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

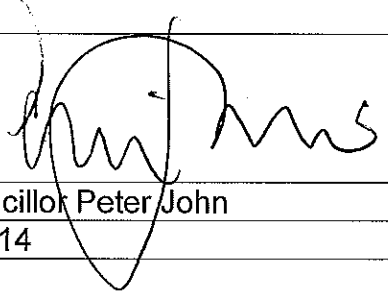
Local Authority	**Southwark**
Clinical Commissioning Groups	**Southwark**
Boundary Differences	Not applicable
Date agreed at Health and Well-Being Board:	Southwark's Health and Wellbeing Board held a seminar on the BCF on **6/2/2014** where it agreed the approach set out in this draft plan and delegated responsibility for the finalised submission to the chair of the HWB. The Health and Wellbeing Board is due to discuss and agree the final plan at its meeting on **24/03/2014**.
Date submitted:	**14/02/2014**
Minimum required value of BCF pooled budget: 2014/15	**£1.309m** Note: this will not be in form of a pooled budget until 15/16
2015/16	**£21.967m**
Total agreed value of pooled budget: 2014/15	**£8.957m** Notes: 1) this will not be in the form of a formal pooled budget in 2014/15. Pooled budget arrangements will be developed for introduction when the Better Care Fund formally starts on 1/4/2015, in line with the planning guidance. 2) This figure includes the £1.309m BCF allocation plus £5.835m existing NHS transfer plus £1.813m re-ablement grant rolled forward

	from 13/14.
Total agreed value of pooled budget :2015/16	**£21.967m** The CCG and the local authority will be evaluating options for extending the range of service budgets incorporated within the pool during 2014/15 prior to the finalisation of 2015/16 plans.

b) Authorisation and signoff

Signed on behalf of the Clinical Commissioning Group	
By	Andrew Bland
Position	Chief Officer
Date	14/2/14

Signed on behalf of the Council	
By	Romi Bowen
Position	Strategic Director of Children's and Adults Services
Date	14/2/14

Signed on behalf of the Health and Wellbeing Board	
By Chair of Health and Wellbeing Board	Councillor Peter John
Date	14/2/14

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

Our health providers are key members of the Southwark and Lambeth Integrated Care (SLIC) programme and have been closely involved in producing and delivering the integrated care strategy to date, as well as delivering some of the new integrated service models, for instance the admission avoidance programme. A workshop on integration was held in November 2013 including representatives of our main health providers, which helped us establish the vision and narrative for integration which underpins our plans for the Better Care Fund (BCF).

Representatives of our main health providers were invited to the HWB seminar in February which agreed the vision for integration and priorities for investment from the fund.

Our detailed proposals for integration in Southwark, including the schemes to be funded from the BCF, have been shared and discussed with acute providers in a number of fora including; the Health and Well Being Board integration and BCF workshop on the 6th February, SLIC meetings and a Southwark and Lambeth joint planning meeting which includes CCG and Local Authority commissioners as well as representatives from our local providers (GST, KCH and SLAM).

Assumptions about acute activity reductions resulting from integrated care are also being agreed as part of the contracting round for 2014/2015. These reductions underpin Southwark CCG's overall acute QIPP requirements and have been shared with providers, both in the CCG's commissioning intentions and in more specific contractual negotiations. We will not have concluded contractual discussions until after the initial submission of the Better Care Fund, but the two processes are aligned.

Service providers have also been active participants in a number of change programmes and consultations that together help form our local integration programme. For instance, Social Care providers have been involved in My Home Life and other quality initiatives that form part of this wider plan, including the development of the re-ablement service model and home care redesign.

There will be further engagement activity as the plan is finalised for submission in April, and beyond as detailed implementation plans for 2015/16 are 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

The plan is underpinned by a vision for improving services in the community through better integrated working that has been developed over several years and shaped by a range of engagement activity.

