

## **Background documents - Better Care Fund Action Plan**

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Priority order for HWB Discussion	Review Area	Risk Category	Risk Applicable \ Line of Enquiry (please select from dropdown list)	Reviewer's Reasoning /Notes	Notes of discussion with HWB and Area Teams	Outcome Status \ Pending HWB Action (please select status from dropdown list in the first box)	Link to Conditions Applied (please write your conditions in bold)	How Agreed Action Will be Met You will also need to consider what additional resources and skills sets will be required within your local area to meet these actions	Target Date for Completion	EHS/HR Lead	HWLH Lead	ESCC Lead	Support Required (to be agreed with Better Care Advisor) Please note that although support can be provided, resource and skill sets are limited and so you will need to prioritise your requests for support with your Better Care Advisor	Evidence Please state where evidence is included in resubmitted plans. Doc name/type + page, paragraph, worksheet column, row, cell etc.
Example	Analytics	Showstopper	A1-P4P: validity issue with values submitted - errors in plan values entered are causing incorrect results	DTOCs (in 6. HWB Supporting Metrics tab, template 1) shows increase in rate quarter on quarter for two quarters, but no rationale is given in the box provided (cell R29), as required by the guidance. Increase is fairly marginal on each so may be due to local factors	HWB understood the issue during the call and agreed to look into before the final assessment day	<b>No longer a risk - if the following action is put in place (enter action in box below)</b> A rationale is added to the required box for the red ratings in 6. HWB Supporting Metrics tab, template 1, that explains the increased DTOCs in the two quarters.	Assist in correcting issues with condition: <b>Must address outstanding analytical risks in plan</b> by ensuring data integrity.	eg. Review of raw data	10/12/2014				Analyst time. Access to raw data	Doc: Part 1 Template, BCF Plan (word). Page 16, para's 9-11. Doc: XXX HWB Appendix 2 (excel) worksheet 1, cell A7
1	Narrative	Showstopper	N1-The National Conditions have not been met	Each of the narratives relating to the national conditions provides a useful commentary and makes the necessary commitments. However, across all conditions further information is required on the action plan (priority actions and milestones) to deliver them, plus any delivery risks. Further specific information is also required in each case, e.g. the impact of TDS on admissions and discharge.	HWB: all this information can be added to the submission.	<b>No longer a risk - if the following action is put in place (enter action in box below)</b> Insertion of required information.	<b>Condition 1B:</b> Action will ensure the plan further demonstrates how it will meet the national condition of having an agreed impact on acute care sector to prevent people reaching crisis point and reducing the pressures on A&E.  <b>Condition 3:</b> Action will ensure the plan further demonstrates how it will deliver the planned Non-Elective admissions reduction.	<b>Leads for action: PG/GG/JOS/AS/AB/MH/IG</b> 1. Detailed Plans drafted 2. Engagement with providers and primary care 3. Review financial plans to reflect the detailed plans for 2015/16 4. Detailed risk and contingency plans developed based on detailed plans and develop mitigation to deliver national conditions and financial stability 5. Detailed implementation 6. Engagement with public via Shaping health events and other forums	30/11/14 31/12/14 31/12/14 9/01/15  31/03/15 31/03/15	JOS/GG	AB/SC	MH	No additional external support is required for this. Internal specialist support has been identified.	Doc: Part 1 Template, BCF Plan ( word). Annex 1 ( page 53-88 )?9) and appendices 6-10
