

West Berkshire

Please select 'preliminary' Quality of written plan (y-axis): Medium-Low Quality

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	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
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 assessments day	No longer a risk - if the following action is put in place (enter action in box below) 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: Must address outstanding analytical risks in plan by ensuring data integrity.	eg. Review of raw data	10/12/14	Analyst time. Access to raw data
1	Narrative	Showstopper	N1-The National Conditions have not been met	9 a) In section 7 does the plan demonstrate how it meets the national conditions set out below? i) Protecting social care services. The applicant lists pooled funding of £2.5m to deliver schemes to protect adult social care & £1.507m allocated for Care Act implementation. The applicant describes arrangements to meet the new Care Act duties (e.g. Care Act work programme). But the applicant highlights the current allocation to meet the Care Act duties is 'woefully inadequate' as the local council is 1 of the 3 in England currently operating at the eligibility criteria of critical. The funding gap of £4m is significant at present, & this has been reflected in the risk log but with no detailed mitigating actions.	The HWB explained that this local authority has been "critical" since 2003, but with a planned shift in legibility, plus the new requirements for carers, there will be a funding gap of £4m. The applicant states that they wish to highlight this as a risk, and emphasise that the HWB, Local Authority and Area team are working together to address this as a system challenge. If this funding gap is not filled, there will be insufficient funding for the HWB to meet the Care Act requirements.	Risk remains outstanding The HWB explained that this local authority has been "critical" since 2003, but with a planned shift in legibility, plus the new requirements for carers, there will be a funding gap of £4m. The applicant states that they wish to highlight this as a risk, and emphasise that the HWB, Local Authority and CCG acknowledge this is a system risk as it will impact both Health and Social Care. A joint letter from the two local authorities and CCGs has already been sent to local MPs outlining the issue and Chief Executives from both the Local Authorities and CCGs are meeting with the Department of Health officials this Friday 3rd October. If this funding gap is not filled, there will be insufficient funding for the HWB to meet the Care Act requirements.	Condition 1a: The plan must further demonstrate how it will meet the national condition of protecting social care to ensure people can still access the services they need.	The HWB is concerned that Care Act funding for the national eligibility change, allocated within the BCF, does not adequately reflect the true cost of implementation given that West Berkshire is one of only three authorities currently operating at critical. The Department of Health has acknowledged the issue and is currently in dialogue with West Berkshire Council and Newbury & District CCG. A meeting is being arranged for w.c. 17th November with the aim of agreeing a resolution. Any requirement to review the BCF allocations will be considered after the outcome of the meeting.		
2	Narrative	Showstopper	N1-The National Conditions have not been met	9 a) In section 7 does the plan demonstrate how it meets the national conditions set out below? ii) 7 day services to support discharge? Further details are required regarding: -Evidence of engagement with the Action Plan to deliver 7DS contained in the Service Development & Improvement Plan section of NHS local contracts between CCGs and providers. -Detailed delivery plan for moving to 7DS including key milestones, priority actions and key next steps. -How local partners will work together to ensure that NHS providers meet the milestones for 7DS in 2014 to 2017 -Any risks associated with appropriate mitigating actions.	The HWB confirmed that it can provide a further level of detail in Section 7, setting out its work to meet the 7 day services requirements. The HWB noted that it already undertaking a variety of work in this area, and for example the 7 day services requirements are included within the Joint Provider Contract.	No longer a risk - if the following action is put in place (enter action in box below) The HWB to provide a further level of detail of its work to meet the 7 day services requirements in Section 7 of template 1, including: - Evidence of engagement with the Action Plan to deliver 7DS contained in the Service Development & Improvement Plan section of NHS local contracts between CCGs and providers. - Detailed delivery plan for moving to 7DS including key milestones, priority actions and key next steps. - How local partners will work together to ensure that NHS providers meet the milestones for 7DS in 2014 to 2017 - Any risks associated with appropriate mitigating actions.		First action - CCG will amend section 7 of template 1 to provide evidence of reporting against the CQUIN by Health providers on delivery of 7DS. Template 1 will also be amended to confirm that evidence of engagement with providers is available through the minutes of contracting meetings. Persons responsible for ensuring action is delivered - Shairoz and Tim Second action - The Joint Care Provider project brief provides an initial outline plan, with timescales, for the enhancement of existing 7 day services. The action will be to summarise this information in Section 7 of the Plan Template 1. Person responsible for ensuring action is delivered - Steve Third action- Section 7 of template 1 will be amended to explain that the Joint Care Provider scheme and the 7 Day Services scheme have been brought together in a shared LA, CCG and BHFT project . That project will engage with local NHS providers to ensure alignment of plans. Person responsible for ensuring action is delivered - Tandra and Shairoz Fourth action - The full programme risk register, including mitigating actions, will be review	20/11/14	
