Directors and Executives

Ref#:	ICOM 7
Date Added:	10/08/2020
Date Updated:	02/02/2021
Review Committee:	Integrated Commissioning Board
Senior Responsible Owner:	David Maher - CCG Managing Director
Senior Management Owner:	Carol Beckford - CCG Transition Director

Objectives	To establish a single CCG organisation to provide strategic
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Description	Inherent Risk Score *(pre-mitigations)*			Residual Risk Score *(post-mitigations)*		
	Impact	Likelihood	Total	Impact	Likelihood	Total
Neighbourhood health and care service delivery infrastructure The scope role and remit of the NH&CB is not clear yet therefore: There is a risk that there is uncertainty regarding the shape of the neighbourhood health and care service delivery infrastructure and its resources The consequence is... It is not clear how workstream and major programme resources align with the NH&CB, local system Partners and the NEL CCG. This creates uncertainty for CCG staff and seconded staff	**4**	**3**	**12**	**3**	**3**	**9**

Risk Tolerance *(the CCG's appetite in relation to this risk)*			
	Target Score	Detail	Total
Impact	3	Negative impact on oversight of service delivery	9
Likelihood	3	The NH&CB intends to commence operations from February 2021	

Mitigations *(what are you doing to address this risk?)*	
Proposed Mitigation(s)	**Assurances & Evidence *(how will you know that your mitigations are working?)***
We are working with NEL partners to clarify legal options arrangements for delegation of money / powers from the single CCG to local systems / ICPs. NEL will share their assumptions by mid September 2020	Consensus and agreement at the ICB Development Sessions in November and January there is clarity regarding the delegation of money and powers from the single CCG to City & Hackney. Leaders and staff within the local system are able to read the draft NEL CCG Constitution
SOCG Is establishing transitional structures, including a transitional NHCB, which will allow for iterative development between partners in order to work through the practicalities of delivery through the NHCB – by ~~mid-September 2020 December 2020.~~ March 2021	The scope and accountabilities of the Transitional NH&CB are agreed by December 2020
Map the work of the Care Workstreams onto the new IC operating mode, major programmes and the accountabilities of the NH&CB by end December 2020 (Complete)	Complete

Action(s) *(how are you planning on achieving the proposed mitigations?)*			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
Establish and facilitate a task and finish group to agree the role, remit and function of the Neighbourhood Health & Care Board (NH&CB)	19/08/2020	~~30/10/2020~~ 28/02/2021	David Maher Nic Ib

Monthly progress update *(agreed by Senior Management Owner & Senior Responsible Owner)*
Work is taking place to establish the first meetings with the Accountable Officers, Non-Executive Directors and Executives

Ref#:	ICOM 8
Date Added:	10/08/2020
Date Updated:	02/02/2021
Review Committee:	Integrated Commissioning Board
Senior Responsible Owner:	David Maher - CCG Managing Director
Senior Management Owner:	Carol Beckford - CCG Transition Director

Objectives	To establish a single CCG organisation to provide strategic
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Description	Inherent Risk Score *(pre-mitigations)*			Residual Risk Score *(post-mitigations)*		
	Impact	Likelihood	Total	Impact	Likelihood	Total

CCG Merger - lack of clarity for staff and impact on staff morale If we do not have timely, tailored information for staff on how they fit into the local IC Operating Model and what the CCG merger means for them personally means: There is a risk that staff become disillusioned and morale falls during the period of transition The consequence is... Staff lack information about what changes will take place and when. Some may leave and local relationships and corporate knowledge about the City & Hackney system is lost – undermining the success of the merger	**4**	**3**	**12**	**4**	**3**	**12**

Risk Tolerance ***(the CCG's appetite in relation to this risk)***			
	Target Score	**Detail**	**Total**
Impact	1	Target: Retention of staff who feel a sense of belonging to an organisation with a clear identity	2
Likelihood	2	Target: Given clear messages to staff asap on why, what, how and when in relation to CCG merger and how it affects them personally	

Mitigations ***(what are you doing to address this risk?)***	
Proposed Mitigation(s)	**Assurances & Evidence** ***(how will you know that your mitigations are working?)***
Seek clear direction from NEL People & OD team on detailed plans from now to April 2021 (awaiting proposals)	Given the need to focus on the pandemic, NEL Senior Management Team have decided to prioritise merger TUPE consultation, merger due diligence and CCG closedown through to April 2021
Ensure that line managers understand the proposed changes and supply them with the material they need to have a meaningful dialogue with their staff (August to April 2020)	Better understanding of the IC Operating model and CCG merger at Team Brief. The subjects/content staff would like to discuss at Staff Council meetings. Support and commitment for the IC Operating Model and CCG Merger at Staff Development Sessions.
Ensure that that the people and HR programmes in place support people in being resilient and able to manage/cope with the change (August 2020 to April 2021)	People feel they know their role and function in the new IC operating model and merged CCG
Awaiting framework/approach for the work to be done between now and April 2020 - in terms of line management engagement with staff: what, who, when and how? The work needs to be tailored to City & Hackney but the approach should be consistent across the three local systems	Framework provided by NEL HR & People Team
Establish All Staff twice monthly IC Operating Model and CCG merger Drop-Ins hosted by David Maher (commenced 2 November)	Staff understand why, what and when - in relation to CCG merger activities and a better understanding of what it means for them personally
Identify CCG Merger issues identified in the Staff Reflections exercise which took place in October and agree actions with Staff Council (November/December 2020) - Complete.	Staff understand why, what and when - in relation to CCG merger activities and a better understanding of what it means for them personally

