

## BCF Checkpoint 2 template

<b>Area Team Name</b>	Devon, Cornwall and Isles of Scilly	<b>Name of area being assessed</b>	Plymouth	<b>Date</b>	21/08/2014
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<b>Assessment questions</b>	<b>Assessment answer</b> <i>Select from the drop-down menu</i>	<b>Any other comments</b>	<i>Free text</i>
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### NATIONAL BCF CONDITIONS

Are you confident that your BCF plan will be able to meet the following six national conditions?

Overall assessment	Level of confidence	Comments
Are you more or less confident that you will have a plan in place to meet the 6 national conditions?	More confident	<i>The BCF plan will form part of our wider integration programme which is already well developed</i>
Individual Conditions assessment	How confident are you that the condition will be met?	Comments
Seven day health and care services: to ensure that people can access the care they need when they need it	Moderate confidence	<i>Some 7DS are already in place and further scaling up and testing is planned during Winter 2014/15</i>
Data sharing, including the use of digital care plans and NHS number so people don't endlessly repeat their story and professionals spend less time filling out paperwork	High confidence	<i>As part of plan to integrated Health and social care there will be one record one system</i>
Joint assessments so that services can work together to assess and meet people's holistic needs	High confidence	<i>Some joint assessments already in place with scaling up by April 2015 when full integration of health and social care is planned</i>
An accountable professional who can join up services around individuals and prevent them from falling through gaps	Moderate confidence	<i>See above - part of planned integration of health and social care</i>
Protecting social care to ensure that people can still access the services they need	High confidence	
Agreed impact on acute care sector to prevent people reaching crisis point and reducing the pressures on A&E	Low confidence	<i>In Q1 2014/15 NEW Devon CCG has seen an increase of 10% in ED attendances and a 5% increase in emergency admissions which is potentially associated to changes of patient accessing Urgent Care (using A&amp;E rather than OOH following introduction of NHS 111) There are mitigating actions which we hope will reverse this trend to the planned activity upon which the baseline for Emergency Admission reduction would be based. Plymouth BCF will receive external support and have agreed it will scrutinise Q4 2013/14 activity levels which artificially increase the activity for Plymouth</i>

### CONFIDENCE IN PREPARING FOR RESUBMISSION

Have you put in place appropriate arrangements locally to ensure sign off of your plan before submission?	Yes	H&WB 4 September and seeking delegated authority for Chair to sign off BCF and going to PCC Cabinet and CCG GB. Also using SRG and external support to seek provider buy in
Is there agreement locally about what support is required and how this will be provided before resubmission?	Yes	<i>We will be receiving national external support and are agreeing the best use of this - focused on clarification of baseline See K28 and discussions with providers around 3.5% reduction</i>
Have you already agreed a local target amongst partners for reducing non-elective activity?	No	<i>Plans are in place to meet with key partners with detailed schemes of BCF to agree the target for reducing non-elective activity w/b 25/8/14 and 1/9/14 via SRG and a recognition this will be in region of 3.5% - will be using external support to work with CCG and LA authority commissioners to improve the level of acute trust</i>
If you have already agreed a local target amongst partners for reducing non-elective activity, please state your planned target reduction? (We understand this might change between now and plan submission in September).		<i>See Above</i>

### PROGRESS IN BUILDING THE ENABLING CAPABILITIES FOR SUBMISSION

**PARTNERSHIP WORKING:** Do you have the appropriate level of support / capability to unite CCGs and Local Authority colleagues around a shared vision?

All support / capability identified and in place - no shortfall

Please add any comments here

**SYSTEM-WIDE APPROACH:** Do you have the appropriate level of support / capability to engage the local health economy, patients, service users and the public and bring them together in support of this vision?

All support / capability identified and in place - no shortfall

Please add any comments here

**GOVERNANCE:** Do you have the appropriate level of support / capability to embed effective governance mechanisms that facilitate joint working

All support / capability identified and in place - no shortfall

Please add any comments here

**PROVIDER PLAN ALIGNMENT:** Do you have the appropriate level of support / capability to ensure provider 5 year plans are reflective of BCF plans

All support / capability identified and in place - no shortfall

Please add any comments here

**PROGRESS IN BUILDING THE TECHNICAL CAPABILITIES FOR SUBMISSION**

**DATA AND ANALYTICS:** Do you have the appropriate level of support / capability to provide the requisite level of data interpretation and analysis?

All support / capability identified and in place - no shortfall

Please add any comments here

**EVIDENCE-BASED PLANNING:** Do you have the appropriate level of support / capability to be capable of conducting full options appraisal and evidence-based assessments of schemes / approaches?

All support / capability identified and in place - no shortfall

Receiving bespoke support and internally have support/capa

**FINANCIAL PLANNING:** Do you have the appropriate level of support / capability to develop sufficiently robust financial plans that correctly describe the impact of activity changes, and the investments required?

All support / capability identified and in place - no shortfall

Please add any comments here

**BENEFITS MANAGEMENT:** Do you have the appropriate level of support / capability to effectively map the benefits of their BCF strategy to ensure a coherent programme the delivers at the scheme level and in aggregate?

All support / capability identified and in place - no shortfall

Please add any comments here

**OTHER COMMENTS:** Are there any other points you would like to

Please add any comments here