Better Care Fund planning template – Part 1

Please note, there are two parts to the template. Part 2 is in Excel and contains metrics and finance. Both parts must be completed as part of your Better Care Fund Submission.

Plans are to be submitted to the relevant NHS England Area Team and Local government representative, as well as copied to: NHSCB.financialperformance@nhs.net

To find your relevant Area Team and local government representative, and for additional support, guidance and contact details, please see the Better Care Fund pages on the NHS England or LGA websites.

1) PLAN DETAILS

a) Summary of Plan

Local Authority	**Dorset County Council, Borough of Poole and Bournemouth Borough Council**
Clinical Commissioning Groups	**NHS Dorset CCG**
Boundary Differences	**A common Part 1 has been produced for both Health and Wellbeing Boards with detailed separate Part II plans. Both parts have been shared.**
Date agreed at Health and Well-Being Board:	**05/02/2014**
Date submitted:	**14/02/2014**
Minimum required value of ITF pooled budget: 2014/15 £000's	**£15,843**
2015/16 £000's	**£54,565**
Total agreed value of pooled budget: 2014/15 £000's	**£15,843**
2015/16 £000's	**£344,822**

b) Authorisation and signoff

Signed on behalf of the Clinical Commissioning Group	Dorset CCG
By	Tim Goodson
Position	Chief Officer
Date	14 February 2014

Signed on behalf of the Council	Dorset County Council
By	Catherine Driscoll
Position	Director for Adult & Community Services
Date	14 February 2014

Signed on behalf of the Council	Borough of Poole
By	Jan Thurgood
Position	Strategic Director, People
Date	14 February 2014

Signed on behalf of the Council	Bournemouth Borough Council
By	Jane Portman
Position	Deputy Chief Executive
Date	14 February 2014

Signed on behalf of the Health and Wellbeing Board	Dorset Health & Wellbeing Board
By Chair of Health and Wellbeing Board	Councillor Spencer Flower, Dorset County Council
Date	05 February 2014

Signed on behalf of the Health and Wellbeing Board	Bournemouth & Poole Health & Wellbeing Board
By Chair of Health and Wellbeing Board	Councillor Janet Walton– Borough of Poole
Date	05 February 2014

Signed on behalf of the Health and Wellbeing Board	Bournemouth & Poole Health & Wellbeing Board
By Chair of Health and Wellbeing Board	Councillor Nicola Green, Bournemouth Borough Council
Date	05 February 2014

c) Service provider engagement
Please describe how health and social care providers have been involved in the development of this plan, and the extent to which they are party to it

The Better Together partnership is made up of 8 agencies including Dorset Healthcare University Foundation Trust, Poole Hospital Foundation Trust, Dorset County Hospital Foundation Trust and Royal Bournemouth and Christchurch Hospitals Foundation Trust. The health providers form part of the Programme Board and Sponsor Board.

A launch event for the transformation programme was held on 22nd November attended by 150 individuals from a wide range of provider agencies, voluntary sector organisations and carer and user groups. Ongoing engagement with this e-group forms part of the transformation implementation.

Bournemouth, Poole and Dorset local authorities have developed a Market Position Statement where commissioning intentions and outcomes are described. Provider Forums are in place and will be briefed on the Better Care Fund implications on commissioning and workforce. There is a plan to review the Market Position Statement after the final BCF plan has been developed.

d) Patient, service user and public engagement
Please describe how patients, service users and the public have been involved in the development of this plan, and the extent to which they are party to it

Our vision is to bring services together to respond to what people have told us is most important to them.

The launch event included user and carer representatives to identify the high impact areas of the programme and offer commitments or pledges to contribute as well as identifying potential barriers.

The programme is developing a combined communications and engagement strategy supported by specific engagement and communications plans. Dedicated posts will support this work.

Local workshop events will be used based on the outcomes for the programme with a number of projects being assessed or re-designed to maximise their contributions.

The overall programme will be collating existing feedback across the agencies from the public to test out the proposed benefits and outcomes. Healthwatch will be assisting and will provide baseline data and feedback.

