

# Understanding the NCAR process and implementing the Better Care Fund

The letter this report accompanies sets out the result for the NCAR (Nationally Consistent Assurance Review) for your area's BCF plan. Your plan has been placed in one of four categories, which are:

- Approved
- Approved with support
- Approved subject to conditions
- Not approved

## How was the NCAR approval category reached?

The approval categories recognise the challenging task required of local areas as part of an ongoing process to transform local services and improve the lives of people in your community. The aim is to be ready to implement their BCF schemes from next April, so the assurance categories reflect local areas' state of readiness.

The NCAR review provides an assurance rating for each plan based on both its quality as an approach and its deliverability in the local context. There were four key elements to the review:

1. A standardised review of the quality of the plan, by external review experts and a conversation with HWB Boards
2. An assessment of the local context or delivery risks in which plans will be implemented, by NHS England area teams with HWBs and local government regional colleagues
3. Moderation by a reviewer team informed by NHS area team and regional colleagues
4. National calibration overseen by the BCF Task Force

The principles behind the design of the review include:

1. Maximising the time available to develop the plans and minimising the time for assurance
2. Using independent external experts to conduct the reviews
3. Using a consistent set of checks for each plan
4. Giving each health and wellbeing board the opportunity to discuss key risks or issues
5. Keeping the focus on actions and risks
6. Involving area team and regional colleagues from NHS England and the Local Government Association to provide a context for the local system

## What does the approval category mean?

Approved	No significant actions required and the plan can move forward to implementation
Approved with support	There are some required actions but these do not represent a fundamental flaw in the plan's approach or a material concern and can be resolved by a clarification or additional information
Approved subject to conditions	While the fundamental approach is suitable, there are specific challenges that need to be addressed before proceeding to implementation, such as: <ul style="list-style-type: none"> <li>- A material concern about the ability to deliver the national conditions</li> <li>- A material concern about the credibility of the non-elective target, given either current performance or the provider engagement in the plan</li> <li>- The volume of corrective actions or unmitigated risks in the plan being such that a significant level of further work is required before they can be assured</li> </ul>
Not approved	The plan falls short of key criteria either because it is not signed-up to by all parties or the fundamental approach is flawed

## What happens next?

The letter attached to this report also sets out the next steps arising from your approval category. This will vary according to the nature and degree of actions required. The NCAR Report tabs in this report detail all the actions identified by the NCAR review. These will range from minor clarifications to more substantial concerns, and each local area will be assisted to prioritise and address the identified actions.

Approved	The local area is given full responsibility for its BCF budget, and any ongoing support or oversight will now be handled by NHS England regional and area teams
Approved with support	The local area is given full responsibility for its BCF budget but will be required to submit further information or evidence in line with the outcome of its NCAR report. Ongoing support and oversight will be handled by NHS England regional and area teams, who will appoint a relationship manager to agree a timetable with the local area to complete the agreed actions. They will coordinate and track the agreed actions, assessing additional evidence supplied and moving plans to a fully approved status; it is expected this will happen quickly, by the end of November 2014
Approved subject to conditions	The local area will be approved to continue improving its plan but will not receive full responsibility for its BCF budget until it meets the conditions set. It will be assigned a named Better Care Fund Advisor who will get in touch shortly to arrange a meeting with the area to understand how they can help to develop an action plan within two weeks to address the NCAR conditions, what support is needed to gear up toward implementation. The local area may need to resubmit its plan in full or part, depending on the nature of the conditions. Once the plans have been reassessed, it is expected that the plan will move to the approved or approved with support category, which is intended to be by the end of December 2014
Not approved	The local area is not given responsibility for its BCF budget at this stage, and by implication will be limited in terms of proceeding implementation activities that commit BCF expenditure. The local area will be assigned a Better Care Fund Advisor who will get in touch shortly to arrange a meeting with the area to understand how they can help to develop an action plan and agree appropriate support to enable the area to develop a cohesive and credible plan. It is intended that this is resubmitted by early January 2015, when it will be reassessed, with the intention that the plan will move to the approved or approved with support category.

If you are placed in any approval category other than 'approved', you will need to complete an Action Plan in coordination with your Better Care Fund Advisor or NHS England relationship manager (as appropriate). Details of this is included in the letter but the Action Plan template is included in this report.

## What are the conditions?

As set out in the NCAR methodology published in August 2014, areas whose plans fall into the 'Approved Subject to Conditions' category will need to fulfil specified conditions before their plan is fully approved. If required, you will receive additional support to assist you in meeting these conditions and further details will be included in the accompanying letter.

