HEALTH AND WELLBEING BOARD AGENDA

HARTLEPOOL BOROUGH COUNCIL

29 April 2016
at 9.30 a.m.
in Committee Room 'B'
Civic Centre, Hartlepool.

MEMBERS: HEALTH AND WELLBEING BOARD

Prescribed Members:
Elected Members, Hartlepool Borough Council – Councillors C Akers-Belcher, Richardson, Simmons and Thompson.
Representatives of Hartlepool and Stockton-on-Tees Clinical Commissioning Group (2) – Dr Schock and Alison Wilson
Director of Public Health, Hartlepool Borough Council (1); - Louise Wallace
Director of Child and Adult Services, Hartlepool Borough Council (1) – Sally Robinson
Representatives of Healthwatch (2). Margaret Wrenn and Ruby Marshall

Other Members:
Chief Executive, Hartlepool Borough Council (1**)** – Gill Alexander
Director of Regeneration and Neighbourhoods, Hartlepool Borough Council (1) – Denise Ogden
Representative of the NHS England (1) – Vacancy
Representative of Hartlepool Voluntary and Community Sector (1) – Tracy Woodhall
Representative of Tees, Esk and Wear Valley NHS Trust (1) – Martin Barkley
Representative of Cleveland Police, ACC Simon Nickless.

Observer – Statutory Scrutiny Representative, Hartlepool Borough Council, Councillor S Akers-Belcher

1. **APOLOGIES FOR ABSENCE**

2. **TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**

3. **MINUTES**

3.1 To confirm the minutes of the meeting held on 14 March 2016 (*attached*)

4. **ITEM FOR DECISION**

4.1 Better Care Fund Plan 2016/2017 (*to follow*)

5. **ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT**

Date of next meeting –To be notified.

HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

14 March 2016

The meeting commenced at 2.00 pm in the Civic Centre, Hartlepool

Present:

Councillor C Akers-Belcher, Leader of Council (In the Chair)

Prescribed Members:
Elected Members, Hartlepool Borough Council – Councillors Carl Richardson, Chris Simmons and Paul Thompson
Representatives of Hartlepool and Stockton-on-Tees Clinical Commissioning Group (2) – Dr Schock and Alison Wilson
Director of Public Health, Hartlepool Borough Council - Louise Wallace
Director of Child and Adult Services, Hartlepool Borough Council – Sally Robinson
Representatives of Healthwatch – Ruby Marshall and Margaret Wrenn

Other Members:
Representative of the NHS England – Sheila Lister
Representative of Hartlepool Voluntary and Community Sector – Tracy Woodhall
Representative of North Tees and Hartlepool NHS Foundation Trust – Alan Foster
Representative of Cleveland Police – Ciaron Irvine (as substitute for Simon Nickless)

Also in attendance:- Graeme Niven, Hartlepool and Stockton-on-Tees Clinical Commissioning Group

Officers: Carol Johnson, Head of Health Improvement
Danielle Swainston, Assistant Director (Children's)
Amanda Whitaker, Democratic Services Team

53. Apologies for Absence

Representative of Tees Esk and Wear Valley NHS Trust – Martin Barkley
Representative of Cleveland Police – Simon Nickless

54. Declarations of interest by Members

None

55. Minutes

The minutes of the meeting held on 19th January 2016 were confirmed.

Further to minute 51, the Chair of Children's Services Committee advised the Board that the issues highlighted in the meeting regarding access to psychological services had been referred to the Children's Services Committee. The Committee had been assured that there were a range of mental health services available to refugee and asylum seeker families and to the children of those families.

56. SEND (Children with Special Education Needs and Disabilities) Strategy (*Director of Child and Adult Services*)

The report advised that the SEND strategy and terms of reference for the SEND group had been considered and agreed at a meeting of the Children's Strategic Partnership on 23 February 2016. The Partnership had agreed that given the importance of this work the information received should be referred to this Board for consideration.

The Board received a comprehensive presentation by the Assistant Director (Children's) which supported issues included in the report. The Assistant Director advised the Board that there had been significant reforms to legislation and policy in relation to children with special educational needs and disabilities. In September 2011, Hartlepool had been asked to be a pathfinder to trial and pilot the reforms before the changes became legislation for the reforms. Hartlepool had initially worked with Darlington to pilot new ways of working and more recently had rolled out the changes as required by Children and Families Act 2014 and subsequently the New Special Education Needs and Disability Code of Practice: 0-25 years.

It was indicated that the LDD/SEN group had been previously a multi agency group set up to oversee the development of an action plan which was a multi agency group. However the group did not report to any governance structures and it was proposed, therefore, that in order to ensure that all partners had oversight of the progress of this strategy and plan that the group reported to the Children's Strategic Partnership bi-annually. It had been also proposed for the group to be renamed SEND group to ensure that all partners understood the role and aim of the group. Terms of reference had been drafted for the SEND group and were submitted as an appendix to the report.

The Board was advised that the SEND group had recently developed a strategy to ensure that all partners were meeting the requirements of the new reforms. The draft strategy together with a one year action plan was also submitted with the report.

The Board was advised that Ofsted and CQC would undertake joint inspections of local areas assessing their ability to implement the reforms. The inspection would be area based and cover the local authority, health commissioners and providers, together with all of the area's early year's settings, schools and post 16 further education sector. These inspections were expected to begin in May 2016. Local areas would be expected to provide a self evaluation on how effectively it meets its responsibilities for SEND.

The Chair of Children's Services Committee referred to the Principles included in the draft strategy with particular reference to changes to the services provided. The Assistant Director agreed with the expectations expressed by the Chair that strategy documentation should be updated to include reference to any changes to services involving consultation with service users. The Assistant Director agreed also to report back in response to clarification sought on the number of plans currently being assessed and to ensure that all voluntary and community sector organisations were included in the development of the strategy.

Decision

(i) The Board endorsed the terms of reference for the SEND group and the governance processes for this group.

(ii) The Board noted the SEND Strategy and to secure strategic sign up to deliver the strategy.

(iii) The Board noted the information regarding the forthcoming SEND inspection arrangements.

57. Better Childhood Programme (*Director of Child and Adult Services and Director of Public Health*)

The approval of the Board was sought to the implementation of the first phase of the transformation programme Better Childhood Programme. The Board was advised that the Better Childhood Programme (BCP) was a cross public sector transformation programme supported by Cleveland Police, the CCG and Hartlepool Borough Council. As part of this programme Hartlepool Borough Council and its partners had developed proposals for the redesign and integration of their services in Hartlepool with a number of aims as set out in the report.

A report had been presented to the Children's Services Committee on 1 December 2015 which provided an update on the Better Childhood Programme. It set out work that had been undertaken to review demand for children's services and work that was ongoing to redesign services with

partners. The Better Childhood Programme document, appended to the report, set out all the work undertaken through the programme and included the case for change, the redesign work carried out with children, families, workers and partners, overall vision, proposed structures, and timelines for implementation. In support of this redesign, interviews and focus groups had been carried out with a wide range of children and families, and had used this to develop case studies and common themes. The common themes identified from this engagement, which had provided the basis for service redesign activity, were presented to the Board. The Children's Strategic Partnership had developed a vision and priorities for the Better Childhood Programme and the vision and priorities were set out also in the report.

Consultation had taken place with children, young people and parents to understand what services could be done differently to make their lives better. This information had been used by the workforce (in both HBC and NHS trust) to redesign services as set out in the document attached to the report. The work undertaken with children and families was also used to develop design principles that underpinned all the proposed changes as set out in the report. The Board was advised that the proposal was for the Early Help Teams (HBC), Effective Interventions team (HBC), Health Visitors (NHS Trust), Community Nursery Nurses (NHS Trust), School Nurses (NHS Trust) and Family Nurse Partnership (NHS Trust) to be redesigned to four integrated locality teams alongside a specialist team. The locality teams would support children and families at an Early Help level with the specialist team offering intensive support to those families that needed it. It was hoped that these teams could be in place for 1 April 2016, however a project plan was in place to monitor the implementation and if needed timescales would be adapted.

It was noted that research carried out by iMPOWER throughout the summer had indicated that partners did not like the current early help assessment and this was acting as a barrier to identifying needs as early as possible. Work had been undertaken with all partners to review the current assessment and develop a new one. This would continue to be developed over the next few months.

Following presentation of the report the Assistant Director (Children's) responded to clarification sought from a Board Member regarding the number of looked after children and provided further details of the rationale of the proposals in terms of intervention at an early stage, working closely with schools and avoiding duplication of services.

Decision

The implementation of the first phase of the transformation programme Better Childhood Programme was approved.

58. NHS Planning Process 2016/17 (*Chief Officer, Hartlepool and Stockton-on-Tees Clinical Commissioning Group*)

The report outlined the planning requirements released by NHS England and how NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG) and its partners were progressing against those requirements. The Board received a presentation by the Chief Finance Office, Hartlepool and Stockton-on-Tees Clinical Commissioning Group which supported the report.

The Board was advised that documentation set out a clear list of national priorities for 2016/17 and longer-term challenges for local systems, together with financial assumptions and business rules. It also reflected the settlement reached with the Government through its new Mandate to NHS England **(**annex 2 of the guidance)**.** The Mandate set objectives for the NHS as a whole. The guidance required that NHS organisations were required to produce the following two separate but connected plans:

- a five year Sustainability and Transformation Plan (STP), place-based and driving the Five Year Forward View; and
- a one year Operational Plan for 2016/17, organisation-based but consistent with the emerging STP.

It was highlighted that this was a new, different planning process that supported local change. The 2016/17 Operational Plan was to be regarded as year one of the five year STP, and there was an expectation of significant progress on transformation through the 2016/17 Operational Plan. A basic planning rationale had been submitted to NHSE on the 8th February and a further revised and more detailed document had been submitted on March 2nd before final submission on the 11th April. By April 2016, commissioner and provider plans for 2016/17 would need to be agreed by NHS England and NHS Improvement, based on local contracts that must be signed by March 2016. The guidance outlined Goals for 2020, deliverables for 16/17 and a series of Must Do's also for 16/17. There were nine 'must dos' for 2016/17 which were set out in the report and highlighted in the presentation.

The guidance also asked that every health and care system come together, to create its own ambitious local blueprint for accelerating its implementation of the Forward View; this would be called the Sustainability and Transformation Plan (STP). The STP needed to address the list of national challenges set out in the guidance which detailed the 'national challenges' to help set out ambitions for populations.

The Board was advised that the CCG and Local Authority needed to agree a joint plan to continue to deliver the requirements of the Better Care Fund (BCF) in 2016/17, building on the 2015/16 BCF plan, and taking account of what had worked well in meeting the objectives of the fund, and what had not worked well. CCGs had already been advised of the minimum amount that they were required to pool as part of the notification of their wider allocation. BCF funding should explicitly support reductions in unplanned admissions and hospital delayed transfers of care.

The Board was informed of financial planning guidance indications and that there would be a new, more joined-up approach to planning including NHSE and NHS Improvement (Monitor and the NHSTDA) ,to ensure detailed,

credible and robust plans with evidence of them being jointly owned and delivered by commissioners and providers.

The report set out also a detailed timetable of forthcoming events and associated deadlines together with next steps. As a result of this guidance the CCG would need to tailor their commissioning intentions for 2016/17 to meet the requirements and deliverables of both the first year operational plan and the five year STP. It was noted that alongside ensuring delivery of the planning requirements the CCG would also utilise the RightCare approach to identify specific areas of focus as detailed in the report.

Board Members recognised the significant challenges which had been highlighted and discussed issues arising from the report. The view was expressed by the Chair of the Board that it was critical that documentation should be in accordance with the Local Health and Social Care Plan. The Chief Officer, Hartlepool and Stockton-on-Tees Clinical Commissioning Group undertook to submit further reports to the Board.

Decision

(i) The Board considered the requirements in the planning guidance on the need to develop a clear overall shared vision and plan for our area.
(ii) The Board noted the actions that had been taken to date in the local health and social care community to meet the needs of the 16/17 Planning period and that further reports would be submitted to the Board.

59. Better Care Fund 2015/16 Quarter 3 Return (*Director of Child and Adult Services*)

Further to minute 45 of the meeting held on 30 November 2015, a report presented by the Director of Child and Adult Services provided the Board with an update on implementation of the Better Care Fund Plan. The 2015/16 Quarter 3 return was appended to the report and had been submitted on 26 February 2016. It was highlighted that there continued to be slippage against some of the planned areas of spend, however it was anticipated that all funding would be fully committed by the end of the financial year and used to support delivery of the Better Care Fund Plan.

The Board was advised that Guidance had been published on 23 February 2016 regarding Better Care Fund Planning Requirements for 2016/17. The guidance set out eight conditions which local areas needed to meet in order to access funding. The report set out those conditions together with identification of the planning requirements and the timetable for submissions.

The Chair expressed the view that meetings of the Board in the next municipal year should be scheduled in line with the BCF timetable.

Decision

The Board noted the 2015/16 Quarter 3 return, which had been submitted on behalf of the Health and Wellbeing Board using delegated authorities as previously agreed.

60. Update on Healthy Weight Strategy – Presentation by Director of Public Health

Further to minute 22 of the meeting held on 11th September 2015, the Board received a presentation by the Director of Public Health which provided a six monthly update on the Healthy Weight Strategy for Hartlepool 2015-2020. Board Members were reminded of the background to the Strategy and the recommendations which had been made by the Board.

The Board was advised that Members of the Healthy Weight Healthy Lives Strategic Group had agreed to take responsibility for implementation of the Strategy and Action Plan. Membership of the Group had been reviewed and continued to be extended to ensure those involved were able to take forward the required actions within the Strategy. Cleveland Police had expressed an interest in being involved in the Strategy and had been invited to have a presence at future meetings.

The Board was updated on the progress to date in terms of the following strategic themes:-

(i) Strategic Theme 1: Universal – To transform the environment so that it supports healthy lifestyles (Primary Prevention)

(ii) Strategic Theme 2: Preventative – Making Healthier Choices Easier by providing information and practical support (Secondary Prevention)

(iii) Strategic Theme 3: Services – To secure the services needed to tackle excess weight (Tertiary Prevention)

The Board was informed that in terms of next steps, Members of the Healthy Weight Healthy Lives Strategic Group were meeting this month to agree more precise timescales and identify lead officers to deliver the outstanding actions. A stakeholder consultation event was to be held to inform the Child & Family Poverty Strategy, including holiday hunger, is taking place on 24 March 2016.

Following the presentation, Board Members discussed the importance of having a strong evidence base to ensure the direction of travel was the correct one. The Director of Public Health concurred with the view expressed by the Chair and highlighted the requirement to identify actions that could be measured and suggested the Healthy Weight Healthy Lives Strategic Group

be requested to consider identification of key statistics.

Decision

In order to address a partly outstanding action, it was agreed that Board Members representing the North Tees and Hartlepool Foundation Trust, Tees Esk and Wear Valley Foundation Trust, Hartlepool and Stockton-on-Tees Clinical Commissioning Group, Cleveland Police, Healthwatch and other relevant organisations submit the strategy and action plan to their respective governing bodies for approval/support and any further comments.

Prior to closing the meeting, the Chair highlighted that an additional meeting of the Board had been scheduled for 8 April 2016 commencing at 10.30 a.m. at the Civic Centre.

Meeting concluded at 3:10 p.m.

CHAIR

HEALTH AND WELLBEING BOARD

29 April 2016

Report of: Director of Child & Adult Services

Subject: Better Care Fund Plan for 2016/17

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1. PURPOSE OF REPORT

1.1 To present the Better Care Fund plan for 2016/17 for approval by the Health & Wellbeing Board.

2. BACKGROUND

2.1 Guidance was published on 23 February 2016 regarding Better Care Fund Planning Requirements for 2016/17. The guidance set out eight conditions which local areas needed to meet:

- That a BCF Plan, covering a minimum of the pooled fund specified in the Spending Review, should be signed off by the Health & Wellbeing Board, and by the constituent Council and CCG.
- A demonstration of how the area will meet the national condition to maintain provision of social care services in 2016/17.
- Confirmation of agreement on how plans will support progress on meeting the 2020 standards for seven-day services, to prevent unnecessary non-elective admissions and support timely discharge;
- Better data sharing between health and social care, based on the NHS number;
- A joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional;
- Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans;
- That a proportion of the area's allocation is invested in NHS commissioned out-of-hospital services, or retained pending release as part of a local risk sharing agreement; and
- Agreement on a local action plan to reduce delayed transfers of care.

2.2 The planning requirements identified were as follows:

- A jointly agreed narrative plan including details of how national conditions are being addressed;
- Confirmed funding contributions from each partner organisation including arrangements in relation to funding within the BCF for specific purposes;
- A scheme level spending plan demonstrating how the fund will be spent;
- Quarterly plan figures for the national metrics.

2.3 The timetable for submissions is as follows:

First BCF submission, agreed by CCG and LA – • BCF planning template only.	2 March 2016
Assurance of BCF plans.	March 2016
Second BCF submission following assurance and feedback, agreed by CCG and LA – • Revised BCF planning return • High level narrative plan.	21 March 2016
Assurance status of draft plans confirmed	By 8 April 2016
Final BCF plans submitted, following sign off by Health & Wellbeing Board.	3 May 2016
Section 75 agreement in place and signed.	30 June 2016

2.4 The assurance process and approval of plans will be achieved through regional teams working with the Better Care Support Team to provide assurance to the national Integration Partnership Board (jointly chaired by DH and DCLG whose membership includes NHS England, LGA and ADASS) that the above process has been implemented to ensure that high quality plans are in place which meet national policy requirements and have robust risk-sharing agreements where appropriate. This will include offering assurance that appropriate support and assurance are in place for high risk areas.

2.5 In accordance with the legal framework set out in section 223GA of the NHS Act 2006, final decisions on approval will be made by NHS England in consultation with DH and DCLG. These decisions will be based on the advice of the moderation and assurance process set out above. Where plans are not initially approved NHS England will implement a programme of support to help areas to achieve approval (and / or meet relevant conditions).

3. DEVELOPMENT OF THE HARTLEPOOL PLAN NARRATIVE

3.1 The BCF Plan for 2016/17 has been developed in partnership by the Council and the CCG with input from providers and builds on the priorities agreed in the 2015/16 plan. The plan sets out:

- Local Vision for Health and Social Care Services
- Achievements in 2015/16
- Plans for 2016/17
- How National Conditions will be met
- Funding Plans
- Performance Metrics

3.2 The BCF Plan narrative document for 2016/17 is attached as **Appendix 1**.

3.3 The planning template that supports the narrative plan sets out in further detail:

- Specific funding requirements;
- Expenditure plan for 2016/17; and
- Target setting for metrics.

3.4 The BCF Planning Template for 2016/17 is attached as **Appendix 2.**

4. PERFORMANCE REPORTING ARRANGEMENTS

4.1 There was a requirement in 2015/16 for quarterly performance reports to be signed off by the Health and Wellbeing Board and submitted to the Department of Health, with the Q4 return for 2015/16 due to be submitted by 27 May 2016.

4.2 This reporting requirement will continue for 2016/17 but dates for quarterly returns to be submitted have not been issued. The latest national update (on 22 April 2016) indicates that the Better Care Fund Support Team is 'currently refreshing the operating guidance for the BCF in 2016-17 and as a part of this work will be confirming dates for quarterly returns in 2016-17 soon'.

5. RISK IMPLICATIONS

5.1 A risk register was completed as part of the original BCF plan and mitigating actions were identified. This has been updated for the 2016/17 plan and can be found in **Appendix 1** (page 23).

6. FINANCIAL CONSIDERATIONS

6.1 The BCF Pooled Budget is hosted by Hartlepool Borough Council and governed through the Pooled Budget Partnership Board. The Council's Chief Finance Officer is the named Pooled Fund Manager.

6.2 The BCF Pooled Budget was fully committed in 2015/16 with slippage used to support one off pressures in adult social care and Disabled Facilities Grants.

6.3 Plans have been agreed that fully commit the budget for 2016/17 and the budget will continue to be monitored throughout the year through the Pooled Budget Partnership Board.

7. LEGAL CONSIDERATIONS

7.1 There is a requirement to have a signed s75 Partnership Agreement in place by 30 June 2016.

8. CHILD AND FAMILY POVERTY CONSIDERATIONS

8.1 None identified.

9. EQUALITY AND DIVERSITY CONSIDERATIONS

9.1 None identified.

10. STAFF CONSIDERATIONS

10.1 No staff considerations identified.

11. ASSET MANAGEMENT CONSIDERATIONS

11.1 No asset management considerations identified.

12. RECOMMENDATIONS

12.1 It is recommended that the Health and Wellbeing Board approves the 2016/17 BCF Plan and receives quarterly updates throughout the year.

13. REASONS FOR RECOMMENDATIONS

13.1 It is a requirement that Health & Wellbeing Boards approve BCF plans and delivery of the Hartlepool BCF plan will improve health and wellbeing outcomes for older people.

14. BACKGROUND PAPERS

14.1 Technical Guidance Annex 4: Better Care Fund Planning Requirements for 2016/17 (February 2016)
https://www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/

15. CONTACT OFFICER

Jill Harrison
Assistant Director - Adult Services
Tel: (01429) 523911
E-mail: jill.harrison@hartlepool.gov.uk

Health and Wellbeing Board

Hartlepool Better Care Fund Plan Narrative 2016/17

Date: **3 May 2016**
DRAFT Final Submission v2

APPROVAL

APPROVAL – First Submission: 21 March 2016	
Name	Hartlepool Borough Council NHS Hartlepool and Stockton-on-Tees CCG
Date	21 March 2016

APPROVAL – Final Submission: 3 May 2016	
Name	Cllr Christopher Akers Belcher (Chair) Hartlepool Health and Wellbeing Board
Signature	
Date	29 April 2016

Local vision for Health and Social Care Services

1.1 Introduction

There is a whole system change taking place across the health and social care economy and the Better Care Fund (BCF) is a small but nonetheless critical part of this ambition for change. There is also recognition by system leaders that a more collaborative and system wide approach is required to provide solutions to the challenges faced across current systems. Building on the foundations progressed during 2015/16, the 'NHS Five Year Forward View', CCG Operational Plan and the Sustainability and Transformation Plan (STP) clearly set out this vision.