Our integration project (SLIC), which has developed much of the thinking behind our approach has actively consulted with the public through its Citizen's Forum over the past 18 months. Southwark and Lambeth commissioners, working with the SLIC team, held an engagement event with residents on the 28th January to identify what people wanted as outcomes from integration and to help us articulate those outcomes from a resident's perspective. This work supports our vision document, but will also help us as we work to further develop our local outcome measures for integrated care. This event included over 50 participants, including Healthwatch and the representatives of other engagement groups linked to the CCG and LA.

There will be further engagement activity as the plan is finalised for submission in April, and beyond as detailed implementation plans for 2015/16 are developed

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
Vision document	Attached
SLIC website and project plans and reports	http://slicare.org/
Southwark CCG 2yr plans	http://www.southwarkccg.nhs.uk/Pages/Home.aspx
South East London NHS 5 yr Plans	http://www.southwarkccg.nhs.uk/Pages/Home.aspx
CCG Primary and Community Care Strategy	http://www.southwarkccg.nhs.uk/Pages/Home.aspx
Local Account – Adult Social Care	http://www.southwark.gov.uk/localaccount
JSNA	http://www.southwarkjsna.com/
Health and wellbeing strategy	http://www.southwark.gov.uk/info/100010/health_and_social_care/2663/health_and_wellbeing_board
My home life (care home quality strategy)	Link to be provided
Carers Strategy	
Assistive Technology Strategy	

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?

Our vision for integrated care and support for our local population through the provision of well co-ordinated, personalised health and care services ("Better Care, Better Quality of Life in Southwark") is set out in full in annex 1. It is a vision for the whole system, not just health and social care. In particular it links to Southwark's Housing Strategy and the Council's Fairer Future priorities.

We want people to live healthy, independent and fulfilling lives, based on choices that are important to them.

Through our vision people will feel more in control of their lives and their care, with the services they need co-ordinated and planned with them around their individual needs.

People will stay healthier at home for longer because we will do more to prevent ill health. We will support people to manage their own health and well-being and provide more services in people's homes and in the community rather than hospitals and care homes.

The pattern of services will be different in a number of ways:

- more care for older people and people with long term conditions will be delivered through locality based community multi-disciplinary teams with a lead professional responsible for co-ordinating the care of individuals, ensuring an integrated and personalised approach to case management by all services working with each person - GPs, Community Health, Social Care, Mental Health workers, Housing and hospital services.
- there will be less care needed in acute settings. A&E attendance and avoidable emergency admissions will reduce as community teams provide more targeted support to those at risk.
- When people do need acute care they will stay in hospital for shorter periods, returning home safely with the help of services such as @Home (Home Ward) and enhanced discharge support.
- re-ablement and intermediate care will increasingly provide effective short term interventions that rehabilitate people, restoring health and independence
- the balance of social care will shift away from care homes towards support in people's own homes and supported housing schemes including Extra Care.
- home care services will be funded with a view to radically improving quality and outcomes, with home carers linked in with other health and care professionals through the multi-disciplinary team approach
- there will be enhanced support for carers
- there will be a greater role for technology through using telecare to help people

live safely at home
- a more integrated and coherent approach to preventative services including the voluntary sector tackling issues such as social isolation
- services will be responsive and accessible 7 days a week, including social care and admission avoidance community services as well as primary care
- new focus on developing dementia related services

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 are set out in (a) above and will be measured as follows:

Expansion of integrated community support to reduce need for intensive health and social care support will be measured by:

- Increases in the numbers of people benefitting from the community multi disciplinary team approach, and activity levels in the BCF funded services such as home ward, admissions avoidance and re-ablement.
- reductions in the rate of avoidable emergency admissions
- shifting the balance of care away from care homes, including reduced admissions
- impact of re-ablement in reducing the care needs of clients using the service
- delayed transfers of care
- length of stay in hospital and emergency bed days for older people

A key underlying aim of the SLIC programme, and of our BCF plan, is for integrated care to help achieve financial sustainability for the whole health and social care system, as well as to improve population health, improving key health and life outcomes. The success of this will be evaluated with reference to the financial position of all commissioners and providers. We are developing a 'balanced scorecard' tracking outcomes and costs across the health economy, which will help us to assess our impact on delivering better value care. As part of this, we are working to define a set of outcome measures that assess the impact on the health of our target population, which will include outcome measures defined by residents and measured through local surveys.

