

Risk Log

| No | Risk | How likely is the risk to materialise? ¹ | Potential impact ² | Overall risk factor | Mitigating Actions | Owner | Timeline |
|----|---|---|-------------------------------|---------------------|---|---|---|
| 1 | If resources are redirected to fund new joint interventions and schemes it may destabilise current service providers, particularly in the acute sector | 2 | 3 | 6 Med | Our current plans are based on the agreed strategy for Bury | Director of Finance (CCG) | Regular review at Integrated Health & Social Care Partnership Board |
| | | | | | The development of our plans will be conducted within the framework of Healthier Together Programme & the GM Devolution work. This allows for a holistic view of impact across the provider landscape and putting co-design of the end point and transition at the heart of this process | | |
| | | | | | An executive level 'Transformation Steering Group' has been established between commissioners and the local acute provider (Pennine Acute Trust) which will oversee the Trusts transformation programme. The transformation programme is intended (within the context of all system reform - including BCF) to ensure a Transformation programme is in place to ensure the sustainability of the Trust. | | |
| | | | | | Providers are part of the Integrated health and Social Care Partnership Board. Progress against delivering the NEL reduction is tracked and this will be monitored against impact on the acute sector. | | |
| | | | | | Triangulation of planning assumptions and provider engagement in development of BCF plans. | | |
| | | | | | Ongoing partnership working and provider engagement | | |
| 2 | The shift of activity from acute to community would result in Council over-spending on social care as a greater number of care packages are required. Proactive care planning may increase costs of | 2 | 4 | 8 Med | Financial transparency between the CCG and the LA in budget setting and development of financial plans to ensure that any assumptions and changes made and the potential impact is assessed across both organisations | Assistant Director – Strategy Procurement & Finance (Local Authority) | |

¹ Please rate on a scale of 1-5 with 1 being very unlikely and 5 being very likely

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| | other services including social care | | | | | | |
| | | | | | £5 million of the BCF has been aligned to ensure the sustainability of Social Care Services which support health. This has been calculated to ensure the sustainability of services within the context of the shift of activity from secondary care to the community | | |
| | | | | | A new governance arrangement for the integrated commissioning between the CCG and the LA has been established for integrated working | | |
| 3 | Data issues and relying on current assumptions could mean that our financial and performance targets are unachievable. | 3 | 4 | 12 High | <p>Targets are aligned to the CCG's annual planning process to ensure consistency.</p> <p>CCG and LA have agreed a risk share to mitigate against the risk associated with non elective growth. This is detailed in the financial section of the plan</p> <p>We are investing specifically in areas such as customer satisfaction surveying and data management to ensure that we have up-to-date information around which we will adapt and tailor our plans throughout the next 2 years</p> | Director of Finance (CCG) & Assistant Director (Local Authority) | Monthly review at Integrated Health & Social Care Partnership Board |
| 4 | If operational pressures are not managed this will restrict the ability of our workforce to deliver the required investment and associated projects to make the vision of care outlined in our BCF submission a reality | 3 | 4 | 12 High | <p>Our schemes include specific non- recurrent investments in the infrastructure and capacity to support overall organisational development</p> <p>System resilience funding has been made available to providers to reduce the impact.</p> | Assistant Director Operations Social Care (Local Authority) & Head of Commissioning (CCG) | |
| 5 | The current provider workforce lacks the capacity skills and attitudes to deliver partnership and new ways of working | 3 | 3 | 9 Med | Training and development sessions, engaging with workforce, defining new roles and encouraging collaboration. | Assistant Director Operations Social Care (Local Authority) | |

² Please rate on a scale of 1-5 with 1 being a relatively small impact and 5 being a major impact and if there is some financial impact please specify in £000s, also specify who the impact of the risk falls on

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| | | | | | | & Partners | |
| 6 | If there is insufficient clinical engagement in the models they will not be robust or sustainable. | 3 | 3 | 9 Med | Clinical leads for each work stream Provider partnership group established to ensure robust clinical and provider engagement. Clinician will be involved within the provider partnership. | Director of Commissioning & Business Delivery (CCG) | Monthly review at Integrated Health & Social Care Partnership Board |
| 7 | If IT systems and infrastructure are is not available due to technical issues, delays and/or financial issues will impact on the CCG and councils aspiration to share data | 3 | 2 | 6 Med | IM&T lead to be integral to the development of the model and the technology solution to be developed alongside Clear plan in place for LA to implement NHS number IM&T plan in place to in respect of implementation of shared records. We already have shared records across General Practice. The NES of Manchester have a plan developed which gives the technological solution to share patient information through a patient and clinical portal. | Assistant Director Operational Social Care / Assistant Director – Strategy Procurement & Finance (Local Authority) & Director of Finance (CCG) | |
| 8 | If Information Governance processes and policies are not in place we will be unable to share data. | 2 | 4 | 8 Med | Policies already in place in each organisation. Information governance lead and Caldecott guardians to be involved in project from start and to develop integrated policies to support the service models. | Assistant Director (Local Authority) & Head of Commissioning (CCG) | Monthly review at Integrated Health & Social Care Partnership Board |
| 9 | If we fail to achieve the right level of patient, customer and community engagement in planning new models of integrated care they will not be robust or sustainable. | 2 | 4 | 8 Med | Proactive focus on development of range and effectiveness of service user, equality and wider public reference groups Patients included on the Locality Working steering group to ensure robust engagement Development of mechanisms to connect these to the strategic planning process | Director of Public Health (Local Authority) & Head of Commissioning (CCG) | |
| 10 | Failure of non-elective activity to fall in line with the agreed target will limit the ability of the CCG to invest | 3 | 3 | 9 Med | The CCG will be looking for innovative funding models to support money following the patients, with some shared risk | Assistant Director - (Local Authority) & | |

