erstanding the NCAR process and implementing the Better Care Fur

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 f
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 informa
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: - A material concern about the ability to deliver the national conditions - A material concern about the credibility of the non-elective target, given either current performance or the provider engagement in the plan - 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
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 re
in 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 identifie
The next steps for local areas in each approval category are:

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 a 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. This manage 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 Noven
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 Bette 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, a 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 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 expenditur assigned an Better Care 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 supp 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 th

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 Advisor or NHS England relationship manager (as appr
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
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 re
	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 wh
	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 endles their story and professionals spend less time filling out paperwork
	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 n
	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
2. NHS funding	Condition 2: The plan must further demonstrate how it are meeting the minimum funding requirement for NHS out of hospital services
3. NEL ambition	Condition 3: The plan must further demonstrate how they will deliver the planned NEL reduction
4. Plan quality	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 towards 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 p
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

Local Government Association

Barnsley

Reviewer Body:
South West CSU

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

NHS England

Priority order for HWB Discussion	Revew 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**	Protecting Social Care Services 'In respect of the BCF, we define protecting adult social care in Barnsley as being about maintaining or improving the outcomes of those people who require care services. It is not necessarily about maintaining current levels of expenditure or current models of delivery'. Is this confirmation that access to services/eligibility criteria will not	Set within the context of public sector cuts and in particular Local Government austerity measures. Protecting Social Care Services - defined as maintaining the overall level of outcomes, it isn't about maintaining the current levels of service or indeed models of delivery. There is recognition this will change, eg. via the Target Operating Model of Social Care - focussed around personalisation.	**No longer a risk - no further action required**
2	Finance	Top Risks	**F3-Schemes are not financially evidence-based or financially modelled adequately for full benefits realisation**	Question 6a - Annex 1 in Part One makes it clear that the impact of the virtual ward scheme is being worked up, but a value has been included in tab 4.	The Virtual Ward scheme is one of the key developments impacting on future emergency admissions. The Annex 1 document sets out current considerations however it should be noted that this scheme is currently under development and the service model may yet change. The plan links this development to the revised Intermediate Care Service and the Care Co-ordination Centre development. The Unplanned Care Improvement Programme Board is leading the development and as part of its plan has a timeframe of the end of the financial year to get to an agreed proposal which will form one of the projects for implementation during 2015/16. In	**No longer a risk - no further action required**
3	Finance	Top Risks	**F6-Full budgets are not identified to meet the cost of carers**	Question 3a - No – the discrepancy between the total social care expenditure on tab 3 and the total protected shown on tab 2 has not been explained in cell G18.	£700,000 - Care Act Implementation.	**No longer a risk - no further action required**
4	Finance	Top Risks	**F4-BCF financial risks are not fully identified, inadequate contingencies, lack ownership**	Question 6c - i) The plan Part One does not demonstrate that risk sharing arrangements have been calculated using analytics and modelling. ii) Yes. iii) The risk share proportions are not set out apart from saying that risk will fall to the relevant commissioning body.	In reaching the position on risk sharing, the financial context across commissioners and providers has influenced the plan narrative. It is recognised that this is an area for further negotiation, and the ongoing work to develop an economic modelling tool for the Borough provides the basis for these discussions. The financial plan is therefore based upon commissioners holding the risk at this stage. The analytics will flow from the economic modelling work and will be used to further refine the plan moving forward.	**No longer a risk - if the following action is put in place (enter action in box below)** Further work on economic modelling is completed as per current plan.
5	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**	Need 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. A link to JSNA is included (and some further info provided under Case for Change), but a direct reference is required to find the above information, plus a narrative to explain the response to these	The vision is set within the Health and Wellbeing Strategy and owned across the H&WB. A safe and sustainable system will:- - co-ordinate around the individual - targeted to their specific needs, - maximise independence - by providing more support at home and in the community, - better co-ordinate information, advice and sign posting to alternative services to promote self-help and self-care,	**No longer a risk - no further action required**