2	Narrative	Top Risks	N7-There is insufficient detail as to how the schemes will be delivered	This risks arises from the fact that detailed planning will not be completed until January 2015.	HWB: the process of planning, with all necessary engagement, is underway and on track.	<b>Risk remains outstanding</b> Although the process by which detailed plans will be arrived at by January 2015 can be inserted into the BCF submission (see N4), eliminating this risk would depend on a review of these detailed plans.	<b>Condition 1B:</b> Action will ensure the plan further demonstrates how it will meet the national condition of having an agreed impact on acute care sector to prevent people reaching crisis point and reducing the pressures on A&E.  <b>Condition 3:</b> Action will ensure the plan further demonstrates how it will deliver the planned Non-Elective admissions reduction.	<b>Leads for action: PG/GG/JOS/AS/AB/MH/IG</b> 1. Detailed Plans drafted 2. Engagement with providers and primary care 3. Review financial plans to reflect the detailed plans for 2015/16 4. Detailed risk and contingency plans developed based on detailed plans and develop mitigation to deliver national conditions and financial stability 5. Detailed implementation 6. Engagement with public via Shaping health events and other forums	30/11/14 31/12/14 31/12/14 9/01/15  31/03/15 31/03/15	As above	As above	As above	No additional external support is required for this. Internal specialist support has been identified.	Doc: Part 1 Template, BCF Plan ( word). Annex 1 ( page 53-88 )?9) and appendices 6-10
3	Narrative	Top Risks	N6-The plan depends heavily on local providers but this is currently not recognised by the providers	A lack of provider engagement, resulting in a lack of plan visibility, is a theme of both statements. Further information is therefore required on the alignment of providers' own plans with the BCF, plus providers' action planning and risk management of the impact of BCF.	HWB: this is an ongoing process with providers and will be informed by the detailed planning that takes place between now and January 2015.	<b>Risk remains outstanding</b>	<b>Condition 1B:</b> Action will ensure the plan further demonstrates how it will meet the national condition of having an agreed impact on acute care sector to prevent people reaching crisis point and reducing the pressures on A&E.	<b>Leads for action: PG/GG/JOS/AS/AB/MH/IG</b> 1. Detailed implementation plans developed and agreed with key providers 2. Implementation of plans	31/12/14 31/03/15				No additional external support is required for this. Internal specialist support has been identified.	Doc: Part 1 Template, BCF Plan ( word). Pages 47-50
4	Analytics	Top risks	A4-P4P: the overall level of ambition is not consistent with the quantified impact of the schemes contributing to a reduction in non-elective admissions	In tab 4 (HWB Benefits Plan), there are no quantified impacts of the schemes listed under 2014/15, whereas there is some impact for 2014/15 listed in tab 5 (HWB P4P metric) – i.e. Cell C10 minus G10 (the year on year decrease for Q4).  For 2015/16, the annual change in admissions can be calculated to be 1734 in tab 5 (cells H10:K10 – D10:G10) this is corroborated with a calculation of £734 in tab 4.	HWB - understood the issue during the call, agreed that some benefits should be listed under 2014/15 and explained the issue around the error for 2015/16 - it was explained that one of the values could be re-categorised to avoid confusion and ensure similarity between the Benefits Plan and tab 5.	<b>No longer a risk - if the following action is put in place (enter action in box below)</b> HWB re-categorise the non-elective admissions value in the Benefits Plan and enter corresponding Benefits Plans for the financial year 2014/15.	<b>Condition 1B:</b> Action will ensure the plan further demonstrates how it will meet the national condition of having an agreed impact on acute care sector to prevent people reaching crisis point and reducing the pressures on A&E.  <b>Condition 3:</b> Action will ensure the plan further demonstrates how	<b>Leads for action:</b> 4a: 2014/15 benefits quantified to demonstrate and ensure consistency of plans 4b: 2015/16 change in emergency admissions and impact on growth clarified	30/11/14 30/11/14	JOS JOS	AB AB	N/A N/A	No additional external support is required for this. Internal resource has been identified.	Doc: Part 2 Template, BCF Plan (excel) worksheet, Benefits tab , cells F11-F21