Some of the projects will commission user-led organisations to assist with engagement and design work. Secondary consultation will then take place on proposals for change once they have been formulated.

The programme has a dedicated website on dorsetforyou. The programme includes the development of a new information and advice website which has been developed with Stakeholders and will have a soft launch to provide an opportunity for further review.

The additional elements of the programme arising out of the Better Care Fund requirements will be incorporated into the arrangements above.

e) Related documentation

Please include information/links to any related documents such as the full project plan for the scheme, and documents related to each national condition.

Document or information title	Synopsis and links
D1: Better Together Business Plan (draft)	**Plan for implementing (link) transformation programme**
D2: Dorsetforyou Better Together site **http://www.dorsetforyou.com/better-together**	**Link to communications and workshop materials**
D3: Better Together Transformation Challenge bid **http://www1.dorsetforyou.com/COUNCIL/commis2013.nsf/A7A6572936E1898680257BF30030ACE8/$file/ACS%20071013%205%20Appendix%201.pdf**	**Initial proposals for integrated services**
D4: (JSNA) Joint Strategic Needs Assessment Dorset, Bournemouth and Poole **http://www.dorsetccg.nhs.uk/aboutus/JSNA.htm**	**Joint local authority and CCG assessment of the health and social care needs of the local population**
D5: Joint Health and Wellbeing Strategies for Dorset and Bournemouth and Poole **http://www.dorsetforyou.com/media.jsp?mediaid=187381&filetype=pdf** **http://www.boroughofpoole.com/your-council/how-the-council-works/health-and-wellbeing-board/**	**The Joint Health and Wellbeing Strategy sets out the priorities and actions which the Health and Wellbeing Boards are planning to implement from 2013 to 2016.**
D6: Carers Strategy for Dorset 2013 – 2016 **http://www.dorsetforyou.com/media.jsp?mediaid=148279&filetype=pdf** **Carers Strategy for Bournemouth and Poole 2013-2016**	**Carers needs analysis, priorities and implementation plans from 2013 to 2016**
D7: National Dementia Strategy: Bournemouth, Dorset and Poole Local Delivery Plan working doc - Dementia Delivery Pla	**Action plan to improve awareness, training, practice and service development to support people with dementia.**

2) VISION AND SCHEMES

a) Vision for health and care services

Please describe the vision for health and social care services for this community for 2018/19.

- What changes will have been delivered in the pattern and configuration of services over the next five years?
- What difference will this make to patient and service user outcomes?

"Bringing services together to respond to what is important to the people we serve"

The Dorset-area Partnership is committed to transforming health and social care services across the Dorset area, to enable and deliver a sustainable improvement in health and care outcomes through:

Person-centred, outcome-focussed, preventative, co-ordinated care

The Partnership will integrate functions to create person-centred, prevention-oriented support: enabling the outcomes expressed in National Voices and Making it Real, focused initially on older people with significant long-term health and care support needs Then it will look to expand the programme to include new cohorts and create a unified model of health and care across the Bournemouth, Poole and Dorset area. The cross authority nature of this partnership aims to make it easier for service users to navigate between cross boundary arrangements. Organisational constraints will be highlighted and addressed as part of the cultural change work planned in the new locality teams. This will need to include surrounding authorities and especially Yeovil and Salisbury hospitals which serve our populations.

The Partnership has agreed that the work to create a new model of care is the single most important piece of work we will undertake and central to the key changes we want to see in the way services are commissioned and provided. These changes need to ensure we deliver the outcomes expressed in National Voices and Making it Real, this includes other cohorts of people who need support such as those with a learning disability and mental health needs.

The challenge is to approach these changes in a way that is person-centred, achievable and ensures quality, safe services but will also be financially sustainable. These points are reflected in our agreed outcomes. There are three planned major programmes of work. The Better Together programme, which includes the work of the Urgent Care Board, and a proposed Clinical Services Review.

