

Stockton-on-Tees

Please select 'preliminary' Quality of written plan (y-axis):  
Medium 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	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.	eg. Review of raw data	10/12/14
1	Narrative	Showstopper	N1-The National Conditions have not been met	9 a) i) Protecting Social Care services: The plan gives a succinct definition of protecting social care services. It does state that current funding would need to be sustained and increased to deliver schemes outlined in the BCF and implications of the care act. These schemes include an early intervention approach for people. It confirms that at least the local proportion of the £135m has been identified from the additional funding for the implementation of new	The HWB representatives confirmed that the council operate to substantial and critical eligibility criteria. The representatives explained that they did not realise this level of detail was required in terms of changes with the care act. The local authority representative explained that they were part of a sub group in relation to the Care Act looking at eligibility criteria. He added that the local authority have a planned approach to the eligibility criteria and are confident with how this is dealt with. He said that the LA welcomes emphasis on early intervention which are key areas for them. There are no other specific service criteria in relation to the BCF.	No longer a risk - no further action required		
2	Narrative	Showstopper	N1-The National Conditions have not been met	9 a) ii) 7 day services to support discharge: The plan described the HWB approach to 7 day services to support discharge with reference to Annex 1, scheme 3. Several examples of present services operating across the local authority and NHS were given. The annex also indicated further ways 7DS would be taken forward.  The plan : • Lacked evidence of how local partners will work together to ensure	Milestones were found in section 4 and in the annex. The review team had not realised that this detail was required. The review team was assured that clinical standards were incorporated in contracts and that they were aware of risks relating to the move to seven day services.	No longer a risk - if the following action is put in place (enter action in box below)  The HWB provides evidence of assessment of risks and of the contracts referred to.		
3	Analytics	Top Risks	A3-P4P: contextual information indicates that the non-elective plan may be under or over ambitious	2 b) Is the extent of the planned reduction (cell H13) a reasonable level of ambition, taking into account available contextual information?  Commentary: 13/14 showed a 1% increase and the plan was for a reduction of 0% in 14/15 and 5% in 15/16. The HWB is ranked 99 of 151 nationally for	The HWB explained that the 4.3% reduction was triangulated with the CCG 5 year operating plan. They decided to align the BCF submission to this plan and accept that it is an ambitious target.	No longer a risk - no further action required		
4	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	2 c) Is the overall level of ambition (cell H13) consistent with the quantified impact of schemes contributing to a reduction in non-elective admissions, as set out in the 4. HWB Benefits Plan tab?  Commentary: explain how the quantified impact in tab 4 relates to the overall figure	The HWB explained that their overall reduction of 1520 included the effects of many different schemes and changes in service provision and it was therefore difficult to disaggregate the total to separate schemes in the Benefits Plan. They explained that they were reluctant to apply any arbitrary split to schemes and had made a decision to report a single aggregated figure to represent the total reduction anticipated to result from the BCF changes. In their feedback after 24 hours the HWB suggested a change of suggested action for priorities 4 and 5, this has now been changed by the review team for priorities 4,5, 14 and 15.	No longer a risk - if the following action is put in place (enter action in box below)  Suggested action: Add a matrix to Part A which will bring together all relevant information to • describe the rationale for the decision to provide a single aggregated figure in the Benefits Plan and explain the difficulties of disaggregation • give a summary of the multiple factors that are expected to have an impact on the total activity change • clearly illustrate which metrics are affected by which schemes. Where possible quantify the impact and if this is not possible add explanation to show where the biggest impact will be for each metric.		
5	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	4 a) Part 1, Annex 1: Detailed Scheme Description: Is there a clear description of relevant metrics that will be used to measure and monitor the impact of BCF schemes that contribute to the reduction in non-elective admissions and supporting metrics, namely: i. the P4P metric?  Commentary	The HWB explained that their overall reduction of 1520 included the effects of many different schemes and changes in service provision and it was therefore difficult to disaggregate the total to separate schemes in the Benefits Plan. They explained that they were reluctant to apply any arbitrary split to schemes and had made a decision to report a single aggregated figure to represent the total reduction anticipated to result from the BCF changes.	No longer a risk - if the following action is put in place (enter action in box below)  Suggested action: Add a matrix to Part A which will bring together all relevant information to • describe the rationale for the decision to provide a single aggregated figure in the Benefits Plan and explain the difficulties of disaggregation • give a summary of the multiple factors that are expected to have an impact on the total activity change • clearly illustrate which metrics are affected by which schemes. Where possible quantify the impact and if this is not possible add explanation to show where the biggest impact will be for each metric.		