Vision - *"Meeting patient needs **now** and **future proofing** for the coming **generation** with **consistently better** health and social care delivered in the **best place"***

The vision is that by 2020/21 everyone is able to live at home longer, be healthier and get the right support services where required, whether this be provided by health and / or social care. The focus will be on integrated health and social care, primary prevention, early diagnosis and intervention and supported self-management with the aim of closing the health and wellbeing gap and reducing health inequalities as well as driving transformation to close the care and quality gap.

Residents of Hartlepool deserve the best possible 'joined up' health and social care and should get the right care, in the right place, at the right time, supporting them to have longer, healthier lives and ensuring they can say *"I can plan my care with people who work together to understand me and my carer(s), allowing me control, and bringing together services to achieve the outcomes important to me" (Integrated Care and Support: Our Shared Commitment).*

This is why all partners across health and care services have been working together to deliver the system vision described in the Better Care Fund Plan, including a sustained focus on integration to '*create services that maximise health and wellbeing and address individual needs, improving outcomes and experiences for individuals and communities'.* The person is firmly at the centre of our plans and pathways have been, and will continue to be, designed to ensure that this is the case.

The Hartlepool BCF plan will contribute to the delivery of:

- Reduced Non-Elective Admissions;
- Reduced admissions of older people in to residential care;
- Increased proportion of older people still at home 91 days after discharge from hospital into reablement / rehabilitation services;
- Reduced Delayed Transfers of Care from hospital;
- Increase in the estimated diagnosis rate for dementia; and
- Improved patient experience of services.

1.2 Case for Change

Demographic changes mean that there is a high likelihood of an increase in demand on both health and social care in future years. The Better Care Fund can support a reduction in this demand by putting in place a number of strategies around early intervention and prevention and supporting people to stay in their own homes where appropriate, for as long as possible. It is essential that those with the greatest need are fully supported and have a co-ordinated response to reduce duplication and ensure the most appropriate services are delivered. Carers are also critical in ensuring people achieve the best outcomes and require support to enable them to maintain their caring role.

Hartlepool is one of the most deprived areas in Britain, ranked 24th most deprived out of 354 Local Authority areas and with 7 of the 17 wards in Hartlepool amongst the 10% most deprived in the country, and faces demographic challenges in terms of deprivation as well as in relation to an ageing population and an increasing number of people with disabilities.

Detailed information regarding demographic challenges can be found in the Joint Strategic Needs Assessment. Some of the key facts that outline the challenge for adult health and social care services include:

- Life expectancy for both men and women is lower than the national average.
- Higher than average levels of unemployment.
- Higher than average rates of limiting long term illness and health problems.
- A high proportion of working age adults receiving benefits.
- A decreasing working age population and increasing population of over 65s and over 85s.
- Increasing numbers of people with learning disabilities and physical disabilities.
- Increasing prevalence of dementia and depression in older people.

An Ageing Population:

People are living longer and, whilst the increase in life expectancy is welcomed, this presents challenges for health and social care services as people living longer often have complex health conditions and require significant levels of support to remain independent.

Research shows that older age is associated with an increased incidence of multiple long term conditions and a growing number of functional and cognitive impairments. It is estimated that 58% of those aged 60 and over report having a Long Term Condition (LTC) with 25% of over 60s having two or more LTCs. For Hartlepool this would mean that by 2020 there will be approximately 4,700 over 65s with two or more LTCs.

The number of older people who are living alone is increasing at the same time as informal support networks from families are declining, which significantly increases the risk of social isolation and loneliness. It is estimated that 2,340 older people in Hartlepool (14%) are currently living alone.

The number of people living with dementia is also expected to increase significantly. Data indicates that in 2014 1,193 older people in Hartlepool were predicted to have dementia (6.9%). This is predicted to rise to 1,358 people by 2020 (7.2%) and 1,811 people by 2030 (7.8%).

These trends have resulted in a growing demand for health services to treat multiple long term conditions as well as care services to help individuals cope with everyday activities such as dressing, bathing, shopping or preparing food.

In Hartlepool, there were approximately 4,526 emergency admissions to hospital for people aged over 65 in 2014/15. Given the ageing population and associated levels of need for health services, this is expected to increase significantly over the next 5-

10 years if services continue to support people in the current way. The demand on social care services and particularly long term care is also predicted to increase significantly over this time period.

It is anticipated that further integration of health and social care services will help to address these issues through:

- Risk stratification and targeting of resources at those people who are most at risk of poor health outcomes and most likely to require intensive health and social care services in the future
- Improved care planning, care co-ordination and care delivery
- Better use of limited resources through multidisciplinary assessment and responses.
- A shift from reactive services to a more planned approach focusing on early intervention and prevention

Wider Determinants of Health:

As the Marmot Review made clear, a person's health and wellbeing in later life is affected by a wide range of determinants such as poverty, housing, employment and education, as well as healthy lifestyles and health care. The Hartlepool Better Care Fund Plan recognises these wider determinants of health and promotes earlier intervention through a more holistic approach to care planning, which incorporates low level services, early intervention and prevention, housing issues, social isolation and healthy lifestyle issues.

1.3 Underpinning Strategies

Local Digital Road Map

The CCG along with partner organisations is developing a Local Digital Roadmap to be paper free at the point of care by 2020 (NHS England Five Year Forward View). The footprint for a local Digital Roadmap includes 38 GP Practices within Hartlepool and Stockton, North Tees & Hartlepool NHS FT, Tees, Esk & Wear Valley NHS FT, Stockton Borough Council, Hartlepool Borough Council and Hartlepool and Stockton-on-Tees CCG. A steering group with attendees from each of the partners has been set up to support the development of the roadmap which has to be produced by June 2016. The key focus areas of the roadmap are to be:

- Identification of the data that is to be shared between systems.
- Creation of a consent model/framework.
- Creation of a Communication and Engagement with the Public Strategy.
- Engagement with the workforce with a view to change cultures.
- Coordination and sharing how decisions will be taken within each organisation

In 2016/17, as part of the BCF ICT Strategy a system will be procured that will provide an integrated digital care record that shares relevant data across Primary Care, Community, Social Care, Acute, Mental Health and Urgent Care Services. The system will be in place from April 2017. This builds upon the implementation of the Medical Interoperability Gateway (MIG) in May 2016, which will enable data

sharing across GP Practices and Out of Hours Primary Care Providers. This system will support the implementation of the Local Digital Roadmap. https://www.england.nhs.uk/digitaltechnology/info-revolution/digital-roadmaps/

Further background information:

Document Title	Synopsis and Link
Joint Health & Wellbeing Strategy	The Joint Health and Wellbeing Strategy sets out the Health and Wellbeing Board priorities and actions to address the needs identified in the JSNA. https://www.hartlepool.gov.uk/meetings/meeting/2724/council
Local Account of Adult Social Care Services 2016-2017	Hartlepool Borough Council Local Account for 2016/17 summarises how well the service has performed in the past year, the challenges faced and proposals to do to deal with those challenges and plans for future improvements www.hartlepool.gov.uk/directory_record/249/local_account_of_adult_social_care_services_2013-2014
Hartlepool Council Corporate Plan	Sets out the direction of travel and ambition for the council with outcomes focused on: • Health Improvement - people are helped to live healthy lifestyles, make healthy choices and reduce health inequalities • Healthcare public health and preventing premature mortality - reducing the number of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities • Vulnerable adults are supported and safeguarded and people are able to maintain maximum independence while exercising choice and control about how their outcomes are achieved. • Housing Services and housing options respond to the specific needs of all communities within Hartlepool. https://www.hartlepool.gov.uk/downloads/file/1874/council_plan_201617

1.4 Jointly Developed

The Better Care Fund plan has been jointly developed by partners, specifically:

- Hartlepool and Stockton-on-Tees CCG
- North Tees and Hartlepool NHS Foundation Trust
- Tees Esk and Wear Valleys NHS Foundation Trust
- Hartlepool Borough Council

This joint planning enables partners to develop services that will contribute to reducing pressures on urgent care and prevent people needing emergency care in hospital or a permanent care home admission. It is expected that this will continue in 2016/17 and beyond as part of wider transformation plans (STP).

Joint planning has been supported by a range of events focused on specific developments within the BCF plan, engagement events with older people and carers and the work of the North of Tees Dementia Collaborative.

2. LOOKING BACK – OUR ACHIEVEMENTS IN 2015/16

2.1 What we did

The BCF plan was jointly developed and common aims were agreed:

- To ensure that the population of Hartlepool have access to a wide range of primary prevention interventions.

- To maximise independence and quality of life and help people to stay healthy and well through the development of integrated community health and social care services with a focus on long term conditions, frail elderly (including end of life) and dementia. This will be delivered through the roll out of an integrated care model building on existing care planning, care co-ordination, risk stratification and multi-disciplinary working.

- To streamline care and reduce activities that are carried out by multiple organisations ensuring the right services are available in the right place, at the right time through an integrated community approach providing rapid response to support individuals to remain at home and avoid admission.

- To improve people's experience of services through the introduction of a single point of access across health and social care, utilising the NHS number.

- To improve outcomes for service users and carers through clearer and simpler care pathways and proactive management of people with long term conditions.

- To have a skilled workforce that understands both the health and social care system and works across organisational boundaries, making every contact count.

- To ensure that each person has a package of care that improves their physical, social and emotional wellbeing, acknowledging that all three elements are necessary to enjoy good health.

- To support personalisation and choice by being able to develop a range of coordinated alternatives to hospital and residential care, this will be delivered through investment in personalised health and care budgets ensuring individuals are able to make informed decisions.

- To ensure that digital technology is utilised innovatively to deliver the greatest possible benefit to people using services and carers across health and social care services.

- To improve access to community health and social care services 7 days a week to improve user experience and provide responsive services in and out of hours, reduce delayed discharges and improve support to empower people to live independently.

Three key themes were identified within the plan
- Low Level Services & Self Management of Long Term Conditions
- Intermediate Care
- Improved Dementia Pathways

Progress has been summarised against each of these three themes:

Theme 1: Low Level Services & Self Management of Long Term Condition

Low level services aim to support people to maximise their own financial, human and community resources to achieve self-determination. People are supported to access resources in their own communities and to manage their own conditions and statutory agencies are committed to working with the voluntary and community sector to ensure that those not yet experiencing acute need, but requiring support, are helped to remain healthy, independent and well. Through the development of the BCF plan partners committed to invest in empowering local people through effective facilitation and signposting, carers support, self-management and low level preventative services to maximise their independence and wellbeing and to help identify and combat social isolation, as a major influence on overall health and wellbeing. Work has also been undertaken with public health colleagues to review opportunities to further support and target people with a range of long term conditions in the community and / or their own homes, building upon the success of existing programmes commissioned by public health (such as Health Trainers and the Falls Service) whilst developing a more preventative, proactive and targeted approach.

Achievements in 2015/16 include:

Hartlepool Now

Hartlepool Now has been developed as on online system to support people who need advice and information and want to know about services in their local area. The site was formally launched in October 2015 and is focused on supporting people to maintain their independence. There are includes eight main categories: Living at Home; Looking After Someone; Housing Options and Care Homes; Keeping Safe; Getting Out and About and Socialising; Keeping Healthy; Working and Learning and Money Matters, and is designed to allow people to find information that meets their specific needs. The site also features the Equipment Finder which enables people to and find pieces of equipment that can help them in their day-to-day living and tasks and, if they want to, click on and buy the equipment they need.

Assistive Technology

Investment in assistive technology in Hartlepool has enabled the number of people receiving support to grow on an annual basis for the last five years with over 2,200 people using assistive technology at the end of December 2015. Investment in different forms of technology has enabled the service to support a wide range of people including adults with learning and physical disabilities and people with dementia, as well as being available to all over 75s and a feature of extra care schemes. Feedback from people accessing the service is positive, and the service is an essential part of the wider strategy to support people to stay independent in their own homes for as long as possible. BCF funding has sustained and further expanded the service, which includes exploring how telehealth can be better utilised.

Support for Carers

It is recognised that carer breakdown can be a factor in hospital admissions and care home admissions, and evidence suggests that providing carers with support enables them to continue in their caring role for longer, preventing the need for more intensive and costly health and social care interventions. BCF funding is used to fund carers support services, including Direct Payments that provide carers with a break from their caring role.

Approximately 65% of carers in Hartlepool receive an assessment, information and advice or a carers service and, of those carers receiving support, 75% received this via a Direct payment (as at end of December 2015).

Low Level Services

Low level support services for older people have been re-commissioned to provide a range of social inclusion services through one provider, encompassing information and advice, low level support, luncheon clubs (and luncheon club plus) and social inclusion opportunities within a building based setting. The service is called Hartlepool Getting Out and About.

Information & Advice - The provider has developed a bank of essential information for older people in the community (made available on paper and electronically so it can be accessed easily). The service gathers information on local activities, classes and community and interest groups and all information is uploaded to Hartlepool Now.

This service can be provided by sitting alongside people and using the information gathered and held on directories and electronic devices to find the information/ service they require. If the person needs help to understand the information, time is allocated by staff to enable the person to do this. If specialist help is needed to further explain the information all avenues will be pursued to obtain this support. This will include signposting to advocacy services and volunteers if available.

Low Level Support - provided for individuals with low level needs on a one to one basis for a period of up to 6 weeks, aiming to promote independence and enable people to get on with their lives. This may include:

- Telephone calls to enquire after someone's well being;
- Assisted visits to community groups, activities and other locations in order to build people's confidence; facilitate connections to social/educational and other activities; and encourage them to get out and about;
- Support to get to important appointments e.g. during a period after someone has had a fall and is lacks confidence going out and about on their own; and
- Assistance to do one or two shopping visits and information and encouragement after that to encourage individuals to arrange long term solutions for getting their shopping if the need for support is going to continue.

Luncheon Clubs (Plus) –operate in a variety of settings, for example pubs and community centres, throughout the town. Lunch club sessions will be held for up to three hours and will provide an opportunity for people to buy lunch and enjoy an informal social atmosphere.

A range of activities such as gentle exercise classes, wellbeing sessions, guest speakers and handicrafts are provided alongside the actual luncheon club, making use of nearby community resources. Information and sign posting will also be provided through assistance to access the internet, leaflets etc and staff will assist with arranging transport for people who use the service.

The current service facilitates luncheon clubs in 5 venues, supporting approximately 70 people. For people who require help with eating or accessing the toilet the service will provide Luncheon Club Plus. These sessions operate in the same way as the luncheon clubs identified above but have a higher staffing ratio and can support people who are less able, but wish to remain in their local community.

Social Inclusion – this centre based element of the service is available for frail elderly people for whom other elements of the service identified above would not be suitable to meet their needs. This service is provided at Hartfields Day Centre from 10am to 3pm Monday to Friday and complemented by a luncheon club plus session on a Saturday.

The service provides stimulating activities such as gentle exercise classes, wellbeing sessions, visits to places of interest, guest speakers, gardening, films and drama, handicrafts etc. Information and sign posting is also provided through assistance to access the internet, leaflets etc. The current service includes a meal and transport is also arranged and provided.

The overall service model helps people to overcome barriers to accessing activities and resources for the first time; provides continued support until people feel able to continue to access independently and promotes continued engagement and attendance.

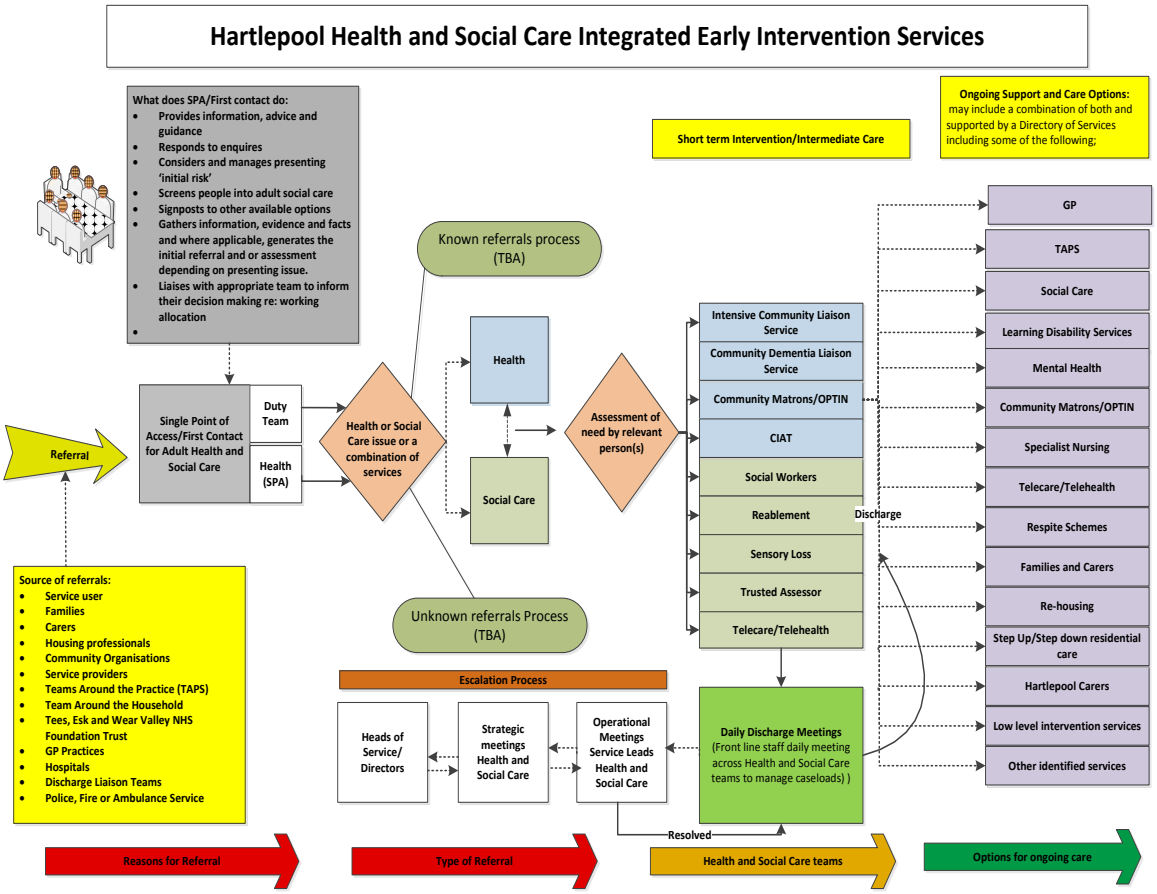
Theme 2: Intermediate Care

The vision for an Integrated Health and Social Care Early Intervention Model is ambitious, however partners are committed to developing a culture in which public bodies are able to work together with their partners in the voluntary and social enterprise sectors and remove unhelpful boundaries using combines resources to achieve the maximum benefit for service users, carers and families.

The Better Care Fund project team continues to build upon the work undertaken in 2015/16 in relation to co-location and integration of services. The aim and ambition of the service model is to provide a single point of access for every person with whom health and social care engage in order to facilitate the most appropriate health and social care response based on presenting need both in and out of hours.

The service model focuses on all people known and unknown to community nursing and social care services to identify those at higher risk of requiring intervention. People will experience an integrated service which is flexible and responsive enough to recognise the different needs of individuals shifting from reactive (unplanned) care to prevention and proactive care. Critical to the success of the Integrated Model in 2016/17 will be the interface and relationship with primary care partners (General Practice) to develop services that are wrapped around the person with:

- Less dependency on intensive acute services due to earlier and targeted intervention.
- Fewer avoidable acute episodes through better management of conditions in the community, reducing unnecessary hospital and residential/nursing care admissions
- A reduction in emergency bed days associated with repeat acute admissions by more timely and co-ordinated intervention.
- Reduced duplication, inefficiency and waste at the interface of care.
- Reorganisation of pathways and removal of professional boundaries.
- Health and social care delivered in a more co-ordinated, efficient and cohesive way.
- People and families / carers knowing their individual pathway and having greater confidence in service delivery.



Achievements to date include:

- Adult services first contact team are co-located with the NHS Single Point of Access (SPA) in the first step towards an integrated health and social care single point of access. Further work is underway to establish how these teams work more cohesively and how capacity is enhanced, including a proposal for clinical input to SPA.
- Introduction of a clinical triage function within the SPA.
- A weekend working pilot from October 2015 – March 2016 which saw Social Workers are available from 10.00-4.00 during weekends and bank holidays, focused on facilitating hospital discharges. This was supported by additional weekend capacity commissioned from independent home care providers for the same period using system resilience funding.
- Establishment of Daily Discharge Planning Meetings which bring together professionals from a range of disciplines (such as nurses, social workers and therapists) to discuss every person requiring discharge from either social care, community services, direct care and support, acute beds or reablement/rehabilitation. This allows for joined up planning to take place, to ensure that the right professionals are working with the right person in the most effective way.
- Development of enhanced pharmacy support for care homes and domiciliary care providers.

Theme 3: Improved Dementia Pathways

People living with dementia and their carers should be able to access the same range and quality of services as the general population and new service developments should be dementia friendly and easily accessible by people with dementia and their carers. The learning from the North of Tees Dementia Collaborative continues to be used to inform the direction of travel, and to ensure that improvements are made and sustained.

Achievements to date include:

Dementia Advisory Service

The aim of the Dementia Advisory Service is to empower people who are affected by and/or suffering from dementia to be able to "live well with dementia". The service complements health and social care services provided to people living with dementia and their carers by providing named contacts and a single point of access for the provision of information and support about dementia and the range of services, activities and benefits available in Hartlepool.

The service is reactive to the needs of the person with dementia, especially those who are newly diagnosed. Information, advice and support are offered at a pace and at a time that the person with dementia and their carer can cope with. This includes responding to changing needs as the condition develops.