The Better Together Partnership has a clear approach and a partnership-wide programme to shape, coordinate and drive individual projects across five areas of intervention:

- **Responding to need** – the 'front-end' of support such as easy to access points of

contact, improved information and advice, reablement/ intermediate care, technology, accessible homes (via district councils);

- **improving effectiveness** - new ways of working for social care fieldwork services, especially for assessment and support planning processes across the three local authorities, and improved information sharing with Health, supported by an integrated ICT system ;
- **integrating commissioning** - shared commissioning functions across the CCG and the three local authorities: use of resources, pooled and aligned budgets, common principles and priorities and working with providers to develop the market for care and support;
- **integrating service delivery** - integration for acute, community and primary health and social care, with enhanced community health and social care co-located services fully integrated with all primary health services and delivered by multi-disciplinary teams
- **Sharing delivery -** of local authority provided services across Bournemouth, Poole and Dorset.

b) Aims and objectives

Please describe your overall aims and objectives for integrated care and provide information on how the fund will secure improved outcomes in health and care in your area. Suggested points to cover:

- What are the aims and objectives of your integrated system?
- How will you measure these aims and objectives?
- What measures of health gain will you apply to your population?

The aims and objectives of the integrated system for Dorset is a whole system approach for adult care and health, cost reductions for all partners, improved health and social outcomes for residents, and greater personalised support for individuals and their families, in particular initially the frail elderly and people with long term conditions.

The three programmes of work, Better Together, Urgent Care Board and Clinical Services Review will need to achieve financial sustainability for the health and social care system by meeting current needs and projected demographic and disease trends. This will have to be achieved through the current resource base, expected health allocations of about 2% growth per annum and reduced funding for local authority social care. For the total system costs it is proposed to have an efficiency target of 5% (of £1.2bn). The three programmes will be looking to invest in new models of care to achieve the outcomes below. The logistical challenge is implementing these programmes, running existing services and achieving the expected benefits of the changes within realistic timescales, in some cases it may take several years. This is reflected in our summary of risks for both acute care and protection of social care.

How will you measure these aims and objectives and what measures of health gain will you apply to your population?

The following outcomes have been identified to be achieved through the programme;

- Achieve total system financial sustainability
- People have independence, choice and control;
- Resources are used efficiently and effectively;
- People are better able to help themselves;
- Joint resource planning responds to need and local people's priorities;
- People experience better outcomes through safe, quality, co-ordinated care;
- Informal support maximised, caring for people at home;
- Capable, sustainable and motivated workforce.

The measures that will be used to measure success, in addition to those set out in the outcomes and metrics tab are:

- People can access and trust consistent accurate information and advice - ASCOF 3D
- People can get co-ordinated help in arranging support - ASCOF 3D
- Avoid repeat use of services: minimise duplication and re-admission - NHS 3B/3.6/ASCOF 2B
- Reduced need for high cost services - ASCOF 2A.2
- Shifting our resources away from high cost services - NHS3A/ASCOF 2A
- Increased uptake of preventative services - ASCOF 2B
- Services enable people to live independently and well - NHS3.6
- Increased number of people being supported to live at home
- Improved use of assets
- Improved cost effectiveness and reduced unit cost of services
- People are better supported in caring role - ASCOF 1D
- Timely care and treatment -ASCOF 2C
- People are safeguarded and treated with dignity and respect-ASCOF 3A/3B
- Wide range of high quality services - ASCOF 4A/4B/1C
- Services provide good value for money
- Skilled, capable, flexible integrated workforce.