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 main schemes and changes under the Better Care Fund that will deliver our objectives are set out in detail in the finance and metrics schedule. In summary they are as follows:

In 2014/15: we will roll forward the funding for the existing portfolio of services that are provided by the council with funding transferred from the NHS under section 256 arrangements. We will review the application of this funding and identify the most cost effective way of using this resource in the context of the wider Better Care Fund plans for 2015/16. This funding of £5.835m currently covers a range of services aimed at supporting discharge, preventing the need for higher levels of support, and protecting social care services of benefit to health. In addition, existing council spend on re-ablement currently funded from NHS grant of £1.8m will be rolled forward in to the scheme.

Southwark has been allocated an additional £1.3m in 2014/15 under the Better Care Fund in order to prepare for the full introduction of the Fund in 2015/16 and make early progress on goals. This resource will be used to pick up the funding of a range of current council services aimed at reducing demand on the acute sector that were originally funded under "winter pressures" funding that was withdrawn in 2013/14, and which support discharge support and move towards 7 day working. There will be specific investment in Psychiatric Liaison services to reduce pressures on A&E. In addition there will be an investment made in infrastructure costs for developing integrated neighbourhood services (including Housing) and the long term conditions self management programme. In addition in 2014/15 the CCG and Local Authority will be applying resources from outside the Better Care Fund to pump prime schemes in advance of 2015/16, including telecare, homecare, carers and mental health.

In 2015/16: the services described above will be reviewed during 2014/15 to ensure they provide value for money and support the integration agenda, and will be rolled forward into the 2015/16 Better Care Fund. In addition, as the minimum value of the Better Care Fund increases to £21.9m the following services will be covered by the fund:

- Admissions avoidance service and the home ward service
- discharge support and enhanced 7 day working across primary care and integrated community health and social care services
- home care quality improvement, capacity and capability to support integrated care
- self management : expert patient programme for people with long term conditions and building a community asset approach to keeping well
- telecare expansion
- voluntary and community sector prevention, particularly aimed at addressing issues around social isolation in older people
- mental health transformation and crisis response services
- end of life care

- protecting social services - maintaining access and eligibility levels in the face of central government funding reductions
- carers strategy

The Disabled Facilities Grant of £0.614m will also be absorbed into the Better Care Fund in 2015/16. Although the statutory duty to provide DFG to those who qualify will be unchanged we will be examining opportunities for taking an integrated approach to this service. Similarly the existing social care capital grant allocation is being absorbed by the fund, and opportunities arsing from this will also be considered in 2014/15.

The government have also stated that they expect the Better Care Fund to meet some of the costs of implementing the Care Bill, approximately £1m in Southwark.

Over 2014/15 and beyond the CCG and LA will explore options for pooling additional funds into the Better Care Fund where this is judged to be beneficial for the delivery of overall objectives. Areas to be considered include mental health, community equipment, end of life care and some public health services.

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.

The impact of our plan on NHS services will mean:

1. Expanded community based admission avoidance and discharge support services, preventing emergency admissions and reducing length of stay
2. Support for 7 day working from integrated social care and community services, which will enable more efficient discharge processes and shorter hospital stays
3. Extended access to primary care, 7 days a week, supporting improved health outcomes for local people and reduced reliance on urgent care services/A&E
4. More support to keep people living independently in their own homes, including self management support, telecare and better quality home care

Savings will be realised in acute hospital services, largely at Kings College Hospital and Guys and St Thomas NHS Foundation Trusts. Savings will come, primarily from reductions in emergency admissions and readmissions and shorter length of stays, as well as lower A&E attendances. The details of these savings are being agreed with providers both as part of our contractual negotiations and QIPP plans, but also through the SLIC programme, in terms of agreeing financial shifts across the health economy to support integrated care.