Action(s) ***(how are you planning on achieving the proposed mitigations?)***			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
Regular briefings on the IC Operating model and CCG Merger at CCG SMT meeting so that Line Managers can brief their teams	19/08/2020	Weekly	David Maher Carol Beckford
Set up City & Hackney People and HR Group	19/08/2020	Sep-20	Carol Beckford
Work with NEL's People and HR team on plans to support staff during the transition	19/08/2020	~~01/09/2020~~ 30/03/2021	Carol Beckford

Monthly progress update ***(agreed by Senior Management Owner & Senior Responsible Owner)***
C&H CCG SMT have been asked to nominate candidates for the City & Hackney People and HR Group. Meeting scheduled with NEL People and HR team to address priorities

Ref#:	ICOM 9
Date Added:	10/08/2020
Date Updated:	02/02/2021
Review Committee:	Integrated Commissioning Board
Senior Responsible Owner:	David Maher - CCG Managing Director
Senior Management Owner:	Carol Beckford - CCG Transition Director

Objectives	To establish a single CCG organisation to provide strategic
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	Staffing structures for the CCG with staff deployed against the
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Description	Inherent Risk Score *(pre-mitigations)*			Residual Risk Score *(post-mitigations)*		
	Impact	Likelihood	Total	Impact	Likelihood	Total
ICPB and NH&CB Subgroups If there is uncertainty regarding the role of subgroups in providing assurance in the Integrated Care Operating Model and the local system: There is a risk that subgroups may lack the power, respect, authority and autonomy they need to play an effective role in the local system The consequence is... Inadequate feedback loop from resident and patient engagement, loose financial and performance management and accountability and a system where inequality and quality are not prioritised	**4**	**3**	**12**	**3**	**3**	**9**

Risk Tolerance *(the CCG's appetite in relation to this risk)*			
	Target Score	Detail	Total
Impact	1	Target: Subgroups provide assurance within the local system	2
Likelihood	2	Target: ICP and NH&C Boards need subgroups to inform their decision making	

Mitigations *(what are you doing to address this risk?)*	
Proposed Mitigation(s)	**Assurances & Evidence *(how will you know that your mitigations are working?)***
Finance & Performance, Risk management, Quality are already embedded in the transitional NH&SC governance design arrangements (from August 2020).	Finance & Performance, Risk Management, Quality reports are put to the SOCG/NH&CB governance from August 2020
Scope of system-wide People & Place sub-group - to be discussed at December 2020 ICB meeting. (Complete)	Discussed at ICB - Complete
The role of all subgroups will be developed once there is clarity regarding the accountabilities of the ICPB and the NH&CB. However work will continue on Finance & Performance, Quality & Outcomes, People & Place. The terms of reference for these subgroups is unlikely to be signed off until the terms of reference for the ICPB and NH&CB are signed off - which looks like it will take place in March or April 2021 suggesting that sub-groups which are tailored to the needs of the system will not be up and running until after April 2021.	In the interim all three priority subgroups are working on laying the foundations for their work with the ICPB and NH&CB

Action(s) *(how are you planning on achieving the proposed mitigations?)*			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
Ensure that all subgroups are accounted for in the terms of reference of the ICPB and the NH&CB	19/08/2020	01/11/2020 30/03/2021	Carol Beckford

Monthly progress update *(agreed by Senior Management Owner & Senior Responsible Owner)*
Progress review of subgroup development at David Maher's Oversight group meetings

Ref#:	ICOM 10
Date Added:	10/08/2020
Date Updated:	02/02/2021
Review Committee:	Integrated Commissioning Board
Senior Responsible Owner:	David Maher - CCG Managing Director
Senior Management Owner:	Carol Beckford - CCG Transition Director

Objectives	To establish a single CCG organisation to provide strategic
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	Single governance, assurance and delivery frameworks.
	A clear operating model and financial framework for the new CCG.
	Engaged and developed staff, partners and stakeholders
	Create efficiencies in working and release resources to meet the 20%
	More rapid and collective decision making.
	Staffing structures for the CCG with staff deployed against the
	Establish a robust assurance framework that clearly shows
	A CCG that enhances the development of the new ICS way of working.
	Deliver a shift in resource and focus to prevention to improve the long

	Deliver proactive community based care closer to home and outside of
	Ensure we maintain financial balance as a system and achieve our
	Deliver integrated care which meets the physical, mental health and
	Empower patients and residents (Coproduction Charter and Council)

Description	Inherent Risk Score *(pre-mitigations)*			Residual Risk Score *(post-mitigations)*		
	Impact	Likelihood	Total	Impact	Likelihood	Total
Coherent system-wide culture If we fail to create a City & Hackney wide system culture which resonates and brings together the best of all our the partner organisations: There is a risk that... The City & Hackney system may lack a coherent system-wide culture which will result in partnership work being undermined by poor relationships The consequence is... Difficult decisions are avoided and integration work stalls because trust relationships are not cemented and staff adopt unhelpful 'them and us' postures	**4**	**3**	**12**	**4**	**3**	**12**