Initially, we will focus on the main issue: older people with significant long-term health and care support needs. We will integrate functions to create person-centred, prevention-

oriented support: enabling the outcomes expressed in National Voices and Making it Real. Then we will look to expand our programme to include new cohorts such as services for people with a learning disability and people with mental health needs, and create a unified model of health and care across the Dorset area.

c) Description of planned changes

Please provide an overview of the schemes and changes covered by your joint work programme, including:

- The key success factors including an outline of processes, end points and time frames for delivery
- How you will ensure other related activity will align, including the JSNA, JHWS, CCG commissioning plan/s and Local Authority plan/s for social care

The new system will be based upon an approach which uses lead commissioning, draws on evidence from the 13 localities across Dorset, Poole and Bournemouth, recognises the benefits of horizontal and vertical integration and has a common understanding of the challenges, principles and ambition it is working to.
The Dorset-area Partnership will progress integration based on evidence of what works nationally and locally. The development of integrated locality health and social care teams will be fundamental in addressing the increasing emergency attendances and admissions and supporting the work of the Dorset Urgent Care Board.

Work is underway to develop the projects and initiatives to a point where benefits are fully described and then costed. This will enable us to reflect these assumptions in Part 2 of this template and mitigate the risks highlighted here and in the Business Plan.

The core components of the new system will be:

a) Increasing the pace and scale of initiatives aiming to provide ‘care closer to home’ to achieve targets on shifting from institutional care to self-help and community based systems

b) Developing whole-systems outcome-based commissioning to reflect best value.

c) Developing new ways of working within and between agencies which aim to maximise and measure the added value of providing direct support to people who need help.

d) Working with communities and individuals to help themselves by providing timely enabling interventions which reduce the need for crisis or longer-term statutory services.

e) Informed by evidence of what works locally, nationally and internationally and from the experience of our populations and people who use our services when developing new approaches.

The oversight of the programme will include:

- Shared financial planning by aligning and then, where it is needed, pooling budgets to support whole system working.
- Use of an overarching framework or agreement for using pooled funds supported by specific schedules which can be added for agreed shared activity, thereby reducing the work associated with numerous separate agreements.
- Governance arrangements such as Health and Well-being Boards and shared joint scrutiny arrangements which recognise legal duties and accountabilities but also evaluate quality and value for money and reporting success against outcomes.
- Chief Officer over-sight of the macro use of resources between partners to monitor the impacts and demand and changes across the health and social care system, supported by a common set of financial and performance information.
- Investment in locality and community initiatives which seek to promote self help and divert demand.

Leadership across the new system will be developed to drive the cultural change that is needed within and across agencies. This work will be supported by the LGA Systems Leadership Programme. It will develop the principles expected to be applied to their respective organisations. It will also evaluate and address cross-agency issues that are getting in the way of achieving an integrated service experience for the population.

Front-line cultural change for multi-agency teams will get change working at the leadership and front-line level based on putting the individual first and practising the principles in the vision. Front-line teams will identify barriers to progress which will be raised as issues for the leadership or sponsor group.

d) Implications for the acute sector

Set out the implications of the plan on the delivery of NHS services including clearly identifying where any NHS savings will be realised and the risk of the savings not being realised. You must clearly quantify the impact on NHS service delivery targets including in the scenario of the required savings not materialising. The details of this response must be developed with the relevant NHS providers.

Dorset CCG is the Lead Commissioner for Dorset County Hospital, Royal Bournemouth and Christchurch Hospitals and Poole Hospital. Other main hospitals include Yeovil District Hospital and Salisbury District Hospital.

In recent years projected changes in activity patterns have been detailed in Quality Productivity and prevention Programmes (QIPP) produced by the CCG, however these will need to be revised to take account of latest demographic and activity trends evidenced in the JSNA and hospital performance data. The assumptions of the BCF intentions will need to be projected into activity and service modelling for the hospitals.

For example the intention through this plan is that activity within the Acute sector will see a reduction in avoidable emergency admissions of 10%. This is based on the metrics for the 13/14 baseline year. There is also a planned reduction in the length of stay for older people who are frail or have multiple long term conditions. This is reflected in the Delayed Transfer of Care targets. Set against these intentions we need to recognise and assess the impact of increasing frailty and complexity of treatment interventions which extend rather than reduce lengths of stay.