A key function is enabling the person with dementia and their carer to 're-narrate their lives;' (redefining what is important to them going forward) so they can live fulfilling and worthwhile, if sometimes different, lives.

The service operates from a town centre based premises to provide a focal point giving independence and visibility to the service and offers:

- Accurate, timely and accessible advice to people with dementia and people who are affected by their dementia both on a person to person basis and a peer group basis, using social media.
- Opportunities for people with dementia for professional and peer support.
- A service that is practically accessible to residents within the borough of Hartlepool using the town centre base and utilising outstations as necessary or at home.
- Links to other statutory and voluntary agencies in order to ensure that there are clear and effective protocols for referring into and out of the service and working together.
- Development of best practice in the delivery of the service and to learn from best practice in other dementia advice services.
- A lead role in projects in Hartlepool designed to raise awareness of dementia and take away the stigma and fear that sometimes surrounds it.
- Responds to referrals within 24 hours or the next working day.
- Establishment of dementia peer support groups including a young onset support groups if needed. Groups may be centred on particular activities such as crafts or cooking or local history where the activity is a means by which people are able to engage with and support each other. They may be discussion groups

about living with dementia where ideas and experiences can be exchanged. Access may be facilitated via existing structured networks e.g. memory cafe's, social events.

- Raises awareness of the advisory service amongst health and social care professionals in Hartlepool as well as the private and voluntary sectors.
- Provision of person to person information from the local hub and a variety of locations in Hartlepool as a stepping stone into a wider network of services. This advice will be given in a friendly, relaxed and non-judgemental manner in terms that people can understand.
- A stand-alone website dedicated to the Dementia Advisory Service but which will contain appropriate links to health and social care organisations and support networks or pathways commensurate with dementia support initiatives.

Access to the Service is on an open-access basis and referrals are monitored jointly by the Council and the Provider.

Dementia Friendly Hartlepool

The Working to Build a Dementia Friendly Hartlepool project has been successful in gaining the first level of accreditation which enables all interested parties that pledge their support to be able to register as part of the Dementia Friendly Community. This enables the wider community to have confidence that they will meet individuals and staff that are sensitive to the issues facing those living with dementia.

Following the success of gaining Dementia Friendly Community accreditation the official launch was celebrated by holding a Memory Walk in September 2015 at a local park. Over 100 people attended the event from the very young to residents of local residential homes. The event showed how successful awareness raising has been in the town and it is intended this will become an annual event.

There have also been significant levels of work carried out within residential homes to ensure that those living with dementia are cared for in the most appropriate way. This has built on the Care Homes project carried out through the Dementia Collaborative which delivered specific training to care home staff. Individuals now have an 'All About Me' folder which can be taken with them should they need to be admitted to hospital. This folder contains key information which enable those who do not know the individual to gain an insight to how dementia affects them and how best to manage the impact.

The Bridge

Early in 2015 The Bridge was opened in the town centre. The centre is a drop in and information centre for those living with dementia and their carers. The centre hosts the Dementia Advisory Service commissioned by Adult Services to ensure that anyone needing advice and support to navigate through previously unknown territory can do so in a positive and supportive place. The Bridge and Dementia Advisory Service are provided by the Hospital of God.

The Bridge has become a focal point for people, carers and professionals within the community. As well as providing professional services it is a community hub where

people meet and small events are held, such as visiting musical artists and reminiscence sessions.

2.2 Our Review

All services supported through the BCF pooled budget have been reviewed or are currently under review to consider activity, performance, contribution to BCF outcomes and cost effectiveness. It is recognised that collectively the range of services supported by BCF are having a positive impact on key performance indicators, either in terms of improving outcomes or in terms of constraining activity and spend in a time of significant demographic pressures and financial constraints. It is difficult to attribute outcomes to individual schemes or services as they are operating as part of the wider vision for integration across health and social care.

There has been a non-recurrent investment from the Better Care Fund to commission an independent review by iMPOWER of a range of services that are provided or commissioned by the Local Authority and focused on prevention and early intervention. The Service Effectiveness Review process will identify whether services are delivering good outcomes and whether they are cost effective, as well as identifying opportunities to remodel and better align services where this is potential duplication or potential to target resources more effectively. This piece of work will be completed by May 2016, and links to a wider review that iMPOWER is undertaking relating to demand management.

3. LOOKING FORWARD – OUR PLANS FOR 2016/17

3.1 What we want to achieve

Plans for 2016/17 build on what has been achieved in 2016/17 and aim to further integrate services across health and social care, as well as strengthening links with primary care and increasing the focus on prevention of avoidable admissions.

Priorities for 2016/17 have been identified as follows:

Enhancement of Early Intervention Model (EIM)

The current Early Intervention Model will be further enhanced from April 2016 with an increased focus on prevention of hospital / care home admissions through proactive partnership working between health and social care services. These new pathways of care will ensure service users are supported in the right setting, by the right service at the right time.

Throughout 2016/17 the BCF Project Team including commissioners and stakeholders will work to develop admission avoidance pathways wrapped around GP practices linked to the 2% Direct Enhanced Service (DES) and frailty registers. This model will involve health and social care working closely with primary care to determine if further services are required to support people to safely remain at home during a health exacerbation or increased social care need.

This new model will support multidisciplinary meetings within GP Practices supported by health and social care professionals, to better understand the current provision that supports an individual and where this can be enhanced to prevent the individual from needing an avoidable admission, either to a care home or hospital. It is envisaged that these meetings will also identify who is the most appropriate professional to support the individual from a care co-ordination perspective.

Implementation of this approach aims to reduce demand on primary care as well as preventing avoidable admissions to hospital or residential care, by targeting resources effectively and offering a more co-ordinated and targeted package of support to the individual.

The Project Plan in **Appendix 1** outlines the project timeline through to delivery.

Falls Prevention Service

The Falls Prevention Service commissioned by Public Health has been remodelled and is now provided by Hartlepool Borough Council as part of the wider prevention focused Early Intervention Model.

A dedicated team, co-located with the Single Point of Access for NHS Community Services, will undertake screening of all people identified as being at risk of a fall, with the aim of intervening early and preventing avoidable hospital admissions. As the service develops, it is intended that every person known to social care has a falls prevention plan, along with anyone known to health services that would benefit from a falls prevention plan being in place. The service will also support those who have had a fall and may be at risk of future falls.

The service will offer proactive education and training to professionals within the community who are likely to refer into the service, providing information, advice and guidance with the aim of limiting the number of older people requiring a hospital admission post fall and supporting professionals, where appropriate, to provide interventions themselves without the need for another professional team to become involved, which reduces duplication.

The Falls Prevention Service will work closely with the low level services commissioned through the BCF to ensure that interventions take into account identification and reduction of falls risks, for example through links with the Handyperson Service, and will also work closely with residential care homes to ensure staff have the key skills required to reduce risk of falls in care home settings.

Information about the service is available through is Hartlepool Now and a self assessment tool is being developed to allow people to generate their own falls prevention plans where they are able to do so.

Within the 2015/16 BCF plan the need to grow and expand the Telecare service was identified and use of assistive technology remains a key tool in keeping people at home safely with reduced likelihood of hospital or care home admissions. The Falls Prevention Service has been closely aligned to the Telecare service ensuring that access to a free assistive technology service is offered as part of the falls prevention plan.

The Falls Prevention Service also offers 6 week falls prevention clinics for members of the public, providing information and advice on reducing the likelihood of a fall, along with exercise based intervention to improve functional ability and core stability.

Work with Cleveland Fire Brigade

Work is underway with Cleveland Fire Brigade to understand how their contacts with older people in the community can be maximised. The Fire Brigade has a rolling programme of Fire Safety Checks for older people that are targeted initially at areas of deprivation and will be rolled out across all areas over time.

Close working relationships between the Fire Brigade and Adult Services have developed over a number of years with well established systems in place for the Fire Brigade to raise safeguarding alerts and tackle issues of fuel poverty and winter warmth, and it has recently been identified that there are further opportunities for joint working. Fire Safety Checks provide a real opportunity for information to be gathered and shared with other statutory services that will support older people to stay safe, well and independent in their own homes as well as being a way of reaching out to older people to provide them with advice and information.

A range of issues have been identified which will be built in to a low level assessment / checklist that the Fire Brigade will complete with an individual. This includes:

- Identifying older people who are socially isolated or lonely, who can then be signposted to services such as social activities, befriending or luncheon clubs.
- Basic screening questions in relation to meal preparation, shopping and weight loss that could identify is a person is at risk of nutritional decline.
- Basic screening questions in relation to financial worries which could lead to signposting to maximise benefits.
- Identifying environmental issues that could lead to falls risks, such as poor lighting and loose carpets which can be addressed by the Handyperson Service.
- Highlighting housing issues that may include an inability to maintain the property or hoarding issues which could result in the person being supported to better understand the range of housing options available.

In addition to gathering information, the Fire Brigade will be able to signpost people to support available in their community through use of the Hartlepool Now app, which will be loaded on their tablet devices. Social care staff will train the Fire Brigade on how to use the app and how to support people to navigate through the various options. If a person is identified as having needs that cannot be met by low level services or existing community resources, the Fire Brigade will be able to make a referral to the Early Intervention Service for further support, initially through reablement and potentially through a full social care assessment if required.

Establish a Befriending Network

The 2015/16 BCF Plan includes a commitment to ‘help identify and combat social isolation, as a major influence on overall health and wellbeing’. There are a number of services already in place which aim to help tackle the issue of social isolation

(such as luncheon clubs) but these services primarily support people who already have some identified social care needs. There is a gap in services in Hartlepool in relation to befriending for people who may be socially isolated and at risk of developing health and social care needs, or who are not currently in contact with services. Befriending services have been piloted in neighbouring authorities and have demonstrated positive outcomes within a short space of time.

Befriending services have long been viewed as a way of supporting older people to remain living in their own homes for much longer due to increased social contact and additional support with simple tasks around their home. Befriending also helps to reduce loneliness and isolation, which can lead to deterioration in mental well-being. Historically, there have been suggestions that there are people who consider going into residential care because they find it overwhelming to have to deal with their post and daily affairs alone. Therefore, with a small amount of input from a befriender they can be helped to manage living independently for much longer. In addition, GPs have commented that loneliness and isolation can affect an individual's health and hasten the need for hospital or residential care admission, whereas knowing that they will have a regular visitor can improve their mental well-being and give them something to look forward to each week.

Typically, a client will first register an interest in a befriending scheme during a conversation with staff and details of the client's present situation and befriending needs will be gathered and assessed by the Befriending Co-ordinator. Following the initial contact, the aim is to match the older person with a suitable volunteer once one becomes available. Once a volunteer is identified, an introductory visit is then facilitated by the Befriending Co-ordinator which introduces the volunteer to the client in an informal way, usually in the client's home. If it is agreeable to both parties that the befriending continues another meeting will be scheduled the following week until the volunteer's DBS check has been cleared. The introductory process is designed to guide the volunteer and client through the befriending aims and objectives and to allow a friendship to begin before the handover takes place. Once the DBS clearance has been received it is up to the client and volunteer to agree a regular time for the befriending to take place.

Outcomes achieved include:

- Enabling people to stay within their own homes for longer;
- Reducing social isolation;
- Reducing dependency on services;
- Increase confidence;
- Get more people volunteering, including older people;
- Create social networks;
- Reduce hospital admissions.

A Befriending Network will be commissioned by the Council during 2016/17, initially on a 12 month basis to assess effectiveness and evaluate outcomes.

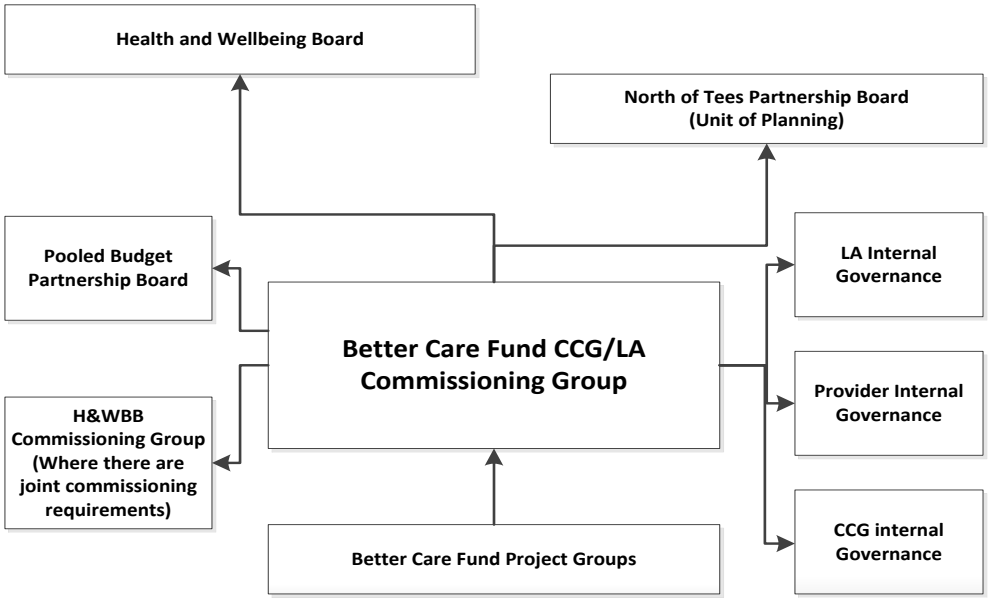
Project plans for 2016/17 are attached as **Appendix 1**.

3.2 How we will deliver this

Robust governance arrangements for the Hartlepool Better Care Fund Plan were agreed by the Health and Wellbeing Board in April 2014. These governance arrangements reflect the partnership approach that is required to effectively deliver the integrated approach described in the Better Care Fund Plan but also acknowledge the needs of individual partner organisations to ensure that decisions are taken through their own internal governance arrangements. The agreed governance arrangements ensure that a system wide perspective and approach is taken through the North of Tees Partnership Board which covers the Hartlepool & Stockton-on-Tees CCG Unit of Planning.

The diagram below sets out the governance arrangements for the Hartlepool Better Care Fund (BCF) programme:

Programme Management/Governance Arrangements



The Hartlepool Health & Wellbeing Board is responsible for; signing off and ensuring delivery on the Hartlepool Better Care Fund Plan; ensuring that the BCF plan responds to local needs, is aligned with the Health & Wellbeing Strategy and supports system integration across health and social care; agreeing the use of funding under the Better Care Fund pooled budget arrangements; addressing any risks and issues arising that relate to the wider Hartlepool health and social care system; and progressing any joint commissioning implications and requirements arising from the Better Care Fund.

The North of Tees Partnership Board brings together key partners across the Unit of Planning to provide strategic leadership and oversight to the development and delivery of the Hartlepool and Stockton-on-Tees Better Care Fund Plans. Ensuring alignment with wider strategic plans across health and social care; co-

ordinating and aligning all cross-organisational activities across the health and social care economy aimed at delivering service change; addressing risks and issues that might impact on the delivery of the Better Care Fund; agreeing contingency and risk management arrangements in the event that planned schemes do not deliver to projections; coordinating and sharing how decisions will be taken within partner organisations; and supporting assurance processes.

THE BCF Pooled Budget Partnership Board is the board established under the Section 75 agreement to oversee all the budget and performance matters relating to the Better Care Fund. All business cases go to this Board for approval**.**

The Better Care Fund CCG/LA Commissioning Group is responsible for; ensuring delivery on the Hartlepool & Stockton-on-Tees BCF plans; developing new pathways and models of care; ensuring that partner organisations have taken decisions through their internal governance processes in order for decisions to be made; ensuring each organisation provides sufficient resources to the work streams to ensure successful implementation of the programme; developing a joint communications strategy; resolving and appropriately escalating issues and risks associated with the Better Care Fund; ensuring other groups are updated and assured of progress.

The Hartlepool BCF Project Groups are responsible for developing the pathways and models of care under each of the BCF schemes; resolving issues and risks which are within the remit of the project; developing the detailed implementation plans and taking day-to-day responsibility for implementation once the new pathways and models of care have been agreed.

Each of the partner organisations ensures that decisions are taken through their own internal governance structures and information is shared. For example the CCG Delivery Team and Governing Body will be kept appraised of developments and informed of the progress of all plans; this is intended to be through development sessions and/or Governing Body meetings. Member practices of the CCG will also be kept appraised through clinical time out events, Clinical Reference Groups and Council of Member meetings. Within the Local Authority updates are also provided to the Adult Services Committee.

3.3 Anticipated Outcomes

The plans we have in place for our 2016/17 plan will continue to contribute to the delivery of improvements in;

- Reducing Non-Elective Admissions;
- Reducing admissions of older people to residential care;
- Increasing the proportion of older people still at home 91 days after discharge from hospital into reablement / rehabilitation services;
- Reducing delayed transfers of care from hospital;
- Increasing the estimated diagnosis rate for dementia; and
- Improving patient experience of services

3.4 Risks to BCF Delivery

The BCF risk log identifies a range of risks associated with delivery of the BCF plan and the mitigating actions in place:

There is a risk that:	Likelihood	Potential impact	Overall risk factor	Mitigating Actions
There is insufficient information and data at the correct level and quality to effectively monitor outcomes and ensure overall delivery of the BCF plan.	1	3	3	• Health and social care information teams are working together to ensure that information is collected and presented meaningfully to inform planning and service development. • BCF work streams provide assurance that existing and planned developments deliver required outcomes. Reviews are undertaken to refine plans and there is potential to disinvest in schemes that fail to deliver outcomes • National performance measures are used where appropriate and where these are not available, locally agreed indicators are developed.
The schemes are not in line with existing NHS or LA delivery plans undoing existing good practice.	1	4	4	• Partners continue to be involved in development of BCF plans to ensure that organisational plans are aligned. • The agreed governance arrangements ensure that the impact of decisions relating to BCF implementation are considered by all partners on the North of Tees Partnership Board. • Plans build on the good practice already in place prior to BCF.
There is insufficient time for schemes to have the impact in the short term on performance and savings.	2	4	8	• Plans build on existing good practice. • Existing services will contribute to delivery of the BCF plan. • Contractual mechanisms are used where appropriate to ensure that changes are delivered within agreed timescales.

As current funding to social care is reduced there will be a detrimental impact on the delivery of savings and BCF outcomes.	4	5	20	• Funding to maintain social care provision has been agreed and secured for 2016/17 at the same level as 2015/16 but is not sufficient to manage the impact of local government funding cuts. • The North of Tees Partnership Board will continue to monitor the impact of changes to social care funding and risks posed to the BCF.
Workforce skill mix and availability to deliver the new pathways of care is not adequate.	3	4	12	• Workforce planning and development with Health Education North East and NHS England Local Area Team continues. Difficulty recruiting nurses across the health and social care system remains a challenge.
Shifting resources to fund new integrated services destabilises current providers, particularly in the acute sector.	2	4	8	• This has been managed successfully to date and will continue to be reviewed regularly.

4. NATIONAL CONDITIONS

4.1 Plan and Minimum Budget Approved by Health and Wellbeing Board

The BCF Plan, including minimum budget and performance measures, was signed off by the Health & Wellbeing Board as required throughout the submission and assurance process.

All BCF quarterly returns have been approved through the Health & Wellbeing Board following approval by the BCF Pooled Budget Partnership Board. It was recognised that the dates of returns and Boards did not always coincide, so the Board formally delegated authority to sign off returns to the Chair of the Health & Wellbeing Board, Chief Officer of the CCG and Director of Child and Adult Services within the LA.

In addition to quarterly returns being approved through the Health & Wellbeing Board, regular updates on developments and performance are presented to each meeting of the North of Tees Partnership Board, which includes representation from the two Foundation Trusts.

The Council's Director of Regeneration & Neighbourhoods has overall accountability for the housing function and the delivery of Disabled Facilities Grants (DFGs) and is also a member of the Health & Wellbeing Board. Separate discussions have taken place with housing leads regarding DFGs and the capacity available to reduce waiting times for DFGs.

4.2 Maintain Provision of Social Care Services

The agreed local definition of maintaining provision of social care services is 'ensuring that people in Hartlepool with eligible social care need continue to be supported in a time of increasing demand due to the ageing population, and reducing local government resources'.

This will be achieved through further integration of services that proactively intervene to support people at the earliest opportunity, ensuring that they remain well, are engaged in the management of their own wellbeing and, wherever possible, are able to stay in their own homes and retain their independence while contributing to their local communities for as long as they are able to.

As outlined in the planning template, the allocation from the BCF to support maintenance of adult social care services in 2015/16 was £2.989m. This level of funding was determined based on the original NHS Transfer to Social Care in 2013/14 of £2.3m which continued to maintain existing integrated services supporting timely hospital discharge and delivery of reablement and telecare services, commissioning of low level services, support for ongoing care packages in the community and support for carers. In addition, the 2015/16 plan identified further funding of approximately £700k which was invested in protecting adult social care services which would otherwise be at risk. These services include low level services to support people with long term conditions and sensory loss, and assistive technology services that support people to remain independent in their own homes. This level of funding has been maintained in 2016/17 and increased to £3.198m to further support adult social care services that would otherwise be at risk.

The original BCF plan identified £266k for Care Act implementation from the £135m identified nationally. The planning template identifies that the minimum local proportion of the £138m for implementation of the new Care Act duties (£288k) has also now been identified.

The planning template also identifies that £371k of the BCF pooled budget will continue to be dedicated to carer specific support. This is an increase from the £345k identified for carer specific support within the 2015/16 plan. It should be noted that a number of other services supported by BCF, continue to benefit carers but have been reported as services for dementia or intermediate care, as this better reflects the key focus of the service.

4.3 How Plans Support 7 Day Services

A range of services supported by the BCF are available seven days a week and aim to prevent unnecessary admissions during evenings, overnight periods and weekends, including telecare and domiciliary care support focused on reablement.

Community equipment services that support safe and timely discharges are available six days a week, with the option to extend to seven days if activity indicates that this is required.