6	Narrative	Top Risks	**N5-The plan is not aligned**	The plan states that other initiatives support BCF (though doesn't specifically mention housing or the use of technology in this section), but doesn't articulate how, or what the interdependences are. Ernst and Young are currently supporting the development of economic modelling, to build a better understanding of how key schemes will impact the wider health economy.	Links to the comments for risk 11 and 12 and the broader transformational journey with the inclusion of schemes as part of that broader transformation, some of which are in development and unable to articulate a full benefits profile at this stage. The use of technology is covered in the data sharing section and our Holistic Patient Care Project and ICT Strategy Group.	**No longer a risk - no further action required**
7	Narrative	Top Risks	**N6-The plan depends heavily on local providers but this is currently not recognised by the providers**	The acute provider is well engaged, but states that it is not clear or evidenced that they will reduce admissions to the outlined level. Annex 2 refers to the Risk Section regarding implications on services provided by their organisation; but this is not covered (e.g. stranded costs) in the Risk Log.	BHNFT are a full and active member of the H&WB, SSDG (Executive of the H&WB) and BCF Working Group - responsible for overseeing the production of the submission. BHNFT are fully committed to the BCF ambitions and broader transformation journey across the health and care system but understand the challenge of the 3.5% reduction in the current climate with financial pressures and demographic changes. The risk section of the submission (p21-26 of part 1) clearly articulates the financial risks,	**No longer a risk - no further action required**
8	Narrative	Top Risks	**N7-There is unsufficient detail as to how the schemes will be delivered**	Need confirmation that the feedback loop for each scheme will address each item on the checklist. Need confirmation that the key success factors for each scheme will address each item on the checklist. Need confirmation that the Impact for each scheme will address each	The schemes within the submission express a quantified correlation to the ambitions of the BCF, but also includes some schemes which form part of the broader transformation journey in Barnsley. Certain schemes are in development and consequently a fully quantified benefits profile isn't available at this time. This will be populated as the schemes come through to implementation. All schemes will express contribution to BCF ambitions and/ or the broader transformation journey as appropriate.	**No longer a risk - no further action required**
9	Analytics	Top Risks	**A3-P4P: contextual information indicates that the non-elective plan may be under or over ambitious**	2b - Potentially over-ambitious – contextual data and trends show NEL admissions have increased year on year since 2011-12 and that increases over this year and next year have been planned for NELs (Unify submission). There is an average projected increase in population. BCF planned reductions are particularly significant for Q2 and Q3 2015-16 compared to trends.	Reviewer notes from HWB teleconference: many schemes/plans for reducing NELs have been set in motion now, but need to be operationalised. Further feedback to be provided. HWB Feedback: There have been increases in Emergency Admissions in recent years, however over the last 12 months there have been a number of changes to the way in which services are delivered and the	**No longer a risk - no further action required** Further relevant and supportive feedback has been received from the HWB to give further assurance around the level of ambition.
10	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**	2c - The quantified impact of schemes contributing to a reduction in non-elective admissions on the Benefits Plan Tab 4 is greater than the overall ambition; a reduction of 1,479 (1,327 of these in 2015-16) admissions from schemes, compared to the ambition of -1,060.	Reviewer notes from HWB teleconference: Q2c – Suspect that reductions identified in the Benefits Tab relate to full financial years. This will be checked and confirmed back to us. Feedback from HWB: The variation in the figures is due to the different time periods used in the different tabs of the template.	**No longer a risk - no further action required** Feedback from HWB confirms the reason for variance is due to the quantified impact relating to whole financial years; whereas the ambition reflects reductions up to Q3 15-16 only.
11	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**	4a - Not all schemes include a clear description of metrics used to measure impact and monitor schemes cross referenced with the HWB Benefits plan, BCF metrics or contribution to overall BCF objectives.	Reviewer notes from HWB Teleconference: Q4a – Schemes reflect the overall strategy which is broader than the BCF. Many already reflect current practice and metrics are readily available; metrics for other schemes still need developing. It is strongly believed that all schemes contribute to/support the BCF even if can't be linked to the metrics. Feedback along these lines will be provided to us.	**No longer a risk - no further action required** Further relevant and supportive feedback has been received from the HWB which gives assurance that the affect of all schemes are planned to support/contribute to, the BCF objectives.
12	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**	3.1b - No quantified impacts are detailed	As per the above cell.	**No longer a risk - no further action required** Feedback from HWB is relevant and provides further assurance around the risk raised.