It should be noted that Southwark and Lambeth's main acute providers, Guys and St Thomas NHS Foundation Trust, and Kings College Hospital NHS Foundation Trust, are tertiary providers covering a large geographical catchment area, and the proportion of their work relating to the two boroughs is less than 50%. Although Southwark is an important local referrer and partner to the two hospitals in the integration programme, the

impact on our providers of changes to local demand is not as significant as it would be for district general type hospitals.

Within our local acute providers, capacity will be rebalanced to reflect the reduced use of emergency services by Southwark people. This will be through a combination of increasing the amount of tertiary work undertaken, through specialised services growth and consolidation, as well as bed reductions in some acute medical and older people's wards. This rebalancing of capacity will be agreed and tracked through the SLIC programme.

There are two key risks for acute providers:

1) That the bed savings do not materialise, in which case there would be a cost pressure within the local health economy. We are seeking to mitigate this in a number of ways:

- Proactively taking acute capacity out of service as the new integrated capacity is developed, or redeploying capacity in the community
- Performance managing the integration programme to deliver agreed benefits, and holding partners in the system to account through the SLIC structures
- Entering into risk management agreements between commissioners and providers
- Evaluating the impact of the overall integration and admission avoidance programme, and amending components of the programme where there is shown to be low impact or less value for money

2) That the programme does release acute capacity, but this is not taken up by more profitable specialised activity. In this case there would need to be rationalisation of total acute capacity and reductions in fixed costs to create efficiencies.

The impact on service delivery targets if savings and activity reductions do not materialise would include pressures on emergency capacity, leading to pressures on A&E performance and possibly also referral to treatment times for elective work. However, the comment re the proportion of our FTs' activity which relates to Southwark patients means that this impact is diluted by other demand and volume of activity from other commissioners, including other boroughs and NHS England specialist work.

e) Governance

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

The Health and Wellbeing Board will be responsible for agreeing the Better Care Fund plan and overseeing its successful delivery. The terms of reference of the Board and appropriate underlying support and governance structures be reviewed to ensure they are fit for this purpose.

Although jointly responsible for delivering on the objectives of the fund through the Health and Wellbeing Board individual organisations will remain formally accountable for their own expenditure pooled within the BCF through their existing governance arrangements.

For different schemes within the fund, management responsibility for delivery will be delegated to different bodies that will be accountable to the Health and Wellbeing Board

via relevant CCG and Local Authority management arrangements.

Roles, responsibilities and risk share arrangements will be clearly set out in a Section 75 agreement(s) under which the pooled funding will be managed.

It is envisaged that a system of quarterly reporting to the HWB will be in place from 2015/16 covering all key schemes expenditures, milestones, activity and performance. A Health and Social Care Partnership Board has been established as a sub-group of the Board to ensure there is capacity to do this effectively. The Partnership Board will model a fresh approach to performance monitoring of integrated provision over 14/15 in preparation for the BCF in 15/16.

The Senior Management Teams of the Council and CCG meet on a monthly basis and will monitor progress on the integration and the BCF as a standing item.

2) NATIONAL CONDITIONS

a) Protecting social care services

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

Protecting social services means ensuring that there are sufficient resources for social services that promote health and well-being and reduce demand on health services, in particular those at the interface of health and social care where seamless services are required to improve user experience and promote efficient use of resources.

This means focussing Better Care Funding on areas that would otherwise be vulnerable under current funding reductions facing local authorities, including maintaining current levels of eligibility criteria, assessment, care packages and personal budgets, re-ablement, intermediate care and hospital discharge and support to carers, and signposting to prevention and community support services for those below the eligibility threshold.

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

As set out in section 1 (c) the Better Care Fund supports a range of services that protect adult care services as defined locally. In particular, current section 256, re-ablement and discharge support services previously funded by winter pressures funding being rolled forward have assisted social services in providing a level of assessment and care management services and care packages that is consistent with existing eligibility criteria e.g. funding hospital discharge teams.