6	Finance	Top Risks	F5-Full budgets are not identified to meet the additional costs resulting from the new Care Act duties	3 a) In the 'Summary' tab Summary of Total BCF Expenditure section, i) Has the level of expenditure been committed to the protection of adult social care services been confirmed? This should be at least the HWB proportion of the £135m that has been identified from the additional £1.9bn funding from the NHS in 2015/16 for the implementation of the new Care Act duties. ii) Has any discrepancy with the figures reported on the HWB expenditure plan been explained for 2014/15 and 2015/16?	HWB will provide narrative to explain the discrepancy	No longer a risk - if the following action is put in place (enter action in box below)  HWB to provide narrative to explain the discrepancy		
7	Finance	Top Risks	F4-BCF financial risks are not fully identified, inadequate contingencies, lack ownership	6 b) In Section 5a of Template Part One 'Risk Log', are appropriate financial risks highlighted for NHS Providers and NHS and Local Government?  Little mention is made of financial risks for any party	HWB will provide further detail on financial risks for all parties	No longer a risk - if the following action is put in place (enter action in box below)  HWB to provide further detail on financial risks for all parties		
8	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 for reduction in non-elective emergency admissions is not met? The following should be taken into account: i) Demonstration that this has been calculated using analytics and modelling. Link to Payment for Performance tab, Part 2 plan template ii) Articulate any other risks associated with not meeting the target	HWB will provide further detail on contingency and risk-sharing	No longer a risk - if the following action is put in place (enter action in box below)  HWB to provide further detail on contingency and risk-sharing		
			N3-The plan does not describe a clear overarching vision for the future of	3a) Is there a clear analytically driven case for change tailored to the local area? The case for change describes the demographics and	The HWB representatives agreed that this was lacking although extensive work has been done in this area. They explained that risk profiling will be applied at an individual level to ascertain those	No longer a risk - if the following action is put in place (enter action in box below)		



9	Narrative	Top Risks	health and social care in the local area	trends relating to people aged over 65 in Stockton-On-Tees. It states areas where the population need differs from national trends. Particular reference is made to people with Cardiovascular Disease; COPD; diabetes; dementia; falls and obesity.  The plan states that the BCF plan aims to help manage these growing	patients with complex needs. The team were assured that this work had been done and that plans were based on demographic need. The BCF in Stockton builds on existing work and accelerates implementation.	Evidence is required of the data which support the case for change, levels of unmet need need to be quantified, with diagrams if this is helpful.		
10	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	3b) How can care be improved as a result of integration? However no exact data is given to support the case for change, or quantifies levels of unmet need, service quality or inefficiency in service quality. No diagrams are included in relation to data in making the case for change.  The plan sets out what further integration is anticipated to achieve in	The HWB representatives explained that the BCF brings forward the Hartlepool and Stockton combined five year strategy building on work that is already taking place.	No longer a risk - no further action required		
11	Narrative	Top Risks	N5-The plan is not aligned	8b)Service provider engagement: The plan confirms some alignment with strategic plans but it is not clear that the schemes described in the plan are all included as part of the two year operating places for 2014 to 2016.  As a result it is not clear if schemes are part of the two year plans or not and therefore risks inherent in this cannot be assessed.	The Stockton representatives explained that they were frustrated at times that community members saw the BCF as a stand alone series of schemes, and that they were striving to ensure it was mainstream. They confirmed that it was included within their 2 year operational plans and their five year strategic vision.	No longer a risk - no further action required		
12	Narrative	Top Risks	N5-The plan is not aligned	8c) does the plan link with the enhanced GP service to be delivered through "Transforming Primary Care"? For areas that have not applied for co-commissioning status does the local area demonstrate that the plan has been discussed with primary care leads? The CCG submitted an expression of interest for co-commissioning in June 2014. The plan states that the CCG "intends" to work with member practices, stake holders, voluntary organisations, public health and social care partners and local communities to identify health	The HWB team explained that the BCF had been discussed by the Council of Members, workstream leads and locality forums which all include GPs.	No longer a risk - if the following action is put in place (enter action in box below)  The HWB will provide minutes/evidence of forums where the BCF has been discussed with GPs and linked to transforming primary care.		