13	Analytics	Further Risks	**A8-Supporting Metrics: contextual information indicates that the plan(s) may be under or over ambitious**	3.1c - Residential admissions and Reablement – statistically significant improvements to performance are planned for 2014-15 but a planned zero improvement to the numerator (admissions) and the proportion (reablement) for 2015-16. Can any further supporting information be provided around these? Delayed transfers of care – plans are under ambitious? – there are	Feedback received from the HWB: Due to the significant financial pressures across the health and care system and the demographic profile, success in maintaining the performance from 14/15 to 15/16 would be extremely positive. DTOC - We currently have a very low average rate per month and therefore our BCF plan is to maintain this rate across the planning period. The numerator for both years shows a slight	**No longer a risk - no further action required** Feedback from HWB is relevant and provides further assurance around the risk raised.
14	Analytics	Further Risks	**A10-Supporting Metrics: information provided on Patient Experience Metric is not valid**	2b - i. Patient/Service User experience metric: description - clarification needed as to how the numerator and denominator will be obtained; baseline data period needs to be provided. ii. Local Metric (existing NHS OIS/Outcomes Framework metric) confirmation needed that the two reporting periods used for the	Feedback from the HWB: The patient experience metric is the measure incluuded in the NHS outcomes framework and the CCG have included a level of ambition against this in the operational and strategic plans. The rate is published via the HSCIC but as this is a national GP survey we do not have access to the numerator and denominator. On reviewing the information it has been identified however that the baseline should be 5.3, 14/15 target 5.2 and 15/16 target 5.1. This can be amended as	**No longer a risk - no further action required** Patient experience metric - feedback indicates that there are submitted plans for 14/15 and 15/16, that these plans reflect improvements in performance, and that the rate can be obtained from published data. Local Metric - feedback confirms that the baseline period meets the criteria.
15	Analytics	Further Risks	**A10-Supporting Metrics: information provided on Patient Experience Metric is not valid**	3.2b – i. Patient/Service User experience metric: no numerator or denominator provided and no clarification of how they will be obtained; unable to review how the metric value has been obtained; plan periods are the same as the earlier period(s); unable to review the denominator.	As per risk 14.	**No longer a risk - no further action required** Patient experience metric - feedback indicates that there are submitted plans for 14/15 and 15/16, that these plans reflect improvements in performance, and that the rate can be obtained from published data.
16	Analytics	Further Risks	**A10-Supporting Metrics: information provided on Patient Experience Metric is not valid**	3.2c – Neither metric can be clearly linked to a scheme in Part 1 – Annex 1.	Feedback from the HWB: The patient experience metric and the local metric are linked into our wider plans and we would expect the BCF to contribute to the delivery of the wider transformation of health and care and therefore impact on people's perception of primary care (rightcare will improve access for GP's patients into other care settings) and all activities at a community level will impact upon people with LTC's.	**No longer a risk - no further action required** Feedback from HWB is relevant and provides further assurance around the risk raised.
17	Narrative	Further Risks	**N8-Insufficient documentation of the risks**	Identified risks are high level and largely unquantified (also not clear where the risks sit), and no clear cross referencing to risks identified in other sections. Not clear whether the risk log has been developed in partnership with all stakeholders. No quantified pooled funding amount that is 'at risk' as been stated	The risks have been developed as part of the planning process for the BCF with the full engagement of all stakeholders - commissioners and providers in Barnsley. Detailed discussions at H&WB on the 18.09.14 to understand the risks and approach locally. The quantification of the 'at risk' pooled amount in detail relates to the detailed analysis taking place utilising the economic modelling tool.	**No longer a risk - no further action required**
18	Narrative	Further Risks	**N9-Insufficient evidence of engagement**	Require evidence of a clear 'you said, we did' framework, and how their perspectives and feedback have been embedded in the performance metrics of the BCF schemes. Not explicitly clear that the implications of BCF delivery have been reflected in the provider's operational plans (in Annex 2 the acute provider states that it is not clear or evidenced that they will reduce	Stakeholders have and are being fully engaged in the design and development of the individual schemes to ensure greater engagement, insight and ownership. This will continue for all schemes. Providers are full and active members of the H&WB and are fully engaged in the BCF. BHNFT and SWYPFT were both present in the conference call. All partners are fully committed to the BCF ambitions and broader transformational journey under the H&WB to ensure a safe and	**No longer a risk - no further action required**
19	Finance	Further Risks	**F10-Schemes are implemented but not monitored**	Question 5a ii) No. The unit prices entered in 2015/16 for reductions in residential admissions is set to £300k, which can't be right. Similarly the unit price quoted for 'reduction in average cost of care and numbers in receipt of a care package' can't be correct.	38 bed reduction at an average net cost of £13,100 p/yr offset by the average cost of community support of £4,300 which will deliver total savings of £0.3m.	**No longer a risk - no further action required**
			F10-Schemes are implemented but	Question 5bi) The number of avoided NEL adm on the P4P tab (1060)	As per previous comments in risk 10.	**No longer a risk - no further action required**

