

Key risks and contingencies - Better Care Fund

Key risks to the success of the BCF programme are outlined below with proposed contingencies to mitigate potential impact and review and reporting arrangements.

Ref	Risks:	Review and reporting points:	Review date and required actions:
R1:	Current resources/ investment not maintained by partners		
	To be addressed through risk share as part of s 75 agreement. Plan delivers increased investment over period.	Established within risk share agreement and review by HWBB sub group.	
R2:	Given the additional burdens of the Care Act investment cannot be secured and capacity of LA to maintain current services is compromised impacting upon plan delivery.		
	There remains insufficient clarity as to how the Care Act burden is to be funded. It is recognised by the CCG and the Council that this presents a financial risk to the local health and social care economy and cost modelling is currently underway. More detailed work has been undertaken to further scope the nature of the pressures- alongside a reduction in the formula based burdens grant direct to the Council from Central Government which has informed the initial development of our risk management strategy. This will be developed as a schedule of the S.75 which will set out the responsibility of partners in managing financial and operational risks and arrangements for shared risk management.	Established within risk management strategy between the CCG and the Council and reflected in the s75 agreement. Managed through the proposed BCF s75 Board.	Shadow BCF s75 Board to be established October 2014.

Ref	Risks:	Review and reporting points:	Review date and required actions:
R3:	Performance against required outcomes is not achieved		
	<p>Guidance now provides for a single focus for payment by performance which is wholly related to reductions in admission to acute care. Indications are that performance will be monitored quarterly with monies released upon successful performance against target. We are therefore need to give careful consideration to the setting of the Barking and Dagenham target in order to avoid significant risks of less money being available for deployment within our Better Care Fund schemes.</p> <p>In broader terms we have also carefully considered the targets within our BCF plan to ensure that these are measurable and achievable providing both a level of ambition and sustainability over the life of the plan. There is also sufficient linkage with CCGs 5 year strategic plan. These are however not subject to performance related funding.</p>	<p>Monthly reporting to Executive Steering Group and HWBB Sub-group: taking Integrated Care Forward in Barking and Dagenham.</p> <p>Recommendations for deployment of monies to be considered with the HWBB.</p> <p>Engagement with NHS England and Local Government Association in our review of progress to seek necessary on-going support as may be required and to agree acceptable progress.</p>	
R4:	BHRUT's quality and performance issues. As a part of our local system the local hospital trust faces substantial challenges to deliver quality care and financial sustainability.		

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	<p>BHRUT is currently in special measures and are subject to a range of assurances processes via CCGs, NHS England and the TDA. Oversight is also supported through the governance of the Urgent Care Board and our system plan. The BCF aligns with the Trust's improvement plan, ensuring that BCF steps such as those of 7 day working positively impact upon the management of acute resources. Strengthening services in the community through the BCF schemes is intended to reduce reliance on the acute provider, thus helping the Trust manage its activity. The admissions reduction targets will be agreed with the provider to ensure that they align with the Trust's long term financial model.</p>	<p>Monthly review through Urgent Care Board and system plan reporting arrangements.</p>	
R5:	Barking and Dagenham's plan is not approved.	Satisfactory grading	Through assurance process
	<p>A poor outcome from assurance would result in a significant amount of further work and loss of confidence in our local system. We therefore propose to test key elements of the plan against current assurance process prior to submission deadline of 19th September. We have pro-actively engaged with area teams to draw down support for strengthening our evidence base and modelling approaches so we can further test against 'best'.</p>	<p>Complete further actions based upon further guidance, best evidence and support available to NHS E and LGA. Provide assessment to Corporate Director for the Council and Chief Operating Officer for the CCG prior to submission.</p>	