3	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	2 a) In section 2, is there a description of a high level but realistic picture of how health and social care services will look in five years' time, and a clear comparison of how this is different to the current state? The plan contains a clear description of a high level picture of how health and social care services will look in five years' time. The section specifies the aspects of the changes and the schemes the local area is intending to deliver using the BCF, and these are mapped to the local vision. However, some further details are required, as listed in the "Action" section right. f	The applicant agreed it can provide further details of the planned changes it intends to make between 2014/15 and 2018/19 in the next iteration of the BCF Plan. The applicant noted that the issue regarding the shift in legibility is highly relevant to their Vision, and they will also emphasise this in Section 2. The applicant noted that they are concerned regarding the availability of BCF funding beyond 2015/16 and they are seeking assurance from the Department of Health in relation to this.	No longer a risk - if the following action is put in place (enter action in box below) The HWB to provide the following details in Section 2 of the next iteration of their BCF Plan: - A clear comparison between current and 2018/19 state, described in terms of changes to patient and service user experience and outcomes - Reference the JSNA and JHWS, and any other locally relevant strategic plans - A clear description of how these changes effectively respond to changes to the local public health needs and the broader demographic, and socio-economic changes in the local area - Evidence of the input of service users and public engagement - A description of who is delivering the care and support, and who is receiving the care and support, where and when the care and support will be delivered, and how. - A description of which aspects of service change would not otherwise be delivered without the Better Care Fund Note - the HWB has raised a concern regarding availability of BCF funding beyond 2015/16.		The 'vision' in section 2 to be amended to cover all of the points outlined in column H. This will require a review by CCG colleagues as the vision is a shared one covering both social care and health. Person responsible for ensuring this action is delivered - Tandra	Complete	
4	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	3 c) In the response to "Please set out a clear, analytically driven understanding of how care can be improved by integration in your area" also referencing sections 2 and 4? Is it clear what aspects of the change would not otherwise be delivered without the Better Care Fund? Section 3 of the plan is closely linked to section 2 'vision for the Health and Social Care Services' and section 4 'Plan of Action', but there is no clear reference in the section. The aspects of the change that would not otherwise be delivered without the BCF are stated in section 2.	The HWB confirmed that it can provide an amended Section 3 in the next iteration of its BCF Plan, which explicitly references both Section 2 Vision and Section 4 Plan of Action. The HWB also confirmed that it can include a statement in Section 3 regarding which services it would be unable to deliver should BCF funding not be provided as planned.	No longer a risk - if the following action is put in place (enter action in box below) The HWB to provide an amended Section 3 in the next iteration of its BCF Plan, which explicitly references both Section 2 Vision and Section 4 Plan of Action. The HWB to include a statement in Section 3 regarding which services it would be unable to deliver should BCF funding not be provided as planned.		First point - Section 3 will be amended to more clearly articulate the link between the vision in Section 2 and the plan of action in Section 4. This will be done once the vision has been amended, see previous row. Persons responsible for ensuring this action is delivered - Tandra and Shairoz Second point - Steve & Tandra to add the required statement. The list of services that we would be unable to deliver includes those preventative services paid from existing S256 agreement monies and those Care Act duties where the BCF is supposed to be the funding source. It may also be appropriate to include the "chart of doom" showing how falling LG funding will impact on social care services. Person responsible for ensuring this action is delivered - Steve	20/11/14	
			N5-The plan is not aligned	8 a) In section 6 does the plan demonstrate that alignment with other initiatives related to care and support has occurred and inter-	The HWB confirmed that there is significant alignment between other initiatives and the 7 BCF initiatives, and for example the HWB is already involving the voluntary sector, and the Urgent Care	No longer a risk - if the following action is put in place (enter action in box below)				

5	Narrative	Top Risks	dependencies and responsibilities are understood? The section referenced links between the BCF plan and other integrated care initiatives/programmes relating to personal health budgets, extra care housing, urgent care services, Care Act 2014 programme, plan to refocus communities directorate toward restorative practices, and voluntary sector prospectus. Further details are required as listed in the "Actions" section.	Board discussed relevant issues in their workshop on 25 September 2014. The HWB confirmed that it can provide further details of this alignment in Section 6 of the next iteration of its BCF Plan.	The HWB to provide further details in Section 6 of the next iteration of its BCF Plan, of the alignment between other initiatives and the BCF Plan schemes, including: - An articulation of how those initiatives can support the delivery of the BCF and where there are any arrangements to share resources - Identification of any inter-dependencies, demonstrating an understanding of how one initiative impacts or depends on another - Responsibilities for bringing together and ensuring ongoing communications between the related initiatives - Evidence that the local area has considered alignment with local plans for the use of technology.		1st Action - Section 6 of template 1 to be amended to explain how the BCF plan and other initiatives (CCG and LA) align. Person responsible for ensuring this action is delivered - Tandra and Shairoz 2nd Action - Section 6 of template 1 to be amended to explain the interdependencies of the various initiatives how they impact on each other. Person responsible for ensuring this action is delivered - Tandra and Shairoz 3rd Action - Greater clarity to be added to Section 6 as to how the governance arrangements ensure all parties remain fully sighted on all initiatives regardless of lead body. Persons responsible for ensuring this action is delivered - Tandra and Shairoz 4th Action - Information on the 'Connect Care' project to be added to Section 6 in order to evidence that all parties understand that effective technology has a key role in the integration agenda. Persons responsible for delivery of this action - Tandra and Shairoz	Complete		