20	Finance	Further Risks	**not monitored**	does not match the number stated on tab 4.		
21	Finance	Further Risks	**F10-Schemes are implemented but not monitored**	Question 5c - i) No: neither the DTOC or residential adm numbers match between the two tabs ii) Unit prices have not been used correctly for residential adm.	As per previous comments in risk 19.	**No longer a risk - no further action required**
22	Area	Category	**<Please select applicable risk>**			**<Please select Risk Status>**
23	Area	Category	**<Please select applicable risk>**			**<Please select Risk Status>**
24	Area	Category	**<Please select applicable risk>**			**<Please select Risk Status>**
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>**

Part E: BCF Plans NCAR Review Summary

Barnsley

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)	£18,358
Additional CCG contribution 15/16 (£000s)	£0
Total contribution (including LA) (£000s)	£20,374
Risk raised relating to National Conditions as part of initial NCAR review?	No
Non-elective activity reduction %	- 3.5%
P4P size/value (£000)	£2,349
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	0
Analytics	1
Finance	1

Lead Reviewer's Narrative

a) Overall findings
The Barnsley plan review identified a number of risk items which were discussed with the HWB. The vast majority of these were addressed through the answers given on the call, and through specific actions to take forward. Whilst the answers were sufficient to assure the reviewers of the quality and depth of planning, further work is needed to translate this back into the plan and also to undertake further modelling of financial risks. This work was of the scale and complexity that means it can be completed within one month, as a result the Barnsley plan is **Approved with Support**.

b) Narrative Plan Template
A number of narrative risks were identified through the review relating to the depth of evidence provided or the read across to other elements of the plan. None of these risks were deemed to materially affect the robustness of the underlying approach, but they will need to be addressed. In particular, the use of the Economic Modelling Tool in October will be key to providing the assurance of the detailed alingment with broader strategies (Such as housing).

Whilst assurance was provided as to the depth of the engagement, the plan should include more detail of the engagement plan for BCF stakeholders.

c) Activity & Finance Template
There is one outstanding financial risk which has not been addressed through the HWB call, namely the identification and detailed modelling of financial risks, which will be addressed through the Economic Modelling Tool work already underway in October.

d) Pending\Mitigating Actions
- Feed results of Economic Modelling tool work back into the risk management plan
- Use results of Economic Modelling tool work to ensure alignment with broader strategies (such as housing)
- Provide detail of the engagement plan

Top 10 Schemes (in order of highest expenditure first)	Expenditure as at 15/16 (£000s)
Scheme Intermediate care	£9,964
Scheme Name2: Maintaining Eligibility Criteria for Social Care (Core Service)	£3,501
Scheme Name3: 7 day services	£1,700
Scheme Name4: Disabled facilities	£1,326
Scheme Name5: Maintaining Eligibility Criteria for Social Care (Demographics)	£1,244
Scheme Name6: Short-term residential care	£710
Scheme Name7: Care Act implementation	£700
Scheme Name8: Social care adaptions	£690
Scheme Name9: Supporting Technology Developments	£439
Scheme Name10: Carer's group funding	£51