The planned reduction in activity will need to be manageable for the Acute hospitals both in terms of clinical and financial viability and provide sufficient capacity to deliver good performance. The financial assumption is that reducing activity in the hospitals will release the funding necessary to invest in integrated service provision to prevent, re-able and allow pro-active case management of service users, enabling users to avoid admissions, speed up discharge and enable people to be cared for in their own homes. If the investment in the high impact areas of the programme is not achieved or in part, this will create additional pressure within the Acute sector, especially in the winter months.

It is recognised that cash savings will need to take account provider fixed costs, and the deficit position of some providers in recent years. In the short term the BCF plan will need to assess closely the benefits and savings for schemes as part of the investment analysis. There will be a Clinical Services Review with Acute and Community providers to assess the changes required in the next few years. This work will build on an assessment already carried out by the King's Fund and Oak Group on the three main Acute Hospitals. The scope of the Clinical Services Review is being consulted upon with key stakeholders including the NHS providers and Health and Wellbeing Boards. This will be a large scale programme supported by an external consultancy with programme support from Monitor. The CSR will need to develop a new model for sustainable health services in the future this will inevitably involve significant public consultation as proposals are developed. In the immediate period work is required to investigate contingency planning or use of bridge funding or non-recurring funds to support the investment in change but allow for existing running costs. The current assessment is that this is a high risk position and that fuller assurance can only be given when plans and mitigating actions are developed further. The benefits and modelling work can then be reflected in Part 2 of this template.

e) Governance

Please provide details of the arrangements are in place for oversight and governance for progress and outcomes

The main governing body for the programme is the Better Together Programme board, comprised of senior representatives (normally direct reports to their respective CEOs) of the eight principal agencies. This board directs, co-ordinates and moderates the activities of a number of subsidiary boards (for example the Shared ICT project board) while controlling some larger projects directly. It has the following characteristics:

- The Better Together Programme Board is placed at the heart of the programme's governance structure.
- The board receives its authority from the Sponsoring Board which represents the

partner organisations through their executives.

- Political leadership and influence exists through the Health & Wellbeing Boards and Local Authority Cabinets, and hence the Programme Board via established cabinet-based democratic mechanisms present in each local authority and their NHS Board equivalents.
- The necessary overview and scrutiny function is also discharged through established local authority processes via the political leadership and the executive of the partner organisations.
- The programme has higher-level partners which have an advisory and influencing relationship through the Programme Board: the LGA Systems Leadership Development Programme; the DCLG Transformation Network, and the Urgent Care Board.
- The Board is supported in its work and decision-making through the Programme Management Office, the Finance Sub-Group, and the Workforce and Organisational Development Group.

A series of Project Boards oversee the development and implementation the projects that make up the Better Together Programme.

3) NATIONAL CONDITIONS

a) Protecting social care services

Please outline your agreed local definition of protecting adult social care services

Across the Dorset area we recognise that without change being made to the health and social care system, the increasing demands placed on our services as a result of financial pressure and demographic change will make those services unsustainable. Single agencies may be able to address waste in their own organisation through tactical re-design and continuous improvement initiatives, but to reduce the inefficiency and duplication that exists across organisations requires a transformational approach across the whole system. Our approach therefore to protecting social services is to utilise integration and early intervention to reshape activity and funding levels across the sector.

The plans outlined within the Better Care Fund are intrinsically linked to the Dorset-area Partnership's activity around transformation challenge "Better Together" and are focused towards expansion in the use of early intervention and reabling approaches to reduce on-going demand across the health and social care system. Activities within adult social care will become increasingly focused towards recovery, rehabilitation and reablement but with a clear recognition of the need for long term support for some customers in the most appropriate setting through the effective supply of residential and nursing provision.

The local health and social care agencies have worked collaboratively to respond to the need to protect social care services not only in their own right but to the benefit of the

whole health and social care system.

For 2014/15 funding arrangements are in place as described within this template and business plan which can provide a high level of confidence in ensuring social care is protected.