6	Analytics	Top Risks	A2-P4P: the non-elective plan does not reach the expected 3.5% reduction in non-elective admissions	Reduction of 1.0% in non-elective activity is below threshold of 3.5%. The HWB confirmed that they can provide narrative in the next iteration of their BCF submission, template 2, explaining the key reasons for their planned 1% reduction in non-elective admissions and why this is below the expected 3.5%.	No longer a risk - if the following action is put in place (enter action in box below) The HWB to provide narrative in the next iteration of their BCF submission, template 2, explaining the key reasons for their planned 1% reduction in non-elective admissions and why this is below the expected 3.5%.		Additional wording has been added to Section 8 (c) of template 1 to reflect further clarification of rationale for the 1% target for NEL. Template 2 will also be amended to cross reference back to Section 8. Person responsible for ensuring this action is delivered - Debbie	Complete		
7	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	14/15 '176' from 4. HWB Benefits Plan tab versus '106' from HWB P4P Metric tab change in activity – difference of 70 admissions – raise on call. 15/16 '506' from 4. HWB Benefits Plan tab versus '106' from HWB P4P Metric tab change in activity – difference of 400 admissions – raise on call.	The HWB explained that the change in activity from non-elective admissions in the Benefits Plan (tab 4, template 2) reflects specifically BCF schemes, whereas the P4P metric for non-elective admissions (tab 5, template 2) reflects the general population and includes assumptions regarding demographic changes and population growth in the area. The HWB confirmed it can provide further details of the data it used to calculate the reduction in non-elective admission (using information from the local area), if required in the next phase of review.	No longer a risk - if the following action is put in place (enter action in box below) The HWB to provide further details of the data it used to calculate the reduction in non-elective admissions (using information from the local area), if required in the next phase of review.		The numbers in the two tabs do not match as the 506 is the number of admissions avoided by the scheme and the 106 is the net number of admissions avoided after 4% growth - this is detailed in Section 8 (c) of template 1. Template 2 will be amended to make this clear (cell N9 of tab 5) Person responsible for ensuring this action is delivered - Edward	Complete	
8	Analytics	Top Risks	A5-P4P: the non-elective plan does not reach the expected 3.5% reduction and the rationale provided is not satisfactory	No justification provided in template 2.	As noted in Risk 6 above, the HWB confirmed it can provide narrative in the next iteration of their BCF submission, template 2, explaining the key reasons for their planned 1% reduction in non-elective admissions and why this is below the expected 3.5%. In particular, the HWB can include this explanation with cell N9 of the P4P metric tab, i.e. tab 5 of template 2.	No longer a risk - if the following action is put in place (enter action in box below) As noted in Risk 6 above, the HWB to provide narrative in the next iteration of their BCF submission, explaining the key reasons for their planned 1% reduction in non-elective admissions and why this is below the expected 3.5%. In particular, the HWB to include this explanation within cell N9 of the P4P metric tab, i.e. tab 5 of template 2.		This seems to be a repeat of the previous row so it does not appear that any further action is required.	n/a	
9	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	P4P • No clear link or obvious reference to P4P within any of the schemes. Residential Admissions • No clear link or obvious reference to residential admissions within any of the schemes. Reablement • No clear link or obvious reference to reablement within any of the schemes. Reablement mentioned within scheme BCF01; 'Community Nurses Directly Commissioning Care / Reablement Services' but not mentioned within 'Impact of the scheme' and 'Feedback Loop'.	The HWB confirmed that the schemes listed in Annex 1 are all designed to help reduce the P4P (non-elective admissions) or Supporting Metrics. In order to make this link clearer, the HWB confirmed it can amend Annex 1 of template 1 to explicitly reference the relevant metrics within each scheme's description.	No longer a risk - if the following action is put in place (enter action in box below) In the next iteration of its BCF submission, the HWB to amend Annex 1 of template 1 to explicitly reference the relevant metrics within each scheme's description.		The annexes for each BCF scheme will be amended by the addition of some standard wording that explains how the scheme contributes to each metric. Person responsible for ensuring this action is delivered - Steve	20/11/14	