Local Government Association

Barnsley

Reviewer Body:
South West CSU

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

NHS England

Priority order for HWB Discussion	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	**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 assessmenst day	**No longer a risk - if the following action is put in place (enter** 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. eview of raw data	10/12/2014
1	**N1-The National Conditions have not been met**	Protecting Social Care Services 'In respect of the BCF, we define protecting adult social care in Barnsley as being about maintaining or improving the outcomes of those people who require care services. It is not necessarily about maintaining current levels of expenditure or current models of delivery'. Is this confirmation that access to services/eligibility criteria will not be restricted? Require a quantified allocation within the BCF which is for the implementation of the Care Act (is this the £700,000 referred to in scheme 9?). 7DS - The plan states a need to expand 7DS further, and that further detailed work will be taking place during 2014/15. Require further info regarding milestones and actions to complete this work (scheme 6 supports 7DS). Require further detail of how 7DS is built into provider contracts. Data Sharing - The approach/rationale for Open APIs and Open Standards are clear; but further information is required on progress made to date and action plans/milestones for full implementation. Joint Assessments - '...we will be further developing out integrated approach to assessment and care planning...' '...on a pilot basis from 2015/16 there will be a single process of assessment for Intermediate Care pulling together the currently fragmented approach to assessment.' Require further details of plans for health and social care teams to use a joint process to assess risk and plan care (how is this workstream being managed, what are the key milestones, what are the risks/barriers and mitigations to achieving this?). Require further detail regarding how GPs will be supported in being accountable for co-ordinating patient centred care for older people and those with complex needs. Require evidence of consideration of the impact of these systems for people with Dementia and mental health problems.	Set within the context of public sector cuts and in particular Local Government austerity measures. Protecting Social Care Services - defined as maintaining the overall level of outcomes, it isn't about maintaining the current levels of service or indeed models of delivery. There is recognition this will change, eg. via the Target Operating Model of Social Care - focussed around personalisation. The pressure nationally is around Learning Disability not Older People. No intention to change eligibility criteria - the Care Act will have implications. Yes - £700,000 is the Care Act allocation. 7 Day Services - As stated within the Plan, arrangements are in place in 2014/15 for seven day services across acute, community and social care in the Borough. This has been contracted by the CCG non-recurrently for the year, utilising CCG non- recurrent resources set aside to facilitate the development of the BCF as well as system resilience funding. These developments are planned to continue into 2015/16 and beyond, and will form part of the contractual negotiations commencing shortly. Data Sharing - The H&WB has made a commitment to share information across agencies in order to ensure the best outcomes for local people. The delivery of this vision will be supported by an ICT Strategy currently in development and due to be signed off by the H&WB in readiness for 2015/16. Barnsley has previously been regarded as at the forefront of technological developments to support joint working and our aspiration will be supported by the existing N3 connection between social care and health. A bid for IDCF funding is under consideration to support the next stage of development and this links to the Pioneer programme. This project is now moving forward and the next stage developments will be outlined within the agreed Strategy. A copy of the bid document is attached. A commitment has been given by the Local Clinical Senate that Primary Care will share patient information (subject to compliance with information governance requirements) and the ICT Strategy Group is exploring technological options to enable this to happen. There is an outline	**No longer a risk - no further action required**		
2	**F3-Schemes are not financially evidence-based or financially modelled adequately for full benefits realisation**	Question 6a - Annex 1 in Part One makes it clear that the impact of the virtual ward scheme is being worked up, but a value has been included in tab 4.	The Virtual Ward scheme is one of the key developments impacting on future emergency admissions. The Annex 1 document sets out current considerations however it should be noted that this scheme is currently under development and the service model may yet change. The plan links this development to the revised Intermediate Care Service and the Care Co-ordination Centre development. The Unplanned Care Improvement Programme Board is leading the development and as part of its plan has a timeframe of the end of the financial year to get to an agreed proposal which will form one of the projects for implementation during 2015/16. In completing the financial templates an estimate has been made of impact on emergency admissions. This will be firmed up as the project plans are refined. The estimated impact in 2015/16 of this development is a very small proportion of the total 3.5% target reduction and the risk of under achievement will be closely monitored as part of regular reporting to the Health and Wellbeing Board.	**No longer a risk - no further action required**		
3	**F6-Full budgets are not identified to meet the cost of carers**	Question 3a - No – the discrepancy between the total social care expenditure on tab 3 and the total protected shown on tab 2 has not been explained in cell G18.	£700,000 - Care Act Implementation.	**No longer a risk - no further action required**		
4	**F4-BCF financial risks are not fully identified, inadequate contingencies, lack ownership**	Question 6c - i) The plan Part One does not demonstrate that risk sharing arrangements have been calculated using analytics and modelling. ii) Yes. iii) The risk share proportions are not set out apart from saying that risk will fall to the relevant commissioning body.	In reaching the position on risk sharing, the financial context across commissioners and providers has influenced the plan narrative. It is recognised that this is an area for further negotiation, and the ongoing work to develop an economic modelling tool for the Borough provides the basis for these discussions. The financial plan is therefore based upon commissioners holding the risk at this stage. The analytics will flow from the economic modelling work and will be used to further refine the plan moving forward.	**No longer a risk - if the following action is put in place (enter action in box below)** Further work on economic modelling is completed as per current plan.	Report of outcome of economic modelling Supplementary note in relation to the use of the model and the S.75 agreement timescales	28/11/2014