5	Finance	Top Risks	F5-Full budgets are not identified to meet the additional costs resulting from the new Care Act duties	Information required around how the adult social care amount was determined and how the rest of the social care expenditure is being used.	The HWB state that the £9.6m figure came from continuation of grant allocation and that the rest of the social care funding is for additional investment.	<b>No longer a risk - if the following action is put in place (enter action in box below)</b> HWB to complete the Summary tab with explanation of how the rest of the social care funding has been used.	<b>Leads for action:</b> Add additional commentary to clarify the use of total social care funding	30/11/14	N/A	N/A	IG	No additional external support is required for this. Internal resource has been identified.	Doc: Part 2 Template, BCF Plan (excel) worksheet, Summary tab , cell G18	
6	Finance	Top Risks	F3-Schemes are not financially evidence-based or financially modelled adequately for full benefits realisation	There is no support for Community, Mental Health and Other Programme schemes in Annex 1.	HWB state that the detailed plans for these schemes have not been formulated yet, but can provide high level plans for these schemes in Annex 1.	<b>No longer a risk - if the following action is put in place (enter action in box below)</b> HWB to provide high level plans for these schemes in Annex 1.	<b>Condition 1B:</b> Action will ensure the plan further demonstrates how it will meet the national condition of having an agreed impact on acute care sector to prevent people reaching crisis point and reducing the pressures on A&E.  <b>Condition 3:</b> Action will ensure the plan further demonstrates how	<b>Leads for action: PG/GG/JOS/AS/AB/MH/IG</b> Detailed plans for community, mental health and other programmes to be defined within the reviewed plans and included in Annex 1	9/01/15				No additional external support is required for this. Internal specialist support has been identified.	Doc: Part 1 Template, BCF Plan ( word). Annex 1.11 ( page 79) and Annex 1.12 (Page85)
7	Finance	Top Risks	F4-BCF financial risks are not fully identified, inadequate contingencies, lack ownership	Information required around the financial risk associated with missing the non-elective emergency admissions target, the mechanism for how it will be managed.	HWB state that there is a c.£13m contingency fund (unallocated budget), which it asserts should cover the full risk. It states that it needs to agree the mechanism of how unallocated budget is recycled into schemes and how the risk sharing mechanism will work. This is to be confirmed by January 2015.	<b>No longer a risk - if the following action is put in place (enter action in box below)</b> HWB to quantify the risk and include in plan the actions to agree the risk sharing and contingency fund allocation mechanism.	<b>Leads for action:</b> Detailed risk share agreements and contingency planning to be agreed by all parties	31/12/14	JOS	AB	IG	<b>Additional support to develop detailed risk share agreement/agreement and ensure consistency with v75 agreement. This would be a short intensive piece of work to establish framework and facilitate sign off with partner organisations. This is non contentious piece of work as partners are signed up to principles of risk share. Expect 5 days input post 1st December once detailed plans and interventions agreed.</b>	Doc: Part 1 Template, BCF Plan ( word). Page 32 and separate risk share documents.	
8	Narrative	Top Risks	N3-The plan does not describe a clear overarching vision for the future of health and social care in the local area	There is no explicit reference to which aspects of the plan would not be delivered in the absence of the BCF.	HWB: All aspects of the plan would be delivered as part of the ESBT programme but the BCF allows for the acceleration and reprioritisation of some schemes.	<b>No longer a risk - if the following action is put in place (enter action in box below)</b> Insertion of explanatory narrative.	<b>Leads for Action: PG</b> Provide additional narrative to clarify relationship between ESBT and BCF Plan.	30/11/14	PG	PG	PG	No additional external support is required for this. Internal resource has been identified.	Doc: Part 1 Template, BCF Plan ( word). Page 6, last paragraph ; Page 15, para 1.	