10	Finance	Top Risks	F3-Schemes are not financially evidence-based or financially modelled adequately for full benefits realisation	6 (b) In Section 5a of Template Part One 'Risk Log', are appropriate financial risks highlighted for NHS Providers and NHS and Local Government? A detailed Risk Log has been provided, & the applicant states that beneath this sit individual project risk registers - It is unclear whether "each project" means each of the seven BCF Plan schemes. - The Risk Log contains a reasonable level of detail regarding risk ratings and mitigating actions, but the owners of the mitigating actions is not clear and the timeframe for the risks and actions is not clear. - Financial risks are not quantified and details / examples of the modelling / analysis involved would be helpful.	The HWB explained that there are 5 projects which form this programme, and each project has an individual risk log which contributes towards the overall program Risk Log provided. The HWB confirmed it can provide further details of the risks and mitigating actions, and the financial risks and underlying analysis.	No longer a risk - if the following action is put in place (enter action in box below) In the next iteration of its BCF Plan, the HWB to provide further details in Section 5 of template 1 regarding the Risk Log, including: - Clarifying the owners of the mitigating actions, and the timeframe for the risks and actions is not clear. - Providing further details of financial risks, and quantifying these where possible, and providing details or examples of the modelling / analysis used to identify and quantify these risks.		First action - The risk register in section 5 of template will be amended to ensure the owner of each risk is identified and timescales are added if applicable (most risks will remain throughout delivery of the BCF schemes although the level of risk and mitigating actions will be subject to change). Additional entries will also be made to the risk register to cover the interdependencies issue. Person responsible for ensuring this action is delivered - Steve Second action - An additional table containing this further detail has already been provided but this will also be added into template 2. Person responsible for ensuring this action is delivered - Edward	19/11/14	
11	Finance	Top Risks	F4-BCF financial risks are not fully identified, inadequate contingencies, lack ownership	6(c) In Section 5b of Template Part One 'Contingency and risk sharing', does the plan reflect a contingency plan and risk sharing in the event that the target... is not met? (i) There are references to "detailed modelling" but the financial risk is not quantified and further details of the modelling / analysis involved would be helpful. There is no link to the P4P metric. (ii) The mitigating actions lack owners & timeframes to deliver (iii) There is a draft Risk Sharing Agreement, but further detail is required, inc. an explanation of whether the CCG / Council will share the risk, and whether this Risk Share Agreement will be in place for all seven of the BCF Plan schemes.	The HWB explained that the main financial risk is that the planned benefits are not realised from the 7 individual BCF schemes, i.e. £1,167k. The applicant stated that they have modelled the investments robustly in each case, so they do not expect the costs for each scheme to exceed the planned budget. The HWB highlighted that they have set aside £250,000 of the fund as a "buffer" in case risks do crystallise.	No longer a risk - if the following action is put in place (enter action in box below) In the next iteration of its BCF Plan, the HWB to include further details of Risks within Section 5 of template 1, including: - Detailing the financial risk from not realising the planned benefits of £1,167k And, as noted in Risk 10 above: - Providing further details of other financial risks and quantifying these where possible, and further details of the modelling / analysis used to quantify them. - Clarifying links between risks and the P4P metric (reducing non-elective admissions). - Clarifying the owners of mitigating actions, and timeframes for delivery. - Regarding the draft Risk Sharing Agreement, explaining whether the CCG / Council will bear the risk of non-delivery relating to each of the 7 BCF schemes.		First Action - This has been covered in the additional table referred to in row 10 above. Second Action - A joint review of the financial risks will be undertaken and this section amended. Person responsible for ensuring this action is delivered - Edward Third Action - Additional wording will be added to Section 5 of template 1 Edward to provide wording. Person responsible for ensuring this action is delivered - Steve Fourth Action - This will be dealt with as a result of addressing row 10 above. Person responsible for ensuring this action is delivered - Steve Fifth Action - This will be covered in the additional table referred to in row 10 above. Person responsible for ensuring this action is delivered - Edward	Complete	
			F5-Full budgets are not identified to meet the additional costs resulting	6 (f) In Section 7a (vi) of Template Part One: I. Has the plan considered the impact on the local authority's budget	The HWB confirmed that it has not fundamentally changed the schemes that are listed in its current BCF Plan, when compared to their original BCF submissions. The big chance is the new	No longer a risk - if the following action is put in place (enter action in box below)				

12	Finance	Top Risks	from the new Care Act duties	of the revisions to the E1bn performance and NHS commissioned services pot? II. Has the plan articulated a figure? (i) Yes - The applicant states that the BCF plan has been developed since it was originally submitted, using guidance from the Department for Health and other bodies. (ii) No – The applicant has not quantified the level of change. The applicant states that the funding to protect adult social care services and Care Act costs remains "significantly (E4m) above any identified sources of funding at the present time".	explicit guidance regarding Care Act requirements, which has contributed towards the E4m funding requirement (driven by the proposed shift in eligibility).	In its next iteration of the BCF plan, the HWB to highlight in Section 7a (vi) of template 1 that it has not fundamentally changed the schemes, benefits or expenditure included in its original submission. The key changes are clarity around the Care Act requirements which, in conjunction with the planned change in eligibility, indicates the HWB has a funding requirement of circa E4m.		Section 7a will be amended to add some wording that confirms that no fundamental changes were made from the original submission. A brief summary of how the funding gap became apparent (using the timeline document already produced for Members) will also be added Person responsible for ensuring this action is delivered - Steve	Complete	