Risk Tolerance *(the CCG's appetite in relation to this risk)*			
	Target Score	Detail	Total
Impact	3	Target: Staff within the system are collegiate and feel that they are working as part of a cohesive matrix/team	6
Likelihood	2	Target: Staff are part of a clear OD programme	

Mitigations *(what are you doing to address this risk?)*	
Proposed Mitigation(s)	**Assurances & Evidence *(how will you know that your mitigations are working?)***
Develop an OD plan (by ~~mid-October 2020~~ June 2021) for the system which supports organisations to address not just what work we will do, but how we will work together work to cement the common values of our City and Hackney culture that all staff hold dear. This needs to be deferred as it is unlikely to be the focus in Jan/Feb 2021 - whilst pandemic priorities remain high	Work will have started on the development of an OD plan by mid-October. This needs to be deferred as it is unlikely to be the focus in Jan/Feb 2021 - whilst pandemic priorities remain high

Action(s) *(how are you planning on achieving the proposed mitigations?)*			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
Confirm who will lead the work within City & Hackney on the development of and OD plan for the system	19/08/2020	04/09/2020	David Maher
Commence the development of a OD plan for City & Hackney within the context of the NEL OD plan	19/08/2020	~~16/10/2020~~ 30/06/21	Simon Standish

Monthly progress update *(agreed by Senior Management Owner & Senior Responsible Owner)*
Transition Oversight Group to revisit by 30 March 2021

Ref#:	**ICOM 11 RISK NOW CLOSED**
Date Added:	10/08/2020
Date Updated:	02/02/2021
Review Committee:	Integrated Commissioning Board
Senior Responsible Owner:	David Maher - CCG Managing Director
Senior Management Owner:	Carol Beckford - CCG Transition Director

Objectives	To establish a single CCG organisation to provide strategic
	To create a strategic framework where decisions are made as close to
	A clear accountability framework that identifies what occurs at NEL
	A staffing structure that deploys the right skills and experience to the right place.
	Single governance, assurance and delivery frameworks.
	A clear operating model and financial framework for the new CCG.
	Engaged and developed staff, partners and stakeholders
	Create efficiencies in working and release resources to meet the 20%
	More rapid and collective decision making.
	Staffing structures for the CCG with staff deployed against the
	Establish a robust assurance framework that clearly shows
	A CCG that enhances the development of the new ICS way of working.
	Deliver a shift in resource and focus to prevention to improve the long
	Deliver proactive community based care closer to home and outside of
	Ensure we maintain financial balance as a system and achieve our
	Deliver integrated care which meets the physical, mental health and
	Empower patients and residents (Coproduction Charter and Council)

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

80:20 principle The 80:20 rule [i.e. that the majority of the money and decision-making will be delegated from NEL to local systems after the CCG merger] is a principle and not documented in law or policy therefore: There is a risk that the 80:20 principle may be eroded over time in the light of NEL -wide pressures resulting in more budget/money and decision-making is retained by the NEL CCG The consequence is... The 80:20 rule becomes invalid and the local system has no power or influence over decisions which may have an adverse impact on City & Hackney	**4**	**3**	**12**	**4**	**3**	**12**

Risk Tolerance ***(the CCG's appetite in relation to this risk)***			
	Target Score	**Detail**	**Total**
Impact	3	Target: No diminution in budget/money & local decision making	6
Likelihood	2	Target: NEL have a commitment to maintaining the 80:20 principle	

Mitigations ***(what are you doing to address this risk?)***	
Proposed Mitigation(s)	**Assurances & Evidence** ***(how will you know that your mitigations are working?)***
Investigate whether this can be embodied in the Constitution (by September 2020)	The 80:20 rule is written into the NEL CCG Constitution

Action(s) ***(how are you planning on achieving the proposed mitigations?)***			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
Work with the NEL workstream developing the constitution with the NEL lawyers to determine how best to embed the 80:20 principle into the constitution or supporting documentation	19/08/2020	25/08/2020	Carol Beckford

Monthly progress update ***(agreed by Senior Management Owner & Senior Responsible Owner)***
Meeting with NEL team indicates that the 80:20 rule may be part of the CCG Governance Handbook

Ref#:	ICOM 12
Date Added:	10/08/2020
Date Updated:	02/02/2021
Review Committee:	Integrated Commissioning Board
Senior Responsible Owner:	David Maher - CCG Managing Director
Senior Management Owner:	Carol Beckford - CCG Transition Director

Objectives	To establish a single CCG organisation to provide strategic
	To create a strategic framework where decisions are made as close to
	A clear accountability framework that identifies what occurs at NEL
	A staffing structure that deploys the right skills and experience to the right place.
	Single governance, assurance and delivery frameworks.
	A clear operating model and financial framework for the new CCG.
	Engaged and developed staff, partners and stakeholders
	Create efficiencies in working and release resources to meet the 20%
	More rapid and collective decision making.
	Staffing structures for the CCG with staff deployed against the
	Establish a robust assurance framework that clearly shows
	A CCG that enhances the development of the new ICS way of working.
	Deliver a shift in resource and focus to prevention to improve the long
	Deliver proactive community based care closer to home and outside of
	Ensure we maintain financial balance as a system and achieve our
	Deliver integrated care which meets the physical, mental health and
	Empower patients and residents (Coproduction Charter and Council)