5	**N3-The plan does not describe a clear overarching vision for the future of health and social care in the local area**	Need 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. A link to JSNA is included (and some further info provided under Case for Change), but a direct reference is required to find the above information, plus a narrative to explain the response to these challenges. Barnsley have clearly articulated the challenges it faces, however, the checklist also requires 'An articulation, at a high level, of how integration (of systems, processes, teams, budgets) could be used to improve the issues – i.e. set out in broad terms the theory of change or logic that supports the Better Care Fund plan'.	The vision is set within the Health and Wellbeing Strategy and owned across the H&WB. A safe and sustainable system will:- - co-ordinate around the individual - targeted to their specific needs, - maximise independence - by providing more support at home and in the community, - better co-ordinate information, advice and sign posting to alternative services to promote self-help and self-care, - develop more effective prevention, re-ablement and targeted short term interventions to keep people out of the formal system for as long as possible, - support people to manage their long term conditions and those with greatest needs. The H&WB has; secured pioneer status for health and care integration (1 of 14 nationally), are committed to the development of a Medium Term Financial Startegy to ensure the best use of the Barnsley Pound, undertaking some financial and activity modelling to assess and quantify the impact of system changes, and secured the support of Systems Leadership to help work through the transformation required in Barnsley. All of which combine to bring together the key ingredients to develop a safe and sustainable health and care system.	**No longer a risk - no further action required**		
6	**N5-The plan is not aligned**	The plan states that other initiatives support BCF (though doesn't specifically mention housing or the use of technology in this section), but doesn't articulate how, or what the interdependences are. Ernst and Young are currently supporting the development of economic modelling, to build a better understanding of how key schemes will impact the wider health economy. What is the timeline for to provide this clarity? Need confirmation of when/at what stage co-commissioning was discussed with primary care leads, and a description of how/the method of engagement. Also require details of what issues were raised throughout this process, and how they were addressed.	Links to the comments for risk 11 and 12 and the broader transformational journey with the inclusion of schemes as part of that broader transformation, some of which are in development and unable to articulate a full benefits profile at this stage. The use of technology is covered in the data sharing section and our Holistic Patient Care Project and ICT Strategy Group. The economic modelling tool is due to be presented to the H&WB Finance Group in mid-October. Following this, the tool will be used to model the impact of scenarios linked to the key developments set out within the Plan. It is anticipated that the results of this will inform NHS contractual negotiations for 2015/16. As part of delivering Year 2 of their Turnaround Plan, BHNFT are undertaking a sustainability review and it has been agreed that the modelling tool will be made available to support impact analysis of scenarios. The CCG has an ambitious programme of Primary Care Development in place for 2014/15 and practice membership is fully engaged in developments. A number of practice membership engagement events have taken place to shape the development of the Strategy. Primary Care co-commissioning has been discussed with Primary Care representatives at a meeting of South Yorkshire and Bassetlaw Primary Care, CCG and NHSE reps in September. A Membership Council is planned for October where co-commissioning will be discussed.	**No longer a risk - no further action required**		
7	**N6-The plan depends heavily on local providers but this is currently not recognised by the providers**	The acute provider is well engaged, but states that it is not clear or evidenced that they will reduce admissions to the outlined level. Annex 2 refers to the Risk Section regarding implications on services provided by their organisation; but this is not covered (e.g. stranded costs) in the Risk Log.	BHNFT are a full and active member of the H&WB, SSDG (Executive of the H&WB) and BCF Working Group - responsible for overseeing the production of the submission. BHNFT are fully committed to the BCF ambitions and broader transformation journey across the health and care system but understand the challenge of the 3.5% reduction in the current climate with financial pressures and demographic changes. The risk section of the submission (p21-26 of part 1) clearly articulates the financial risks, operational and quality risks across the system, including specifically in relation to BHNFT. A sustainability review has commenced in BHNFT and one of the key assumptions in forward planning will be reduced emergency activity.	**No longer a risk - no further action required**		
8	**N7-There is unsufficient detail as to how the schemes will be delivered**	Need confirmation that the feedback loop for each scheme will address each item on the checklist. Need confirmation that the key success factors for each scheme will address each item on the checklist. Need confirmation that the Impact for each scheme will address each item on the checklist (i.e. evidence of consultation in developing outcomes and further detail on how the schemes will impact key metrics and pt experience). Ernst and Young are currently supporting the development of economic modelling, to build a better understanding of how key schemes will impact the wider health economy.	The schemes within the submission express a quantified correlation to the ambitions of the BCF, but also includes some schemes which form part of the broader transformation journey in Barnsley. Certain schemes are in development and consequently a fully quantified benefits profile isn't available at this time. This will be populated as the schemes come through to implementation. All schemes will express contribution to BCF ambitions and/ or the broader transformation journey as appropriate. Barnsley has a strong and rich history of partnership working, collaboration and co-production with some notable successes. We are also one of 14 pioneers for health and care integration announced by Norman Lamb MP late last year. The governance for the schemes rests with the H&WB. The economic modelling being supported by Ernst and Young will enable us to be able to articulate the key transformational changes across the health and care system and quantify their impact in order to ensure the best possible outcomes for Barnsley people across the pathway and to deliver the best value for the Barnsley Pound. This work should be reporting before the end of the year.	**No longer a risk - no further action required**		