For 2015/16 the scale of change required across a significant number of services to release funds from health provision will prove challenging within the existing timeframe. This is set against significant budget reductions for Dorset, Bournemouth and Poole local authorities for this period. This is covered in the business plan. All three Councils have challenges in the 2015/16 budget and therefore funding in social care. Similar pressures apply to the District and Borough Councils of Dorset. Currently it is our intention that there would be more resourcing of adult social care initiatives from the pooled budgets in 2015/16 but this is dependent on achieving significant transformational change including the use of expenditure and on acute services. (see Section 2d).

The impacts of the Care Bill are yet to be fully assessed but will form part of the local preparations for change. The level of additional national resourcing for these changes raises the risk to these extra duties and demands being fully funded locally. Dorset, Bournemouth and Poole are likely to have a higher than national average, of people funding their own care which therefore increases this risk further.

In summary for 2015/16 there is an aspiration and intention amongst the local partners to protect social care services but the risks are too high to provide an assurance.

Please explain how local social care services will be protected within your plans

Eligibility criteria for social care services will remain unchanged at substantial. During the next month local partners especially in health and social care will develop further the business plan and activities to cost-out the estimated benefits of the proposed changes.

Contingency and risk sharing work will also take place as required in Part 2 of the template.

b) 7 day services to support discharge

Please provide evidence of strategic commitment to providing seven-day health and social care services across the local health economy at a joint leadership level (Joint Health and Wellbeing Strategy). Please describe your agreed local plans for implementing seven day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends

The principle of developing seven day services is already supported by the partnership in order to ensure that the quality of medical advice in the community to support hospital discharge or avoid admission is consistent and of sufficiently high standard to be

effective. This will also apply to out of hours arrangements. It is recognised that medical support to the health and social care community services is essential and proposals will explore consultant medical cover into the community. The national plan that GP working time will be extended in the revised GP contracts from April 2014 with a named GP for everyone over 75 years old, will also impact during this 2-3 year period. In the meantime we intend to review the current 24/7 medical support arrangements to community services which is provided through mixed arrangements with GPs contracted by NHS England through Local Area Terms for Monday-Friday 8:00am – 6:30pm, and at all other times contracted by Dorset CCG via South Western Ambulance Service Trust (SWAST). We have 5 expressions of interest for the Prime Minister's Challenge Fund: Extending Access to General Practice.

The Urgent Care Board has a programme of work to increase seven day multidisciplinary working within the hospitals which includes weekend access to full diagnostics, consultant cover and clinical co-ordination as well as integrated care pathways into the community through virtual ward models. Specific social care capacity issues include increasing Social Work cover in hospital and at weekends linked to enhanced access to care packages across the Pan Dorset area. This will require further work with independent sector providers to develop the market for care at extended times. Redesigning assessment and care planning pathways will be part of this work. Dorset County Hospital has been recognised nationally as an early adopter for 7 day services to support discharge

In its review of services the Better Together Programme will consider and assess the benefits of jointly commissioning Integrated Health and Social Care teams which include 7 days a week coverage with an initial focus on older people who are frail and people with long term conditions. There is an intention to look at a business case for investment in 2015/16 with implementation following this.

Supporting work will be undertaken with HR leaders and staff partnership organisations to consider how staff will approach service delivery. A workforce and organisational development group has been formed to facilitate this work, including plans to commission work to identify the workplace cultural development needed to support leadership and front-line delivery teams in responding to personalised, customer focused care.

Health Education Wessex and the Sector Skills Agency are also partners in helping to support the wider workforce planning work of this programme.

c) Data sharing

Please confirm that you are using the NHS Number as the primary identifier for correspondence across all health and care services.

The use of the NHS number is good across health generally and could form the basis of any patient centric ICT development. All health services use the NHS number as the primary identifier in correspondence. Poole are now using the NHS number but the Care First social care system has the current role of being the primary identifier. Dorset are in a similar position with 93% coverage of records using the NHS number.

The NHS number is used extensively but not completely across the partnership.

A key element of the Better Together programme will be to bring operational and customer case information together using NHS number as a key.