In hours, co-location of the NHS Single Point of Access for community services with the Council's First Contact and Early Intervention Team for adults provides a more integrated response at the first point of contact, reducing duplication and ensuring that a seamless service is provided to the individual. Further work is planned to enhance step up services and out of hours responses, through the provision of personalised health and social care plans and clearly identified contingency arrangements for all people known to services, which will enable an integrated and appropriate response to unplanned needs.

A seven day social work service focused on facilitating hospital discharge was piloted from October 2015 to March 2016. Evaluation indicated that the service was not as well utilised as was anticipated but identified some benefits of weekend working. From April 2016, social work cover and Discharge Liaison will be better aligned and available six days a week, with potential to extend this to seven days if activity increases and there is evidence to support further investment in this area.

Significant work has been undertaken by North Tees and Hartlepool NHS Foundation Trust and South Tees Hospitals NHS Foundation Trust over recent years in taking forward this agenda. The Trusts have well-established Programme Boards with a named organisational lead responsible for driving forward the Seven Day working framework. The CCG, in collaboration with providers and the NHS Improving Quality Team (NHSIQT), has undertaken a gap analysis and commenced the delivery of plans and collectively agreed the clinical standards which were taken forward in year incorporated within the Provider Service Delivery and Improvement Plan (SDIP) as a contractual requirement. During 2016/17 the CCG will continue to work collaboratively with the FT and NHSIQT to ensure delivery, linking with the wider programmes of work being under taken as part of BCF plans. Considerable work has also been undertaken with TEWV to ensure that all service areas include 7 day and urgent access in community settings and not just in patient areas.

During 2016/17 work will continue to deliver the three standards relevant to BCF:

- **Standard 1** – Patient Experience (being actively involved in shared decision making supported by clear information to make fully informed choices)
- **Standard 3** – Multi-Disciplinary Team Review (An integrated management plan with estimated discharge date and physiological and functional criteria for discharge must be in place)
- **Standard 9** – Transfers to community, primary and social care (support services must be available 7 days a week to ensure that the next steps in the patient's care pathway can be taken)

Action plan:
Stage 1 – mapping (activity & outcomes)
Stage 2 – assess services against the clinical standards
Stage 3 – review of pathways & identify what is needed 7 days

A summary of seven day service plans is attached as **Appendix 2**.

4.4 Better Data Sharing between Health and Social Care

The strategy for data sharing between health and social care is the same for both Hartlepool and Stockton and work is being undertaken across the two Local Authorities with the CCG and provider FTs.

Leadership and Cultures

In the past, sharing of information has been a barrier to effective joint working between health and social care and significant progress has been made to overcome these barriers during the past twelve months of implementing the Better Care Fund plan.

The overall governance arrangements set out in section 4.2 provide the opportunity to escalate issues if required, include information governance and data sharing issues. In addition to this there are two further steering groups where information governance issues are discussed, both of which include senior representatives from all partner organisations:

- ICT Integration Strand
- Local Digital Roadmap Steering Group

The need for data sharing has been identified and considered at two levels:

1. Primary use
2. Secondary use

Where there is a need to share information to deliver services (primary use), information sharing agreements have been developed and are implemented prior to services being established.

The greater difficulty has been in relation to secondary use which helps to inform risk stratification and performance metrics. In this instance work is underway to develop an approach based on pseudonymous data through a third party. Privacy impact assessments will be used to ensure that the use of the data for the purpose is lawful and appropriate.

It was recognised that full time support was needed to deliver the agreed objectives for better data sharing across health and social care and a dedicated experienced information governance manager has been employed for two years to lead this agenda. This is to ensure that information governance is progressed at pace, ensuring that the correct policies are followed and data sharing issues are not a barrier to change.

The main areas of work being undertaken by the IG Manager are:

- To ensure compliance with statutory obligations, the common law duty of confidentiality and the Caldicott Principles;
- To link in with national initiatives and ensure that any changes to national guidance and legislation is implemented into the local plan;
- Ensuring the necessary safeguards to privacy are in place including best practice such as Information Sharing Agreements and Privacy Impact Assessments;

- Ensuring the right infrastructure is in place to support information sharing (systems, networks e.g. N3, E-mail protocols);
- Ensuring the right policies and procedures are in place to support information sharing and effective decision-making for the person;
- To help promote the value of information sharing with practitioners, such as primary care, and ensuring that the public get the right messages;
- To allow data to be used for secondary purposes so that information and intelligence can be used to support decision making and resources can be most effectively deployed. Secondary data will also be used for risk stratification and performance management to demonstrate impact and outcomes. A methodology will be developed based on NHS guidance, compliance with the law and common law duty of confidentiality; and
- To work with all partners to eradicate barriers to change and to support the Local Digital Roadmap ambitions

NHS Number

In line with the Care Act 2014 and the national conditions set out in the Better Care Fund, all partners are now using the NHS number so that data sets can be linked to improve understanding of the impact of the sector on the individual. The NHS number is also essential to create the single health and social care plan as it is the only unique indicator used by all partners for the implementation of the Integrated Digital Care Record (IDCR) project.

The 2015/16 BCF plan set out the progress made by each partner organization. This plan summarises what has been achieved during the year and ambitions for 2016/17.

Since the original plan was developed, the collection of the NHS number in Adult Services is now part of the standard operating procedure and when the person is unable to provide the number it is a priority to find the number by using the DBS Bureau (which replaces the Patient Demographic Service from March 2016).

In the longer term, the new technology associated with the IDCR project will have provision for Spine Mini Services to enable the NHS number to be maintained. NTHFT already capture the NHS number for all patients as routine. The inclusion of the NHS number on correspondence, such as discharge information, is automatically populated directly from the system.

The use of the NHS number has been mandated in TEWV for a number of years. If a patient's NHS number is not provided, all members of staff are responsible for contacting either the referrer to obtain the number or performing a trace on the PDS to ascertain the correct identifier for the patient. This trace must be undertaken within 3 working days. On a monthly basis a batch trace is performed to verify that the correct NHS number is recorded against the correct patient.

Open Systems / Connectivity / Standards

Much of the infrastructure needed to support information sharing is already in place and compliant with relevant standards for information security such as ISO27001 and GCSX.

With regards to data sharing there are a number of strategies in place or in development:

Using the Medical Interoperability Gateway (MIG)	The MIG is currently being implemented and will be live by end June 2016. The MIG will enable all GP's and Out of Hours GP's (Primary Care) to have full data sharing capability.
Interfaces between systems	Work is being undertaken with providers to ensure wherever possible there are interfaces between systems, which will include Application Programming Interfaces (APIs). When systems are replaced this requirement will be included in future systems specifications.
Fully Integrated Digital Care Records (IDCR)	The ambition is to have a fully integrated digital care record using interfaces to all the major systems across the health and social care economy.

Medical Interoperability Gateway

There are several different systems in use by GP practices across Stockton, Hartlepool and the out of hours GP service (Northern Doctors). The MIG will allow all GPs to access a person's medical record irrespective of the system they use, subject to consent.

The MIG has been purchased and is currently being implemented in all GP practices in both Stockton and Hartlepool. This allows all GPs and out of hours GPs to share information about patients, subject to consent.

Full engagement has taken place with all of the GP practices to explain how the system works and the benefits of using the MIG. All GP practices have signed the information sharing agreements which set out the legal framework and the purposes for sharing information.

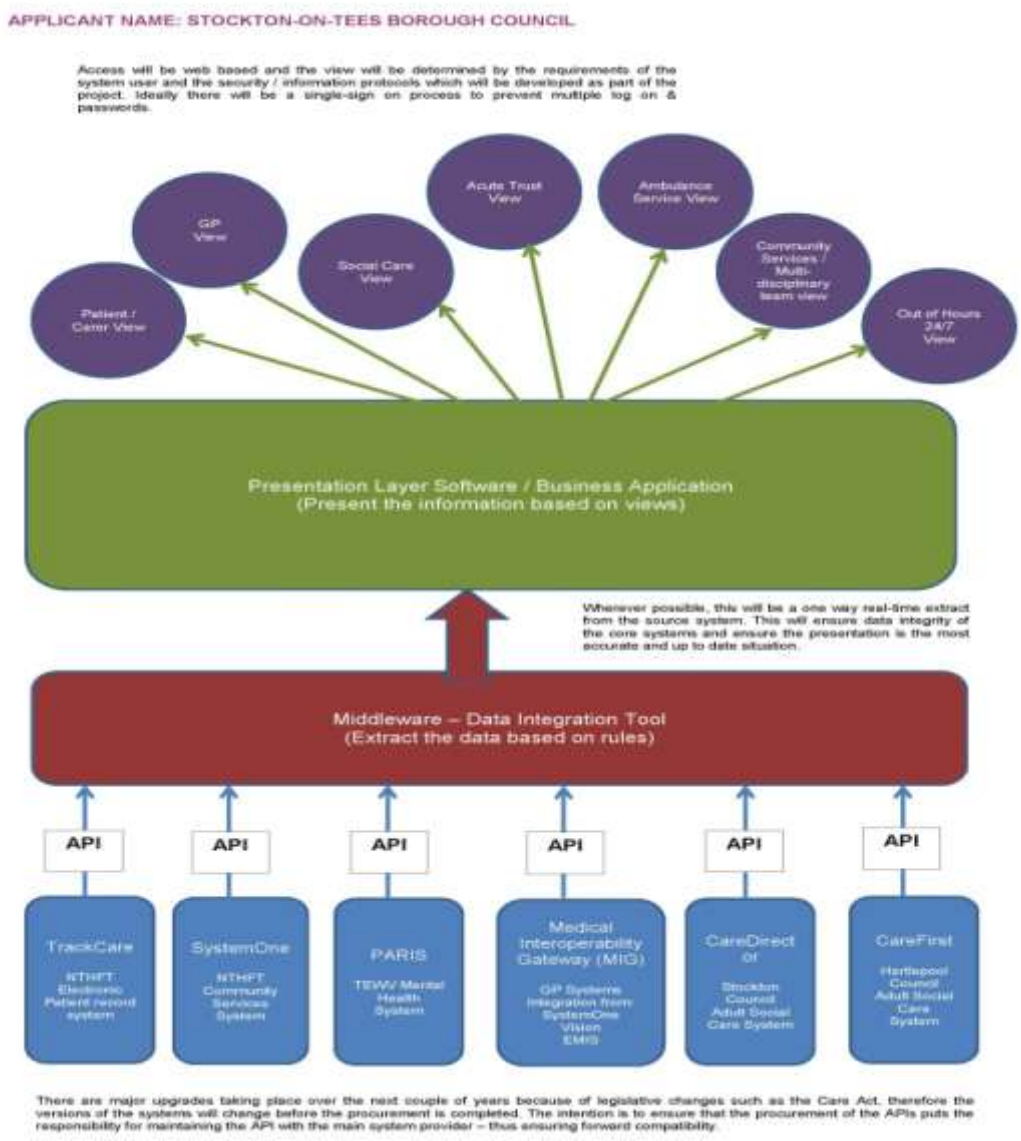
The MIG is the first phase to full integration.

Interfaces Between Systems

On a case by case basis, interfaces will be developed between systems to prevent the need for duplicate inputting of information.

Integrated Digital Care Record

The ambition is to have a fully Integrated Digital Care Record. Over the last 12 months requirements have been specified through engagement with all major stakeholders, including mental health services (TEWV), the local authorities, GPs, the acute trust (NTHFT), the ambulance service (NEAS) and out of hours GP service. The engagement process identified the information each organisation needed to support their decision-making and the information they were able to share with other organisations. Set out on the following page is a diagrammatical view of how the system will work:



A wide range of solutions have been explored:

- Off the shelf data integration products – these are very expensive and have the capability of doing much more than might be needed in the short term
- Medical Interoperability Gateway (MIG) – this is a product which has been adopted by a number of GPs and is a proven cost effective solution. This is in the process of being implemented as a first step towards greater integration.
- Summary Care Record / Enhanced Summary Care Record – this was originally identified as a potential solution but unfortunately it doesn't have all the data needed to be fully integrated, for example it doesn't include social care. This has been dismissed as a full solution although some health partners are using it.
- Pathfinders – the work undertaken in the Leeds Care Record was considered and this was doing much of what was needed but unfortunately it isn't fully integrated and was built in-house. There is a new product emerging from this project called Ripple which is open source – this looks very interesting and is being explored further.

The MIG is currently being implemented and work is underway with all GP practices to ensure that they are able to obtain the appropriate permissions from their patients to allow maximum benefits to be achieved from this first stage of integration.

The next stage is to undertake a full procurement to purchase the system which will allow join up across health and social care.

There remain a number of challenges, including:

- continued work with providers to allow integration with their systems;
- obtaining patient and service user consent to share;
- ensuring data quality; and
- implementing Information Sharing Agreements across all partners.

Local Digital 2020 plan

A digital footprint has been submitted which, at this stage, only includes the partners within the Hartlepool and Stockton-on-Tees CCG boundaries. This has been done in recognition of the need to build on existing relationships and ensure buy-in from all partners to pursue an integration model.

ICT strategies of all partners are currently being aligned to ensure there is a common strategy to be paperless at the point of delivery by 2020.

IG Controls

All IG controls are in place wherever data sharing takes place. In all instances there are Information Sharing Agreements which have been developed jointly between health and social care and signed off by Caldicott Guardians.

This is also the case for the roll out of the MIG whereby Caldicott Guardians for all GP practices have signed information sharing agreements.

Wherever data sharing takes place, explicit consent is sought. This ensures that information can be shared with different services as appropriate.

For secondary purposes pseudonymous data will be used and in this instance a full Privacy Impact Assessment will be undertaken.

All staff in partner organisations receive training on information governance.

Communications with Local People

In line with the National Data Guardian Review, patients are informed of how their information will be used and assurance is built in to processes so that they are included in any decision making. This is put in place with the use of fair processing notices which detail exactly how information will be used and that data subjects have clarity over how their data is processed.

This is incorporated with the use of communications and awareness raising which has been utilised with the rollout and implementation of the Medical Interoperability Gateway. In addition consent forms will and have included a clear and concise message informing the patient regarding any use of the information and who to contact if they have concerns or queries.

As part of this process it is made clear that the processing will only take place when there is a legal basis in place which in the majority of cases incorporates informed, explicit consent.

Summary – Impact on Integration of Services

As set out above, services are already being integrated and in all cases information governance and data sharing issues are considered before any service goes live.

Partners are not complacent and plans are in place to continue to improve processes as follows:

Project	Progress / Notes
Raising awareness	Staff training to ensure they understand the risks and requirements. Awareness of benefits to primary care in advance of implementing MIG Poster campaign to be developed to promote the benefits and myth busting to members of the public
Information Sharing Agreements	These are routinely developed every time a new service comes on line or there is a change to an existing service
APIs	Part of future procurement process and subject to negotiation with suppliers where necessary to enable the development of the IDCR.
Consent models	Sharing is proposed to take place on an implied consent to share explicit consent to view model. Explicit consent is sought at each stage before records are viewed to ensure that data sharing for service delivery is in place.
Use of data for secondary purposes	There are a number of options: The CSU develop the capability (this is being considered) Use of third party
Systems interoperability	Manual or separate data entry is used where it is not possible to share information electronically – ISAs are in place to support this. Where there is a business case, interfaces will be developed.

Risks

- Data Quality is poor which means that the data is not in a usable format. Work will continue with providers and staff to ensure that wherever possible the right coding structures are being implemented and to reinforce the message about good data quality and its benefits.

- Suppliers refuse to participate and open up their systems. Procurement and contract negotiation capability will be used to reinforce the need for systems integration. Work will also be undertaken with national, regional and representative bodies to support this message.
- Solution is extremely expensive and unaffordable. Money has been set aside to procure a system but some 'all singing all dancing' systems are very expensive and it is not known at this stage how much suppliers will require for integration and open APIs. A robust procurement process will be undertaken and wherever possible solutions will be used which have been deployed using pathfinder funding. There is also a regional strategy for integration which will be utilised if appropriate and timely.

4.5 Joint Assessments and Care Planning

The integrated approach within the BCF plan aims to ensure that people who are at high risk of poor outcomes, including those most at risk of admission to hospital or long term care, will be jointly assessed, will have a care plan in place and will have assigned an appropriate lead professional to coordinate their care.

The predictive risk stratification model (RAIDr) that is currently commissioned from a health perspective is delivered in partnership across GPs and community matrons and the current predictive risk tool identifies individuals most likely to be at risk of an emergency hospital admission in the next twelve months.

Work is underway to develop an approach that can build upon the existing RAIDr system to incorporate social care information and explore the possibility of also incorporating an evidence based frailty score currently commissioned by the CCG in General Practices to target the right service users. This will enable a targeted multi-disciplinary approach supported by the Early Intervention Model in Hartlepool to better self-manage their long term condition, having an appropriate identified accountable lead. This information will also be used in conjunction with other sources of public health intelligence to ensure that resources are targeted at reducing health inequalities

Focusing on high intensive current users of health and social care will provide maximum impact and benefit and will create and maintain a positive environment for transformation and further integration of local health and social care services. Over time this targeting approach will begin to focus on a more preventative approach, targeting earlier interventions for with those individuals who are in medium risk categories.

The strategy for joint assessment and care planning has a number of elements:

Primary Care and Risk Stratification

GP care planning is in place for the top 2% of people with multiple long term conditions, supported by Community Matrons. This approach will be further enhanced in 2016/17 through involvement of the Early Intervention Service which enables the focus to expand and include social care needs and wider determinants of health such as housing. This broader approach will enable better links between primary care and low level services that aim to prevent escalation of needs.

Early Intervention and Reablement

Early intervention and reablement is available for people with lower level needs who are not in receipt of an ongoing package of care. This service involves an assessment of need followed by a short term intervention, usually of up to six weeks, which can result in no ongoing services, signposting to community resources or access to ongoing support if required.

Long Term Care Needs

Ongoing care co-ordination is offered to people who have eligible social care needs and require a longer term package of support. This is delivered through locality care management teams, co-located with community nursing Teams Around the Practice and works in partnership with the Intensive Community Liaison Service to support people with dementia in care homes and in the community, and Community Mental Health Teams for Older People.

Personal Budgets and Personal Health Budgets

Every person with ongoing social care needs is offered a personal budget, giving them choice and control over how their support needs are met. A growing number of people with more complex needs are also accessing personal health budgets and we aim to co-ordinate and align care plans, with the longer term aim of developing joint health and social care budgets where appropriate, learning from the outcomes of the Integrated Personal Commissioning demonstrator sites.

4.6 Consequential Impact on Providers

The reductions on non-elective activity that BCF schemes will support have been included within the CCG Operational Plans. Negotiations are ongoing with acute providers in relation to the impact of the reduction in non-elective activity.

4.7 Local Risk Sharing Agreement

The CCG and Local Authority have agreed that the plans set out for the BCF require the full investment of the Pooled Budget to be able to achieve the impact desired. Due to the achievement of the reduction in non-elective admissions for the payment for performance element of 2015/16, both organisations have agreed to manage the risks of increased emergency admissions into hospital and increased admissions into residential care, within contingencies set aside within the respective organisation.

During 2015/16, the Payment for Performance pot was released into the BCF Pooled Budget due to the MAR data showing a reduction in emergency admissions in Quarter 4 of 2014/15 and Quarters 1 to 3 in 2015/16 of 5% when compared to the same period in the previous year.

The Financial Summary in the planning template demonstrates that there is an investment in NHS Commissioned Out of Hospital Services of £1,913,517. This is broken down as follows:

Community Health	£797,992
Mental Health	£257,040
Social Care	£808,485
Other	£50,000
Total	**£1,913,517**

The local area's share of the £1 billion previously use for the payment for performance set out in the BCF Allocations is £1,903,771. This shows that there has been an investment in NHS Commissioned Out of Hospital Services of £9,746 more than the minimum requirement.

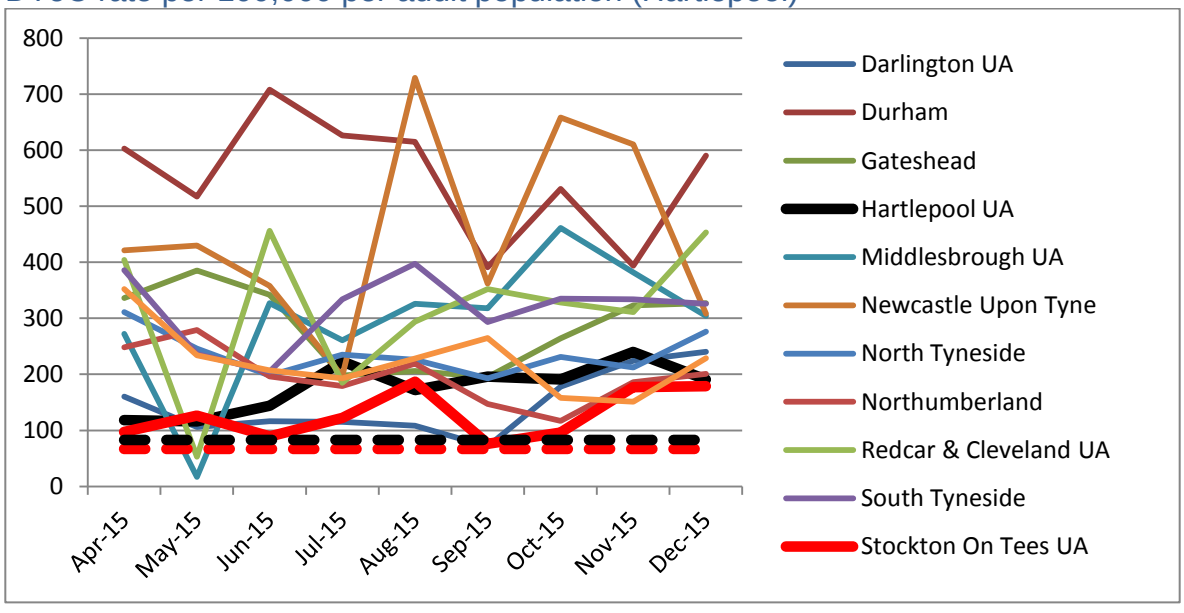
4.8 Delayed Transfers of Care

Health and social care staff are committed to providing high quality responsive care and support to people who have been in hospital and need support for their transfer of care when they are ready for safe discharge. However patients can be delayed waiting for onwards care due to a number of circumstances for example waiting for a placement at a residential or nursing home or for a complex care package to be developed or sometimes an individual's assessments aren't completed before they recover. Other factors such as family/patient choice about where the person is to be transferred to; housing and equipment installation can also come into play.

