

SURREY BETTER CARE FUND

PLAN 2017-19 RISK LOG

SURREY BETTER CARE FUND STRATEGIC RISK REGISTER

OWNER: SURREY HEALTH AND SOCIAL CARE INTEGRATION BOARD

Risk description	Assessment of risk			Mitigating Actions	Risk Owner (key at the bottom)	Risk Quantification (where approp)
	Likelihood	Potential impact	Risk overall			
1. Breakdowns in partnership working results in our inability to co-ordinate and integrate health and social care services, reducing the collective impact on improving health outcomes for vulnerable residents.	1	5	5	<ul style="list-style-type: none"> ➤ Robust partnership governance arrangements established through H&SCIB, H&WB, STP Boards and regularly monitored. ➤ Prioritisation of resources and clear senior leadership across partners to support the development of integrated working ➤ Continued focus on building and maintaining strong relationship between partners through formal and informal means 	SHSCIB	A breakdown in partnership working would not only place Surrey's Better Care Fund at risk, but it would also inhibit the ongoing work to integrate services reducing the ability to manage demand and maintain wellbeing effectively across the whole system leading to significant financial pressures for all partner organisations.
2. Scheduling of change is complex with risk of potential gaps if acute services are reduced before community capacity is in place. Implementing different models on the whole workforce at different timeframes which could have detrimental impact on all providers	3	5	15	<ul style="list-style-type: none"> ➤ Transition planning and co-design will be critical. Close project management and contract management negotiations underpin planned emergency admissions reductions. ➤ Joined up / aligned approach to workforce development and planning. 	LJCGs	N/A

<p>3. Provider capacity in health and social care is insufficiently developed to support the future services required in the community, including voluntary sector and independent providers, to manage demand in line with forecast activity plans.</p>	3	5	15	<ul style="list-style-type: none"> ➤ Effective contract negotiations and ongoing contract / performance management of providers by commissioners ➤ Develop market management strategy to support local joint work programmes across Surrey ➤ Promote good engagement with market as strategic partners to support sustainability, focus on the asset base of local communities to deliver most cost effective models of care ➤ Enhanced effectiveness of commissioner and provider forums through STPs ➤ Evaluation of provider workforce capacity and contract plans to be an integral part of the planning process before a decision to implement ➤ Robust third sector commissioning (moving away from 'grant funding' to delivery of specific outcomes) ➤ Use of contingency allocation of BCF to mitigate some risk in relation to emergency admissions. 	LJCGs & STP Boards	<p>A lack of provider capacity would hinder/prevent the planned reduction in hospital admissions. In addition, a lack of capacity would mean that community based social care services may not be available to meet growing demand impinging of the County Council's strategic aim to promote people's independence in shifting from residential care to community based provision. The financial impact of this is hard to judge precisely due to the number of variables, but an illustrative example is that it could cost £10m annually if there was a 10% shortfall in capacity for community services which required residential packages to be commissioned instead.</p>
<p>4. Better Care Fund local plans in relation to the maintenance of social care services may not be sufficient to meet increasing demands leading to the risk of deterioration in service provision.</p>	3	5	15	<ul style="list-style-type: none"> ➤ Agreement at a local (LJCG) level in relation to the adult social care services funded by the BCF ➤ Regular reports to LJCGs and to the SHSCIB to enable evaluation of local and Surrey-wide trends and mitigating actions. ➤ Additional IBCF contribution to Social Care will contribute the sustainability of social care and support timely hospital discharge 	LJCGs	<p>Work undertaken as part of the 2015/16 BCF planning to review the impact of preventative social care services operating in Surrey indicated £95.8m of whole system benefits being delivered across the health and social care system.</p>

5. Engagement: Insufficient engagement with staff, patients, service users, providers, primary care and the public, so future services do not meet the needs of the local community	2	4	8	<ul style="list-style-type: none"> ➤ Clear communication to providers via Commissioning Intentions and contract negotiations ➤ LJCG to lead and coordinate engagement with staff, patients, service users, providers, primary care and the public ➤ Clear communications and direct engagement from the LJCG with local GPs and primary care teams ➤ Plan signed off at public H&WB meeting, which has broad membership, including Healthwatch and Voluntary Sector 	LJCGs	N/A
6. Data Sharing: Sharing of patient information between providers due to insufficient IT systems or information governance will impact deliverability of project outcomes	1	5	5	<ul style="list-style-type: none"> ➤ Joint development of digital maturity assessment underway system-wide to establish IT landscape ➤ Interoperability and open APIs key indicators and priorities for all partners ➤ Governance arrangements established, sign off at Surrey Health & Wellbeing Board ➤ Digital roadmap project being set up for strategic level IG group to support projects like the shared care record and integrated population data 	SHWB	N/A
7. The actions taken to integrate services do not have the intended impact on BCF metrics and specifically: - emergency admissions; and/or - delayed transfers of care.	3	5	15	<ul style="list-style-type: none"> ➤ Robust analysis of past performance and forecast activity levels informs plans / targets ➤ High quality, regular management information provided to LJCGs and Surreywide to enable issues to be identified and mitigating action to be taken. ➤ Planned actions based upon established good practice and learning from across and outside of Surrey 	LJCGs	As in risk 3 above.

				<ul style="list-style-type: none"> ➤ New HIC models to be implemented across system in collaboration with A&E Delivery Boards. ➤ Additional IBCF funding to contribute to ringfenced funding for social care packages of care, that support hospital discharge 		
8. Inability to properly align / coordinate strategic planning (BCF, STP, operational planning etc) results in missed opportunities, duplication of effort and reduction in our collective impact on improving health outcomes for vulnerable residents.	1	5	5	<ul style="list-style-type: none"> ➤ Plans develop in partnership and jointly signed off ➤ Governance arrangements established with clear indications of alignment with other plans / arrangements ➤ Ongoing focus on engagement across the partnership 	SHSCIB STP Boards	N/A
9. The BCF budget becomes unsustainable due to: - underdeveloped or unrealistic savings plans in the BCF and/or - pressures in the BCF are greater than forecast leading to unplanned cuts to services that are not aligned to the BCF plan.	2	4	8	<ul style="list-style-type: none"> ➤ Months of joint financial planning at Surrey and local level, with modelling and forecasting emphasising realistic assessments ➤ Continuing financial scrutiny at LJCGs and at H&SC Integration Board (latter also for escalation) ➤ Continue building relationships between Surrey financial officers. Open book accounting between partners, to keep the system abreast of the true picture, and avoiding unexpected developments 	SHSCIB, LJCGs and Finance Officers	

Risk owner key:

SHWB – Surrey Health and Wellbeing Board

LJCG – Local Joint Commissioning Groups

SHSCIB – Surrey Health & Social Care Integration Board

STP Boards – Sustainability and Transformation Plan Boards