The additional BCF service proposals generally all have an impact in terms of reducing, delaying or preventing the need for more intensive health and social care services, and hence assist the financial sustainability of the social care. For example:

- support to carers helps prevent the breakdown of informal care arrangements and so reduces the pressure on statutory services
- self management support to enable people to keep themselves well and increase their levels of independence
- funding quality improvements in home care
- funding 7 day working in hospital social care teams
- funding telecare expansion

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

Within Southwark we already have a range of services working 7 days a week to support discharge and prevent admission, including our admission avoidance service (@Home). Across the health economy, we are moving towards 7 day working, and are currently piloting weekend discharge support within the Supported Discharge Team, along with a pilot of a simplified discharge pathway led by SLIC, which operates 7 days a week interfacing with the @Home service and Enhanced Rapid Response.

Our local acute Trusts are also moving to 7 day working, and we will need to bring together all these plans and reach agreement on how we fund any additional costs in community based services to support these - through redistributing savings from acute bed day reductions, or making new investment across the system.

Southwark CCG plans to commission extended primary care working on a 7 day basis from September 2014, which would increase the capacity of primary care to offer both planned and urgent care. Increasing accessibility of GP services is expected to reduce the demand for urgent care services elsewhere on the system, avoid pressure surges on particular days of the week, and improve continuity of care for people who have ongoing care needs.

Our Better Care Funding plans include additional investment to increase the capacity of discharge support services (admission avoidance and other social care support), as well as a contribution towards the costs of extended access to primary care.

Reflecting this strategic commitment to 7 day working, a budget of £1.5m has been set aside in 2015/16 BCF plans specifically for delivering on this priority, supporting developments underway in specific areas.

c) Data sharing

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

NHS number is being rolled out as the primary identifier across health and social care services and good progress is being made. Agreement from all partners is in place, and the recording of NHS number in all care records is improving.

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

The system is in development.

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))

Confirmed

We have made some progress on information sharing within the SLIC programme, including the 'Collaborator' service, which allows members of Community Multi-Disciplinary Teams to share data on case management patients in a secure way, which is IG compliant. The next phase of our work is to develop solutions which will allow more routine data sharing. The SLIC programme are leading work to develop an Information Sharing Strategy that will enable data sharing across health and social care, working to ITK standards.

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.

Confirmed. The SLIC IT/IS data sharing workstream will deliver this.

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.

Currently, our approach to care co-ordination and accountable lead professional has been implemented for older adults/the frail elderly. We have an integrated approach to risk stratification and identification of high risk patients, and care co-ordination is led by Integrated Case managers in primary care, working as part of Community Multi-Disciplinary Teams (CMDTs). Risk stratification is led in primary care using a Population Health Management and Clinical Coding system that includes social care data. Overall 6,400 adults are considered at risk of admission. Of these currently 864 people are case managed (13.5% of the at risk group).

Our intention is to roll this model out to cover younger adults with Long Term Conditions or complex need.

We recognise that we have further work to do to establish joint assessment processes and the role of care coordinators or accountable lead professional across Southwark services. We will take this work forward over the course of the next twelve months. This will link to our work on developing neighbourhood models of integrated care.

3) 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

Note: a more detailed risk register will be developed as the details of BCF schemes are developed during 2014/15.

All risks will be mitigated by seeking to resolve any issues that arise through discussion between partners, with major issues escalated to the HWB where appropriate to unblock any obstacles to joint working.