Theme	Conditions
1. National conditions	Condition 1a: The plan must further demonstrate how it will meet the national condition of protecting social care to ensure that people can still access the services they need
	Condition 1b: The plan must further demonstrate how it will meet the national condition of having an agreed impact on acute care sector to prevent people reaching crisis point and reduce hospital admissions
	Condition 1c: The plan must further demonstrate how it will meet the national condition of Seven day health and care services: to ensure that people can access the care they need without waiting
	Condition 1d: The plan must further demonstrate how it will meet the national condition of Data sharing, including the use of digital care plans and NHS number so people don't endle their story and professionals spend less time filling out paperwork
2. NHS funding	Condition 1e: The plan must further demonstrate how it will meet the national condition of Joint assessments so that services can work together to assess and meet people's holistic needs
	Condition 1f: The plan must further demonstrate how it will meet the national condition of having an accountable professional who can join up services around individuals and prevent duplication
3. NEL ambition	Condition 2: The plan must further demonstrate how it is meeting the minimum funding requirement for NHS out of hospital services
4. Plan quality	Condition 3: The plan must further demonstrate how they will deliver the planned NEL reduction
	Condition 4a: The plan must address the outstanding narrative risks identified in the NCAR report
	Condition 4b: The plan must address the outstanding financial risks identified in the NCAR report
	Condition 4c: The plan must address the outstanding analytical risks identified in the NCAR report

## Will there be support around implementation?

The BCF Task Force is developing a range of materials and support to further assist local areas as they move toward implementation. This will take the form of a programme of guidance and coaching, developing system enablers at a local level, including information systems, operational management processes and governance arrangements, as well as developing robust and effective delivery and management arrangements.

## Keep in touch

For further information:

- Visit the NHS England BCF web pages, <http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/>
- Subscribe to the Task Force's weekly bulletin at [bettercarefund@dh.gsi.gov.uk](mailto:bettercarefund@dh.gsi.gov.uk)