Local Situation:

A delayed transfer of care trend analysis undertaken across the North East suggests that Hartlepool and Stockton on Tees have the lowest reported DToC bed days across the region; however, local partners have agreed a 50% reduction in bed days for 2016/17 with an overall ambition to reduce by a further 50% reported DToC days in 17/18. The chart below shows the DToC rate per 100,000 of adult population and demonstrates the ambition for Hartlepool BCF plans in 2016/17.

DToC rate per 100,000 per adult population (Hartlepool)



---------- This line denotes the 50% ambition for Hartlepool UA in 16/17

Local Reported Reasons for DToC

Delayed transfers of care are a significant concern expressed by acute trusts however the data reported in relation to delayed transfers of care is often unclear as to whether the reasons for delay could be subject to interpretation leading to misinterpretation of the data. For example (table 1), 74% of the reasons reported for DToC (three quarters of total bed days) relate to nursing home placement/patient or family choice, however what is unclear from the data is how many of the days relate to the same patient and if they are interrelated i.e. choice of nursing residential bed availability vs actual nursing residential bed availability in Hartlepool. It is evident from local intelligence that there is nursing residential bed capacity within Hartlepool however it is often not the choice of placement for the patient/relative and a patient can sometimes remain in an acute bed until their home of choice is available. There is also a requirement to better understand the DToC delays for people waiting for NHS non-acute care to better inform out of hospital services provision.

Reported Reasons for DToC for Hartlepool

By Provider	No of Days	Percentage
North Tees & Hartlepool NHS FT	1,401	88.06%
South Tees NHS FT	170	10.69%
Tees, Esk and Wear Valleys NHS FT	20	1.26%
Other	0	0.00%
Total	**1,591**	**100.00%**

Reason for Delay	No of Days	Percentage
Completion of Assessment	75	4.71%
Public Funding	0	0.00%
Waiting further NHS non-acute care	157	9.87%
Awaiting residential home placement or availability	144	9.05%
Awaiting nursing home placement or availability	722	45.38%
Awaiting care package in own home	10	0.63%
Awaiting community equipment and adaptations	19	1.19%
Patient or family choice	461	28.98%
Disputes	3	0.19%
Housing - patients not covered by NHS and Community Care Act	0	0.00%
Total	**1,591**	**100.00%**

A number of BCF initiatives and linked developments have already been implemented that aim to improve the discharge process including:

- Co-location of first contact services and teams that support discharge process;
- Seven day social work input, focused on hospital discharges; and
- Additional capacity commissioned from home care providers to facilitate weekend discharges

Further developments are planned that will further improve the discharge process and pathways including:

- An enhanced Early Intervention Service that will facilitate more timely handovers from Rapid Response Nursing to adult social care
- A review of the Acute Trust's Emergency Care Therapy Team and discharge process; and
- Implementation of a revised Patient Choice Policy associated with hospital discharges.

In addition to this to deliver the new BCF DToC ambition, the CCG, social care and acute trust partners have agreed to develop a local action plan for manging delayed transfers of care which includes the locally agreed target.

The plan will assist organisations to meet the requirements of the Better Care Fund delayed transfer of care target and metrics set out in the new policy framework (2016).

High Level Action Plan:

Action Plan Development	Owner	Timescales
Establish Strategic DToC Steering Group including; • TOR • Governance arrangements • Assurance and monitoring responsibilities	Clinical Lead / Steering Group Members	April 2016
Complete self assessment across organisations against the NHS High Impact Changes guidance	Steering Group Members	April 2016
CCG to develop the scope of the local 16/17 CQUIN for improving patient flow and discharge.	CCG In-hospital workstream/Provider Management	April
Link with relevant SRG leads to ensure any interdependency in relation to SRG schemes align with the DToC programme of work	Identified BCF Project Leads	April 2016
Complete mapping of services/pathways across organisations	Identified BCF Project Leads	May 2016
Review self-assessments and local mapping of services/pathways against best practice.	Identified BCF Project Leads	May 2016
Undertake a 3P event to support a joined up health and care DToC pathway across the	CCG/ Identified BCF Project Leads	June/July 2016

local geography to support patient flow, DToC performance including admissions avoidance. Outcome of event: One DToC Pathway and action plan agreed.		
Paper presented to the North of Tees Partnership Board outlining DToC pathway and implementation plan for agreement.	Steering Group Clinical Lead	July 2016

5. FUNDING PLANS

5.1 Services supported by the BCF Pooled Budget have been identified under three key themes:

- Low Level Services & Self Management of Long Term Conditions
- Intermediate Care
- Improved Dementia Pathways

Description	Detail	Amount
Low Level Services	Advice, Info & Advocacy	£100,000
	Assistive Technology	£320,000
	Blind Welfare	£20,000
	Deaf Centre	£20,000
	Housing related support	£325,000
	NRASS	£20,000
	SAILS	£240,000
	Stroke Clubs	£10,000
	Stroke Service	£30,000
Low Level Services Total		**£1,085,000**

Description	Detail	Amount
Intermediate Care	Community Services (input West View Lodge)	£201,980
	Early Intervention Model	£226,000
	Early Intervention Model - Placements	£270,000
	Independent Sector Reablement	£400,000
	Multilink Reablement Service & Direct Care & Support	£520,000
	Care Act Implementation	£288,000

	Social Care Protection - Social work teams	£204,000
	Support for existing Social Care	£743,794
	Telecare Expansion	£130,000
	Transitional Care Provision	£300,000
	West View Lodge Rehab Beds	£300,000
	Protection of NHS Services	£525,939
	Co Location of Teams at UHH	£44,000
	Weekend Working Pilot - HBC	£46,000
	Pharmacy Support	£88,000
	Clinical Triage in SPA	£52,146
	Enhanced Early Intervention Service	£285,970
	Weekend Cover – Home Care	£65,000
	Inflation Uplift (to be allocated)	£100,000
Intermediate Care Total		**£4,790,829**

Description	Detail	Amount
Dementia	Carers Support (Dementia)	£78,000
	Dementia Advisory Service	£60,000
	Dementia Day Services	£85,000
	Dementia Liaison	£145,540
	Dementia Social Work	£84,000
Dementia Total		**£452,540**

Description	Detail	Amount
Carers	Carers DP's	£90,000
	Carers Support	£150,000
	Expert Carer Programme	£30,000
	LD Respite	£75,000
	Carers Contract - Hartlepool Carers	£26,000
Carers Total		**£371,000**

5.2 Disabled Facilities Grant

As set out in the BCF Planning Return, the allocation in 2016/17 for DFGs is £863,063, an increase from the 2015/16 allocation of £546k. This increased funding allocation has been discussed in detail with the Principal Housing Strategy Officer within the Council. The additional funding will enable waiting times for DFGs

to be reduced and the current backlog of applications to be addressed, enabling more people of all ages who have disabilities to be supported to live independently in their own homes. Spend and activity is monitored on a quarterly basis including an age breakdown of DFG recipients and a summary of the type of adaptations that have been provided.

5.3 Care Act 2014 Monies

As outlined in 3.2, £288k has been identified from the BCF pooled budget in 2016/17 to support implementation of the Care Act duties. This funding will continue to support staffing costs associated with undertaking additional social work and related assessments, costs associated with the statutory Safeguarding Adult Board and new duties relating to information, advice and advocacy.

5.4 Former Carers' Break Funding

Funding identified for carers will continue to meet the needs of informal carers through a range of services including; direct payments that allow carers to access short breaks in a way that is flexible to meet their individual needs; a cares support organisation that provides advice, information, peer support and support to access training and employment and respite services that provide carers with a break from their caring role. Feedback from the latest national Carers Survey indicates that most carers in Hartlepool are very satisfied with the support they receive.

5.5 Reablement Funding

Former 'Reablement Funding' continues to support a range of services including; a Community Dementia Liaison Service and input from Community Nursing Services to rehabilitation beds provided in a care home in the community. This funding continues to support safe and timely hospital discharges with services focused on maximising independence and reducing the risk of readmission to hospital.

6. PERFORMANCE METRICS

Targets have been set for all national performance metrics as part of the BCF Planning Return template.

Performance against national metrics is reported via the North of Tees Partnership Board and also to the Health & Wellbeing Board. A number of local metrics are included within regular performance reports to further evidence the impact and effectiveness of services. These include;

- number of people supported using assistive technology - year on year increase linked to BCF investment, from 1,102 in March 2013 to 2,214 in December 2015;
- proportion of carers receiving assessment / information & advice / carers services – increased from 40.1% at March 2013 to 64.3% at March 2015;
- proportion of carers receiving a Direct Payment – increased from 65.3% at March 2015 to 76.2% at December 2015; and
- proportion of reablement goals achieved at the end of a period of reablement – increased from 86% at March 2015 to 92% at December 2015.

6.1 Non-elective Admissions

The CCG has a history and proven track record of delivering planned reductions, most recently supported by performance in 2015/16. It is this proven track record that justifies setting the ambition of non-elective reductions at the level that's been agreed. The Better Care Fund Schemes are one of the initiatives that will support the reduction in all non-elective (NEL) admissions. The reduction of NEL has been included in the CCG's operational plans for 16/17; within these plans an activity reduction has been allocated to BCF Schemes across both Hartlepool and Stockton of 255 less NEL admissions.

Reductions in NEL admissions will be achieved through:

- Implementation of the Chronic Respiratory Disease community based service (Respiratory Pathway) – The service is required to ensure that registered patients (permanent or temporary) can access community based support for their respiratory health condition when required, which will assist them to remain in their own home – thus avoiding hospital attendance/admission, through the introduction of a 'Hospital at Home' model of care including treatment, rapid access support, pulmonary rehab and oxygen assessment.

- Reducing GP variation – the CCG aim is to develop solutions to reduce variation through changes in primary care and services commissioned, and one of the key focus areas for the work programme in 16/17 will be in relation to reducing non-elective admissions. A dedicated GP practice based task force led by the CCG will be implemented from April 2016 to facilitate this work; there will be monthly performance reports provided so that progress and achievement can be monitored and additional support mobilised where required to address performance pressures. Initial focus in Q1 will be in relation to practices that have been identified as outliers, the first ten outlying practices have been identified and within those practices five main specialties have been shown to be contributing to the high levels of activity: Cardiology, General Surgery, Gynaecology, Paediatrics, and Orthopaedics. The expected activity reduction from this work is **260** less non-elective admissions. There are 38 GP practices within the CCG therefore this reduction equates to a reduction of 6.8 admissions each year for each practices or 0.57 less admissions per practice per month. Obviously some practices have higher activity then others and as such the outlying practices identified by the Business Intelligence Team will be who the task force will prioritise.

- Low Level Services & Self-Management of Long Term Conditions – The approach to low level services and self management of long term conditions outlined on page 10 aims to support a reduction in avoidable emergency admissions through a more preventative, proactive and targeted approach.

- Early Intervention Service – The Early Intervention Service, which is summarised on pages 12 and 13, will support people in their own homes and in the community to prevent avoidable admissions to hospital and to prevent or postpone permanent admissions to residential care through providing a range of community based alternatives. Services are being provided seven days a week

across health and social care with a focus on supporting people in their own homes wherever possible through enhanced community nurse and social care intervention building upon and enhancing the model of community services already in place – the Community Integrated Assessment Team (CIAT) and Teams Around Practices (TAPS). When a hospital admission is necessary and can't be prevented, integrated health and social care services will work together to ensure that hospital discharge is timely and seamless and that people are supported through reablement services to regain their confidence, maximise their abilities and develop the skills and capacity to retain their independence for as long as possible in order to avoid readmission wherever appropriate.

- Other commissioning plans that are expected to realise activity planning reduction assumptions are identified below, actual numbers will be identified in-year following further work up and analysis: The CCG is working with NHS England and its Right Care Partners as part of the wave 1 roll out and has accepted the offer of additional support to realise the Right Care opportunities. The "Value Opportunities" for the CCG and the local population have been identified and have informed decision making about where to prioritise and direct local improvement efforts to increase the value of the care commissioned, and to release the associated funds to enable the financial challenge to be met. The right care approach will be adopted to identify and develop working practices to ensure that the CCG is focusing on the right areas, determining focus moving forward in relation to management and clinical leadership effort and to ensure greater efficiency gains and quality outcomes. This includes reducing activity in relation to Non-Elective admissions in areas that are covered by existing plans (implementation of the respiratory pathway) and additional opportunities to reduce admissions (GI and GUI). Although work will be undertaken at pace in this area it is likely plans will not begin to be implemented for those new opportunities identified until Q2, as the Right Care support team will be working with the CCG in March / April to develop a 30, 60 and 90 day plan for delivery.

6.2 Admissions to Residential and Care Homes

Performance in 2015/16 is expected to be below the target set for the year. This reduction is partly attributable to the range of alternatives to residential care that have been developed over recent years and which are now supported, or have been further enhanced, through the Better Care Fund. These services include low level support, telecare, reablement, extra care and housing related support, as well as support for carers to maintain their caring role.

It should be noted though that the reduction achieved has also been affected by the fact that there were an unusually high number of admissions to residential care in 2015/16 of people who fund their own care and do not receive support from the Council. This factor is very volatile and it is not possible to forecast with accuracy the proportion of admissions that this scenario will apply to in future years.

On this basis the target set for 2016/17 is challenging, in that it represents a further reduction when compared to the 2015/16 target, but realistic in that no assumption

has been made that the unusually high proportion of people who fund their own care will be replicated in 2016/17.

This is a measure which is very closely monitored by the Council on a monthly basis, and any changes to historical trends will be highlighted and examined. Work is also underway (supported on a non recurrent basis from the BCF Pooled Budget) to review demand management within adult services, which includes a review of recent care home admissions to identify whether alternative interventions at different points within the person's journey could have avoided or delayed the need for this level of care. The results of this work will be available in May 2016 and will be used to inform future demand and cost modelling.

6.3 Effectiveness of Reablement

Current data indicates that the target for 2015/16 will not be met, although performance is still expected to be good with approximately 80% of people still at home 91 days after discharge from hospital into reablement / rehabilitation services. It is recognised that. On reflection, the target of 89.2% for the year was very challenging and potentially unrealistic in the context of the very complex needs of many people who are discharged from hospital into these services.

It should be noted that this measure of how effective reablement services are only considers a subset of the people who access reablement services, with many people accessing the service from the community as a preventative measure. Local measures indicate that 427 reablement packages were started in the first 9 months of 2015/16 with 79% of people having no ongoing social care needs following provision of a completed reablement package and 92% of reablement goals achieved at the end of a period of reablement.

The target set for 2016/17 demonstrates ambition to improve on performance in 2015/16, while also being realistic about what is achievable for this client group.

The work that is currently underway (supported on a non recurrent basis from the BCF Pooled Budget) to review demand management within adult services, includes Service Effectiveness Reviews of reablement and other low level / preventative services. The results of this work will be available in May 2015 and will be used to ensure that preventative services and reablement support are effectively targeted and that outcomes are monitored and captured more consistently.

6.4 Delayed Transfers of Care

A delayed transfer of care trends analysis undertaken across the North East suggests that Hartlepool and Stockton on Tees currently have the lowest reported DToC bed days across the region; however, local partners have agreed a 50% reduction in bed days for 2016/17 with an overall ambition to reduce by a further a further 50% reported DToC days in 2017/18.

APPENDIX 1 – PROJECT PLAN & MILESTONES

BCF Integrated Early Intervention Model		
Task	**Lead**	**Completion Date**
Establish Task and Finish Groups with agreed Terms of Reference	HBC	April 2016
Identify GP practice(s) to pilot new approach	CCG	April 2016
Site visit to explore model in South Tyneside	BCF Project Manager	April 2016
Establish links with Hospital at Home and new COPD pathway	HBC/CCG	April 2016
Establish baseline data for Rapid Response Nursing transfers to social care	FT	April 2016
Appoint OT/Reablement Team Manager	HBC	April 2016
Establish new falls prevention model co-located with Early Intervention Model at University Hartlepool Hospital	HBC/ Public Health	April 2016
Develop business case for education and training programme in care homes	CCG	May 2016
Appointment of additional staff to increase capacity within teams	HBC	May 2016
Implement clinical triage within Single point of Access (SPA)	FT/CCG	May 2016
Evaluate effectiveness of Daily Discharge Planning Meeting (DDPM)	ALL	May 2016
Explore potential options and agree Admission Prevention Model for Hartlepool	APG	June 2016
Agree milestones for implementation	APG	June 2016
Remodel or reaffirm commitment to DDPM approach based on evaluation of past 6 months and feedback from stakeholders	KB	June 2016
Explore potential to co-locate Intensive Community Liaison Service at University Hartlepool Hospital	CCG	June 2016

Commission a befriending network for a 12 month pilot period	HBC	July 2016
Develop care co-ordination model around GP practices with health colleagues for 'known' users of social care services	HBC/CCG/FT	July 2016
Implement low level assessment / screening tool with Cleveland Fire Brigade linked to home safety checks for older people.	HBC / Public Health	October 2016
Develop care co-ordination model around GP practices with health colleagues for people 'unknown' to social care services	HBC/CCG/FT	November 2016
Further develop Hartlepool Now with particular focus on maintaining independence and self management of long term conditions.	HBC & Partners	Ongoing
Expansion of Telecare services within HBC to support more frail and elderly people to remain at home independently.	HBC	Ongoing

APPENDIX 2 – SEVEN DAY SERVICES PLAN

Denotes relationship to BCF *

Current Service/ schemes	Provider	15/16	16/17	Changes	DToC *	NEL*
Community Services						
Single Point of Access	North Tees & Hartlepool NHS Foundation Trust (NTHFT)	-	7 days a week	• Introduced Clinical Triage into existing Single Point of Access	√	√
Palliative and End of Life Pathway	NTHFT	Limited 7 day per week cover	7 days per week	• Expansion of Specialist Palliative Care delivery to 7 days per week • Inclusion of an end of coordinators (new posts) into the Single Point of Access, 7 days a week with additional admin support • Hartlepool Enhanced Macmillan Carers model, 7 days a week to be replicated in Stockton • Expansion of community nursing teams to provide 24/7 care • Expansion of therapies support to 6 days a week with a view to move to 7 day service in 17/18	√	√
Community Integrated Assessment Team (CIAT)	NTHFT	7 days a week	7 days per week – expansion of hours covered	• Proposal to extended hours of existing services	√	√
Community Matron Service	NTHFT	Monday – Friday, 9-5pm	7 days per week	• Proposal to extend the times at which the service is available to 8am – 10pm, 7 days per week	√	√

Current Service/ schemes	Provider	15/16	16/17	Changes	DToC *	NEL*
Enhanced Intensive Community Liaison Service (ICLS)	Tees Esk and Wear Valley NHS Foundation Trust (TEWV)	7 days per week	7 days per week Additional capacity	• Additional capacity Monday – Friday around primary care with a view to have the model 7 days per week	√	√
Acute Services (Service Development improvement Plan)						
16/17 plans are part of the SDIP which is in development – expect to have agreed plans with NTHFT by end of May 2016						
Diagnostics	NTHFT	X-ray -7 day compliant Haematology – 7 day compliant Biochemistry – 7 day compliant Microbiology – under review. On-call consultant available at weekends. CT/MRI/US – 7 day compliant.		• Pilot of radiographer changing category from urgent to critical	√	

Current Service/ schemes	Provider	15/16	16/17	Changes	DToC *	NEL*
Patient experience	NTHFT	Method of collecting information by day of admission		• Friends and family test proforma revised	√	
Acute specialties – time to first consultant review	NTHFT	All patients have NEWS on admission – 100% compliant (Jan 16) High risk patients seen within an hour – 96% compliant (Jan 16) Working towards; Emergency admissions reviewed by Cons < 14 hours All emergency patients admitted between 0800-2000 assessed within 6 hours	Detailed discussions will be concluded before end May 2016 as part of SDIP with regard to NTH 16/17 plans and achieving compliance with 7 day services	• Individual speciality action plans reviewed monthly by NTH 7 day working group • Data issues in relation to compliance with 14/6 hour standards which NTH expect to resolve	√	

Current Service/ schemes	Provider	15/16	16/17	Changes	DToC *	NEL*
Medical training	NTHFT	Support medical training – all juniors have dedicated training time and supervised by consultants and/or senior decision makers 7 days a week			√	
Primary Care						
Extended GP service	Health	-	Bank holiday periods	Pilot an extended GP access scheme (for urgent appointments) spanning evening, weekend and bank holiday periods, with a view to avoiding unplanned admissions. In addition to this, to develop plans to pilot this scheme for routine appointments also.	√	√
Local Authority						
Social Work – First Contact & Early Intervention	Hartlepool Borough Council (HBC)	5 day service (plus 7 day pilot for winter 2015)	6 day service plus bank holidays.	Following the seven day working pilot focused on social work support to facilitate hospital discharge, it has been agreed to implement six day working and bank holiday cover on an ongoing basis with the option to review in future based on demand.	√	
Telecare	HBC	7 days	7 days	Expansion of service to increase number of older people supported to live independently through use of assistive technology.	√	√

Current Service/ schemes	Provider	15/16	16/17	Changes	DToC *	NEL*
Hartlepool Now	HBC	7 days	7 days	Online information, advice and guidance focused on maintaining independence and self management.		√
Direct Care and Support Team	HBC	7 days	7 days	Expansion of team to support more people who require intermediate care upon discharge from hospital.	√	√
Commissioned Domiciliary Care Services	Careline / Carewatch	7 days	7 days	Additional capacity commissioned at weekends to facilitate hospital discharges where packages need re-starting or increasing following an admission.	√	

Template for BCF submission 3: due on 03 May 2016

Submission 3 Template Changes - Updates from Submission 2 template

Change	Tabs Impacted	
Data from the Newcastle and Gateshead late submission Q2 templates included.	All tabs	
Footnotes to describe how the expenditure plan summary figures have been calculated.	2. Summary and confirmations	
The NEA activity values have been updated following the third '16/17 Shared NHS Planning' submission. Please review the impact and amend the additional quarterly reduction value, if required.	5. HWB Metrics	5b. HWB Metrics Tool
Updated SUS 15/16 Actual and FOT figures (mapped from CCG data) provided as support to the third '16/17 Shared NHS Planning' submission.	5b. HWB Metrics Tool	
Locally reported actual Q3 15/16 NEA data is now included.	5b. HWB Metrics Tool	
Residential Admissions Planned 15/16 rate has been amended for 6 HWBs to show the rate as calculated by using the numerator and denominator shown in the table.	5. HWB Metrics	5b. HWB Metrics Tool

Template for BCF submission 3: due on 03 May 2016

Better Care Fund 2016-17 Planning Template

Sheet: 1. Cover Sheet

The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. The selection of your Health and Wellbeing Board (HWB) on this sheet also then ensures that the correct data is prepopulated through the rest of the template.