The local authorities are in progress with the acquisition of a shared assessment and care management system: it is the intention to include ability to utilise NHS numbers within the specification for tender.

The programme will develop an integrated information architecture across the partner organisations using open systems approach, and will develop a comprehensive and compliant approach to data security across systems and networks to enable this. Revised appropriate Data Sharing contracts and agreement will form part of this work.

The ICT steering group within the programme will be expecting these requirements to form part of the specifications for their ICT systems. Work is underway to form a common specification between the 3 local authorities which will support integrated working.

If you are not currently using the NHS Number as primary identifier for correspondence please confirm your commitment that this will be in place and when by

Bournemouth Social Services are taking steps to use NHS Number and will be undertaking work during 2014/15 to become compliant using expertise sourced by Poole and Dorset.

Please confirm that you are committed to adopting systems that are based upon Open APIs (Application Programming Interface) and Open Standards (i.e. secure email standards, interoperability standards (ITK))

We are committed to adopting systems based upon Open APIs and Open Standards from newly commissioned systems.

To enable cross-boundary working, we will improve interfaces between systems. We would like to create an ability to aggregate data from different sources into a shared format to allow interpretation and analysis. This will help with planning and monitoring of performance across the services. The intention to provide a whole system overview links to the work of the Health and Wellbeing boards and informing the Joint Strategic Needs Assessment. Improving data quality will help identify gaps or inconsistent or inaccurate records.

Please confirm that you are committed to ensuring that the appropriate IG Controls will be in place. These will need to cover NHS Standard Contract requirements, IG Toolkit requirements, professional clinical practise and in particular requirements set out in Caldicott2.

Dorset, Bournemouth and Poole completed IG compliance work last year, based on the IG toolkit requirements.

d) Joint assessment and accountable lead professional

Please confirm that local people at high risk of hospital admission have an agreed accountable lead professional and that health and social care use a joint process to assess risk, plan care and allocate a lead professional. Please specify what proportion of the adult population are identified as at high risk of hospital admission, what approach to risk stratification you have used to identify them, and what proportion of individuals at risk have a joint care plan and accountable professional.

Risk stratification approaches are being used to identify the proportion of the population who will receive case management, have a lead accountable professional and personalised care plans, this is a key design principle of the integrated community teams. The proportion of those at high risk of hospital admission, and those who will need to have a joint care plan and an accountable lead professional will form part of the Cost Benefit Analysis model being applied to the future specification of the integrated locality teams.

4) RISKS

Please provide details of the most important risks and your plans to mitigate them. This should include risks associated with the impact on NHS service providers

Risk	**Risk rating**	**Mitigating Actions**
1: Shifting of resources to fund new joint interventions and schemes will destabilise current service providers, particularly in the acute sector	High	▪ Our current plans are based on the agreed Better Together Strategy. ▪ The development of our plans for 2014/15 and 2015/16 will be conducted from a whole system perspective
2. A lack of detailed baseline data and the need to rely on current assumptions means that our financial and performance targets for 2015/16 onwards are unachievable.	High	▪ The programme is undertaking a detailed mapping and consolidation of opportunities and costs which will be used to validate our plans.
3. Operational pressures 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.	High	▪ Our 2014/15 schemes include specific non-recurrent investments in the infrastructure and capacity to support overall organisational development ▪ Support from Health Education England
4. Improvements in the quality of care and in preventative services will fail to translate into the required reductions in acute and nursing / care home activity	High	▪ We have modelled our assumptions using a range of available data including metrics from other localities and support from the National Collaborative.

by 2015/16, impacting the overall funding available to support core services and future schemes.		▪ 2014/15 will be used to test and refine these assumptions, with a focus on developing detailed business cases and service specifications.
5. The Care Bill is expected to result in a significant increase in the cost of care provision from April 2016 onwards that is not fully known. The preparations and impacts will impact on the sustainability of current social care funding and plans.	High	▪ Tracking of impacts of the Care Bill and refining preparations and assumptions contained in the Better Care Fund plan and the Better Together Business Plan.