

BETTER CARE RISKS

Risk Ref	Link to Service Objectives	Risk Description	Consequences / Impact	Risk Owner	Original Risk Score			Risk Action Tolerate / Treat / Transfer / Terminate	List of Current Controls / Actions Embedded and operating soundly	Current Risk Score (as at 01/04/2017)			Risk Action Tolerate / Treat / Transfer / Terminate	Further Action / Additional Controls	Action Owner	Action Target Date	Target Risk Score			Action Complete (Yes or No)	Q1 Risk Score			1 Comment	Q2 Risk Score			Q2 Comments
					I	L	Risk Score			I	L	Risk Score					I	L	Risk Score		I	L	Risk Score		I	L	Risk Score	
					1	Delivery of health and care integration programme	If Health and Care partners fail to deliver the local integration programme in accordance with national BCF policy, within the financial envelope of the BCF pooled budget and by meeting national metrics, then elements of BCF funds could be withheld			<p>Service Delivery Failure to meet health & social care integration objectives, national conditions and metrics, which are a key priority for LCC, CCGs, NHS providers and NHS England. Increased dependency on other health & care services directly impacting LCC budgetary pressures. Failure to accommodate the shift of care from acute to community care outlined in STP plan for LLR.</p> <p>People Limited investment in early intervention or prevention due to less planning 'around the individual' leading to higher costs of care within the system. Lack of a sufficient workforce plan across health & social care integration will impact on both the delivery of schemes within the plan & the patient experience.</p> <p>Reputation Loss of trust in partnership working, lack of public confidence in integrated care solutions, commissioners viewed as uncoordinated/fragmented/wasting public resources. Impact on joint working between District and County Council are not well managed in the BCF.</p> <p>Financial If the plan does not deliver against metrics, some of the funding could be withheld. From 2017/18 this includes a new risk that areas who perform poorly in delayed transfers of care could be subject to additional inspections and loss of IBCF/BCF funding. A proportion of BCF (£22m of £52m) is allocated to the protection of social care expenditure so loss of income into the fund could impact on this allocation. A proportion of the BCF pooled budget is allocated to Disabled Facilities Grants, which are administered by District Councils. Changes to DFG allocations that took place in 2016/17 have placed financial pressure on the BCF plan pooled budget. Further increases in allocations for DFGs between 2017/18-2020/21 and the handling of these nationally and locally will have implications for future BCF plans/pooled budgets and the implementation of the new local Lightbulb housing offer, which is due to be introduced during 2017/18.</p>	Cheryl Davenport	4					3	12	Treat		<p>Well established multi-agency governance structure since 2014. Monthly reporting, including rigorous performance reporting, on overall progress into governance structure at operational and strategic level. Consolidation of reporting into STP PMO for LLR-wide assurance. Section 75 agreement refreshed at least annually and reviewed on a quarterly basis by the IFPG. Quarterly reporting via NHS England on national template for BCF assurance. Detailed programme plan - reviewed monthly. Proactive comms plan in place with dedicated microsite for Health and Care Integration. Wide ranging engagement plan undertaken for the BCF plan across all partners.</p>	4	3		12	Treat	<p>Proposals are developed by BCF partners and reviewed through the Integration Executive governance process. Proposals for how the IBCF allocation should be prioritised were co-produced with partners during Q1 2017/18, and there was proactive engagement of all partners via BCF refresh work plan. Monitor performance against national BCF outcome metrics. Programme Boards in place for major BCF and STP developments. Planned approach for 2017/18 DFG allocations prepared and shared with Districts Councils. Agreement reached. Work on Integrated Locality Teams being developed in line with the LLR STP. Undertaken a review of the reserve and contingencies within the BCF pooled budget. BCF refresh plan submitted to NHSE on 8th September in line with the national timelines (currently in regional/national assurance stage). DTOC trajectory reviewed in light of NHSE insistence on November milestone. DTOC trajectory resubmitted on 12 October. Intensive work plan on DTOC improvement in place across LLR to address remaining risks, mainly NHS attributable delays, and mainly at non-acute sites. While the trajectory has been resubmitted there is a clear risk on non-achievement for the November Milestone (reported in January). As part of the BCF refresh, schemes have been aligned with the STP. Deliverability assessments undertaken for adult social care grants (BCF) - in order to ensure specific schemes/milestones/expenditure profiles are in place or timelines for major business cases are known. Integration programme workplan for 2017/18 has been developed and is being implemented. Full detailed review of BCF risk register as part of BCF refresh. The Unified Prevention Board has developed an outcomes framework and strategy in support of the development of integrated locality teams and the LLR STP Prevention workstream. Gateway review for IPOA undertaken September 2017 to determine if progression to phase 2 is feasible for partners. Business case in progress. Mitigation plan in place following the restrictions from NHS Digital on data sharing with Local Authorities, includes a new DARS application and contractual implications for PI Care and Health Task.</p>	

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