Risk	Risk rating	Mitigating Actions
Non-delivery of acute demand reductions results in CCG deficit, non-delivery of community investment and capacity problems in acutes	Red	Progress on acute demand reductions will be monitored closely as part of the BCF governance arrangements and recovery plans put in place promptly where necessary. If targets not met, contingency plans to set out how any excess acute demand will be funded whilst protecting the development of community based services. Plans to be considered in context of South East London sector wide approach to sustainability of acute expenditure.
Non-delivery of targets to reduce care homes and community demand lead to social care financial unsustainablity	Amber	Progress on care home demand and the effectiveness of re-ablement and other services at reducing long term care needs in the community will be monitored closely and recovery plans put in place promptly where necessary. If targets not met, contingency plans to set out how any excess social

		care costs will be funded whilst protecting the development of community based services.
Non- delivery of targets results in loss of performance related portion of BCF allocation	Amber	Close monitoring of targets as part of overall programme management and governance. Agree recovery plan with NHS England and secure release of funding.
Acute provider financial stability if shift to community achieved (and freed up acute capacity not taken up by specialised activity)	Amber (local trusts considered to have robust plans for secondary business development with out of borough commissioners)	Close liaison with providers joint planning group, SEL sector planning groups, SLIC and contract monitoring to identify issues early.
Data quality – impacts on monitoring of delivery/ initial modelling assumptions incorrect	Amber	Existing data quality workstreams to focus on key BCF metrics
Data sharing and information governance issues hold up the development of multi-disciplinary working	Amber	Existing IT/IS and data sharing strategy – progress and milestones to be closely monitored. Unblock problems at HWB level if necessary.
Project milestones not delivered due to change management / capacity issues/ other demands on the system deflecting resources from delivering programme	Amber	Governance and monitoring to underpin programme management, identifying any slippage and addressing underlying reasons.
Better Care Fund overspends / underspends	Amber	Close monitoring of expenditure through the governance framework, rapid identification of problems and prompt recovery planning. Risk share arrangements set out in Sec 75 agreement specify arrangements for funding overspends by individual agencies or from with BCF as appropriate.

Workforce development across all agencies does not keep pace with requirements for integrated working	Amber	Workforce development issues identified for all schemes and overall requirements captured in programme.
Demographic pressures exceed overall public sector resources available after net reductions in 15/16 and beyond despite improvements in effectiveness arising from integration.	Amber	Contingency plans will include evaluation of value for money and continual review and re-commissioning of services within affordability envelope.
Improvements in health and wellbeing required to reduce demand on health and social care not forthcoming at sufficient pace	Amber	Review HWBS

		whilst protecting the development of community based services.
Non- delivery of targets results in loss of performance related portion of BCF allocation	Amber	Close monitoring of targets as part of overall programme management and governance. Agree recovery plan with NHS England and secure release of funding.
Acute provider financial stability if shift to community achieved (and freed up acute capacity not taken up by specialised activity)	Amber (local trusts considered to have robust plans for secondary business development with out of borough commissioners)	Close liaison with providers joint planning group, SEL sector planning groups, SLIC and contract monitoring to identify issues early.
Data quality – impacts on monitoring of delivery/ initial modelling assumptions incorrect	Amber	Existing data quality workstreams to focus on key BCF metrics
Data sharing and information governance issues hold up the development of multi-disciplinary working	Amber	Existing IT/IS and data sharing strategy – progress and milestones to be closely monitored. Unblock problems at HWB level if necessary.
Project milestones not delivered due to change management / capacity issues/ other demands on the system deflecting resources from delivering programme	Amber	Governance and monitoring to underpin programme management, identifying any slippage and addressing underlying reasons.
Better Care Fund overspends / underspends	Amber	Close monitoring of expenditure through the governance framework, rapid identification of problems and prompt recovery planning. Risk share arrangements set out in Sec 75 agreement specify arrangements for funding overspends by individual agencies or from with BCF as appropriate.
Workforce development	Amber	Workforce development

across all agencies does not keep pace with requirements for integrated working		issues identified for all schemes and overall requirements captured in programme.
Demographic pressures exceed overall public sector resources available after net reductions in 15/16 and beyond despite improvements in effectiveness arising from integration.	Amber	Contingency plans will include evaluation of value for money and continual review and re-commissioning of services within affordability envelope.
Improvements in health and wellbeing required to reduce demand on health and social care not forthcoming at sufficient pace	Amber	Review HWBS