All data that has been pre-populated in the yellow cells has been taken from submission 2 templates submitted by Health and Well-Being Boards, where a submission 2 template was not received the submission 1 data has been used instead."

On the cover sheet please enter the following information:
- The Health and Wellbeing Board;
- The name of the lead contact who has completed the report, with their email address and contact number for use in resolving any queries regarding the return;
- The name of the lead officer who has signed off the report on behalf of the CCGs and Local Authority in the HWB area. Question completion tracks the number of questions that have been completed, when all the questions in each section of the template have been completed the cell will turn green. Only when all 6 cells are green should the template be sent to england.bettercaresupport@nhs.net

You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.

Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".

Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided.

It presents a summary of the second BCF submission and a mapped summary of the NEA activity plans received in the final iteration of the "CCG NHS Shared Planning Process".

Health and Well Being Board	**Hartlepool**

completed by:	Jill Harrison
E-Mail:	jill.harrison@hartlepool.gov.uk
Contact Number:	01429 523911
Who has signed off the report on behalf of the Health and Well Being Board:	Cllr Christopher Akers-Belcher (Chair)

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

	No. of questions answered
1. Cover	5
2. Summary and confirmations	3
3. HWB Funding Sources	13
4. HWB Expenditure Plan	13
5. HWB Metrics	34
6. National Conditions	16

Template for BCF submission 3: due on 03 May 2016

Sheet: 2. Summary of Health and Well-Being Board 2016/17 Planning Template

Selected Health and Well Being Board:

Hartlepool

Data Submission Period:

2016/17

2. Summary and confirmations

This sheet summarises information provided on sheets 2 to 6, and allows for confirmation of the amount of funding identified for supporting social care and any funds ring-fenced as part of risk sharing arrangement. To do this, there are 2 cells where data can be input.

On this tab please enter the following information:
- In cell E37 ,please confirm the amount allocated for ongoing support for adult social care. This may differ from the summary of HWB expenditure on social care which has been calculated from information provided in the 'HWB Expenditure Plan' tab. If this is the case then cell F37 will turn yellow. Please use this to indicate the reason for any variance;
- In cell F47 please indicate the total value of funding held as a contingency as part of local risk share, if one is being put in place. For guidance on instances when this may be appropriate please consult the full BCF Planning Requirements document. Cell F44 shows the HWB share of the national £1bn that is to be used as set out in national condition vii. Cell F45 shows the value of investment in NHS Commissioned Out of Hospital Services, as calculated from the 'HWB Expenditure Plan' tab. Cell F49 will show any potential shortfall in meeting the financial requirements of the condition. The rest of this tab will be populated from the information provided elsewhere within the template, and provides a useful printable summary of the return.

3. HWB Funding Sources

	Gross Contribution
Total Local Authority Contribution	£863,063
Total Minimum CCG Contribution	£6,699,369
Total Additional CCG Contribution	£0
Total BCF pooled budget for 2016-17	**£7,562,432**

Specific funding requirements for 2016-17	Select a response to the questions in column B
1. Is there agreement about the use of the Disabled Facilities Grant, and arrangements in place for the transfer of funds to the local housing authority?	Yes
2. Is there agreement that at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified?	Yes
3. Is there agreement on the amount of funding that will be dedicated to carer-specific support from within the BCF pool?	Yes
4. Is there agreement on how funding for reablement included within the CCG contribution to the fund is being used?	Yes

4. HWB Expenditure Plan

Summary of BCF Expenditure (*)

	Expenditure
Acute	£0
Mental Health	£452,540
Community Health	£868,065
Continuing Care	£0
Primary Care	£0
Social Care	£6,141,827
Other	£100,000
Total	**£7,562,432**

Please confirm the amount allocated for the protection of adult social care	
Expenditure	If the figure in cell E37 differs to the figure in cell C37, please indicate the reason for the variance.
£3,197,794	Further investment in Adult Social Care beyond the protection of Adult Social Care Services

Summary of NHS Commissioned out of hospital services spend from MINIMUM BCF Pool (**)

	Expenditure
Mental Health	£257,040
Community Health	£797,992
Continuing Care	£0
Primary Care	£0
Social Care	£808,485
Other	£50,000
Total	**£1,913,517**

BCF revenue funding from CCGs ring-fenced for NHS out of hospital commissioned services/risk share

	Fund
Local share of ring-fenced funding	£1,903,771
Total value of NHS commissioned out of hospital services spend from minimum pool	£1,913,517
Total value of funding held as contingency as part of local risk share to ensure value to the NHS	£0
Balance (+/-)	**£9,746**

5. HWB Metrics

5.1 HWB NEA Activity Plan

	Q1	Q2	Q3	Q4	Total
Total HWB Planned Non-Elective Admissions	2,871	2,840	3,001	2,787	11,498
HWB Quarterly Additional Reduction Figure	0	0	0	0	0
HWB NEA Plan (after reduction)	2,871	2,840	3,001	2,787	11,498
Additional NEA reduction delivered through the BCF					£0

5.2 Residential Admissions

		Planned 16/17
Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual rate	765.7

5.3 Reablement

		Planned 16/17
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	Annual %	83.1%

5.4 Delayed Transfers of Care

		Q1 (Apr 16 - Jun 16)	Q2 (Jul 16 - Sep 16)	Q3 (Oct 16 - Dec 16)	Q4 (Jan 17 - Mar 17)
Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+).	Quarterly rate	342.4	342.4	342.4	341.2

5.5 Local performance metric (as described in your BCF 16/17 planning submission 2 return)

	Metric Value Planned 16/17
Estimated diagnosis rate for people with Dementia (NHS Outcomes Framework 2.6.i)	0.8

5.6 Local defined patient experience metric (as described in your BCF 16/17 planning submission 2 return)

	Metric Value Planned 16/17
Measure 1 - ASCOF 3A: Overall satisfaction of people who use services with their care and support. Measure 2 - ASCOF 3B: Overall satisfaction of carers with social services. Measure 3 - Percentage of patients responding 'very good' or 'fairly good' out of	0.743558135

6. National Conditions

National Conditions For The Better Care Fund 2016-17	Please Select (Yes, No or No - plan in place)
1) Plans to be jointly agreed	Yes
2) Maintain provision of social care services (not spending)	Yes
3) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate	Yes
4) Better data sharing between health and social care, based on the NHS number	Yes
5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional	Yes
6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans	Yes
7) Agreement to invest in NHS commissioned out-of-hospital services	Yes
8) Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan	Yes

Footnotes

* **Summary of BCF Expenditure** is the sum of the self-reported HWB amounts allocated to the 7 different 'areas of spend' that have been provided by HWBs in their plans (from the HWB Expenditure Plan tab), where:
Area of Spend = Acute, Mental Health, Community Health, Continuing Care, Primary Care, Social Care & Other

** **Summary of NHS Commissioned out of hospital services spend from MINIMUM BCF Pool** is the sum of the amounts allocated to the 6 individual out of hospital 'areas of spend' that have been provided in tab 4. HWB Expenditure Plan, where;
Area of Spend = Mental Health, Community Health, Continuing Care, Primary Care, Social Care & Other (everything other than Acute)
Commissioner = CCG, NHS England or Joint (if joint we use the NHS% of the value)
Source of Funding = CCG Minimum Contribution

Template for BCF submission 3: due on 03 May 2016

Sheet: 3. Health and Well-Being Board Funding Sources

Selected Health and Well Being Board:

Hartlepool

Data Submission Period:

2016/17

3. HWB Funding Sources

This sheet should be used to set out all funding contributions to the Health and Wellbeing Board's Better Care Fund plan and pooled budget for 2016-17. It will be pre-populated with the minimum CCG contributions to the Fund in 2016/17, as confirmed within the BCF Allocations spreadsheet. https://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan

These cannot be changed. The sheet also requests a number of confirmations in regard to the funding that is made available through the BCF for specific purposes.
On this tab please enter the following information:
- Please use rows 16-25 to detail Local Authority funding contributions by selecting the relevant authorities and then entering the values of the contributions in column C. This should include all mandatory transfers made via local authorities, as set out in the BCF Allocations spreadsheet, and any additional local authority contributions. There is a comment box in column E to detail how contributions are made up or to allow contributions from an LA to split by funding source or purpose if helpful. Please note, only contributions assigned to a Local Authority will be included in the 'Total Local Authority Contribution' figure.
- Please use cell C42 to indicate whether any additional CCG contributions are being made. If 'Yes' is selected then rows 45 to 54 will turn yellow and can be used to detail all additional CCG contributions to the fund by selecting the CCG from the drop down boxes in column B and enter the values of the contributions in column C. There is a comment box in column E to detail how contributions are made up or any other useful information relating to the contribution. Please note, only contributions assigned to an additional CCG will be included in the 'Total Additional CCG Contribution' figure. - Cell C57 then calculates the total funding for the Health and Wellbeing Board, with a comparison to the 2015-16 funding levels set out below. - Please use the comment box in cell B61 to add any further narrative around your funding contributions for 2016-17, for example to set out the driver behind any change in the amount being pooled.The final section on this sheet then sets out four specific funding requirements and requests confirmation as to the progress made in agreeing how these are being met locally - by selecting either 'Yes', 'No' or 'No - in development' in response to each question. 'Yes' should be used when the funding requirement has been met. 'No - in development' should be used when the requirement is not currently agreed but a plan is in development to meet this through the development of your BCF plan for 2016-17. 'No' should be used to indicate that there is currently no agreement in place for meeting this funding requirement and this is unlikely to be agreed before the plan is finalised.
- Please use column C to respond to the question from the dropdown options;
- Please detail in the comments box in row D issues and/or actions that are being taken to meet the funding requirement, or any other relevant information.

Local Authority Contribution(s)	Gross Contribution	Comments - please use this box clarify any specific uses or sources of funding
Hartlepool	£863,063	DFG
<Please Select Local Authority>		
<Please Select Local Authority>		
<Please Select Local Authority>		
<Please Select Local Authority>		
<Please Select Local Authority>		
<Please Select Local Authority>		
<Please Select Local Authority>		
<Please Select Local Authority>		
<Please Select Local Authority>		
Total Local Authority Contribution	**£863,063**	

CCG Minimum Contribution	Gross Contribution
NHS Hartlepool and Stockton-on-Tees CCG	£6,699,369
Total Minimum CCG Contribution	**£6,699,369**

Are any additional CCG Contributions being made? If yes please detail below;	No

Additional CCG Contribution	Gross Contribution	Comments - please use this box clarify any specific uses or sources of funding
<Please Select CCG>		
<Please Select CCG>		
<Please Select CCG>		
<Please Select CCG>		
<Please Select CCG>		
<Please Select CCG>		
<Please Select CCG>		
<Please Select CCG>		
<Please Select CCG>		
Total Additional CCG Contribution	**£0**	

Total BCF pooled budget for 2016-17	**£7,562,432**

Funding Contributions Narrative

The final section on this sheet then sets out four specific funding requirements and requests confirmation as to the progress made in agreeing how these are being met locally - by selecting either 'Yes', 'No' or 'No - in development' in response to each question. 'Yes' should be used when the funding requirement has been met. 'No - in development' should be used when the requirement is not currently agreed but a plan is in development to meet this through the development of your BCF plan for 2016-17. 'No' should be used to indicate that there is currently no agreement in place for meeting this funding requirement and this is unlikely to be agreed before the plan is finalised.
- Please use column C to respond to the question from the dropdown options;
- Please detail in the comments box in row D issues and/or actions that are being taken to meet the funding requirement, or any other relevant information.

Specific funding requirements for 2016-17	Select a response to the questions in column B	Please detail in the comments box issues and/or actions that are being taken to meet the condition, or any other relevant information.
1. Is there agreement about the use of the Disabled Facilities Grant, and arrangements in place for the transfer of funds to the local housing authority?	Yes	
2. Is there agreement that at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified?	Yes	
3. Is there agreement on the amount of funding that will be dedicated to carer-specific support from within the BCF pool?	Yes	
4. Is there agreement on how funding for reablement included within the CCG contribution to the fund is being used?	Yes	

Template for BCF submission 3: due on 03 May 2016

Sheet: 4. Health and Well-Being Board Expenditure Plan

Selected Health and Well Being Board:
Hartlepool

Data Submission Period:
2016/17

4. HWB Expenditure Plan

This sheet should be used to set out the full BCF scheme level spending plan. The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing, which is required to demonstrate how the national policy framework is being achieved. Where a scheme has multiple funding sources this can be indicated and split out, but there may still be instances when several lines need to be completed in order to fully describe a single scheme. In this case please use the scheme name column to indicate this.

On this tab please enter the following information:
- Enter a scheme name in column B;
- Select the scheme type in column C from the dropdown menu (descriptions of each are located in cells B270 - C278); if the scheme type is not adequately described by one of the dropdown options please choose 'other' and give further explanation in column D;
- Select the area of spending the scheme is directed at using from the dropdown menu in column E; if the area of spending is not adequately described by one of the dropdown options please choose 'other' and give further explanation in column F;
- Select the commissioner and provider for the scheme using the dropdown menu in columns G and J, noting that if a scheme has more than one provider or commissioner, you should complete one row for each. For example, if both the CCG and the local authority will contract with a third party to provide a joint service, there would be two lines for the scheme: one for the CCG commissioning from the third party and one for the local authority commissioning from the third party;
- In Column K please state where the expenditure is being funded from. If this falls across multiple funding streams please enter the scheme across multiple lines;
- Complete column L to give the planned spending on the scheme in 2016/17;
- Please use column M to indicate whether this is a new or existing scheme.
- Please use column N to state the total 15-16 expenditure (if existing scheme) This is the only detailed information on BCF schemes being collected centrally for 2016-17 but it is expected that detailed scheme level plans will continue to be developed locally.

						Expenditure						
Scheme Name	Scheme Type (see table below for descriptions)	Please specify if 'Scheme Type' is 'other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	if Joint % NHS	if Joint % LA	Provider	Source of Funding	2016/17 Expenditure (£)	New or Existing Scheme	Total 15-16 Expenditure (£) (if existing scheme)
Intermediate Care	Intermediate care services		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	£1,368,000	Existing	£1,346,000
Intermediate Care	Intermediate care services		Social Care		Joint	50.0%	50.0%	Private Sector	CCG Minimum Contribution	£1,000,000	Existing	£877,000
Intermediate Care	Intermediate care services		Social Care		Local Authority			Private Sector	CCG Minimum Contribution	£1,013,794	Existing	£805,000
Intermediate Care	Intermediate care services		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	£727,919	Existing	£519,125
Intermediate Care	Intermediate care services		Social Care		Joint	50.0%	50.0%	Local Authority	CCG Minimum Contribution	£90,000	Existing	£63,000
Intermediate Care	Intermediate care services		Social Care		Joint	50.0%	50.0%	Local Authority	CCG Minimum Contribution	£350,970	New	
Intermediate Care	Intermediate care services		Community Health		Joint	50.0%	50.0%	NHS Community Provider	CCG Minimum Contribution	£88,000	Existing	£44,360
Intermediate Care	Intermediate care services		Community Health		Joint	50.0%	50.0%	NHS Community Provider	CCG Minimum Contribution	£52,146	New	
Intermediate Care	Intermediate care services		Other	Still to be allocated	Joint	50.0%	50.0%	CCG	CCG Minimum Contribution	£100,000	New	
Low Level Services	Personalised support/ care at home		Social Care		Local Authority			Private Sector	CCG Minimum Contribution	£565,000	Existing	£565,000
Low Level Services	Personalised support/ care at home		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	£420,000	Existing	£420,000
Low Level Services	Personalised support/ care at home		Social Care		Local Authority			Charity/Voluntary Sector	CCG Minimum Contribution	£100,000	Existing	£100,000
Dementia	Intermediate care services		Mental Health		Joint	50.0%	50.0%	Charity/Voluntary Sector	CCG Minimum Contribution	£223,000	Existing	£223,000
Dementia	Intermediate care services		Mental Health		CCG			NHS Mental Health Provider	CCG Minimum Contribution	£145,540	Existing	£145,540
Dementia	Intermediate care services		Mental Health		Local Authority			Local Authority	CCG Minimum Contribution	£84,000	Existing	£84,000
Carers	Support for carers		Social Care		Joint	50.0%	50.0%	Charity/Voluntary Sector	CCG Minimum Contribution	£176,000	Existing	£176,000
Carers	Support for carers		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	£120,000	Existing	£120,000
Carers	Support for carers		Social Care		Local Authority			Private Sector	CCG Minimum Contribution	£75,000	Existing	£75,000
DFG	Other	DFG	Social Care		Local Authority			Private Sector	Local Authority Social Services	£863,063	Existing	£546,000

Template for BCF submission 3: due on 03 May 2016

Sheet: 4. Health and Well-Being Board Expenditure Plan

Selected Health and Well Being Board:

Hartlepool

Data Submission Period:

2016/17

4. HWB Expenditure Plan

This sheet should be used to set out the full BCF scheme level spending plan. The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing, which is required to demonstrate how the national policy framework is being achieved. Where a scheme has multiple funding sources this can be indicated and split out, but there may still be instances when several lines need to be completed in order to fully describe a single scheme. In this case please use the scheme name column to indicate this.

On this tab please enter the following information:

- Enter a scheme name in column B;
- Select the scheme type in column C from the dropdown menu (descriptions of each are located in cells B270 - C278); if the scheme type is not adequately described by one of the dropdown options please choose 'other' and give further explanation in column D;
- Select the area of spending the scheme is directed at using from the dropdown menu in column E; if the area of spending is not adequately described by one of the dropdown options please choose 'other' and give further explanation in column F;
- Select the commissioner and provider for the scheme using the dropdown menu in columns G and J, noting that if a scheme has more than one provider or commissioner, you should complete one row for each. For example, if both the CCG and the local authority will contract with a third party to provide a joint service, there would be two lines for the scheme: one for the CCG commissioning from the third party and one for the local authority commissioning from the third party;
- In Column K please state where the expenditure is being funded from. If this falls across multiple funding streams please enter the scheme across multiple lines;
- Complete column L to give the planned spending on the scheme in 2016/17;
- Please use column M to indicate whether this is a new or existing scheme.
- Please use column N to state the total 15-16 expenditure (if existing scheme) This is the only detailed information on BCF schemes being collected centrally for 2016-17 but it is expected that detailed scheme level plans will continue to be developed locally.

Template for BCF submission 3: due on 03 May 2016

Sheet: 4. Health and Well-Being Board Expenditure Plan

Selected Health and Well Being Board:

Hartlepool

Data Submission Period:

2016/17

4. HWB Expenditure Plan

This sheet should be used to set out the full BCF scheme level spending plan. The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing, which is required to demonstrate how the national policy framework is being achieved. Where a scheme has multiple funding sources this can be indicated and split out, but there may still be instances when several lines need to be completed in order to fully describe a single scheme. In this case please use the scheme name column to indicate this.

On this tab please enter the following information:

- Enter a scheme name in column B;
- Select the scheme type in column C from the dropdown menu (descriptions of each are located in cells B270 - C278); if the scheme type is not adequately described by one of the dropdown options please choose 'other' and give further explanation in column D;
- Select the area of spending the scheme is directed at using from the dropdown menu in column E; if the area of spending is not adequately described by one of the dropdown options please choose 'other' and give further explanation in column F;
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- Complete column L to give the planned spending on the scheme in 2016/17;
- Please use column M to indicate whether this is a new or existing scheme.
- Please use column N to state the total 15-16 expenditure (if existing scheme) This is the only detailed information on BCF schemes being collected centrally for 2016-17 but it is expected that detailed scheme level plans will continue to be developed locally.

Template for BCF submission 3: due on 03 May 2016

Sheet: 4. Health and Well-Being Board Expenditure Plan

Selected Health and Well Being Board:
Hartlepool

Data Submission Period:
2016/17

4. HWB Expenditure Plan

This sheet should be used to set out the full BCF scheme level spending plan. The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing, which is required to demonstrate how the national policy framework is being achieved. Where a scheme has multiple funding sources this can be indicated and split out, but there may still be instances when several lines need to be completed in order to fully describe a single scheme. In this case please use the scheme name column to indicate this.