9	Narrative	Top Risks	N4-The plan does not sufficiently explain how the overarching vision will be achieved	Detailed planning information from the present to the completion of detailed planning in January 2015 is required. Greater clarity about the level at which strategic issues are dealt with is also required, given the relative positioning of the programme board and the CCG boards/ESCC cabinet in the governance diagram. Finally, a date for the finalisation of the governance structure is required.	HWB: planning information, with milestones, up to January 2015 can be inserted. The governance structure has now been finalised, as it appears within the submission. The HWB gave an extended explanation of the relationship between the composite bodies within the governance structure, emphasising the sovereignty of the CCG boards and ESCC cabinet, the co-ordinating role of the programme board, and the system-leadership role of the HWB and its JWS.	<b>No longer a risk - if the following action is put in place (enter action in box below)</b> Insertion of planning information to January 2015 and removal of 'draft' label from governance.	<b>Leads for Action: PG</b> Provide additional narrative to plan to ensure compliance with BCF governance requirements	30/11/14	PG	PG	PG	No additional external support is required for this. Internal resource has been identified.	Doc: Part 1 Template, BCF Plan (word). Page s 22 , para's 1-4 and page 25	
10	Narrative	Top Risks	N5-The plan is not aligned	Further information is required on specific interdependencies between the BCF and other local plans and initiatives, beyond the high-level statement of alignment provided in the submission. Further detail on engagement with primary care is also required, along with how the issues raised fed into local plans.	HWB: all this information can be added to the submission.	<b>No longer a risk - if the following action is put in place (enter action in box below)</b> Insertion of required information.	<b>Leads for action: PG/GG/JOS/AS/AB/MH/IG</b> Provide further information regarding interdependencies with local plans and initiatives alongside detailed plans being developed and agreed.	1/12/14				No additional external support is required for this. Internal resource has been identified.	Doc: Part 1 Template, BCF Plan (word). Page 36, para's 1-4.	
11	Finance	Top Risks	F6-Full budgets are not identified to meet the cost of carers	Clarity required on whether the impact on Local Authority's budget from revisions to £13m pot has been quantified.	HWB stated that there would be zero impact.	<b>No longer a risk - no further action required</b>	No longer a risk - no further action required	n/a	N/A	N/A	N/A	n/a	N/A	
12	Analytics	Further Risks	A8-Supporting Metrics: contextual information indicates that the plan(s) may be under or over ambitious	Residential admissions: There is a projected increase in residential admissions of 5.3% and 2.1% in 2014/15 and 2015/16 respectively. This is below the statistically significant criterion, since no reduction is planned for and a 3.1% reduction is required for statistical significance. The projected increase is in line with recent trends (6.9% increase recently) and a downward trend has been forecast, however the improvement is still below the statistically significant criterion and risk remains outstanding.	HWB stated that they are already high performers in reablement, being ranked 20th in the country.  PwC reviewer acknowledged high performance in reablement but stated that this would still need to be flagged as a risk since reablement improvements are below the statistical significance boundary. Agreed to follow this up with the central team since this could be misleading if flagged as a risk.	<b>Risk remains outstanding</b> DTOCs (ranked 124th in the country) and residential admissions (ranked 49th in the country) improvements are all below the 'statistically significant' boundary, therefore would need to be flagged as a risk.	<b>Leads for action:</b> Review forecast reduction in DTOC and residential admissions in line with the development of the detailed plans to determine opportunities for further impact	9/01/15			MH	No additional external support is required for this. Internal resource has been identified.	Doc: part 2 Template, BCF Plan (excel) worksheet, Tab - HWB Supporting Metrics ; Cells E8 and G29 -J29	