Description	**Inherent Risk Score** ***(pre-mitigations)***			**Residual Risk Score** ***(post-mitigations)***		
	Impact	**Likelihood**	**Total**	**Impact**	**Likelihood**	**Total**
PCN/Neighbourhood governance and accountability GP Consortia and PCN/Neighbourhood teams are in the process of working out how they will work together so currently: There is a risk that PCN/Neighbourhood governance and accountability remains unclear The consequence is... The relationships between PCNs/GP Practices, Neighbourhood teams, and the NH&C Executive could lack clarity	**4**	**3**	**12**	**4**	**3**	**12**

Risk Tolerance ***(the CCG's appetite in relation to this risk)***			
	Target Score	**Detail**	**Total**
Impact	1	Target: No impact on the delivery of Neighbourhood services	2
Likelihood	2	Target: PCN Governance becomes clear	

Mitigations ***(what are you doing to address this risk?)***	
Proposed Mitigation(s)	**Assurances & Evidence** ***(how will you know that your mitigations are working?)***
Work has been initiated, and is being led by a Workstream Director, to investigate the short to medium term governance needs of PCNs/Neighbourhoods and Consortia. Workshops ongoing until end September and will inform IC Operating Model governance design (Complete)	A plan to has been agreed between Consortia Leads and PCN Directors on transition from the current governance to PCN governance
This is an ongoing programme of work which will continue in November and December 2020 and will outline the transition proposals for Consortia, PCNs working together through 2021. PCN Clinical Directors and GP Consortia have agreed a plan for blending their ways of working, priorities and financial arrangements for the next 12 months. Proposal to close this risk	Proposal to close this risk

Action(s) ***(how are you planning on achieving the proposed mitigations?)***			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
Develop proposals for change of governance for Consortia and PCNs (Complete)	19/08/2020	11/09/2020	Nina Griffith Curtis Whyte
Hold meeting with Consortia Leads and PCN Directors to develop governance proposals (Complete)	19/08/2020	Sep-20	Mark Rickets Nina Griffith Curtis Whyte

Monthly progress update ***(agreed by Senior Management Owner & Senior Responsible Owner)***
Review at David Maher's weekly Oversight meeting

Ref#:	ICOM 13
Date Added:	02/02/2021
Date Updated:	02/02/2021
Review Committee:	Integrated Commissioning Board
Senior Responsible Owner:	David Maher - CCG Managing Director
Senior Management Owner:	Carol Beckford - CCG Transition Director

Objectives	To establish a single CCG organisation to provide strategic
	To create a strategic framework where decisions are made as close to
	A clear accountability framework that identifies what occurs at NEL
	A staffing structure that deploys the right skills and experience to the right place.
	Single governance, assurance and delivery frameworks.
	A clear operating model and financial framework for the new CCG.
	Engaged and developed staff, partners and stakeholders
	Create efficiencies in working and release resources to meet the 20%
	More rapid and collective decision making.
	Staffing structures for the CCG with staff deployed against the
	Establish a robust assurance framework that clearly shows
	A CCG that enhances the development of the new ICS way of working.
	Deliver a shift in resource and focus to prevention to improve the long
	Deliver proactive community based care closer to home and outside of
	Ensure we maintain financial balance as a system and achieve our
	Deliver integrated care which meets the physical, mental health and
	Empower patients and residents (Coproduction Charter and Council)

Description	**Inherent Risk Score** ***(pre-mitigations)***			**Residual Risk Score** ***(post-mitigations)***		
	Impact	**Likelihood**	**Total**	**Impact**	**Likelihood**	**Total**
Wider ownership for development and implementation of the local operating model by all partners from February 2021 The departure of the CCG Managing Director at the end of March 2021 along with other resignations of very senior managers (VSMs) in LB Hackney and NEL means: There is a risk that the vision and corporate knowledge which underpins City & Hackney's new operating model may become diluted because the model is not rooted deeply in the collective consciousness of senior managers across the partnership and there are insufficient senior managers ready to champion all features of the operating model The consequence is.... The new operating model is not implemented as originally envisaged because some components of the vision are not put in place	**4**	**3**	**12**	**4**	**2**	**8**

Risk Tolerance ***(the CCG's appetite in relation to this risk)***			
	Target Score	**Detail**	**Total**
Impact	4	The City & Hackney local system will not realise its ambitions for local residents	8
Likelihood	2	Reliant on the establishment of the ICPB and NH&CB by April 2021	

Mitigations ***(what are you doing to address this risk?)***	
Proposed Mitigation(s)	**Assurances & Evidence** ***(how will you know that your mitigations are working?)***
Agree and start to put in place the organisation and management arrangements which will operate on departure of the City & Hackney Managing Director - from February 2021.	NEL Accountable Officer, NEL Chief Finance Officer and Homerton Hospital CEO agree the future organisation and management arrangements by mid-February 2021
Communicate this proposals to CCG staff and local system partners - February 2021	City & Hackney CCG Staff are informed of what has been agreed by end-February 2021
Continue the work which the CCG SMT and Tracey Fletcher have started on the draft six month action plan: "Moving towards City & Hackney system working" and engage CCG staff - February 2021	CCG SMT and Tracey Fletcher implement the six month action plan