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| | in the BCF pool in line with the performance element of the scheme. This could result in delays to scheme investment or BCF pool overspends. If activity does not reduce in line with projection the Trust will not be able to reduce activity quickly enough to deliver the sustainability model required for their Integrated Business Plan. This will result in CCGs paying for the activity commissioned in the community and the activity delivered within PAHT. | | | | <p>mitigation strategies with all providers.</p> <p>The CCG and the council are working together on the governance and risk share arrangements associated with the BCF pool.</p> <p>The CCG and the LA have agreed to jointly manage the risks of the BCF overspending and take any and all necessary mitigating actions required to deliver a balanced financial position on the pool. It has been agreed in principle that any residual liabilities remaining after mitigations will be shared equally by the CCG and LA.</p> <p>Current plans are aligned with Bury's strategic plans</p> | Director of Finance (CCG) | |
| 11 | Radical changes to patient services through shifting of resources and service redesign creates a risk to patients in disruption of services, loss of services or continuity of care. Other service redesigns and integration initiatives create confusion for integration. | 3 | 3 | 9 Med | <p>Current plans are agreed with stakeholders including the Local Authority's Health and Wellbeing Board</p> <p>Current plans are led by clinical workstream leads</p> <p>Risk assessment methodology will be applied consistently to service redesign</p> <p>Workforce workstream has been established</p> | Assistant Director Strategy Procurement & Finance (Local Authority) & Head of Commissioning (CCG) | |
| 12 | If the system does not work together to ensure a workforce strategy is in place to negate impact of relocation of services providers could end up with a risk around workforce sustainability and redundancy costs | 4 | 4 | 16 High | <p>System wide Alliance group to be set up for all providers to work through workforce issues.</p> <p>System wide workforce strategy to be developed</p> <p>The focus of the H&WB Board in Bury is to address unmet needs and the CCG, LA, Public Health and BCF strategies are aligned with the H&WB strategy and include strategies for managing the expected growth in Health and Social Care demands over the next five years.</p> | Assistant Director Operations Social Care (Local Authority) & Head of Commissioning (CCG) | Monthly review at Integrated Health & Social Care Partnership Board |
| 13 | The implementation of integration is likely to find additional patients' needs that were not addressed before. The cost of meeting these newly identified needs could mount on top of the overall costs of addressing the needs already | 4 | 2 | 8 Med | <p>A clear performance framework with KPIs is in development to be monitored regularly and to track if there are issues proactively.</p> <p>Operational & delivery and financial governance mechanisms are in place to ensure total management of the programmes and to ensure that there is adequate control</p> | All, includes providers too | Monthly review at Integrated Health & Social Care Partnership Board |

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| | identified in the population. | | | | | | |
| 14 | Schemes identified do not deliver expected results | 5 | 3 | 15 High | Continue to engage patients and the public, and local health watch on the Better Care Fund via existing forums | Assistant Director - Commissioning & Procurement (Local Authority) & Head of Commissioning (CCG) | Monthly review at Integrated Health & Social Care Partnership Board |
| 15 | Patients and the public are not adequately engaged with the BCF schemes and as a result there is dissatisfaction around the changes to services | 4 | 2 | 8 Medium | In addition to the local work of the CCG with the provider, senior leaders of the GM Devolution Team are working with senior executives of acute providers to plan for the next 5 years | Director of Public Health (Local Authority) & Head of Commissioning (CCG) | Monthly review at Integrated Health & Social Care Partnership Board |
| 16 | PAHT may not effectively engage in the long term vision of reduced activity, for example remove the capacity that the CCG and Council say will be deflected into the community and the activity continues to go to the Trust. This will result in significant service risk | 4 | 4 | 16 High | The development of our plans will be conducted within the framework of Healthier Together Programme & the GM Devolution work. This allows for a holistic view of impact across the provider landscape and putting co-design of the end point and transition at the heart of this process | Director of Finance (CCG) & Assistant Director (Local Authority) | Monthly review at Integrated Health & Social Care Partnership Board |
| | | | | | Triangulation of planning assumptions and provider engagement in development of BCF plans. | | |
| | | | | | Ongoing partnership working and provider engagement | | |