9	**A3-P4P: contextual information indicates that the non-elective plan may be under or over ambitious**	2b - Potentially over-ambitious – contextual data and trends show NEL admissions have increased year on year since 2011-12 and that increases over this year and next year have been planned for NELs (Unify submission). There is an average projected increase in population. BCF planned reductions are particularly significant for Q2 and Q3 2015-16 compared to trends.	Reviewer notes from HWB teleconference: many schemes/plans for reducing NELs have been set in motion now, but need to be operationalised. Further feedback to be provided. HWB Feedback: There have been increases in Emergency Admissions in recent years, however over the last 12 months there have been a number of changes to the way in which services are delivered and the pathways. These changes along with the implementation of the schemes identified in the BCF should support us to reduce emergency admissions. Given the national steer towards a target of at least 3.5% and in consideration of trend information and comparative information in relation to recent performance in reducing emergency admissions we felt that it would be challenging to deliver the reduction required but that it would be difficult to demonstrate a robust case for setting anything less ambitious. Barnsley's H&WB wants to match the national ambition of 3.5% and effectively set their stall out to all agencies around this target. We feel that we have the right models to deliver and are working together to ensure they are operationalised effectively. For each proposal we are working through the modelling, agreeing the capacity it will deliver, and ensuring that for all the models there are realistic criteria and gateways for accessing the services. With the right buy in and workable models that are in place and demonstrating impact we are giving ourselves the best chance to achieve this target.	Further relevant and supportive feedback has been received from the HWB to give further assurance around the level of ambition.		
10	**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**	2c - The quantified impact of schemes contributing to a reduction in non-elective admissions on the Benefits Plan Tab 4 is greater than the overall ambition; a reduction of 1,479 (1,327 of these in 2015-16) admissions from schemes, compared to the ambition of -1,060.	Reviewer notes from HWB teleconference: Q2c – Suspect that reductions identified in the Benefits Tab relate to full financial years. This will be checked and confirmed back to us. Feedback from HWB: The variation in the figures is due to the different time periods used in the different tabs of the template. In the benefits tab we have included the total benefits for each financial year. In the P4P tab the reduction is based on the period up to the end of Q3 2015/16 and is therefore less for the purposes of the payment for performance.	**No longer a risk - no further action required** Feedback from HWB confirms the reason for variance is due to the quantified impact relating to whole financial years; whereas the ambition reflects reductions up to Q3 15-16 only.		
11	**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**	4a - Not all schemes include a clear description of metrics used to measure impact and monitor schemes cross referenced with the HWB Benefits plan, BCF metrics or contribution to overall BCF objectives.	Reviewer notes from HWB Teleconference: Q4a – Schemes reflect the overall strategy which is broader than the BCF. Many already reflect current practice and metrics are readily available; metrics for other schemes still need developing. It is strongly believed that all schemes contribute to/support the BCF even if can't be linked to the metrics. Feedback along these lines will be provided to us. Feedback from HWB: This is intentional, the BCF is seen as part of a broader transformation journey under the H&WB and as such, some schemes have been included which will have an affect on the overall direction of travel rather than specifically on the benefits profile of the BCF. Some of which are in development and as such are not able to articulate what benefits will be realised at this point. The BCF has been a really helpful catalyst to engineer the broader transformational change requried across the health and care system.	**No longer a risk - no further action required** Further relevant and supportive feedback has been received from the HWB which gives assurance that the affect of all schemes are planned to support/contribute to, the BCF objectives.		
12	**A7-Supporting Metrics: the level of ambition for a given metric is not consistent with the quantified impact of the schemes contributing to it**	3.1b - No quantified impacts are detailed	As per the above cell.	**No longer a risk - no further action required** Feedback from HWB is relevant and provides further assurance around the risk raised.		
13	**A8-Supporting Metrics: contextual information indicates that the plan(s) may be under or over ambitious**	3.1c - Residential admissions and Reablement – statistically significant improvements to performance are planned for 2014-15 but a planned zero improvement to the numerator (admissions) and the proportion (reablement) for 2015-16. Can any further supporting information be provided around these? Delayed transfers of care – plans are under ambitious? – there are planned increases to the numerator for both years. Noted that nationally Barnsley do have a very low delayed transfers rate, with a national ranking of 2.	Feedback received from the HWB: Due to the significant financial pressures across the health and care system and the demographic profile, success in maintaining the performance from 14/15 to 15/16 would be extremely positive. DTOC - We currently have a very low average rate per month and therefore our BCF plan is to maintain this rate across the planning period. The numerator for both years shows a slight increase in order to maintain the same rate but does not see any deterioration and reflects the slight growth in population projections for the 2 years. The average rate per 100,000 population, per month is 49.3 and this is consistent across both reporting years.	**No longer a risk - no further action required** Feedback from HWB is relevant and provides further assurance around the risk raised.		
	A10-Supporting Metrics: information provided on	.2a - i. Patient/Service User experience metric: description - clarification needed as to how the numerator and	Feedback from the HWB:	**No longer a risk - no further action required**		