On this tab please enter the following information:
- Enter a scheme name in column B;
- Select the scheme type in column C from the dropdown menu (descriptions of each are located in cells B270 - C278); if the scheme type is not adequately described by one of the dropdown options please choose 'other' and give further explanation in column D;
- Select the area of spending the scheme is directed at using from the dropdown menu in column E; if the area of spending is not adequately described by one of the dropdown options please choose 'other' and give further explanation in column F;
- Select the commissioner and provider for the scheme using the dropdown menu in columns G and J, noting that if a scheme has more than one provider or commissioner, you should complete one row for each. For example, if both the CCG and the local authority will contract with a third party to provide a joint service, there would be two lines for the scheme: one for the CCG commissioning from the third party and one for the local authority commissioning from the third party;
- In Column K please state where the expenditure is being funded from. If this falls across multiple funding streams please enter the scheme across multiple lines;
- Complete column L to give the planned spending on the scheme in 2016/17;
- Please use column M to indicate whether this is a new or existing scheme.
- Please use column N to state the total 15-16 expenditure (if existing scheme) This is the only detailed information on BCF schemes being collected centrally for 2016-17 but it is expected that detailed scheme level plans will continue to be developed locally.

Scheme Type	Description
Reablement services	The development of support networks to maintain the patient at home independently or through appropriate interventions delivered in the community setting. Improved independence, avoids admissions, reduces need for home care packages.
Personalised support/ care at home	Schemes specifically designed to ensure that the patient can be supported at home instead of admission to hospital or to a care home. May promote self management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term. Admission avoidance, re-admission avoidance.
Intermediate care services	Community based services 24x7. Step-up and step-down. Requirement for more advanced nursing care. Admissions avoidance, early discharge.
Integrated care teams	Improving outcomes for patients by developing multi-disciplinary health and social care teams based in the community. Co-ordinated and proactive management of individual cases. Improved independence, reduction in hospital admissions.
Improving healthcare services to care homes	Improve the quality of primary and community health services delivered to care home residents. To improve the consistency and quality of healthcare outcomes for care home residents. Support Care Home workers to improve the delivery of non essential healthcare skills. Admission avoidance, re-admission avoidance.
Support for carers	Supporting people so they can continue in their roles as carers and avoiding hospital admissions. Advice, advocacy, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence. Admission avoidance
7 day working	Seven day working across health and/or social care settings. Reablement and avoids admissions
Assistive Technologies	Supportive technologies for self management and telehealth. Admission avoidance and improves quality of care

Template for BCF submission 3: due on 03 May 2016

Sheet: 5. Health and Well-Being Board Better Care Fund Metrics

Selected Health and Well Being Board:
Hartlepool

Data Submission Period:
2016/17

5. HWB Metrics

This sheet should be used to set out the Health and Wellbeing Board's performance plans for each of the Better Care Fund metrics in 2016-17. This should build on planned and actual performance on these metrics in 2015-16. The BCF requires plans to be set for 4 nationally defined metrics and 2 locally defined metrics. The non-elective admissions metric section is pre-populated with activity data from CCG Operating Plan submissions for all contributing CCGs, which has then been mapped to the HWB footprint to provide a default HWB level NEA activity plan for 2016-17. There is then the option to adjust this by indicating how many admissions can be avoided through the BCF plan, which are not already built into CCG operating plan assumptions. Where it is decided to plan for an additional reduction in NEA activity through the BCF the option is also provided within the template to set out an associated risk sharing arrangement. Once CCG have made their second operating plan activity uploads via Unify this data will be populated into a second version of this template by the national team and sent back in time for the second BCF submission. At this point Health and Wellbeing Boards will be able to amend, confirm, and comment on non-elective admission targets again based on the new data. The full specification and details around each of the six metrics is included in the BCF Planning Requirements document. Comments and instructions in the sheet should provide the information required to complete the sheet.

Further information on how when reductions in Non-Elective Activity and associated risk sharing arrangements should be considered is set out within the BCF Planning Requirements document.

5.1 HWB NEA Activity Plan

- Please use cell E43 to confirm if you are planning on any additional quarterly reductions (Yes/No)
- If you have answered Yes in cell E43 then in cells G45, I45, K45 and M45 please enter the quarterly additional reduction figures for Q1 to Q4.
- In cell E49 please confirm whether you are putting in place a local risk sharing agreement (Yes/No)
- In cell E54 please confirm or amend the cost of a non elective admission. This is used to calculate a risk share fund, using the quarterly additional reduction figures.
- Please use cell F54 to provide a reason for any adjustments to the cost of NEA for 16/17 (if necessary)

Contributing CCGs	% CCG registered population that has resident population in Hartlepool	% Hartlepool resident population that is in CCG registered population	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Total (Q1 - Q4)	
			CCG Total Non-Elective Admission Plan*	HWB Non-Elective Admission Plan**	CCG Total Non-Elective Admission Plan*	HWB Non-Elective Admission Plan**	CCG Total Non-Elective Admission Plan*	HWB Non-Elective Admission Plan**	CCG Total Non-Elective Admission Plan*	HWB Non-Elective Admission Plan**	CCG Total Non-Elective Admission Plan*	HWB Non-Elective Admission Plan**
NHS Durham Dales, Easington and Sedgefield CCG	0.1%	0.4%	7,940	10	8,093	10	8,387	10	8,073	10	32,493	39
NHS Hartlepool and Stockton-On-Tees CCG	32.6%	99.6%	8,775	2,861	8,679	2,830	9,172	2,991	8,516	2,777	35,142	11,459
Totals		**100%**	**16,715**	**2,871**	**16,772**	**2,840**	**17,559**	**3,001**	**16,589**	**2,787**	**67,635**	**11,498**

Are you planning on any additional quarterly reductions?	No							
If yes, please complete HWB Quarterly Additional Reduction Figures								
HWB Quarterly Additional Reduction Figure								
HWB NEA Plan (after reduction)								
HWB Quarterly Plan Reduction %								

Are you putting in place a local risk sharing agreement on NEA?	No	
BCF revenue funding from CCGs ring-fenced for NHS out of hospital commissioned services/risk share ***	£1,903,771	
Cost of NEA as used during 15/16 ****	£1,490	Please add the reason, for any adjustments to the cost of NEA for 16/17 in the cell below.
Cost of NEA for 16/17 ****		

Additional NEA reduction delivered through the BCF								
HWB Plan Reduction %								

* This is taken from the latest CCG NEA plan figures included in the Unify2 planning template, aggregated to quarterly level, extracted on 12th April 2016.

** This is calculated as the % contribution of each CCG to the HWB level plan, based on the CCG-HWB mapping (see CCG - HWB Mapping tab)

*** Within the sum subject to the condition on NHS out of hospital commissioned services/risk share, for any local area putting in place a risk share for 2016/17 as part of its BCF planning, we would expect the value of the risk share to be equal to the cost of the non-elective activity that the BCF plan seeks to avoid. Source of data: https://www.england.nhs.uk/wp-content/uploads/2016/02/bcf-allocations-1617.xlsx

**** Please use the following document and amend the cost if necessary in cell E54. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/477919/2014-15_Reference_costs_publication.pdf

5.2 Residential Admissions

- In cell G69 please enter your forecasted level of residential admissions for 2015-16. In cell H69 please enter your planned level of residential admissions for 2016-17. The actual rate for 14-15 and the planned rate for 15-16 are provided for comparison. Please add a commentary in column I to provide any useful information in relation to how you have agreed this figure.

		Actual 14/15*****	Planned 15/16*****	Forecast 15/16	Planned 16/17	Comments
Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual rate	1,056.4	807.8	686.6	765.7	The aim is to maintain or reduce the current number of admissions, in the context of an ageing population with increasingly complex needs, but it is recognised that this is a very volatile indicator and that the reduction achieved in 2015/16 is partly due to the unusually high proportion of admissions to care homes that were for people who funded their own care. The target set for 2016/17 is challenging, in that it represents a further reduction when compared to the 2015/16 target, but realistic in that no assumption has been made that the unusually high proportion of admissions in 2015/16 relating to people who fund their own care will be replicated in 2016/17.
	Numerator	181	140	119	135	
	Denominator	17,135	17,331	17,331	17,631	

*****Actual 14/15 & Planned 15/16 collected using the following definition - 'Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population'. Any numerator less than 6 has been supressed in the published data and is therefore showing blank in the numerator and annual rate cells above. These cells will also be blank if an estimate has been used in the published data. Planned 15/16 rate has been amended for 6 HWBs to show the rate as calculated by using the numerator and denominator shown in the table.

5.3 Reablement

- Please use cells G82-83 (forecast for 15-16) and H82-83 (planned 16-17) to set out the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services. By entering the denominator figure in cell G83/H83 (the planned total number of older people (65 and over) discharged from hospital into reablement / rehabilitation services) and the numerator figure in cell G82/H82 (the number from within that group still at home after 91 days) the proportion will be calculated for you in cell G81/H81. Please add a commentary in column I to provide any useful information in relation to how you have agreed this figure.

		Actual 14/15*****	Planned 15/16	Forecast 15/16	Planned 16/17	Comments
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual %	84.9%	89.2%	80.0%	83.1%	The aim is to increase the proportion of people receiving reablement / rehabilitation services who remain at home 91 days following discharge from hospital.
	Numerator	80	58	52	54	
	Denominator	95	65	65	65	

*****Any numerator or denominator less than 6 has been supressed in the published data and is therefore showing blank in the cells above. These cells will also be blank if an estimate has been used in the published data.

5.4 Delayed Transfers of Care

- Please use rows 93-95 (column L for Q4 15-16 forecasts and columns M-P for 16-17 plans) to set out the Delayed Transfers Of Care (delayed days) from hospital per 100,000 population (aged 18+). The denominator figure in row 95 is pre-populated (population - aged 18+). The numerator figures in cells L94-P94 (the Delayed Transfers Of Care (delayed days) from hospital) needs entering. The rate will be calculated for you in cells L93-P93. Please add a commentary in column Q to provide any useful information in relation to how you have agreed this figure.

		15-16 plans				15-16 actual (Q1, Q2 & Q3) and forecast (Q4) figures				16-17 plans				
		Q1 (Apr 15 - Jun 15)	Q2 (Jul 15 - Sep 15)	Q3 (Oct 15 - Dec 15)	Q4 (Jan 16 - Mar 16)	Q1 (Apr 15 - Jun 15)	Q2 (Jul 15 - Sep 15)	Q3 (Oct 15 - Dec 15)	Q4 (Jan 16 - Mar 16)	Q1 (Apr 16 - Jun 16)	Q2 (Jul 16 - Sep 16)	Q3 (Oct 16 - Dec 16)	Q4 (Jan 17 - Mar 17)	Comments
Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+).	Quarterly rate	755.1	686.5	617.8	547.8	519.0	811.4	854.0	821.6	342.4	342.4	342.4	341.2	Plans have been developed that aim to deliver a reduction of 50% in 2016/17.
	Numerator	550	500	450	400	378	591	622	600	250	250	250	250	
	Denominator	72,833	72,833	72,833	73,024	72,833	72,833	72,833	73,024	73,024	73,024	73,024	73,265	

5.5 Local performance metric (as described in your BCF 16/17 planning submission 2 return)

- Please use rows 105-107 to update information relating to your locally selected performance metric. The local performance metric set out in cell C105 has been taken from your BCF 16-17 planning submission 2 template - these local metrics can be amended, as required.

		Planned 15/16	Planned 16/17	Comments
Estimated diagnosis rate for people with Dementia (NHS Outcomes Framework 2.6.i)	Metric Value	0.7	0.8	Please add comments, if required
	Numerator	824.0	909.0	
	Denominator	1,194.0	1,194.0	

5.6 Local defined patient experience metric (as described in your BCF 16/17 planning submission 2 return)

- You may also use rows 117-119 to update information relating to your locally selected patient experience metric. The local patient experience metric set out in cell C117 has been taken from your BCF 16-17 planning submission 2 template - these local metrics can be amended, as required.

		Planned 15/16	Planned 16/17	Comments
Aggregate of 3 Measures (percentage): Measure 1 - ASCOF 3A: Overall satisfaction of people who use services with their care and support. Measure 2 - ASCOF 3B: Overall satisfaction of carers with social services. Measure 3 - Percentage of patients responding 'very good' or 'fairly good'	Metric Value	0.7	0.7	The measures included in this metric are collected annually and actual data is not available for 15/16. The ambition for 16/17 will be to achieve the same as planned for 15/16
	Numerator	2,473.0	2,473.0	
	Denominator	3,325.9	3,325.9	

Template for BCF submission 3: due on 03 May 2016

Sheet: 5b. Health and Well-Being Board Better Care Fund NEA and DTOC Tool

Selected Health and Well Being Board:

Hartlepool

Data Submission Period:

2016/17

Metrics Tool

There is no data required to be completed on this tab. The tab is instead designed to provide assistance in setting your 16/17 plan figures for NEA and DTOC. Baseline 14/15, plan 15/16 and actual 15/16 data has been provided as a reference. The 16/17 plan figures are taken from those given in tab 5. HWB Metrics.

For NEAs we have also provided SUS 14/15 Baseline, SUS 15/16 Actual and SUS 15/16 FOT (Forecast Outturn) figures, mapped from the baseline data supplied to assist CCGs with the 16/17 shared planning round. This has been provided as a reference to support the new requirement for BCF NEA targets to be set in line with the revised definition set out in the "Technical Definitions" and the "Supplementary Technical Definitions" at the foot of the following webpage:

https://www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/

5.1 HWB NEA Activity

Hartlepool Data Source Used - 15/16	MAR				
	Q1	Q2	Q3	Q4	Total
Hartlepool 14/15 Baseline (outturn)	2,372	2,358	2,496	2,318	9,544
Hartlepool 15/16 Plan	2,241	2,227	2,362	2,318	9,148
Hartlepool 15/16 Actual	2,252	2,299	2,236		6,787

14/15 baseline and plan data has been taken from the "Better Care Fund Revised Non-Elective targets - Q4 Playback and Final Re-Validation of Baseline and Plans Collection" returned by HWB's in July 2015. The Q1 15/16 actual performance has been taken from the "Q1 Better Care Fund data collection" returned by HWB's in August 2015. The Q2 actual performance 15/16 and the Q4 15/16 plan figure have been taken from the "Q2 Better Care Fund data collection" returned by HWB's in November 2015. The Q3 15/16 actual performance has been taken from the "Q3 Better Care Fund data collection" returned by HWB's in February 2016. Actual Q4 data is not available at the point of this template being released.

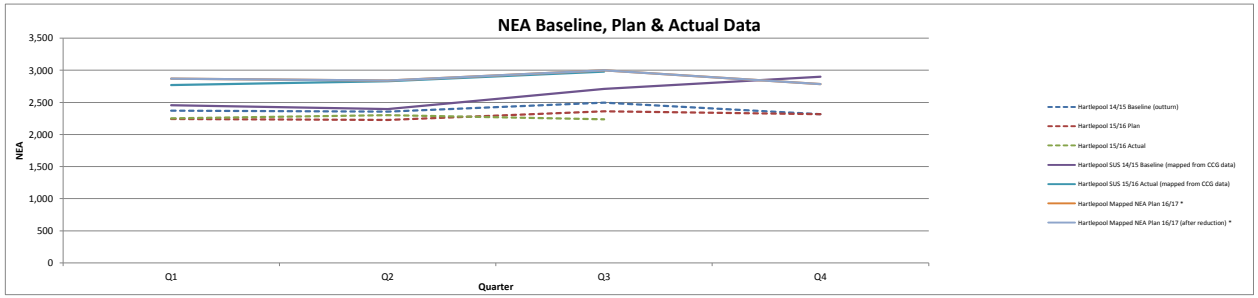
Hartlepool SUS 14/15 Baseline (mapped from CCG data)	**2,455**	**2,395**	**2,708**	**2,898**	**10,455**
Hartlepool SUS 15/16 Actual (mapped from CCG data)	2,769	2,831	2,982		8,582
Hartlepool SUS 15/16 FOT (mapped from CCG data)					11,549

SUS 14/15 Baseline, SUS 15/16 Actual and SUS 15/16 FOT (Forecast Outturn) figures were mapped from the baseline data supplied to assist the CCGs with the 16/17 shared planning round.

Over the last year the monitoring of non-elective admission (NEA) activity has shifted away from the use of the Monthly Activity Return (MAR) towards the use of Secondary Users Service data (SUS). This has been reflected in the latest planning round where NHS England, Monitor and TDA have worked with CCGs and providers to create a consistent methodology to enable the creation of consistent NEA plans. The SUS CCG mapped data included here has been derived using this methodology. More details on the methodology used to define NEA can be found in the "Technical Definitions" and the "Supplementary Technical Definitions" at the foot of the following webpage:
https://www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/

Hartlepool Mapped NEA Plan 16/17 *	**2,871**	**2,840**	**3,001**	**2,787**	**11,498**
Hartlepool Mapped NEA Plan 16/17 (after reduction) *	**2,871**	**2,840**	**3,001**	**2,787**	**11,498**

*See tab 5. HWB Metrics (row 41) to show how this figure has been calculated



Template for BCF submission 3: due on 03 May 2016

Sheet: 5b. Health and Well-Being Board Better Care Fund NEA and DTOC Tool

Selected Health and Well Being Board:

Hartlepool

Data Submission Period:

2016/17

Metrics Tool

There is no data required to be completed on this tab. The tab is instead designed to provide assistance in setting your 16/17 plan figures for NEA and DTOC. Baseline 14/15, plan 15/16 and actual 15/16 data has been provided as a reference. The 16/17 plan figures are taken from those given in tab 5. HWB Metrics.

For NEAs we have also provided SUS 14/15 Baseline, SUS 15/16 Actual and SUS 15/16 FOT (Forecast Outturn) figures, mapped from the baseline data supplied to assist CCGs with the 16/17 shared planning round. This has been provided as a reference to support the new requirement for BCF NEA targets to be set in line with the revised definition set out in the "Technical Definitions" and the "Supplementary Technical Definitions" at the foot of the following webpage:

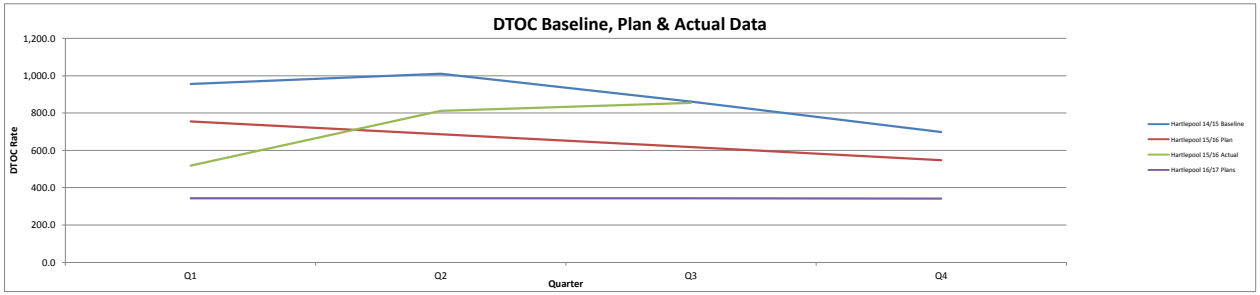
https://www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/

5.4 Delayed Transfers of Care

	Q1	Q2	Q3	Q4
Hartlepool 14/15 Baseline	955.6	1,010.7	862.0	698.9
Hartlepool 15/16 Plan	755.1	686.5	617.8	547.8
Hartlepool 15/16 Actual	519.0	811.4	854.0	

Delayed Transfers Of Care numerator data for baseline and actual performance has been sourced from the monthly DTOC return found here http://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/. Actual Q4 data is not available at the point of this template being released.

Hartlepool 16/17 Plans	**342.4**	**342.4**	**342.4**	**341.2**



Template for BCF submission 3: due on 03 May 2016

Sheet: 6. National Conditions

Selected Health and Well Being Board:

Hartlepool

Data Submission Period:

2016/17

6. National Conditions

This sheet requires the Health & Wellbeing Board to confirm whether the eight national conditions detailed in the Better Care Fund Planning Guidance are on track to be met through the delivery of your plan in 2016-17. The conditions are set out in full in the BCF Policy Framework and further guidance is provided in the BCF Planning Requirements document. Please answer as at the time of completion. On this tab please enter the following information:

- For each national condition please use column C to indicate whether the condition is being met. The sheet sets out the eight conditions and requires the Health & Wellbeing Board to confirm either 'Yes', 'No' or 'No - in development' for each one. 'Yes' should be used when the condition is already being fully met. 'No - in development' should be used when a condition is not currently being met but a plan is in development to meet this through the delivery of your BCF plan in 2016-17. 'No' should be used to indicate that there is currently no plan agreed for meeting this condition by 31st March 2017.
- Please use column C to indicate when it is expected that the condition will be met / agreed if it is not being currently.
- Please detail in the comments box issues and/or actions that are being taken to meet the condition, or any other relevant information.