Blackpool				Please select 'preliminary' Quality of written plan (y-axis): Medium-High 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 Staus \ Pending HWB Action (please select staus from dropdown list in the first box)
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	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.
1	Narrative	Showstopper	N1-The National Conditions have not been met	Question 9a ii)Plans for 7 day services not clear; no assurance to protect those current services that meet the BCF vision and deliver the improved services; iii) data sharing plans not clear, iv) Joint assessment and accountable lead professional for high-risk populations could be clearer.	This was discussed in the teleconference to clarify that 7 day services were already in place and this is reflected in the contracts therefor not included in the BCF plan because we are already contracting for appropriate 7 day services. This can be evidenced in the SDIP with BTH. New services delivered as part of BCF, e.g. Extensivist will be commissioned on a 7 day basis as outlined in the Project Brief	No longer a risk - no further action required
2	Narrative	Showstopper	N2-The CCG(s), Local Authority/ies and Health and Wellbeing Board have not authorised and signed off the plan: the BCF plan must be agreed and signed off locally.	Blackpool Council signature missing from Section 1.	Signature to be obtained. Email sent 23/9/2014 to AW	No longer a risk - no further action required
						Signature obtained
3	Analytics	Showstopper	A1-P4P: validity issue with values submitted - errors in plan values entered are causing incorrect results	Query CCG baseline quarterly activity for Q1 14-15: Q1 14-15 on Tab 5 = 5,551 does not match trends baseline = 4,983.	Q1 14-15 Baseline figure on 'Tab 5. HWB P4P metric' is confirmed as being the correct figure. There is variance from the baseline Q1 figure on 'tab 7. Metric Trends' as this is based on submitted 14-15 plans, whereas the baseline for the BCF plan uses Q1 14-15 actual reported figures, which reflect reported over performance against plan in this quarter. There is an assumption that actuals will come down closer to plan for the remainder of the baseline period due to utilisation of available resilience funding, therefore the plan figures are still used for quarters 2 and 3 14-15.	No longer a risk - no further action required
4						<Please select Risk Status>
5	Finance	Top Risks	F4-BCF financial risks are not fully identified, inadequate contingencies, lack ownership	Question 6c – no contingency plans or risk share arrangements described.	The main risk is that NEL admissions will not be reduced. This has been addressed in a number of ways, both inside and outside the BCF. First, the BCF has been re-assessed in the light of the experience on NEL admission in the first 4 months of 2014/15 and a new baseline calculated. Second, the planned reduction in NEL admissions in the local hospital (£2m) is neutralised in 2015/16 by the application of £2m NR money to enable the Trust sufficient time to extract the savings (this is referenced in the narrative on page 57). This mechanism is adopted for two further years of the strategy. Third, should NEL admissions exceed the planning assumptions for the	No longer a risk - no further action required
6	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	Doesn't adequately describe status quo or how needs will change over next 5 years. In depth needs analysis on-going. Generic findings, not precise or analytically driven	The current status quo has been summarised in the BCF but is outlined in depth in the JSNA including health needs, how needs will change, mosaic modelling and population segemntaion. The JSNA is a live document that is updating all the time hence the lanuage in our BCF submission. See JSNA link <a href="http://blackpooljsna.org.uk/core-documents/">http://blackpooljsna.org.uk/core-documents/</a>	No longer a risk - if the following action is put in place (enter action in box below)
						Suggest cross reference to other plans is added to BCF Part One.
7	Narrative	Top Risks	N4-The plan does not sufficiently explain how the overarching vision will be achieved	The plan lacks certain details required to provide assurance of delivery.	Interdependencies are not recorded in the BCF but in the Unscheulded Care Strategy and the CCG 5 year plan. The 5 year plan and Project Brief document also describe the programme management office which hold and monitor a detailed project plan and report through the FCAB	No longer a risk - if the following action is put in place (enter action in box below)
						Suggest cross reference to other plans is added to BCF Part One.
8	Narrative	Top Risks	N5-The plan is not aligned	Interdependencies of other initiatives not clear.	The CCG 5 year plan outlines the interdependencies with other initiatives and cross organisational plans. Also see priority 7	No longer a risk - if the following action is put in place (enter action in box below)
						Suggest cross reference to other plans is added to BCF Part One.
9	Narrative	Top Risks	N7-There is unsufficient detail as to how the schemes will be delivered	Insufficient analysis and targeting of the impact of schemes on secondary care reductions.	see unscheduled care strategy, Fylde Coast resilience plan and project brief, new models of care. Between them , these documents describe how schemes imact one another. They describe a coherent vision which is aligned with BTH of moving care from the acute to community setting (see also BTH FT plan on a page)	No longer a risk - if the following action is put in place (enter action in box below)
						Suggest cross reference to other plans is added to BCF Part One.
10	Finance	Top Risks	F3-Schemes are not financially evidence-based or financially modelled adequately for full benefits realisation	See question 6a – difficult to cross reference savings in tab 4 to annex 1. Potentially large (favourable) discrepancy regarding schemes A&B possible timing issue as BCF numbers are for 2015/16 only.	The development and implementation of extensivist services is designed to link existing out of hospital services together more effectively than now and overall to have a bigger impact on NEL admission reduction. The schemes in annex 1 refer to those that already exist. The extensivist service is in the process of being designed for implementation from late in 2014/15. The local health and social care economy expects to deliver a higher level of NEL admission savings over the next three years than identified in the BCF. We have pitched our submission on the national expectation pending agreement locally on the actual impact from extensivist services.	No longer a risk - no further action required
11	Analytics	Top Risks	A3-P4P: contextual information indicates that the non-elective plan may be under or over ambitious	Dependant on check of baseline from 2a. – may also affect 2d (A5 Top)  Q1 plan is higher than projected trend due to Q1 baseline used for the plan.  Cannot cross check with any detail of reduction in activity from the	The CCG has assessed the progress of NEL admissions in 2014/15 and has revised the baseline to reflect higher than planned actual performance as part of a process to ensure that our estimates are realistic. We have used actual outturn figures for Q4 2013/14 and Q1 2014/15 with an estimate for the remaining six months of 2014. We have had to change our original financial estimates to take into account the recent rise in NEL admissions. All schemes apply to NEL admissions, but as indicated in row 10 above, the advent of an extensivist service will join them together better and have a greater overall effect in reducing	No longer a risk - no further action required
12	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	Detail is not available in tab4 – all schemes are amalgamated and applied as one reduction to NEL admissions.	The narrative in the cells above explains why we have not looked to quantify the impact of each scheme in the financial tables.	No longer a risk - no further action required
13	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	Schemes detailed in Part 1, Annexe 1 do not seem to be cross-referenced with Tab 4, HWB Benefits Plan, Part 2.	See above.	No longer a risk - no further action required
14	Finance	Further Risks	F8-Insufficient funding for critical schemes	Question 4b – unable to cross reference expenditure plans (tab 3) to annex 1 costs	as requested in the template we included the costs in the expediture plan but did not duplicate these in annex 1 as it did not request us to do so.	No longer a risk - no further action required
15	Finance	Further Risks	F9- Unrealistic savings	Savings from reducing residential admissions (tab 6) not reflected in the summary of benefits (tab 4) (5c)	See rows 10 and 11 above.	No longer a risk - no further action required
16	Finance	Further Risks	F9- Unrealistic savings	Reduction in delayed discharges (-18%) is ambitious (tab 6) – query on call (5d).	awaiting council information	No longer a risk - if the following action is put in place (enter action in box below)
						Info from Council to be obtained and reviewed by review team.
17	Finance	Further Risks	F9- Unrealistic savings	No savings shown for 2015/16 (see 5a and 5b) – almost certainly a data entry error	this is a data entry error. All savings are 2015/16 onwards. We have not planned for 2014/15 savings in the BCF	No longer a risk - if the following action is put in place (enter action in box below)
						Amend Part Two to correct error.