13	Narrative	Further Risks	N8-Insufficient documentation of the risks	7 a) In section 5 is there a populated and comprehensive risk log, including risks and mitigations in the areas of deliverability, finance and not meeting targets and alignment? The risk register is an extract from a Programme Risk Register. This covers finance, capacity, deliverables etc. A consistent scale has been used to describe the likelihood of the risk arising, but the potential impact relating to financial risk is not quantified. Existing & expected controls for each risk are described in the risk log, but further details of mitigating actions are needed with clear ownership by actors such as CCGs and the council, timeframe of the actions, & indicating the involvement of key stakeholders in its development.	As noted in relation to Risks 10 and 11 above, the applicant has agreed to provide a further level of detail regarding the Risks in Section 5 of Template 1.	No longer a risk - if the following action is put in place (enter action in box below) (As noted in Risks 10 and 11 above) In the next iteration of its BCF Plan, the HWB to provide details that include: - Quantifying the potential impact relating to financial risk - Further details of mitigating actions with clear ownership by actors such as CCGs and the council, timeframe of the actions, and indicating the involvement of key stakeholders in its development.		The actions required to address this risk will be covered when Section 5 of template 1 is updated to deal with the risks in rows 10 and 11. Person responsible for ensuring this action is delivered - Steve	20/11/14	
14	Narrative	Further Risks	N8-Insufficient documentation of the risks	7 b) In section 5 is there a clear articulation of the risk sharing arrangements that are in place across the health and social care system, and how these are reflected in contracting and payment arrangements? This section is currently light on detail. It describes in high level how to meet growth in activity and financial shortfall in the local area. The draft risk sharing agreement between West Berkshire Council, Newbury and District CCG and North West Reading CCG on BCF pooled budget has been included in this section. However, it is not clear whether this has been agreed by these parties. Additional information is required as detailed in the "Actions" section.	As noted in relation to Risks 10 and 11 above, the applicant has agreed to provide a further level of detail regarding the Risks and Risk Sharing in Section 5 of Template 1.	No longer a risk - if the following action is put in place (enter action in box below) The HWB to provide further details of Risk Sharing, including further information in following areas: - A quantified pooled funding amount that is 'at risk', which has been calculated using clear analytics and modelling, and link to Payment for Performance tab in part 2 of the template - An articulation of an agreed plan for how this funding will be spent including what series or development will be funded, and which quarter the fund will be received and the implications this has for financial management - An articulation of any other risks associate with not meeting the target for reduction in unplanned emergency admissions, e.g. will this have any knock on implications? How far can these be mitigated through pre-emptive actions? - An articulation of how the agreed risk sharing arrangements across the local health and care system are reflected in contracting and payment arrangements		The comments in the 'Outcome Status' column would suggest a lack of understanding of the approach being taken to the sharing of financial risk. The wording in Section 5 of template 1 will be reviewed to ensure that all 4 actions listed in this row are addressed. Edward will provide the additional wording for Steve to add to template 1. Person responsible for ensuring this action is delivered - Steve	Complete	
15	Narrative	Further Risks	N8-Insufficient documentation of the risks	7 c) In section 5 does the plan confirm that the Health and Wellbeing Board has been consulted on the plan of action and that they are aware of the spend? There is no confirmation in the section that the HWB have been consulted on the plan of action and that they are aware of the spend.	The applicant confirmed that the HWB has been consulted on the plan of action and they have signed-off on the BCF Plan. The sign-off occurred at the extraordinary meeting on 18 September 2014.	No longer a risk - if the following action is put in place (enter action in box below) The HWB to provide written confirmation that they have been consulted on the BCF plan of action and signed-off on the plan, for example the minutes from the extraordinary meeting on 18 September 2014.		The written confirmation, HWB minutes of 18th September 14, has already been provided. However we will ensure that both these minutes and those from the HWB meeting on the 27th November 14 are provided as supporting documentation when the amended templates are submitted.	Complete	
16	Analytics	Further Risks	A6-Supporting Metrics: validity issue with values submitted - errors in plan values entered are causing incorrect results	• Annual change increases extremely high for Residential Admissions. Flag on call. • Annual change reductions extremely high for DTOCs. Flag on call.	The HWB stated that the forecast increases in Residential Admissions of 23% and 18% per annum are due to the increasing population in West Berkshire and the increasing proportion of the population that are elderly. In addition, the Care Act changes are expected to result in a large number of people already in residential care coming forward to apply for a care package. The HWB stated that the data which has resulted in a forecast decrease in DTOCs of 25% to 46% per annum will be double-checked before the next phase of the BCF review.	No longer a risk - if the following action is put in place (enter action in box below) The HWB to double-check the data which drives the forecast decreases in DTOCs (of 25% to 46% per annum) before the next phase of the BCF review.		The data has been reviewed and the forecast decrease in DTOCs amended in Template 2.	Complete	