13	Narrative	Top Risks	N6-The plan depends heavily on local providers but this is currently not recognised by the providers	11a) does the provider explicitly state that they recognise and agree with the non-elective admissions activity reductions? Provider commentary was received from north Tees and Hartlepool NHS Foundation Trust. It confirmed that the Trust had been involved in the planning for the BCF and that the vision and principles of the BCF plan are aligned to the strategic direction of the Trust and as such fully endorsed by the Trust.	The Trust representative explained that there was anxiety with regards to the level of details on the plans at present and what will be achieved but realised that further detail is being worked up. Risk sharing is assessed and managed on an annual basis. The Trust agreed with the figures on the plan as presented.	No longer a risk - no further action required		
14	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	3.1 b) Are the planned trajectories for all three of the set metrics (Residential Admissions, Reablement, and DTOCs) consistent with the quantified impact of any supporting schemes as set out in the 4. HWB Benefits Plan tab?  Commentary: explain how the quantified impact in tab 4 relates to the overall figure Benefits Plan not completed for 14/15.	The HWB explained that they were unable to disaggregate the benefits of the supporting metrics to individual schemes in order to represent them in the Benefits Plan. The total reduction of 1520 includes any impact which would be felt by changes in the activity represented by the supporting metrics. In addition, the plans for the Supporting Metrics had been set to deal with increase in population and maintain performance levels.	No longer a risk - if the following action is put in place (enter action in box below)  Suggested action: Add a matrix to Part A which will bring together all relevant information to • describe the rationale for the decision to provide a single aggregated figure in the Benefits Plan and explain the difficulties of disaggregation • give a summary of the multiple factors that are expected to have an impact on the total activity change • clearly illustrate which metrics are affected by which schemes. Where possible quantify the impact and if this is not possible add explanation to show where the biggest impact will be for each metric.		
15	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	4 a) Part 1, Annex 1: Detailed Scheme Description: Is there a clear description of relevant metrics that will be used to measure and monitor the impact of BCF schemes that contribute to the reduction in non-elective admissions and supporting metrics, namely: ii. the supporting metrics (Residential Admissions, Reablement, and DTOCs)?	The HWB explained that their overall reduction of 1520 included the effects of many different schemes and changes in service provision and it was therefore difficult to disaggregate the total to separate schemes in the Benefits Plan. They explained that they were reluctant to apply any arbitrary split to schemes and had made a decision to report a single aggregated figure to represent the total change anticipated to result from the BCF changes.	No longer a risk - if the following action is put in place (enter action in box below)  Suggested action: Add a matrix to Part A which will bring together all relevant information to • describe the rationale for the decision to provide a single aggregated figure in the Benefits Plan and explain the difficulties of disaggregation • give a summary of the multiple factors that are expected to have an impact on the total activity change • clearly illustrate which metrics are affected by which schemes. Where possible quantify the impact and if this is not possible add explanation to show where the biggest impact will be for each metric.		
16	Analytics	Further Risks	A8-Supporting Metrics: contextual information indicates that the plan(s) may be under or over ambitious	3.1 c) Do the planned trajectories for all three of the set metrics (Residential Admissions, Reablement, and DTOCs) indicate a reasonable level of ambition, taking into account available contextual information?  Commentary: list indications for less than challenging ambition	The HWB explained that their plans may appear under ambitious as the a decision had been made to maintain performance levels and account solely for population increase.	No longer a risk - no further action required		
17	Analytics	Further Risks	A9-Supporting Metrics: under or over ambitious plans are not explained fully or appropriately	3.1 d) For all three of the set metrics (Residential Admissions, Reablement, and DTOCs) if there are any 'red ratings' on the plans for 14/15 or 15/16 or the 'Annual change %' shows a deterioration in performance, does the rationale provided give reasonable and appropriate evidence for this?  Commentary:	The HWB explained that there had been a steady increase through 13/14. Q14/15 continues that trend and so the comparison with Q1 13/14 shows a big difference. As described in priority 16 plans have been set to maintain the steady state and turn around this upward trend.	No longer a risk - no further action required		
18	Analytics	Further Risks	A10-Supporting Metrics: information provided on Patient Experience Metric is not valid	3.2 a) Is the metric adequately described: ii. For the patient experience metric?  Commentary: describe the issue(s). ii it is noted that the metric is to be locally determined, no description or other detail is given	The HWB explained that they are working with the LAT to identify a suitable metric. They are hoping to co-ordinate the creation of this measure as a region. They plan to use an Integrated Patient Survey to ask this question but the survey cannot be developed until the Integrated Services are in place. The lack of a suitable survey has been raised at each BCF checkpoint. The HWB has requested advice/support as current local/national surveys would not demonstrate the patients satisfaction of the new integrated services and therefore a survey will need to be developed to ensure qualitative information is gained, the survey will need to be produced when pathways and services are agreed to ensure feedback is relevant to the service.	No longer a risk - if the following action is put in place (enter action in box below)  Suggested action: provide narrative to give more detailed description of the development of the Patient Experience Metric.		