18	Narrative	Further Risks	N8-Insufficient documentation of the risks	Identified Risks are high level; no identification of scheme level risks. Pooled funding amount has not been quantified. No analytics or modelling presented. No articulation of a plan of action or risk sharing arrangements across the systems.	The individual scheme risks are outlined in the individual business cases which are embedded in the CCG 5 year plan the schemes relating to the Extensivist and Enhanced Primary Care are being managed through the Fylde coast Programme Management office as outlined in the Project Brief, new models of care document and the CCG 5 year plan.	<b>No longer a risk - if the following action is put in place (enter action in box below)</b>  Cross reference BCF plan to individual business cases.
19	Narrative	Further Risks	N9-Insufficient evidence of engagement	Not clear what ongoing forums exist to engage with the range of providers (other than fortnightly meetings with BTH). Not clear if the implication of BCF delivery is reflected in their operational plans.	see TOR SCG and Fylde Coast Commissioning Advisory board/ HWB8 has membership from CCG/ Acute and community Trust/ Mental Health Trust and Blackpool Council and they meet monthly. The BCF vision is replicated in the Provider plan, see BTHFT Plan on a Page	<b>No longer a risk - no further action required</b>
20	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	Quantified impact of supporting schemes in tab 4 are amalgamated into one for 14-15 only and applied to reduction in NEL admissions. There are no details of schemes relating to the set metrics. There are no schemes applied to 15-16 on tab 4.	see priority 11 and 17	<b>No longer a risk - no further action required</b>
21	Analytics	Further Risks	A8-Supporting Metrics: contextual information indicates that the plan(s) may be under or over ambitious	Residential admissions – low level of ambition for both years (planned increase for 14-15 and decrease less than statistical improvement for 15-16) considering very low projected change in 65+ population.  Reablement – low level of ambition considering very low projected change in 65+ population.	await BCC response	<b>No longer a risk - if the following action is put in place (enter action in box below)</b>  Info from Council to be obtained and reviewed by review team.
22	Analytics	Further Risks	A9-Supporting Metrics: under or over ambitious plans are not explained fully or appropriately	Planned increase in % residential admissions in 14-15 (rate is RAG rated green). No details provided in tab 4 – HWB Benefits Plan.  DTocS – Red rating for Q1 and Q2 14-15 – mitigated by reason given – ‘amended to take account of the additional delays due to the addition of nurse led unit data’. Can be seen that the Baseline Q1 and Q2 figures are low and that there was a step change starting Q3 13-14.	Awaiting BCC response	<b>No longer a risk - if the following action is put in place (enter action in box below)</b>  Info from Council to be obtained and reviewed by review team.
23	Analytics	Further Risks	A10-Supporting Metrics: information provided on Patient Experience Metric is not valid	i. There is no patient experience metric described.  ii. Local metric is not listed in the technical guidance; the chosen metric does not meet the criteria described – more information is required.	There was no national metric at the time of initial submission, in the refresh we choose to stick with the original metric of the NHS number. This was supported by NHS England at the time.	<b>No longer a risk - no further action required</b>
24	Analytics	Further Risks	A11-Supporting Metrics: information provided on Local Metric is not valid	i. No metric described.  [ii. All criteria for the metric are met]	see priority 23	<b>No longer a risk - no further action required</b>
25	Analytics	Further Risks	A11-Supporting Metrics: information provided on Local Metric is not valid	i. No metric described.  ii. Not obviously linked to a scheme in Part 1 – Annex 1 that I can see.	The local metric is not being funded directly from the BCF, in line with the technical guidance it is therefor not detailed in Annex 1, part 1. the plan can be provided if required.	<b>No longer a risk - no further action required</b>
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>