17	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	Residential Admissions • 14/15 – no data to make comparison • 15/16 – no data to make comparison Reablement • 14/15 – no data to make comparison • 15/16 – no data to make comparison DTOCs • 14/15 – no data to make comparison • 15/16 – no data to make comparison	The HWB confirmed that the planned quantified benefits to be generated from the BCF schemes in the Benefits Plan are based on reductions in non-elective admissions. The applicant does intend to use the BCF schemes to reduce certain other metrics, but these are not forecast to generate monetary benefits (that can be quantified), hence the other metrics are not listed in the Benefits Plan (Residential Admissions, Reablement and DTOCs). The HWB stated that the Reablement metric in particular represents a small cohort hence it is difficult to quantify the impact of any increase.	No longer a risk - no further action required The HWB has fully explained why the only metric used to calculate quantified benefits in the Benefit Plan (tab 4 of template 2) is the P4P metric, non-elective admissions.		No action required	Complete	
18	Analytics	Further Risks	A8-Supporting Metrics: contextual information indicates that the plan(s) may be under or over ambitious	Residential Admissions • Not meeting the statistically significant improvement level. • 14/15 increase of 22.9% does not meet statistically significant improvement level of a reduction of 10%. • 15/16 increase of 18.2% does not meet statistically significant improvement level of a reduction of 7.6%. Reablement • Not meeting the statistically significant improvement level. • 14/15 increase of 2.1% does not meet statistically significant improvement level of an increase of 10.9%. DTOCs • They meet statistically significant improvement level by a considerable amount. Need to flag on call.	The HWB confirmed that they are not forecasting the required reduction in Residential Admissions (10%) or the planned increase in Reablement (10.9%), because they have taken a prudent approach to their forecasts, they are aware of the forecast changes in demographics (increased elderly proportion of population) and the Care Act requirements. The HWB highlighted that the small population of patients in relation to the Reablement metric meant that small changes in patient numbers could have a large impact on the metric.	No longer a risk - if the following action is put in place (enter action in box below) The HWB to add an explanation into Template 2, to clarify that they are not forecasting the required reduction in Residential Admissions (10%) or the planned increase in Reablement (10.9%), because they have taken a prudent approach to their forecasts, they are aware of the forecast changes in demographics (increased elderly proportion of population) and the Care Act requirements.		Susan has provided the wording for template 2 and sent to Edward. Only outstanding action is to ensure that template 2 has been updated. Person responsible for ensuring this action is delivered - Edward	Complete	
19	Analytics	Further Risks	A9-Supporting Metrics: under or over ambitious plans are not explained fully or appropriately	Residential Admissions • Red ratings present – justified as Admissions to residential/nursing homes expected as a result of the changes introduced by the Care Act and increase in numbers of people aged 75 and over with needs that can only be met in these settings.	As noted in Risks 16 and 18 above, the HWB stated that the forecast increases in Residential Admissions of 23% and 18% per annum are due to the increasing population in West Berkshire and the increasing proportion of the population that are elderly. In addition, the Care Act changes are expected to result in a large number of people already in residential care coming forward to apply for a care package.	No longer a risk - if the following action is put in place (enter action in box below) The HWB to add an explanation into Template 2, to clarify that they are not forecasting the required reduction in Residential Admissions (10%) or the planned increase in Reablement (10.9%), because they have taken a prudent approach to their forecasts, they are aware of the forecast changes in demographics (increased elderly proportion of population) and the Care Act requirements.		The wording of the required action is a repeat of the previous row and has therefore been dealt with.	Complete	
20	Analytics	Further Risks	A11-Supporting Metrics: information provided on Local Metric is not valid	Local Metric • No baseline date • No data • Justification as 'Baseline data being validated. The metric will be populated in Q4 of 2014/15'.	The HWB explained it had planned to use a national metric, but as it is not available they will look to utilise data regarding the "fit list" from their Alamac system. This new data will be added before the next BCF review phase.	No longer a risk - if the following action is put in place (enter action in box below) The HWB to add relevant data to populate the "Local Metric" before the next BCF review phase.		The plan had been to use a national metric, but as it is not available we will utilise data regarding the "fit list" from our Alamac system. This new data will be added to template 2 before the next BCF review phase. This will require joint work involving Debbie and Tandra and then a request to Edward to amend the template.	20/11/14	
21	Analytics	Further Risks	A11-Supporting Metrics: information provided on Local Metric is not valid	Local Metric • No numerator and denominator • No improvement direction selected • No data as outlined in commentary of question 3.2 'a'.	As noted in Risk 20 above, the HWB explained it had planned to use a national metric, but as it is not available they will look to utilise data regarding the "fit list" from their Alamac system. This new data will be added before the next BCF review phase.	No longer a risk - if the following action is put in place (enter action in box below) As noted in Risk 20 above, the HWB to add relevant data to populate the "Local Metric" before the next BCF review phase.		This action links directly to the previous row and simply requires us to ensure the 3 key items of data are included. This should therefore be covered in the above action. Person responsible for ensuring this action is delivered - Edward	20/11/14	