Action(s) ***(how are you planning on achieving the proposed mitigations?)***			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
NEL Accountable Officer, NEL Chief Finance Officer and Homerton Hospital CEO agree the future organisation and management arrangements by mid-February 2021	02/02/2021	12/02/2021	Jane Milligan Henry Black Tracey Fletcher
City & Hackney CCG Staff are informed of what has been agreed by end-February 2021	02/02/2021	Feb-21	David Maher
CCG SMT and Tracey Fletcher implement the six month action plan	02/02/2021	weekly	Tracey Fletcher SMT

Monthly progress update ***(agreed by Senior Management Owner & Senior Responsible Owner)***
NEL AO, NEL CFO and Homerton CEO review

Integrated Commissioning Board managed risks

Ref#	COVID/BAU	Description	Inherent Risk Score	Risk Tolerance	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Risk Movement	Monthly progress update	Projected next quarter risk score	Focus to prevention to address health inequalities	Community care close to home	Maintain system financial balance	Deliver integrated care which meets physical and mental health of our diverse communities	Empower patients and residents	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.	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	**Same**	Two social workers have been recruited by the LBH and one nurse by the Homerton to support CHC assessments. the intention is to recruit a second nurse. We have also provided funding to LBH for project managment and admin resources to manage the tracking of patients in Scheme 1 and 2. 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.As of the 18 January there were 54 patients still awaiting a CHC assessment against a trajectory of 48. We anticipate that the team should be able to complete the assessments by the end of March. There was an additional list of patients that are being funded under scheme 1 that are unlikley to require a CHC Checklist or full assessment based on the cost of their care package/hours of care received. Due to the cyber-attack, LBH hasn't been able to fully complete a review of records and there is a risk these individuals haven't been reviewed before the end of March when the central funding stops. A separate team of staff are completing assessments from the 1 September and most have been met within the 6 week time-frame.	12		/	/	/		
PC6	COVID	Impact of COVID on access to local cancer services	20	9	6	20	16	10	**Increasing**	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, as well as other routine endoscopy procedures, have been paused. Use of FIT and A & G important for GPs to prioritise patients. 6-8 week delay with reporting, but feedback from system is that they are generally managing within waiting times- although the impact of COVID is an ongoing concern.	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	**Increasing**	There continues to be more positive news on capacity for cancer treatment across north east London. The team is working to secure sites and good progress has been made. We are able to keep cancer services running in all areas. We now have independent sector capacity to support 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.	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	**New risk**	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.	12	/					

PC15	COVID	Risk of COVID outbreaks at care homes and commissioned placements for residents with a learning disability	16	9	x	x	x	x	**New risk**	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.	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.	16	/					
PC17	COVID	Impact of COVID on the health of the rough sleepers and asylum seeker populations	20	9	x	x	x	x	**New risk**	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.	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 28 January have received invites. There have been some delays with processing staff lists. Looking at submitting these directly to invite provider to reduce processing time. There are also issues with reporting and understanding who has been invited and who has received the vaccine. HUH are working on reporting to meet national requirements. Liaising with Primary Care to coordinate vaccine reporting submissions. 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**	ILDS 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.	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	**New risk**	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.	9						
PC20	BAU	Challenges to system finances impacting on development of services critical to recovery	6	9	x	x	x	x	**New risk**	**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. **Community Gynaecology expansion/PCN pilot** - Funding concerns remain althought HUH have advised they are happy to proceed as amounts are small. Gynaecology - Mobilisation discussion have started (26.01.21). A full implementation plan should be complete by March 21 for commencement in April 21. **Other intiatives-** Other intiatives are being identified for adding into risk - End of Feb 21	6			/			

Ref#:	PC6
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**
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		Ongoing	
Twice weekly meetings with NEL partners to discuss performance		Ongoing	
Cancer Collaborative meeting to discuss mitigations		8th February	

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, as well as other routine endoscopy procedures, have been paused. Use of FIT and A & G important for GPs to prioritise patients.

6-8 week delay with reporting, but feedback from system is that they are generally managing within waiting times- although the impact of COVID is an ongoing concern.

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 - Restore full operation of all cancer services. - Recover the maximum elective activity	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**
Weekly Elective Recovery Meetings with Homerton		Ongoing	
Activity Reports from the Homerton		Ongoing	
Meetings with London Colleagues to discuss utilisation of the independent sector		Ongoing	
Comms to GPs on pathways and alternatives for example FIT, A&G, etc..		Ongoing	

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

There continues to be more positive news on capacity for cancer treatment across north east London. The team is working to secure sites and good progress has been made. We are able to keep cancer services running in all areas.

We now have independent sector capacity to support 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
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**
Increase in mortality for residents with a learning disability as a result of COVID (increase in Learning Disabilities Mortality Review (LeDeR) Programme reporting)	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-	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
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**
Risk of COVID outbreaks at care homes and commissioned placements for residents with a learning disability	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 Support Staff	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
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,
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 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).	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.

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 agreed, this will then establish joint funding as business as usual.	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 Sservice 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.