## Part E: BCF Plans NCAR Review Summary

Blackpool
South West CSU
Overall Assurance Outcome from NCAR
Approved with Support
Quality of written plan (y-axis)
Medium-High Quality
Context and environment risk assessment (x-axis):
Moderate risk

Key facts	
Minimum CCG contribution 15/16 (£000s)	£12,432
Additional CCG contribution 15/16 (£000s)	£1,149
Total contribution (including LA) (£000s)	£15,230
Risk raised relating to National Conditions as part of initial NCAR review?	No
Non-elective activity reduction %	- 3.5%
P4P size/value (£000)	£1,332
Did the initial technical review confirm the minimum required investment in NHS Commissioned out of hospital services?	Yes

No of Risks either requiring further action or still outstanding: 1. No longer a risk - if the following action is put in place 2. Risk remains outstanding	
Narrative	5
Analytics	3
Finance	2

Lead Reviewer's Narrative	
<p><b>a) Overall findings</b> The Blackpool plan provided good levels of detail and the call with the HWB was able to agree action plans for all of the risks identified. The volume and complexity of the actions can be resolved within one month and as a result the plan is <b>Approved with Support</b>. The 3.5% target is credible and well evidenced interventions are in place to achieve the reduction. The local acute trust supports the BCF plan but has reservations about the likelihood of delivery. Related to this, whilst the plan was comprehensive, the HWB are encouraged to consider whether the volume of schemes they are seeking to implement is genuinely manageable, and to ensure they are confident that the right governance and oversight mechanisms are in place to ensure the implementation remains focused on achieving the key outcomes.</p> <p><b>b) Narrative Plan Template</b> The majority of the narrative risks were resolved through the clarification answers provided by the HWB. Where actions are outstanding these relate to better cross-referencing of other documentation, and drawing on that documentation for supporting evidence. For example the 5 year plan addresses many of the inter-dependency issues, and these need to be drawn out and made more explicit in the BCF plan to provide assurance that these interdependencies are being managed.</p> <p><b>c) Activity &amp; Finance Template</b> The financial plans were well detailed and provided good evidence. The majority of risks identified through the review were closed through the clarifications provided. Two risks remain outstanding. One of these is surrounding the feasibility of the delayed discharge reductions (18%) and the other relates to a data entry error on the part 2 template. The action for the first risk is for further evidence to be provided over the feasibility of an 18% reduction in delayed discharges, clearly linking back to the schemes that will achieve this and how. The data entry error for 15/16 savings should also be addressed and the part 2 plan resubmitted.</p> <p><b>d) Pending/Mitigating Actions</b> - Cross-referencing of the plan to related core documentation to address risks N3, N4, N5 and N7 - Correction of data entry error on the savings values for 14/15 and 15/16 - Further evidence and challenge over the 18% delayed discharge reduction</p>	
Top 10 Schemes (in order of highest expenditure first)	Expenditure as at 15/16 (£000s)
Scheme Name1: Extensivist service	£2,000
Scheme Name2: GP Plus NEL	£1,800
Scheme Name3: disabled Facilities and Social Capital Grants	£1,649
Scheme Name4: Maintaining Eligibility Criteria	£1,459
Scheme Name5: Community Schemes aimed at NEL reduction and OOH	£1,000
Scheme Name6: Community Equipment & adaptation existing plus ( S256)	£935
Scheme Name7: Rapid Response	£800
Scheme Name8: Vitaline	£680
Scheme Name9: Support for Social Care Act	£600
Scheme Name10: Bed Based Intermediate Care Services	£591

