

Strategic Risk Analysis

Risk	Implication	Mitigation
Unintended cost and demand shunting between Health and ASC	<ul style="list-style-type: none"> • Savings plans compromised 	<ul style="list-style-type: none"> • Clear financial and legal agreement
Health and Local Authority partners fail to agree a common vision and priorities, approach, timescales and commitment of resources to deliver the adult health and social care integration agenda	<ul style="list-style-type: none"> • Organisational barriers not removed • Timescales will slip • Benefits not realised for health and social care economy 	<ul style="list-style-type: none"> • Engagement with senior leaders • Robust governance and implementation structure
Failure to reach agreement on staff and service hosting arrangements	<ul style="list-style-type: none"> • Delay in co-location 	<ul style="list-style-type: none"> • Early engagement and planning with responsible managers • Work arounds factored into plans
Borough governance requirements impact the amount of lead time available to implement integration plans	<ul style="list-style-type: none"> • Delays in delivery • Benefits not realised for health and social care economy 	<ul style="list-style-type: none"> • Robust project management arrangements
Members do not support the plans for health and social care integration	<ul style="list-style-type: none"> • Integration cannot proceed • Benefits not realised for health and social care economy 	<ul style="list-style-type: none"> • Robust business case with full senior management engagement
Boroughs and/or CLCH are unable to agree the legal framework to support the re-alignment of staff or the funding and risk and reward model	<ul style="list-style-type: none"> • Delays or failure in delivery • Benefits not realised for health and social care economy 	<ul style="list-style-type: none"> • Engagement with senior leaders • Clear financial agreement
Insufficient lead time to engage and consult with staff	<ul style="list-style-type: none"> • Staff not supportive • Staff morale poor • Unions resistant 	<ul style="list-style-type: none"> • Robust project management arrangements • Engagement and communication strategy • Cascade system of information sharing

Delays in fulfilling Information Governance requirements to enable patient and client data sharing – N3 connection requirements	<ul style="list-style-type: none"> • Delays in realising benefits • Poor staff morale 	<ul style="list-style-type: none"> • Robust project management arrangements • Risk analysis in meeting N3 compliance completed and managed
Professional and clinical representative bodies restrict scope for integration	<ul style="list-style-type: none"> • Delegated responsibilities across disciplines and to non-qualified staff not possible or subject to legal challenge 	<ul style="list-style-type: none"> • Lobbying with national sector skills bodies
Key elements of the National and Local health system not sufficiently defined (e.g. NHS Commissioning Board, Commissioning Support Units, HealthWatch, Public Health England)	<ul style="list-style-type: none"> • Delays or failure in delivery • Benefits not realised for health and social care economy 	<ul style="list-style-type: none"> • Stakeholder Engagement strategy • Work arounds planned
CCGs not mature as organisations to lead out of hospital reconfiguration and to get buy in from GPs	<ul style="list-style-type: none"> • Out of hospital strategy not delivered 	<ul style="list-style-type: none"> • CCGs engaged in planning integration and governance arrangements and sign off • GP localities and networks at heart of design
10 GP localities in current plans	<ul style="list-style-type: none"> • Staff resources stretched • Variations across the service 	<ul style="list-style-type: none"> • CCGs engaged in planning integration and governance arrangements and sign off
Savings assumptions and service reconfiguration not reflected in commissioning intentions and procurement plans	<ul style="list-style-type: none"> • Double counting of savings • Benefits not realised for health and social care economy 	<ul style="list-style-type: none"> • Financial strategy and plans challenged and monitored
Lack of sufficient social care or health knowledge and representation in future senior arrangements	<ul style="list-style-type: none"> • Quality of service reduces 	<ul style="list-style-type: none"> • Robust management and governance structures designed to ensure appropriate health and Council engagement in service aims and delivery

<p>Corporate support services have conflicting priorities</p>	<ul style="list-style-type: none">• Delays in delivery	<ul style="list-style-type: none">• Project management structure• Corporate ownership of the programme through the governance structure
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