Children, Young People, Maternity and Families Workstream Risk Register - February 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.	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.	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	⟺	This is continuing to be managed through the CYPMF Strategic Oversight Group and the wider partnership governance.	4	✓	✓	✓	✓	✓
5	Lack of a robust and integrated system approach to care and provision for CYP with LD and / or autism. Provision is of good quality at points throughout the CYP / family journey but is not a consistent pathway that supports early identification and prevention of escalation of needs.	12	9	12	12	12	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 service funding agreed in principle by CCG and under consultation with partners. 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.	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.	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.	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
17	Gap in delivery of Tier 2 Audiology service for City and Hackney registered population. Service not restarted following pandemic pause in service delivery. Lack of HUHT community paediatricians to restart delivery of service. Plan to transfer service to Barts needs to be fast tracked and interim service solution identified.	12	6			12	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.	12		✓	✓		
18	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.	12		✓	✓	✓	
19	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.	12	9			12	12	12	⟺	CAMHS have flexibly supported families during the peak of COVID, alongside school,s and there are robust plans in place for this to continue. Locally and at NEL Level plans are underway to improve crisis and mental health support teams and WAMHS are back in schools (Update 11/20). 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.	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
20	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.	12	✓			✓	

Risk mitigations & further detail

Ref#:	1
Date Added:	
Date Updated:	01/02/2021
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)***		
	Impact	**Likelihood**	**Total**	**Impact**	**Likelihood**	**Total**
Immunisations for pregnant women. There is a very low update of flu and pertussis immunisations to pregnant women in City & Hackney. The effect of low update can result in maternal and infant health.	3	2	6	3	2	6

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

	Target Score	**Detail**	**Total**
Impact	3		4
Likelihood	1		

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

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

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

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

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

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.

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.

Ref#:	3
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**	
	Deliver proactive community based care closer to	✓
	Ensure we maintain financial balance as a system	
	Deliver integrated care which meets the physical,	✓
	Empower patients and residents	✓

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

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

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

Action(s) *(how are you planning on achieving the proposed mitigations?)*			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
1. CCG to review adults PHB strategy to identify opportunitites for CYP roll out	30/07/2020	30/04/2021	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:	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**	
	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 service funding agreed in principle by CCG and under consultation with partners. 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:	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**
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.

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:	29/01/2021
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	4	3	12	3	2	6

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

	Target Score	**Detail**	**Total**
Impact	3		3
Likelihood	1		

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

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

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.

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	4	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.

Ref#:	16
Date Added:	
Date Updated:	25/11/2020
Review Committee:	CYPMF SOG
Senior Responsible Owner:	Anne Canning
Senior Management Owner:	Amy Wilkinson / Anna Jones

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

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

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

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

Current Safeguarding governance is robust (SAG, CHSCP) locally with a NEL held risk register and these will continue to be monitored. Weekly HUFT / CCG catch ups will continue, to monitor ED activity and patterns of use by children.

Action(s) *(how are you planning on achieving the proposed mitigations?)*			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
25/11/2020 Named GP returned from maternity leave and interim designated nurse and LAC Designated nurse covering x 3 days weekly Designated nurse safeguarding returning January 2021	25/11/2020	30/01/2020	Anna Jones

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

Ref#:	17
Date Added:	30/07/2020
Date Updated:	29/01/2021
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.				
Ref#:	18	**Objective**	**Deliver a shift in resource and focus to prevention**	
Date Added:	30/07/2020		**Deliver proactive community based care closer to**	✓
Date Updated:	29/01/2021		**Ensure we maintain financial balance as a system**	✓
Review Committee:	CCG HUHT Contracts Meeting		**Deliver integrated care which meets the physical,**	✓
Senior Responsible Owner:	Amy Wilkinson		**Empower patients and residents**	
Senior Management Owner:	Sarah Darcy			

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.

Ref#:	19
Date Added:	26/11/2020
Date Updated:	01/02/2021
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.	3	4	12	3	3	9

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

Mitigations *(what are you doing to address this risk?)*	
Proposed Mitigation(s)	**Assurances & Evidence *(how will you know that your mitigations are working?)***
CAMHs have 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. Locally and at NEL Level plans are underway	

to improve crisis and mental health support teams and WAMHS are back in schools (Update 11/20). 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.

Actions			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
Ongoing implementation of contingency planning, continuation of communications and close working with schools, specifically preparing for September returns	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. Locally and at NEL Level plans are underway to improve crisis and mental health support teams and WAMHS are back in schools (Update 11/20). 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.

Ref#:	20
Date Added:	30/08/2020
Date Updated:	29/01/2021
Review Committee:	CYPMF SOG & MHCC
Senior Responsible Owner:	Anna Jones / Reagender Kang
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	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.

Unplanned Care Workstream Risk Register - February 2021

Cover Sheet

				Risk Score Over time							Objective				
Ref#	Description	Inherent Risk S	Risk Tolerance	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	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
1 - NINA	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.	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	⟷	Continued work to increase utilisation of both core ParaDoc and ParaDoc Falls service by 999, 111, primary care and telecare. Falls Service - There is a low level of conveyence to hospitals, and the service is cost effective based on current levels of activity. 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. Neighbourhoods is continuing to support wider transformation in community services. The Neighbourhood MDTs continue to support residents with complex needs and this is being evolved (as at January 2021) to take a more proactive approach to support adults with multimorbidities and coordinating long-term support in the community. This also includes ensuring that there is navigation support for people with non-medical needs.	12				✓	