Blackpool

Please select 'preliminary' Quality of written plan (y-axis):  
Medium-High 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 Staus \ Pending HWB Action (please select staus from dropdown list in the first box)	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
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.	e.g. review of raw data	10/12/14
1	Narrative	Showstopper	N1-The National Conditions have not been met	Question 9a ii)Plans for 7 day services not clear; no assurance to protect those current services that meet the BCF vision and deliver the improved services; iii) data sharing plans not clear, iv) Joint assessment and accountable lead professional for high-risk populations could be clearer.	This was discussed in the teleconference to clarify that 7 day services were already in place and this is reflected in the contracts therefor not included in the BCF plan because we are already contracting for appropriate 7 day services. This can be evidenced in the SDIP with BTH. New services delivered as part of BCF, e.g. Extensivist will be commissioned on a 7 day basis as outlined in the Project Brief	<b>No longer a risk - no further action required</b>	email was sent 23/9/14 no further action	complete
2	Narrative	Showstopper	N2-The CCG(s), Local Authority/ies and Health and Wellbeing Board have not authorised and signed off the plan: the BCF plan must be agreed and signed off locally.	Blackpool Council signature missing from Section 1.	Signature to be obtained. Email sent 23/9/2014 to AW	<b>No longer a risk - no further action required</b> Signature obtained	no further action required	complete
3	Analytics	Showstopper	A1-P4P: validity issue with values submitted - errors in plan values entered are causing incorrect results	Query CCG baseline quarterly activity for Q1 14-15: Q1 14-15 on Tab 5 = 5,551 does not match trends baseline = 4,983.	Q1 14-15 Baseline figure on 'Tab 5. HWB P4P metric' is confirmed as being the correct figure. There is variance from the baseline Q1 figure on 'tab 7. Metric Trends' as this is based on submitted 14-15 plans, whereas the baseline for the BCF plan uses Q1 14-15 actual reported figures, which reflect reported over performance against plan in this quarter. There is an assumption that actuals will come down closer to plan for the remainder of the baseline period due to utilisation of available resilience funding, therefore the plan figures are still used for quarters 2 and 3 14-15.	<b>No longer a risk - no further action required</b>	no further action required	complete
4						<Please select Risk Status>	no further action required	complete
5	Finance	Top Risks	F4-BCF financial risks are not fully identified, inadequate contingencies, lack ownership	Question 6c – no contingency plans or risk share arrangements described.	The main risk is that NEL admissions will not be reduced. This has been adressed in a number of ways, both inside and outside the BCF. First, the BCF has been re-assessed in the light of the experience on NEL admission in the first 4 months of 2014/15 and a new baseline calculated. Second, the planned reduction in NEL admissions in the local hospital (£2m) is neutralised in 2015/16 by the application of £2m NR money to enable the Trust sufficient time to extract the savings (this is referenced in the narrative on page 57). This mechanism is adopted for two further years of the strategy. Third, should NEL admissions exceed the planning assumptions for the baseline year, there will be a reduction in funding for developments in primary care and community services (extended primary care) but not extensivist services.	<b>No longer a risk - no further action required</b>	Additional information was provided to reviewer and this risk is included on corporate risk register. As per NCAR comments no further action required	complete
6	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	Doesn't adequately describe status quo or how needs will change over next 5 years. In depth needs analysis on-going. Generic findings, not precise or analytically driven	The current status quo has been summarised in the BCF but is outlined in depth in the JSNA including health needs, how needs will change, mosaic modelling and population segemtaion. The JSNA is a live document that is updating all the time hence the lanuage in our BCF submission. See JSNA link <a href="http://blackpooljsna.org.uk/core-documents/">http://blackpooljsna.org.uk/core-documents/</a>	<b>No longer a risk - if the following action is put in place (enter action in box below)</b> Suggest cross reference to other plans is added to BCF Part One.	Addendum containing health need areas identified in JSNA cross referenced to BCF Plan schemes in part one to be provided	28-Nov-14
7	Narrative	Top Risks	N4-The plan does not sufficiently explain how the overarching vision will be achieved	The plan lacks certain details required to provide assurance of delivery.	Interdependencies are not recorded in the BCF but in the Unscheduled Care Strategy and the CCG 5 year plan. The 5 year plan and Project Brief document also describe the programme management office which hold and monitor a detailed project plan and report through the FCAB	<b>No longer a risk - if the following action is put in place (enter action in box below)</b> Suggest cross reference to other plans is added to BCF Part One.	addendum of further information to be provided linking other plans	28-Nov-14
