

Better Care Fund: Risks

These risks will be the basis of the full risk register being developed for the Integrated Care Programme Board meeting on 17th March 2015. Changes highlighted – green denotes risk lowered, red risk raised.

Risk	Likelihood	Impact	Overall risk factor	Mitigating Actions
Lack of trust between stakeholders destabilises the success of the partnership	2	5	10	<ul style="list-style-type: none"> • Early engagement and inclusiveness with stakeholders • Quick wins, e.g. harnessing the will of GPs in Amersham. This will sell the benefits of the BCF • See this as an incremental journey with relationships between Council and CCGs
Lack of provider transparency gives incorrect financial context	2	5	10	<ul style="list-style-type: none"> • See financial flows and have a system Profit and Loss for each initiative • Governance and Terms & Conditions around section 75 • Risk share assessments • Build up over time rather than giving it a go all at once
Financial pressures in system, including MTP and QIPP, lead to BCF funds being diverted to pay for activity that is not diverted.	2	5	10	<ul style="list-style-type: none"> • Gates to check pilots from pump-priming work - need confidence that it will be self-funding afterwards • Ability to reshape in flight opportunities • Root map / journey the council and CCGs will be taking together
Lack of pump priming investment impacts on ability to deliver initial changes	3	3	9	<ul style="list-style-type: none"> • Aligning projects to create efficiency • Prioritise tier 3 • System wide changes in other areas to release resource • Lobbying
Lack of visibility of future secondary care strategies	2	4	8	<ul style="list-style-type: none"> • Decoupling BHT acute and community • “Embedding” with the area team • Invite LAT representative to key stakeholder meetings
Inability to achieve clear governance and agreed risk sharing arrangements for the Section 75	2	4	8	<ul style="list-style-type: none"> • Full Business Case will establish this arrangement • Draft agreement in good time
Disruption to current service delivery during transition, with impact on service quality and reputation	2	4	8	<ul style="list-style-type: none"> • Effective Change Management • Transition plan from commissioner and provider viewpoint • Impact assessment on provider capacity and built checkpoints for other services

Investments in new model not delivering required financial benefits	3	3	9	<ul style="list-style-type: none"> • Strategic Business Case will include detailed cost recovery analysis • System-wide P&L work will provide further insight into possible benefits that can be derived
Unquantified impact of Care Act	2	5	10	<ul style="list-style-type: none"> • Transparency in the system • Modelling what is impacted by section 75
Allocation for Care Act implementation insufficient to meet costs in 2015/16 and new burdens thereafter and funding expected to be diverted from BCF/NHS	4	4	16	<ul style="list-style-type: none"> • Lobbying • Detailed analysis of costs • Transparency across the system
Flows of demand not matched with financial flows (e.g. hospital reductions result in increased nursing and residential care)	2	4	8	<ul style="list-style-type: none"> • Profit & Loss provides baseline understanding and model to measure impact of proposed changes • Full Business Case will address benefits and funding transfers required • Agreed health and social care system scorecard so all key indicators monitored and balanced by all
Lack of trust across the system in new models and services so benefits not realised	2	3	6	<ul style="list-style-type: none"> • Engagement of providers and users in redesign of services • Robust communications across the system
Clarity of enablers and capacity required of workforce	3	5	15	<ul style="list-style-type: none"> • Jointly plan resource allocations for each stage of project plan
Providers use their own patient identifiers instead of NHS number	4	3	12	<ul style="list-style-type: none"> • Early engagement around data sharing with providers
Lack of alignment between BCF and organisations' longer-term strategic plans	2	3	9	<ul style="list-style-type: none"> • Section 75 that is structured to allow all parties to take into account their longer term plans
Lack of preparedness in community services (incl. general practice)	2	4	8	<ul style="list-style-type: none"> • Engagement of providers in service redesign • Alignment with development of primary care strategy