				Risk Score Over time							Objective				
Ref#	Description	Inherent Risk S	Risk Tolerance	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	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
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. - Re-commencement of Discharge Workstream Co-production Group - London workshop to understand how the 111 service can support people across all cultires - LAS 111 IUC PPG continues - Resident involvement through Neighbourhoods including Neighbourhood Conversations (HCVS), anticipatory care and across the programme as a whole.	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 Restoration Steering Group and 3 subgroups meeting on a regular basis.	8		✓		✓	
7	The new Integrated Urgent Care (111) service might have a negative impact on quality of urgent care for City & Hackney patients, and on downstream services: Quality of Care: - Possible issues with quality of clinical assessment and increased waiting times (call-back time from clinicians); - Recruitment of senior clinicians in CAS Downstream service impact: - General increase in demand due to availability of free-to-call number, quick answer times - Increased demand on acute (A&E/999) due to risk-averse nature of 'pathways' assessment, - issues with direct booking into urgent Primary Care, and - possible issues with quality of clinical assessment.	16	4	9	9	9	9	⟺	Regular attendance at UEC restoration meetings. Supporting NEL data collection of performance metrics.	9		✓		✓	✓

				Risk Score Over time							Objective				
Ref#	Description	Inherent Risk S	Risk Tolerance	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	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
9	Discharge and Hospital Flow processes are not effective, resulting in failure to meet criteria to reside requirements.	20	6	15	12	12	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	12	9	↓	Close working with the IT enabler during COVID and in rolling out MDT working over the last few months. Further work now underway with the IT enabler for the next phase of the programme which will need to include specific projects in the following areas: - Development of personalised care and support planning (scoping of 'as is' and exploration of 'to be') - Further developments of East London Patient Record (including promotion of existing functionality through Neighbourhoods / PCNs) IT enabler update planned for Neighbourhoods Steering Group in February 2021..	9		✓	✓	✓	

				Risk Score Over time							Objective				
Ref#	Description	Inherent Risk S	Risk Tolerance	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	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
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	⟺	Understandable immediate pressures across the system to support the COVID response efforts across City and Hackney. Work continues on more medium term transformation work (e.g. through Neighbourhoods) which continue to be reviewed in light of COVID. Aspects of the programme have been prioritised / de-prioritised and communicated with system partners. Neighbourhoods programme received funding at ICB in January. Delivery continues across the programme - including in anticipatory care/MDT working / rollout of Mental Health blended teams / CYPFM Neighbourhoods work / community navigation and other associated projects. Nursing consultation with staff has now commenced. Close working with PCNs in recruitment to additional roles.	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					

				Risk Score Over time							Objective				
Ref#	Description	Inherent Risk S	Risk Tolerance	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	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	Empower patients and residents of our diverse
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	n/a	16	12	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 Bed modelling being undertaken across North East London to understand demand andd capacity in relation to a second peak and winter.	12			✓	✓	
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	12	n/a	16	16	16	↔	Partnership arrangements in place through Well Street Common Partnership and scoping work currently underway in Shoreditch Park and the City. Our aim through Neighbourhoods is to have some form of partnership in place across all 8 Neighbourhoods (building on collaboration in PCNs) which brings together statutory, voluntary and community and residents to understand and respond to population health needs. Neighbourhood Conversations being led by HCVS is starting to do this. This will also draw on population health profiles developed in 2020/21. 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	✓	✓		✓	✓

				Risk Score Over time							Objective					
Ref#	Description	Inherent Risk S	Risk Tolerance	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	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	n/a	12	New Risk	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 weekly to review actions in place. Vaccinations of care home residents started on the 29 December and all care homes will have been completed by the first week of Feburary. Plans are in place to ensure vaccinations are offered to residents in othe residental settings. All health and social care staff have also been invited to receive a vaccination and the current focus is on reducing vaccine hesitancy of staff. We have noticed staff numbers begin to increase once others in their workplaces have been vaccinated.	TBC		✓		✓	✓

Risk mitigations & further detail

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

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

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

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

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

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

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

Ref#:	3
Date Added:	
Date Updated:	29/01/2021
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 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**
A&E attendance action plan has been developed and will be monitored by the board		end March 2020	Leah Herridge
Monitoring outcomes of pilots put in place to support direct booking into injuries pilot (BHR), ED via BEACH (WEL) EPAU at HUH		Ongoing	Clara Rutter
Work with LAS to improve update of ACPs		Ongoing	Leah Herridge / Clara Rutter
Implement proactive model (anticipatory care) for residents with complex needs in the community as part of Neighbourhoods programme	01/01/2021	30/06/2021	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. Community nursing, community mental health and adult social care re-organisation underway and will be finalised in 2021.
Continued work to increase utilisation of both core ParaDoc and ParaDoc Falls service by 999, 111, primary care and telecare. Falls Service - There is a low level of conveyence to hospitals, and the service is cost effective based on current levels of activity.
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.
As part of the Neighbourhoods Programme, task and finish group to deliver anticipatory care has commenced. This will deliver a proactive model of care for residents with

Ref#:	4
Date Added:	
Date Updated:	29/01/2021
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**	
	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.
- Re-commencement of Discharge Workstream Co-production Group
- London workshop to understand how the 111 service can support people across all cultires
- LAS 111 IUC PPG continues
- Neighbourhoods resident involvement group continues to meet
-Neighbourhoods conversations hosted by HCVS held in all neighbourhoods

Ref#:	5
Date Added:	
Date Updated:	28/01/2021
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	Clara Rutter
Continued work with LAS to improve uptake of ACPs	28/01/2021	Ongoing	Clara Rutter

Monthly progress update *(agreed by Senior Management Owner & Senior Responsible Owner)*
NEL UEC Restoration Steering Group and 3 subgroups meeting on a regular basis.