8	Narrative	Top Risks	N5-The plan is not aligned	Interdependencies of other initiatives not clear.	The CCG 5 year plan outlines the interdependencies with other initiatives and cross organisational plans. Also see priority 7	<b>No longer a risk - if the following action is put in place (enter action in box below)</b> Suggest cross reference to other plans is added to BCF Part One.	addendum of further information to be provided linking outcomes listed in 5 year plan	28-Nov-14
9	Narrative	Top Risks	N7-There is insufficient detail as to how the schemes will be delivered	Insufficient analysis and targeting of the impact of schemes on secondary care reductions.	see unscheduled care strategy, Fylde Coast resilience plan and project brief, new models of care. Between them, these documents describe how schemes impact one another. They describe a coherent vision which is aligned with BTH moving care from the acute to community setting (see also BTH FT plan on a page)	<b>No longer a risk - if the following action is put in place (enter action in box below)</b> Suggest cross reference to other plans is added to BCF Part One.	addendum of further information to be provided linking outcomes listed in 5 year plan and benefits identified as part of the planning process to part one BCF plan	28-Nov-14
10	Finance	Top Risks	F3-Schemes are not financially evidence-based or financially modelled adequately for full benefits realisation	See question 6a – difficult to cross reference savings in tab 4 to annex 1. Potentially large (favourable) discrepancy regarding schemes A&B possible timing issue as BCF numbers are for 2015/16 only.	The development and implementation of extensivist services is designed to link existing out of hospital services together more effectively than now and overall to have a bigger impact on NEL admission reduction. The schemes in annex 1 refer to those that already exist. The extensivist service is in the process of being designed for implementation from late in 2014/15. The local health and social care economy expects to deliver a higher level of NEL admission savings over the next three years than identified in the BCF. We have pitched our submission on the national expectation pending agreement locally on the actual impact from extensivist services.	<b>No longer a risk - no further action required</b>	no further action required	complete
11	Analytics	Top Risks	A3-P4P: contextual information indicates that the non-elective plan may be under or over ambitious	Dependant on check of baseline from 2a. – may also affect 2d (AS Top)  Q1 plan is higher than projected trend due to Q1 baseline used for the plan.  Cannot cross check with any detail of reduction in activity from the	The CCG has assessed the progress of NEL admissions in 2014/15 and has revised the baseline to reflect higher than planned actual performance as part of a process to ensure that our estimates are realistic. We have used actual outturn figures for Q4 2013/14 and Q1 2014/15 with an estimate for the remaining six months of 2014. We have had to change our original financial estimates to take into account the recent rise in NEL admissions. All schemes apply to NEL admissions, but as indicated in row 10 above, the advent of an extensivist service will join them together better and have a greater overall effect in reducing them. The	<b>No longer a risk - no further action required</b>	no further action required	complete
12	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	Detail is not available in tab4 - all schemes are amalgamated and applied as one reduction to NEL admissions.	The narrative in the cells above explains why we have not looked to quantify the impact of each scheme in the financial tables.	<b>No longer a risk - no further action required</b>	this will be delivered as part of the refresh of financial plans 2015/16 No further immediate action	complete
13	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	Schemes detailed in Part 1, Annex 1 do not seem to be cross-referenced with Tab 4, HWB Benefits Plan, Part 2.	See above.	<b>No longer a risk - no further action required</b>	this will be delivered as part of the refresh of financial plans 2015/16 No further immediate action	complete
14	Finance	Further Risks	F8-Insufficient funding for critical schemes	Question 4b – unable to cross reference expenditure plans (tab 3) to annex 1 costs	as requested in the template we included the costs in the expenditure plan but did not duplicate these in annex 1 as it did not request us to do so.	<b>No longer a risk - no further action required</b>	no further action required	complete
15	Finance	Further Risks	F9-Unrealistic savings	Savings from reducing residential admissions (tab 6) not reflected in the summary of benefits (tab 4) (5c)	See rows 10 and 11 above.	<b>No longer a risk - no further action required</b>	no further action required	complete
16	Finance	Further Risks	F9-Unrealistic savings	Reduction in delayed discharges (-18%) is ambitious (tab 6) – query on call (5d).	awaiting council information	<b>No longer a risk - if the following action is put in place (enter action in box below)</b> Info from Council to be obtained and reviewed by review team.	council to provide information to clarify ambition and provide home of choice policy work summary	28-Nov-14