			A10-Supporting Metrics: information provided on Patient Experience	Patient Experience Metric • No clear and obvious link between metric and schemes.	As noted in relation to Risk 9 above, the HWB confirmed that the schemes listed in Annex 1 are all designed to help reduce the P4P (non-elective admissions) or Supporting Metrics. In order to	No longer a risk - if the following action is put in place (enter action in box below)		The action is a repetition of that for row 9. All need to work through the annex for each		

22	Analytics	Further Risk	Metric is not valid	Local Metric • No clear and obvious link between metric and schemes.	make this link clearer, the HWB confirmed it can amend Annex 1 of template 1 to explicitly reference the relevant metrics within each scheme's description.	In the next iteration of its BCF submission, the HWB to amend Annex 1 of template 1 to explicitly reference the relevant metrics within each scheme's description.		scheme and explain how they contribute to the metrics. Some will be very clear but others may just be about improving the customer experience. Person responsible for ensuring this action is delivered - Steve	20/11/14	
23	Finance	Further Risks	F7-Incompleteness/lack of evidence-based financial planning	6 (e) In Section 7a (v) of Template Part One, has: i. a financial sum been included for 'carer specific' support from within the BCF pool? (j) No – the applicant states that £738k will be allocated from the BCF towards carer-specific support, made up of £417k from the existing s.256 agreement and a further £321k from the CCG. It is unclear how these sums tie to the Expenditure Plan (tab 3 of template 2).	The HWB explained that the carer-specific support is contained within two lines in the Expenditure Plan (tab 3 of template 2). The HWB confirmed it will either (i) amend Section 7a(v) to clearly reference the relevant lines of the Expenditure Plan, or (ii) amend the Expenditure Plan to highlight the funding for carer-specific support.	No longer a risk - if the following action is put in place (enter action in box below) The HWB to either (i) amend Section 7a(v) to clearly reference the relevant lines of the Expenditure Plan, or (ii) amend the Expenditure Plan to highlight the funding for carer-specific support.		The simplest of the two options appears to be to amend the Expenditure Plan to highlight the funding for supporting carers. Steve to provide Edward with the split of the main S256 spend and then Edward will update template 2. Person responsible for ensuring this action is delivered - Edward	Complete	
24	Finance	Further Risks	F8-Insufficient funding for critical schemes	4 (a) Has the 'HWB Expenditure Plan' tab been completed fully and all the columns been completed against each scheme? We note the following gaps: - For BCF01 and BCF02 there appears to be no expenditure. It is not clear whether this is intentional. - For "Existing CCG re-ablement spend" Contingencies, Disabled Facilities Grant, Social Care Capital Grant and Connected care (interoperability), the area of spend in Column E has not been specified.	The applicant explained that the lines "BCF004" and "CCG reablement" on the Expenditure Plan (tab 3 of template 2) contain the funding for BCF plan BCF001. The applicant also explained that the line named "Health Hub" on the Expenditure Plan (tab 3 of template 2) contains the funding for BCF plan BCF002. The HWB confirmed that it will amend the Expenditure Plan to make the expenditure for each of the 7 BCF schemes clearer. The HWB also confirmed it will complete the gaps in cells E18 and E20 to E25 to specify the area of spend in each case.	No longer a risk - if the following action is put in place (enter action in box below) The HWB to amend the Expenditure Plan (tab 3 of template 2) to make the expenditure for each of the 7 BCF schemes clearer. The HWB to also complete the gaps in cells E18 and E20 to E25 to specify the area of spend in each case.		Changes need to be made to template 2, tab 3 and the 3 blank cells need completing. Edward to do this with input from Steve if required. Person responsible for ensuring this action is delivered - Edward	Complete	
25	Finance	Further Risks	F9-Unrealistic savings	4(b) Are the expenditure plans valid in terms of being: ... (ii) Free of disproportionate allocations to individual schemes that require local context to fully assess the reasonableness and criticalness of schemes and allocations to them? (ii) No – the largest expenditure is recorded against the following schemes, and reasons have not been given as to why these schemes are receiving significant funding: Care Act costs – £1,507k (16% of total spend) Existing s.256 spend - £2,114k (22% of total spend)	The HWB explained that the larger allocations are to meet Care Act costs and existing s.256 spend because these are schemes aiming to meet the National Conditions and reduce the non-elective admissions and residential admissions metrics.	No longer a risk - if the following action is put in place (enter action in box below) The HWB to add an explanation to the Expenditure Plan (tab 3 of template 2) to clarify that the larger expenditure allocations are to meet Care Act requirements and existing s.256 spend because these are schemes aiming to meet the National Conditions and reduce the non-elective admissions and residential admissions metrics.		This action involves some additional wording to be added in template 2. Edward will amend template 2 tab 3 to add additional rows this allowing for a greater level of these large expenditure sums. Steve to provide detail of the split of the S256 monies between support for carers and preventative/universal services. Steve also to provide a split of care act monies between eligibility and new carer duties. Person responsible for ensuring this action is delivered - Edward	Complete	