13	Analytics	Further Risks	A9-Supporting Metrics: under or over ambitious plans are not explained fully or appropriately	Reablement: There is one red cell (planned % for reablement) and there is rationale provided (current performance is already high).  Residential admissions: Additionally, the figures for residential admissions are not flagging as red, but the annual percentage change shows a deterioration in performance (see 3.1c) and no rationale is provided.	HWB agreed to enter rationale for no year on year improvement in DTOCs and residential admissions.	<b>No longer a risk - if the following action is put in place (enter action in box below)</b> HWB should provide rationale for these in the space provided in the spreadsheet.	<b>Leads for action:</b> 13a: Reablement: review current forecast in line with plans 13b: Review forecast reduction in DTOC and residential admissions in line with the development of the detailed plans to determine opportunities for further impact	9/01/15 9/01/15			MH MH	No additional external support is required for this. Internal resource has been identified.	Doc: part 2 Template, BCF Plan (excel) worksheet, Tab - HWB Supporting Metrics ; Cells E8	
14	Analytics	Further Risks	A10-Supporting Metrics: information provided on Patient Experience Metric is not valid	No improvement is prescribed for the patient/user experience metric in 2015/16.  A link between the schemes and the patient/user experience metric chosen cannot be found – more details are required in the narrative and/or Excel spreadsheet about which schemes link to the metrics and how they will be monitored on a regular basis.	HWB explained very well the rationale behind the social care metric as it encompasses the overall strategy as opposed to individual outcomes. HWB understood that the link to this metric could be fleshed out further in the narrative in annex 1 that describes each scheme.	<b>No longer a risk - if the following action is put in place (enter action in box below)</b> Explain briefly the link between this metric and the various schemes in annex 1. Also provide information around how this will be used/collected and tracked.	<b>Leads for action: PG/GG/JOS/AS/AB/MH/IG</b> Provide more detail on the link between the patient experience metric and detailed schemes and plans, including monitoring	9/01/15				No additional external support is required for this. Internal specialist support has been identified.	Doc: Part 1 Template, BCF Plan ( word). Annex 1 ( page 53-54)	
15	Analytics	Further Risks	A11-Supporting Metrics: information provided on Local Metric is not valid	A link between the schemes and the local metric chosen cannot be found – more details are required in the narrative and/or Excel spreadsheet about which schemes link to the metrics and how they will be monitored on a regular basis.	HWB understood that the link to this metric could be fleshed out in the narrative in annex 1 that describes the relevant scheme.	<b>No longer a risk - if the following action is put in place (enter action in box below)</b> Explain briefly the link between this metric and the relevant scheme(s) in annex 1. Also provide information around how this will be used/collected and tracked.	<b>Leads for action: PG/GG/JOS/AS/AB/MH/IG</b> Ensure detailed information about BCF schemes and plans identify how they will support delivery of the local metric (dementia diagnosis rate)	09/01/15				No additional external support is required for this. Internal specialist support has been identified.	Doc: Part 1 Template, BCF Plan ( word). Annex 1 Page s 83-85	
16	Analytics	Further Risks	A7-Supporting Metrics: the level of ambition for a given metric is not consistent with the quantified impact of the schemes contributing to it	There is a link between schemes and the P4P metric of reduced emergency admissions, however this is not the case for the supporting metrics, presumably because residential admissions, reablement and DTOCs do not have planned improvements.  The metrics that will be used to measure impact and monitor schemes are not listed in the scheme descriptions. The feedback loop between the schemes and the metrics is not clear.	HWB understood that further detail could be added around the KPIs and assured that these are part of the detailed planning process.	<b>No longer a risk - if the following action is put in place (enter action in box below)</b> Explain briefly the various KPIs that will be used for to track the merits of the various schemes. If these have not been decided yet then mention any work done so far and relevant timescales for completion. Also mention how data will be collected/monitored.	<b>Condition 1B:</b> Action will ensure the plan further demonstrates how it will meet the national condition of having an agreed impact on acute care sector to prevent people reaching crisis point and reducing the pressures on A&E.  <b>Condition 3:</b> Action will ensure the plan further demonstrates how	<b>Leads for action: PG/GG/JOS/AS/AB/MH/IG</b> Detailed plans to set out aggregate impact on all BCF metrics	09/01/15				No additional external support is required for this. Internal specialist support has been identified.	Doc: Part 1 Template, BCF Plan ( word). Annex 1 ( page 53-54)