19	Analytics	Further Risks	A10-Supporting Metrics: information provided on Patient Experience Metric is not valid	3.2 b) Are the figures submitted for the baseline and planned for 14/15 and 15/16 valid: i. For the patient experience metric?  Commentary: describe the issue(s). ii no details provided	The HWB explained that they are working with the LAT to identify a suitable metric. They are hoping to co-ordinate the creation of this measure as a region. They plan to use an Integrated Patient Survey to ask this question but the survey cannot be developed until the Integrated Services are in place.	No longer a risk - if the following action is put in place (enter action in box below)  Suggested action: provide baseline and plans including numerators and denominators for the Patient Experience Metric when they are available.		
20	Analytics	Further Risks	A10-Supporting Metrics: information provided on Patient Experience Metric is not valid	3.2 c) Is there a clear link between the chosen metric and the impact described in any of the detailed scheme descriptions set out in Part 1 – Annex 1, for: i. For the patient experience metric?  Commentary: describe the issue(s). i)The Patient Experience metric has not been defined. Improvement in Patient Experience is mentioned in several schemes but no link is	The HWB explained that they are working with the LAT to identify a suitable metric. They are hoping to co-ordinate the creation of this measure as a region. They plan to use an Integrated Patient Survey to ask this question but the survey cannot be developed until the Integrated Services are in place. The lack of a suitable survey has been raised at each BCF checkpoint. The HWB has requested advice/support as current local/national surveys would not demonstrate the patients satisfaction of the new integrated services and therefore a survey will need to be developed to ensure qualitative information is gained, the survey will need to be produced when pathways and services are agreed to ensure feedback is relevant to the service.	No longer a risk - if the following action is put in place (enter action in box below)  Suggested action: provide narrative to give more detailed description of the expected links between the Patient Experience Metric and specific schemes.		

21	Finance	Further Risks	<b>F7-Incompleteness\lack of evidence-based financial planning</b>	4 a) Has the 'HWB Expenditure Plan' tab been completed fully and all the columns been completed against each scheme?  A number of the Provider cells (column I) have not been completed	For reasons of procurement law and inability to determine who the future provider may be, it is not possible to complete all of these cells	<b>No longer a risk - no further action required</b>		
22	Finance	Further Risks	<b>F9- Unrealistic savings</b>	5 c) Do the benefits arising from Supporting Metrics (Non-P4P) seem reasonable: i.e. i) Do activity reductions used in the HWB Benefits Plan reflect activity reductions in HWB Supporting Metrics? ii) Are the unit prices used excessively low or high? iii) Have the benefits have been allocated appropriately across schemes?	HWB have looked at financial benefits to CCG and Local Authority overall, as they are not likely to be separately identifiable and measurable to any material level - but also see response to risk 14	<b>No longer a risk - no further action required</b>		
23	Narrative	Further Risks	<b>N8-Insufficient documentation of the risks</b>	7b) 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? The plan states that the CCG and Borough Council have agreed to operate the main schemes on a pilot basis thereby minimising risk of non-delivery and adding flexibility. The plan states that both the CCG and LA have set aside contingencies within their financial plans which may be required should schemes not achieve	The HWB agreed that this detail is not evidence within the plan. They confirmed that contingencies had been set aside.	<b>No longer a risk - if the following action is put in place (enter action in box below)</b>  The HWB gives further detail on the risk sharing arrangements and how they have been calculated. To include risk sharing arrangements with Acute provider.		
24	Narrative	Further Risks	<b>N8-Insufficient documentation of the risks</b>	7c) 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? This is not stated in section 5.	The HWB representatives confirmed that this had been discussed with the HWB and other groups. The HWB have been cited on the plan/updates in relation to the assurance process and subsequently signed it off.	<b>No longer a risk - no further action required</b>		
25	Area	Category	<Please select applicable risk>			<Please select Risk Status>		
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>		