14	**Patient Experience Metric is not valid**	denominator will be obtained; baseline data period needs to be provided. ii. Local Metric (existing NHS OIS/Outcomes Framework metric) confirmation needed that the two reporting periods used for the baseline are July to September 2013 and January to March 2014 to meet the criteria detailed above.	The patient experience metric is the measure included in the NHS outcomes framework and the CCG have included a level of ambition against this in the operational and strategic plans. The rate is published via the HSCIC but as this is a national GP survey we do not have access to the numerator and denominator. On reviewing the information it has been identified however that the baseline should be 5.3, 14/15 target 5.2 and 15/16 target 5.1. This can be amended as required. For the local metric - Yes it is understood that these are the 2 reporting periods. Again this measure is aligned to the Health and Wellbeing Strategy and the CCG plans.	Patient experience metric - feedback indicates that there are submitted plans for 14/15 and 15/16, that these plans reflect improvements in performance, and that the rate can be obtained from published data. Local Metric - feedback confirms that the baseline period meets the criteria.		
15	**A10-Supporting Metrics: information provided on Patient Experience Metric is not valid**	3.2b – i. Patient/Service User experience metric: no numerator or denominator provided and no clarification of how they will be obtained; unable to review how the metric value has been obtained; plan periods are the same as the earlier period(s); unable to review the denominator. [Local Metric figures meet all the required criteria].	As per risk 14.	**No longer a risk - no further action required** Patient experience metric - feedback indicates that there are submitted plans for 14/15 and 15/16, that these plans reflect improvements in performance, and that the rate can be obtained from published data.		
16	**A10-Supporting Metrics: information provided on Patient Experience Metric is not valid**	3.2c – Neither metric can be clearly linked to a scheme in Part 1 – Annex 1.	Feedback from the HWB: The patient experience metric and the local metric are linked into our wider plans and we would expect the BCF to contribute to the delivery of the wider transformation of health and care and therefore impact on people's perception of primary care (rightcare will improve access for GP's patients into other care settings) and all activities at a community level will impact upon people with LTC's.	**No longer a risk - no further action required** Feedback from HWB is relevant and provides further assurance around the risk raised.		
17	**N8-Insufficient documentation of the risks**	Identified risks are high level and largely unquantified (also not clear where the risks sit), and no clear cross referencing to risks identified in other sections. Not clear whether the risk log has been developed in partnership with all stakeholders. No quantified pooled funding amount that is 'at risk' as been stated in this section; therefore does not also include the analytics behind this funding amount. Allocation of risk is determined by where a failure arises (i.e. in social or health care). As the above mentioned detail is not clear, it is also not clear that the HWB is aware of this detail.	The risks have been developed as part of the planning process for the BCF with the full engagement of all stakeholders - commissioners and providers in Barnsley. Detailed discussions at H&WB on the 18.09.14 to understand the risks and approach locally. The quantification of the 'at risk' pooled amount in detail relates to the detailed analysis taking place utilising the economic modelling tool. This will be analysed in more depth once this detailed work has taken place. It is anticipated that the Section 75 arrangements will set out the risks. Detailed monitoring to the H&WB will include a risk analysis.	**No longer a risk - no further action required**		
18	**N9-Insufficient evidence of engagement**	Require evidence of a clear 'you said, we did' framework, and how their perspectives and feedback have been embedded in the performance metrics of the BCF schemes. Not explicitly clear that the implications of BCF delivery have been reflected in the provider's operational plans (In Annex 2 the acute provider states that it is not clear or evidenced that they will reduce admissions to the outlined level). Require further detail as to how primary care has been engaged.	Stakeholders have and are being fully engaged in the design and development of the individual schemes to ensure greater engagement, insight and owenership. This will continue for all schemes. Providers are full and active members of the H&WB and are fully engaged in the BCF. BHNFT and SWYPFT were both present in the conference call. All partners are fully committed to the BCF ambitions and broader transformational journey under the H&WB to ensure a safe and sustainable health and care system in Barnsley. A provider forum has been established under the H&WB and the BCF has been discussed at all recent meetings. Primary Care have been engaged via the H&WB and CCG.	**No longer a risk - no further action required**		
19	**F10-Schemes are implemented but not monitored**	Question 5a ii) No. The unit prices entered in 2015/16 for reductions in residential admissions is set to £300k, which can't be right. Similarly the unit price quoted for 'reduction in average cost of care and numbers in receipt of a care package' can't be correct.	38 bed reduction at an average net cost of £13,100 p/yr offset by the average cost of community support of £4,300 which will deliver total savings of £0.3m.	**No longer a risk - no further action required**		
20	**F10-Schemes are implemented but not monitored**	Question 5bi) The number of avoided NEL adm on the P4P tab (1060) does not match the number stated on tab 4.	As per previous comments in risk 10.	**No longer a risk - no further action required**		
21	**F10-Schemes are implemented but not monitored**	Question 5c - i) No: neither the DTOC or residential adm numbers match between the two tabs ii) Unit prices have not been used correctly for residential adm.	As per previous comments in risk 19.	**No longer a risk - no further action required**		