17	Finance	Further Risks	F9-Unrealistic savings	No savings shown for 2015/16 (see 5a and 5b) – almost certainly a data entry error	this is a data entry error. All savings are 2015/16 onwards. We have not planned for 2014/15 savings in the BCF	<b>No longer a risk - if the following action is put in place (enter action in box below)</b> Amend Part Two to correct error.	error to be corrected and resubmit part 2	28-Nov-14
18	Narrative	Further Risks	N8-Insufficient documentation of the risks	Identified Risks are high level; no identification of scheme level risks. Pooled funding amount has not been quantified. No analytics or modelling presented. No articulation of a plan of action or risk sharing arrangements across the systems.	The individual scheme risks are outlined in the individual business cases which are embedded in the CCG 5 year plan the schemes relating to the Extensivist and Enhanced Primary Care are being managed through the Fylde coast Programme Management office as outlined in the Project Brief, new models of care document and the CCG 5 year plan.	<b>No longer a risk - if the following action is put in place (enter action in box below)</b> Cross reference BCF plan to individual business cases.	matrix to be provided to cross reference business case risks	28-Nov-14
19	Narrative	Further Risks	N9-Insufficient evidence of engagement	Not clear what ongoing forums exist to engage with the range of providers (other than fortnightly meetings with BTH). Not clear if the implication of BCF delivery is reflected in their operational plans.	see TOR SCG and Fylde Coast Commissioning Advisory board/ HWB8 has membership from CCG/ Acute and community Trusts/ Mental Health Trust and Blackpool Council and they meet monthly. The BCF vision is replicated in the Provider plan, see BTHFT Plan on a Page	<b>No longer a risk - no further action required</b>	no further action required	complete
20	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	Quantified impact of supporting schemes in tab 4 are amalgamated into one for 14-15 only and applied to reduction in NEL admissions. There are no details of schemes relating to the set metrics. There are no schemes applied to 15-16 on tab 4.	see priority 11 and 17	<b>No longer a risk - no further action required</b>	no further action required	complete
21	Analytics	Further Risks	A8-Supporting Metrics: contextual information indicates that the plan(s) may be under or over ambitious	Residential admissions – low level of ambition for both years (planned increase for 14-15 and decrease less than statistical improvement for 15-16) considering very low projected change in 65+ population.  Reablement – low level of ambition considering very low projected change in 65+ population.  [DTOCs – plans seem over ambitious compared to previous trends and	await BCC response	<b>No longer a risk - if the following action is put in place (enter action in box below)</b> Info from Council to be obtained and reviewed by review team.	council to provide information to clarify low ambition or suggest if this could be stretched	28-Nov-14
22	Analytics	Further Risks	A9-Supporting Metrics: under or over ambitious plans are not explained fully or appropriately	Planned increase in % residential admissions in 14-15 (rate is RAG rated green). No details provided in tab 4 – HWB Benefits Plan.  DTOCs – Red rating for Q1 and Q2 14-15 – mitigated by reason given – 'amended to take account of the additional delays due to the addition of nurse led unit data'. Can be seen that the Baseline Q1 and Q2 figures are low and that there was a step change starting Q3 13-14.	Awaiting BCC response	<b>No longer a risk - if the following action is put in place (enter action in box below)</b> Info from Council to be obtained and reviewed by review team.	council to provide information to clarify low ambition or suggest if this could be stretched	28-Nov-14
23	Analytics	Further Risks	A10-Supporting Metrics: information provided on Patient Experience Metric is not valid	i. There is no patient experience metric described.  ii. Local metric is not listed in the technical guidance; the chosen metric does not meet the criteria described – more information is required.	There was no national metric at the time of initial submission, in the refresh we choose to stick with the original metric of the NHS number. This was supported by NHS England at the time.	<b>No longer a risk - no further action required</b>	working with NHS England to redefine this metric to demonstrate how it will deliver improvement in patient experience	28-Nov-14
			A11-Supporting Metrics: information	i. No metric described.	see priority 23	<b>No longer a risk - no further action required</b>		28-Nov-14

24	Analytics	Further Risks	provided on Local Metric is not valid	[ii. All criteria for the metric are met]				working with NHS England to redefine this metric to demonstrate how it will deliver improvement in patient experience	
25	Analytics	Further Risks	A11-Supporting Metrics: information provided on Local Metric is not valid	i. No metric described.	The local metric is not being funded directly from the BCF, in line with the technical guidance it is therefor not detailed in Annex 1, part 1. the plan can be provided if required.	No longer a risk - no further action required		working with NHS England to redefine this metric to demonstrate how it will deliver improvement in patient experience	28-Nov-14
				ii. Not obviously linked to a scheme in Part 1 – Annex 1 that I can see.					
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>			