Ref#:	7
Date Added:	10/07/2019
Date Updated:	29/01/2021
Review Committee:	Unplanned Care Board
Senior Responsible Owner:	Tracey Fletcher
Senior Management Owner:	Urgent Care Reference Group

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

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

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

Mitigations *(what are you doing to address this risk?)*	
Proposed Mitigation(s)	**Assurances & Evidence *(how will you know that your mitigations are working?)***
Exploring allowing downstream services to utilise slots reserved for 111 in core primary care	Pathway agreed and IT put in place to support
Monitor and investigate why there is low update/usage of directly booked appointments via gp connect into primary care	Audit resumed W/C 16th Nov 2020
Ensure that alternative primary urgent care services are promoted to patients and clinicians to ensure alternate services are frequented by patients [MDCNR]	

Action(s) *(how are you planning on achieving the proposed mitigations?)*			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
Close working with NEL, WEL and BHR urgent care commissioners to identify issues and actively unblock them	28/01/2021	Ongoing	Clara Rutter

Monthly progress update *(agreed by Senior Management Owner & Senior Responsible Owner)*
Regular attendance at UEC restoration meetings
Supporting NEL data collection of performance metrics

Ref#:	9
Date Added:	
Date Updated:	29/01/2021
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 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.

Ref#:	12
Date Added:	
Date Updated:	01/02/2021
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**
Develop detail around deliverables in 2021/22 to support Neighbourhoods Programme (action owned by IT Enabler) and presentation to Neighbourhoods Steering Group re. deliverables.	01/02/2021	Feb-21	Mark Golledge

Monthly progress update *(agreed by Senior Management Owner & Senior Responsible Owner)*
Review undertaken of specific projects to deliver against Neighbourhood Programme Plan deliverables undertaken by IT enabler team. This is being incorporated into the overall Neighbourhoods Programme Plan.

Involvement of IT enabler in anticipatory care work which will ensure that deliverables can be taken forward to enhance MDT working - including development of personalised care and support planning.

Session planned with IT enabler at Neighbourhoods Steering Group in February to review deliverables for IT enabler in relation to Neighbourhoods. Resourcing of the projects to be considered by Steering Group.

Ref#:	13
Date Added:	
Date Updated:	02/01/2021
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

Action(s) *(how are you planning on achieving the proposed mitigations?)*			
Detail	**Last updated**	**Delivery Date**	**Action Owner**
Review of Quarter 3 Milestones at Neighbourhoods Steering Group and re-alignment of programme plan where needed	01/02/2021	28/02/2021	Mark Golledge
Neighbourhoods Programme Highlight Report (Q3 2021/22) to be circulated to System Operational Command Group	01/02/2021	01/03/2021	Mark Golledge

Monthly progress update *(agreed by Senior Management Owner & Senior Responsible Owner)*
Neighbourhoods Steering Group continues to meet monthly to oversee delivery across the programme as a whole. Quarter 3 reports from providers will be given in February 2021 and Neighbourhoods Programme Plan updated accordingly.

The programme continues to be taken forward although some aspects of the programme are being impacted due to COVID (e.g. adult social care restructure has been delayed due to cyber attack and COVID pressures). This will continue to be reviewed across the programme and reported through the System Operational Command Group.

Regular reporting to System Operational Command Group (or other group) to commence to ensure there is system visibility regarding the overall Neighbourhoods Programme.

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:	29/01/2021
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**	
	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	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?)***
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	Dec-20	Nina Griffith / Clara Rutter

Bed modelling being undertaken across North East London to understand demand andd capacity in relation to a second peak and winter. Enhanced winter planning programme agreed through SOC.	Sep-20	TBC	Nina Griffith

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 Bed modelling being undertaken across North East London to understand demand andd capacity in relation to a second peak and winter.

Ref#:	20 / UCTBC3
Date Added:	27/07/2020
Date Updated:	02/01/2021
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**	
	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**
Workshop being planned with CCG and public health colleagues to consider how we address inequalities across the programme	26.11.2020	31.01.2021	Nina Grifith
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)*
Partnership arrangements in place through Well Street Common Partnership and scoping work currently underway in Shoreditch Park and the City. Our aim through Neighbourhoods is to have some form of partnership in place across all 8 Neighbourhoods (building on collaboration in PCNs) which brings together statutory, voluntary and community and residents to understand and respond to population health needs. Neighbourhood Conversations being led by HCVS is starting to do this. This will also draw on population health profiles developed in 2020/21. 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:	
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**
Implementation of a Covid service prior to implementation of the Network Contract DES on the 1 October. CCG nursing homes GP Enhanced Provision contracts in place.				29/01/2021	01/05/2020	Cindy Fischer
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 weekly to review actions in place. Vaccinations of care home residents started on the 29 December and all care homes will have been completed by the first week of Feburary. Plans are in place to ensure vaccinations are offered to residents in othe residental settings. All health and social care staff have also been invited to receive a vaccination and the current focus is on reducing vaccine hesitancy of staff. We have noticed staff numbers begin to increase once others in their workplaces have been vaccinated.

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	