26	Finance	Further Risks	F10-Schemes are implemented but not monitored	5 (a) Has the Tab 4 'HWB Benefits Plan' been completed fully for both 2014/15 and 2015/16 specifically: i) Have all of the columns been completed, where necessary? ii) Has the 'How is the savings value calculated' column been completed appropriately? (i) No – In 2014/15, there are two schemes listed (Hospital at Home and Nursing Home Support) with planned activity changes but no quantified benefits. It is not clear why this information has been excluded. (ii) No – In each case the applicant has stated that the savings have been "Identified via Business Cases". It is not clear what this means and further details are required.	The applicant explained that on advice from its BCF consultants, it removed from its Benefits Plan the benefits to be generated in 2014/15. Hence these cells are blank in the Benefits Plan, tab 4 of template 2. The applicant also explained that quantifiable benefits are planned for schemes BCF01 and BCF02. The five other BCF schemes are enabling schemes, which will assist schemes BCF01 and BCF02 and help fulfil National Conditions. The applicant confirmed it can provide further details regarding how the benefits were calculated for each of the two BCF schemes, BCF001 and BCF002 (i.e. the unit prices and activity levels).	No longer a risk - if the following action is put in place (enter action in box below) The BCF team to provide guidance to each HWB to clarify what is required in the Benefits Plan (tab 4 of template 2) regarding benefits planned in 2014/15. The HWB also requested further guidance from the BCF regarding what funding elements are assumed to fall within the BCF. For example, it appears that capital grants from the Department of Health fall within the BCF, but these are provided directly by the Department. The HWB to provide further details regarding how the benefits were calculated for each of the two BCF schemes, BCF001 and BCF002 (i.e. the unit prices and activity levels).		The first two actions appear to be for the BCF team? The wording of the third action would suggest that we are required to provide details of how we calculated the financial benefits for BCF01 and BCF02. However neither of these schemes have any financial benefits attached. It is assumed that the schemes are in fact Hospital at Home (BCF06) and Enhanced Care & Nursing Home Support (BCF07). Edward to provide this information. Person responsible for ensuring this action is delivered - Edward	Complete	
27	Finance	Further Risks	F10-Schemes are implemented but not monitored	5 (b) For benefits arising from the P4P Metrics: i) Are they free of errors? ii) Are there disproportionate allocations/linkage to individual schemes and iii) In the 2.Summary tab if there is a differencein cell D44 vs E44, has a valid explanation been provided in cell G44? (i) No – In the BCF Benefits Plan, the annual reduction in admissions is stated to be 106. However, in the Benefits Plan, the activity in 2014/15 is planned to reduce by 176, and in 2015/16 the activity is planned to reduce by 506. (ii) No – All benefits appear to be generated by the two schemes. (iii) No – There is a difference which is unexplained.	As noted in the Risks above, (i) the HWB confirmed that the planned activity reductions in non-elective admission in the Benefits Plan (tab 4) do not meet the planned activity reductions in the P4P metric tab (tab 5), because the former is based on local data and the latter includes the planned growth rate in admissions due to changing demographics and population growth. Also as noted above, (ii) the HWB confirmed that only two of the seven individual BCF schemes are shown to generate quantified benefits because the other five schemes are enabling schemes, and/or designed to meet National Conditions or reduce the P4P and other metrics but the benefits cannot be quantified. And as noted above, (iii) the difference in quantified benefits, from reducing non-elective admissions, between tabs 4 and 5 (and shown on Summary tab 2, cells D44 and E44) is due to the differences in activity levels, which are explained in part (i) above.	No longer a risk - if the following action is put in place (enter action in box below) (i) and (iii) The HWB to explain the difference between the activity changes (reductions in non-elective admissions) between tabs 4 and tabs 5, and add this explanation to Summary tab 2 of template 2 in cell G22. (ii) The HWB to clarify on the Benefit Plan (tab 4 of template 2) that the five BCF schemes which are not generating quantified benefits are enabling schemes for the two other BCF schemes, and designed to meet National Conditions.		First action - this will be covered in addressing the risk in row 7 above. Second action - all schemes to be included on tab 4 of template 2 and it to be made clear that these are enabler schemes designed to contribute both towards achieving the improvements in key metrics and the meeting of the National Conditions. Person responsible for ensuring this action is delivered - Edward	20/11/14	
28	Finance	Further Risks	F10-Schemes are implemented but not monitored	5 (e) For ALL benefits, does the plan indicate how the financial benefits will be monitored? No – In relation to all quantified benefits on the Benefits Plan (tab 4, template 2), the applicant states that they will be monitored "as part of overall performance management system". This statement requires further explanation; it is unclear what reporting will be used, to which forum, and the frequency of it, and so further details are required.	The HWB explained that monitoring will be undertaken as part of the overall programme management, with regular reporting to the Steering Committee. Details are already provided within template 1; the HWB confirmed it can add a cross-reference to the final column of the Benefits Plan (tab 4 of template 2) to highlight to readers that details of the monitoring of benefits is provided in the relevant section of template 1.	No longer a risk - if the following action is put in place (enter action in box below) The HWB to add a cross-reference to the final column of the Benefits Plan (tab 4 of template 2) to highlight to readers that details of the monitoring of benefits is provided in the relevant section of template 1.		This looks to be a very simple addition to tab 4 of template 2 ensuring that the cross-referencing back to the template 1 annexes is in place. Person responsible for ensuring this action is delivered - Edward	Complete	