			F9- Unrealistic savings	There are no benefits listed for 14/15 in the Benefit Plan tab. Also,	HWB - understood the issue during the call, agreed that some benefits should be listed under	<b>No longer a risk - if the following action is put in place (enter action in box below)</b>		<b>Leads for action:</b>						

17	Finance	Further Risks		There is no supporting metric for A&E, OP and Daycase & Electives in the benefits tab. Information required around the support for these schemes. Furthermore, there is a difference between the benefits arising from the reduction in N.E. admissions and the PAP metric for reduction in N.E.	[2014/15 and explained the issue around the error for 2015/16 - it was explained that one of the values could be re-categorised to avoid confusion and ensure consistency between the Benefits Plan and the metrics.	HWB re-categorise the non-elective admissions value in the Benefits Plan and enter corresponding Benefits Plans for the financial year 2014/15.	<b>Condition 3:</b> Action will ensure the plan further demonstrates how it will deliver the planned Non-Elective admissions reduction.	17a: 2014/15 benefits quantified to demonstrate and ensure consistency of plans  17b: Provide detail of supporting metrics for A&E, OP and Daycase & Elective within the benefits tab.  17c: Clarify difference between reduction in emergency admissions and PAP metric	30/11/14  30/11/14  30/11/14	JOS	AB	N/A	No additional external support is required for this. Internal specialist support has been identified.	Doc: part 2 Template, BCF Plan (excel) worksheet, Tab - Benefits Plan Cells F1-F20
18	Narrative	Further Risks	NB-Insufficient documentation of the risks	Several of the mitigating actions require further detail to explain the means of mitigation. (E.g. what will the relevant workstream in ES&T actually do to mitigate the risk?) Risks should also have owners and actions should have timelines. Risk share work is now underway but no timeline is given for its completion.	HWB: the risk log can be expanded as required. Planning for risk sharing is now well under way, with both principles and end point agreed between the CCGs and ES&T. It should be completed by January 2015, in line with the timetable for detailed planning.	No longer a risk - if the following action is put in place (enter action in box below) Expansion of risk log and completion of risk share according to principles and timelines outlined on the review call.		Leads for action: PG/GG/JOS/AS/AB/MH/IG 18a: Develop detailed risk log and mitigating actions, including owners and timescales - aligned with the detailed plans  18b: Detailed risk share agreements and contingency planning to be agreed by all parties (AB/JOS)	9/01/15  31/12/14	PG  JOS	PG  AB	PG  IG	No additional external support is required for this. Internal specialist support has been identified.	Doc: Part 1 Template, BCF Plan ( word ). Pages 28-32
19	Narrative	Further Risks	N3-Insufficient evidence of engagement	For public engagement, evidence of how harder to reach groups is required. This is not specifically referenced. Information is also required to show how patient engagement has informed the development of performance metrics. From the narrative and annex 2, provider engagement appears limited - this needs expanding and an update providing on progress towards the reflection of the BCF in providers' plans.	HWB: the information on public engagement can be inserted. There has been an ongoing process of engagement with providers, which the narrative can be updated to reflect.	No longer a risk - if the following action is put in place (enter action in box below) Insertion of required information.		Leads for action: PG/GG/JOS/AS/AB/MH/IG 19a: Outline current and planned patient and public engagement to include harder to reach groups  19b: Clarify how patient and public engagement have informed the performance metrics in the plans.  19c: Further Engagement with providers and primary care	31/12/14  31/12/14  30/11/14	PG/JB  MK/JOS	PG/JB  HL	  MH	No additional external support is required for this. Internal specialist support has been identified.	Doc: Part 1 Template, BCF Plan ( word ). Additional narrative pages S0 and S2
20														
21														
22														
23														
24	Area	Category	<Please select applicable risk>			<Please select Risk Status>								
25	Area	Category	<Please select applicable risk>			<Please select Risk Status>								
26	Area	Category	<Please select applicable risk>			<Please select Risk Status>								
27	Area	Category	<Please select applicable risk>			<Please select Risk Status>								
28	Area	Category	<Please select applicable risk>			<Please select Risk Status>								
29	Area	Category	<Please select applicable risk>			<Please select Risk Status>								
30	Area	Category	<Please select applicable risk>			<Please select Risk Status>								