National Conditions For The Better Care Fund 2016-17	Does your BCF plan for 2016-17 set out a clear plan to meet this condition?	Please detail in the comments box issues and/or actions that are being taken to meet the condition, or any other relevant information.
1) Plans to be jointly agreed	Yes	
2) Maintain provision of social care services (not spending)	Yes	
3) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate	Yes	
4) Better data sharing between health and social care, based on the NHS number	Yes	
5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional	Yes	
6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans	Yes	
7) Agreement to invest in NHS commissioned out-of-hospital services	Yes	
8) Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan	Yes	

CCG to Health and Well-Being Board Mapping

HWB Code	LA Name	CCG Code	CCG Name	% CCG in HWB	% HWB in CCG
E09000002	Barking and Dagenham	07L	NHS Barking and Dagenham CCG	89.7%	88.4%
E09000002	Barking and Dagenham	08F	NHS Havering CCG	6.8%	8.3%
E09000002	Barking and Dagenham	08M	NHS Newham CCG	0.2%	0.4%
E09000002	Barking and Dagenham	08N	NHS Redbridge CCG	2.1%	2.9%
E09000003	Barnet	07M	NHS Barnet CCG	91.1%	92.9%
E09000003	Barnet	07P	NHS Brent CCG	2.0%	1.8%
E09000003	Barnet	07R	NHS Camden CCG	0.8%	0.5%
E09000003	Barnet	09A	NHS Central London (Westminster) CCG	0.1%	0.0%
E09000003	Barnet	07X	NHS Enfield CCG	2.9%	2.4%
E09000003	Barnet	08D	NHS Haringey CCG	2.1%	1.6%
E09000003	Barnet	08E	NHS Harrow CCG	1.2%	0.8%
E09000003	Barnet	08H	NHS Islington CCG	0.1%	0.0%
E09000003	Barnet	08Y	NHS West London (K&C & QPP) CCG	0.1%	0.0%
E08000016	Barnsley	02P	NHS Barnsley CCG	94.4%	98.2%
E08000016	Barnsley	02X	NHS Doncaster CCG	0.3%	0.3%
E08000016	Barnsley	03A	NHS Greater Huddersfield CCG	0.2%	0.2%
E08000016	Barnsley	03L	NHS Rotherham CCG	0.3%	0.3%
E08000016	Barnsley	03N	NHS Sheffield CCG	0.2%	0.4%
E08000016	Barnsley	03R	NHS Wakefield CCG	0.4%	0.6%
E06000022	Bath and North East Somerset	11E	NHS Bath and North East Somerset CCG	94.0%	98.3%
E06000022	Bath and North East Somerset	11H	NHS Bristol CCG	0.3%	0.8%
E06000022	Bath and North East Somerset	11X	NHS Somerset CCG	0.2%	0.5%
E06000022	Bath and North East Somerset	12A	NHS South Gloucestershire CCG	0.0%	0.1%
E06000022	Bath and North East Somerset	99N	NHS Wiltshire CCG	0.1%	0.3%
E06000055	Bedford	06F	NHS Bedfordshire CCG	37.5%	97.4%
E06000055	Bedford	06H	NHS Cambridgeshire and Peterborough CCG	0.4%	1.9%
E06000055	Bedford	04G	NHS Nene CCG	0.2%	0.7%
E09000004	Bexley	07N	NHS Bexley CCG	93.6%	89.4%
E09000004	Bexley	07Q	NHS Bromley CCG	0.0%	0.1%
E09000004	Bexley	09J	NHS Dartford, Gravesham and Swanley CCG	1.5%	1.6%
E09000004	Bexley	08A	NHS Greenwich CCG	7.7%	8.9%
E08000025	Birmingham	13P	NHS Birmingham Crosscity CCG	92.0%	57.3%
E08000025	Birmingham	04X	NHS Birmingham South and Central CCG	96.9%	20.5%
E08000025	Birmingham	05C	NHS Dudley CCG	0.2%	0.0%
E08000025	Birmingham	05J	NHS Redditch and Bromsgrove CCG	2.9%	0.4%
E08000025	Birmingham	05L	NHS Sandwell and West Birmingham CCG	40.1%	18.6%
E08000025	Birmingham	05P	NHS Solihull CCG	15.0%	3.0%
E08000025	Birmingham	05Y	NHS Walsall CCG	0.5%	0.1%
E06000008	Blackburn with Darwen	00Q	NHS Blackburn with Darwen CCG	89.0%	95.8%
E06000008	Blackburn with Darwen	00T	NHS Bolton CCG	1.2%	2.3%
E06000008	Blackburn with Darwen	00V	NHS Bury CCG	0.2%	0.2%
E06000008	Blackburn with Darwen	01A	NHS East Lancashire CCG	0.7%	1.6%
E06000009	Blackpool	00R	NHS Blackpool CCG	87.0%	97.5%
E06000009	Blackpool	02M	NHS Fylde & Wyre CCG	2.6%	2.5%
E08000001	Bolton	00T	NHS Bolton CCG	97.3%	97.6%
E08000001	Bolton	00V	NHS Bury CCG	1.3%	0.9%
E08000001	Bolton	00X	NHS Chorley and South Ribble CCG	0.2%	0.1%
E08000001	Bolton	01G	NHS Salford CCG	0.6%	0.5%
E08000001	Bolton	02H	NHS Wigan Borough CCG	0.8%	0.9%
E06000028 & E06000029	Bournemouth & Poole	11J	NHS Dorset CCG	45.7%	100.0%
E06000036	Bracknell Forest	10G	NHS Bracknell and Ascot CCG	82.1%	94.8%
E06000036	Bracknell Forest	99M	NHS North East Hampshire and Farnham CCG	0.6%	1.1%
E06000036	Bracknell Forest	10C	NHS Surrey Heath CCG	0.1%	0.1%
E06000036	Bracknell Forest	11C	NHS Windsor, Ascot and Maidenhead CCG	1.8%	2.2%
E06000036	Bracknell Forest	11D	NHS Wokingham CCG	1.4%	1.8%
E08000032	Bradford	02N	NHS Airedale, Wharfdale and Craven CCG	67.4%	18.7%
E08000032	Bradford	02W	NHS Bradford City CCG	99.4%	21.5%
E08000032	Bradford	02R	NHS Bradford Districts CCG	97.8%	58.4%
E08000032	Bradford	02T	NHS Calderdale CCG	0.1%	0.0%
E08000032	Bradford	02V	NHS Leeds North CCG	0.6%	0.2%
E08000032	Bradford	03C	NHS Leeds West CCG	1.7%	1.1%
E08000032	Bradford	03J	NHS North Kirklees CCG	0.1%	0.0%
E09000005	Brent	07M	NHS Barnet CCG	2.0%	2.1%
E09000005	Brent	07P	NHS Brent CCG	89.6%	87.2%
E09000005	Brent	07R	NHS Camden CCG	4.0%	2.7%
E09000005	Brent	09A	NHS Central London (Westminster) CCG	1.2%	0.6%
E09000005	Brent	07W	NHS Ealing CCG	0.5%	0.6%
E09000005	Brent	08C	NHS Hammersmith and Fulham CCG	0.2%	0.1%
E09000005	Brent	08E	NHS Harrow CCG	5.7%	3.9%
E09000005	Brent	08Y	NHS West London (K&C & QPP) CCG	4.4%	2.8%
E06000043	Brighton and Hove	09D	NHS Brighton and Hove CCG	97.8%	99.7%
E06000043	Brighton and Hove	09G	NHS Coastal West Sussex CCG	0.1%	0.2%
E06000043	Brighton and Hove	99K	NHS High Weald Lewes Havens CCG	0.3%	0.2%
E06000023	Bristol, City of	11H	NHS Bristol CCG	94.7%	97.9%
E06000023	Bristol, City of	12A	NHS South Gloucestershire CCG	3.8%	2.1%
E09000006	Bromley	07N	NHS Bexley CCG	0.2%	0.1%
E09000006	Bromley	07Q	NHS Bromley CCG	94.9%	95.3%
E09000006	Bromley	07V	NHS Croydon CCG	1.1%	1.3%
E09000006	Bromley	08A	NHS Greenwich CCG	1.5%	1.2%
E09000006	Bromley	08K	NHS Lambeth CCG	0.0%	0.1%
E09000006	Bromley	08L	NHS Lewisham CCG	2.0%	1.8%
E09000006	Bromley	99J	NHS West Kent CCG	0.1%	0.2%
E10000002	Buckinghamshire	10Y	NHS Aylesbury Vale CCG	91.2%	35.0%
E10000002	Buckinghamshire	06F	NHS Bedfordshire CCG	0.6%	0.5%
E10000002	Buckinghamshire	10H	NHS Chiltern CCG	96.1%	59.9%
E10000002	Buckinghamshire	06N	NHS Herts Valleys CCG	1.2%	1.4%
E10000002	Buckinghamshire	08G	NHS Hillingdon CCG	0.8%	0.5%
E10000002	Buckinghamshire	04F	NHS Milton Keynes CCG	1.2%	0.6%
E10000002	Buckinghamshire	04G	NHS Nene CCG	0.1%	0.2%
E10000002	Buckinghamshire	10Q	NHS Oxfordshire CCG	0.6%	0.8%

E10000002	Buckinghamshire	10T	NHS Slough CCG	2.8%	0.8%
E10000002	Buckinghamshire	11C	NHS Windsor, Ascot and Maidenhead CCG	1.3%	0.4%
E08000002	Bury	00T	NHS Bolton CCG	0.8%	1.2%
E08000002	Bury	00V	NHS Bury CCG	94.3%	94.3%
E08000002	Bury	01A	NHS East Lancashire CCG	0.1%	0.2%
E08000002	Bury	01D	NHS Heywood, Middleton and Rochdale CCG	0.4%	0.5%
E08000002	Bury	01M	NHS North Manchester CCG	2.0%	2.0%
E08000002	Bury	01G	NHS Salford CCG	1.4%	1.8%
E08000033	Calderdale	02R	NHS Bradford Districts CCG	0.4%	0.7%
E08000033	Calderdale	02T	NHS Calderdale CCG	98.6%	98.8%
E08000033	Calderdale	03A	NHS Greater Huddersfield CCG	0.4%	0.4%
E08000033	Calderdale	01D	NHS Heywood, Middleton and Rochdale CCG	0.1%	0.1%
E10000003	Cambridgeshire	06F	NHS Bedfordshire CCG	1.1%	0.8%
E10000003	Cambridgeshire	06H	NHS Cambridgeshire and Peterborough CCG	72.1%	96.6%
E10000003	Cambridgeshire	06K	NHS East and North Hertfordshire CCG	0.9%	0.7%
E10000003	Cambridgeshire	99D	NHS South Lincolnshire CCG	0.4%	0.0%
E10000003	Cambridgeshire	07H	NHS West Essex CCG	0.2%	0.1%
E10000003	Cambridgeshire	07J	NHS West Norfolk CCG	1.5%	0.4%
E10000003	Cambridgeshire	07K	NHS West Suffolk CCG	4.0%	1.4%
E09000007	Camden	07M	NHS Barnet CCG	0.1%	0.2%
E09000007	Camden	07P	NHS Brent CCG	1.5%	2.2%
E09000007	Camden	07R	NHS Camden CCG	84.6%	88.4%
E09000007	Camden	09A	NHS Central London (Westminster) CCG	6.0%	5.1%
E09000007	Camden	08D	NHS Haringey CCG	0.5%	0.6%
E09000007	Camden	08H	NHS Islington CCG	3.4%	3.2%
E09000007	Camden	08Y	NHS West London (K&C & QPP) CCG	0.2%	0.2%
E06000056	Central Bedfordshire	10Y	NHS Aylesbury Vale CCG	2.1%	1.5%
E06000056	Central Bedfordshire	06F	NHS Bedfordshire CCG	56.8%	95.1%
E06000056	Central Bedfordshire	06K	NHS East and North Hertfordshire CCG	0.2%	0.5%
E06000056	Central Bedfordshire	06N	NHS Herts Valleys CCG	0.4%	0.8%
E06000056	Central Bedfordshire	06P	NHS Luton CCG	2.4%	2.0%
E06000049	Cheshire East	01C	NHS Eastern Cheshire CCG	96.3%	50.6%
E06000049	Cheshire East	04J	NHS North Derbyshire CCG	0.4%	0.3%
E06000049	Cheshire East	05G	NHS North Staffordshire CCG	1.1%	0.6%
E06000049	Cheshire East	05N	NHS Shropshire CCG	0.1%	0.0%
E06000049	Cheshire East	01R	NHS South Cheshire CCG	98.6%	45.3%
E06000049	Cheshire East	01W	NHS Stockport CCG	1.6%	1.3%
E06000049	Cheshire East	02A	NHS Trafford CCG	0.2%	0.1%
E06000049	Cheshire East	02D	NHS Vale Royal CCG	0.7%	0.2%
E06000049	Cheshire East	02E	NHS Warrington CCG	0.7%	0.4%
E06000049	Cheshire East	02F	NHS West Cheshire CCG	2.0%	1.3%
E06000050	Cheshire West and Chester	01C	NHS Eastern Cheshire CCG	1.1%	0.7%
E06000050	Cheshire West and Chester	01F	NHS Halton CCG	0.2%	0.0%
E06000050	Cheshire West and Chester	01R	NHS South Cheshire CCG	0.5%	0.2%
E06000050	Cheshire West and Chester	02D	NHS Vale Royal CCG	99.3%	29.3%
E06000050	Cheshire West and Chester	02E	NHS Warrington CCG	0.4%	0.3%
E06000050	Cheshire West and Chester	02F	NHS West Cheshire CCG	96.8%	69.4%
E06000050	Cheshire West and Chester	12F	NHS Wirral CCG	0.3%	0.2%
E09000001	City of London	07R	NHS Camden CCG	0.2%	6.0%
E09000001	City of London	09A	NHS Central London (Westminster) CCG	0.0%	0.8%
E09000001	City of London	07T	NHS City and Hackney CCG	1.9%	74.1%
E09000001	City of London	08H	NHS Islington CCG	0.1%	3.1%
E09000001	City of London	08Q	NHS Southwark CCG	0.0%	0.1%
E09000001	City of London	08V	NHS Tower Hamlets CCG	0.4%	15.8%
E06000052	Cornwall & Scilly	11N	NHS Kernow CCG	99.7%	99.4%
E06000052	Cornwall & Scilly	99P	NHS North, East, West Devon CCG	0.4%	0.6%
E06000047	County Durham	00D	NHS Durham Dales, Easington and Sedgefield CCG	97.4%	53.0%
E06000047	County Durham	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.1%	0.0%
E06000047	County Durham	13T	NHS Newcastle Gateshead CCG	0.7%	0.7%
E06000047	County Durham	00J	NHS North Durham CCG	96.6%	45.7%
E06000047	County Durham	00P	NHS Sunderland CCG	1.2%	0.6%
E08000026	Coventry	05A	NHS Coventry and Rugby CCG	74.0%	99.9%
E08000026	Coventry	05H	NHS Warwickshire North CCG	0.3%	0.1%
E09000008	Croydon	07Q	NHS Bromley CCG	1.5%	1.3%
E09000008	Croydon	07V	NHS Croydon CCG	95.6%	93.7%
E09000008	Croydon	09L	NHS East Surrey CCG	3.0%	1.3%
E09000008	Croydon	08K	NHS Lambeth CCG	2.7%	2.6%
E09000008	Croydon	08R	NHS Merton CCG	0.8%	0.4%
E09000008	Croydon	08T	NHS Sutton CCG	0.8%	0.4%
E09000008	Croydon	08X	NHS Wandsworth CCG	0.4%	0.4%
E10000006	Cumbria	01H	NHS Cumbria CCG	97.4%	100.0%
E10000006	Cumbria	01K	NHS Lancashire North CCG	0.2%	0.0%
E06000005	Darlington	00C	NHS Darlington CCG	98.2%	96.3%
E06000005	Darlington	00D	NHS Durham Dales, Easington and Sedgefield CCG	1.2%	3.1%
E06000005	Darlington	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.0%	0.1%
E06000005	Darlington	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.5%
E06000015	Derby	04R	NHS Southern Derbyshire CCG	50.1%	100.0%
E10000007	Derbyshire	02Q	NHS Bassetlaw CCG	0.2%	0.0%
E10000007	Derbyshire	05D	NHS East Staffordshire CCG	8.1%	1.4%
E10000007	Derbyshire	01C	NHS Eastern Cheshire CCG	0.3%	0.0%
E10000007	Derbyshire	03X	NHS Erewash CCG	92.2%	11.3%
E10000007	Derbyshire	03Y	NHS Hardwick CCG	94.6%	12.2%
E10000007	Derbyshire	04E	NHS Mansfield and Ashfield CCG	1.9%	0.5%
E10000007	Derbyshire	04J	NHS North Derbyshire CCG	98.3%	36.0%
E10000007	Derbyshire	04L	NHS Nottingham North and East CCG	0.2%	0.0%
E10000007	Derbyshire	04M	NHS Nottingham West CCG	5.0%	0.6%
E10000007	Derbyshire	03N	NHS Sheffield CCG	0.5%	0.4%
E10000007	Derbyshire	04R	NHS Southern Derbyshire CCG	48.2%	33.0%
E10000007	Derbyshire	01W	NHS Stockport CCG	0.1%	0.0%
E10000007	Derbyshire	01Y	NHS Tameside and Glossop CCG	14.1%	4.3%
E10000007	Derbyshire	04V	NHS West Leicestershire CCG	0.5%	0.2%
E10000008	Devon	11J	NHS Dorset CCG	0.3%	0.3%
E10000008	Devon	11N	NHS Kernow CCG	0.3%	0.2%
E10000008	Devon	99P	NHS North, East, West Devon CCG	70.0%	80.5%
E10000008	Devon	11X	NHS Somerset CCG	0.4%	0.3%

E10000008	Devon	99Q	NHS South Devon and Torbay CCG	51.1%	18.7%
E08000017	Doncaster	02P	NHS Barnsley CCG	0.4%	0.3%
E08000017	Doncaster	02Q	NHS Bassetlaw CCG	1.2%	0.5%
E08000017	Doncaster	02X	NHS Doncaster CCG	96.7%	97.8%
E08000017	Doncaster	03L	NHS Rotherham CCG	1.5%	1.3%
E08000017	Doncaster	03R	NHS Wakefield CCG	0.1%	0.1%
E10000009	Dorset	11J	NHS Dorset CCG	52.7%	95.9%
E10000009	Dorset	11X	NHS Somerset CCG	0.6%	0.7%
E10000009	Dorset	11A	NHS West Hampshire CCG	2.0%	2.5%
E10000009	Dorset	99N	NHS Wiltshire CCG	0.8%	0.9%
E08000027	Dudley	13P	NHS Birmingham Crosscity CCG	0.2%	0.5%
E08000027	Dudley	05C	NHS Dudley CCG	93.2%	90.9%
E08000027	Dudley	05L	NHS Sandwell and West Birmingham CCG	4.0%	6.9%
E08000027	Dudley	06A	NHS Wolverhampton CCG	1.8%	1.5%
E08000027	Dudley	06D	NHS Wyre Forest CCG	0.6%	0.2%
E09000009	Ealing	07P	NHS Brent CCG	1.7%	1.5%
E09000009	Ealing	09A	NHS Central London (Westminster) CCG	0.1%	0.0%
E09000009	Ealing	07W	NHS Ealing CCG	86.7%	90.8%
E09000009	Ealing	08C	NHS Hammersmith and Fulham CCG	5.7%	2.9%
E09000009	Ealing	08E	NHS Harrow CCG	0.3%	0.2%
E09000009	Ealing	08G	NHS Hillingdon CCG	0.6%	0.5%
E09000009	Ealing	07Y	NHS Hounslow CCG	5.0%	3.7%
E09000009	Ealing	08Y	NHS West London (K&C & QPP) CCG	0.6%	0.4%
E06000011	East Riding of Yorkshire	02Y	NHS East Riding of Yorkshire CCG	97.4%	85.2%
E06000011	East Riding of Yorkshire	03F	NHS Hull CCG	9.4%	8.0%
E06000011	East Riding of Yorkshire	03M	NHS Scarborough and Ryedale CCG	0.7%	0.2%
E06000011	East Riding of Yorkshire	03Q	NHS Vale of York CCG	6.4%	6.6%
E10000011	East Sussex	09D	NHS Brighton and Hove CCG	1.0%	0.6%
E10000011	East Sussex	09F	NHS Eastbourne, Hailsham and Seaford CCG	100.0%	34.5%
E10000011	East Sussex	09P	NHS Hastings and Rother CCG	99.7%	33.3%
E10000011	East Sussex	99K	NHS High Weald Lewes Havens CCG	98.1%	29.7%
E10000011	East Sussex	09X	NHS Horsham and Mid Sussex CCG	2.9%	1.2%
E10000011	East Sussex	99J	NHS West Kent CCG	0.8%	0.7%
E09000010	Enfield	07M	NHS Barnet CCG	1.1%	1.3%
E09000010	Enfield	07T	NHS City and Hackney CCG	0.1%	0.1%
E09000010	Enfield	06K	NHS East and North Hertfordshire CCG	0.3%	0.6%
E09000010	Enfield	07X	NHS Enfield CCG	95.5%	90.7%
E09000010	Enfield	08D	NHS Haringey CCG	7.8%	6.9%
E09000010	Enfield	06N	NHS Herts Valleys CCG	0.1%	0.2%
E09000010	Enfield	08H	NHS Islington CCG	0.2%	0.1%
E10000012	Essex	07L	NHS Barking and Dagenham CCG	0.1%	0.0%
E10000012	Essex	99E	NHS Basildon and Brentwood CCG	99.8%	18.3%
E10000012	Essex	06H	NHS Cambridgeshire and Peterborough CCG	0.1%	0.0%
E10000012	Essex	99F	NHS Castle Point and Rochford CCG	95.4%	11.7%
E10000012	Essex	06K	NHS East and North Hertfordshire CCG	1.8%	0.7%
E10000012	Essex	08F	NHS Havering CCG	0.2%	0.0%
E10000012	Essex	06L	NHS Ipswich and East Suffolk CCG	0.2%	0.0%
E10000012	Essex	06Q	NHS Mid Essex CCG	100.0%	25.4%
E10000012	Essex	06T	NHS North East Essex CCG	98.7%	22.4%
E10000012	Essex	08N	NHS Redbridge CCG	3.2%	0.6%
E10000012	Essex	99G	NHS Southend CCG	3.4%	0.4%
E10000012	Essex	07G	NHS Thurrock CCG	1.5%	0.2%
E10000012	Essex	08W	NHS Waltham Forest CCG	0.5%	0.1%
E10000012	Essex	07H	NHS West Essex CCG	97.3%	19.7%
E10000012	Essex	07K	NHS West Suffolk CCG	2.3%	0.4%
E08000037	Gateshead	13T	NHS Newcastle Gateshead CCG	39.6%	98.0%
E08000037	Gateshead	00J	NHS North Durham CCG	0.9%	1.1%
E08000037	Gateshead	00L	NHS Northumberland CCG	0.5%	0.7%
E08000037	Gateshead	00N	NHS South Tyneside CCG	0.3%	0.2%
E10000013	Gloucestershire	11M	NHS Gloucestershire CCG	97.6%	98.6%
E10000013	Gloucestershire	05F	NHS Herefordshire CCG	0.5%	0.1%
E10000013	Gloucestershire	10Q	NHS Oxfordshire CCG	0.2%	0.2%
E10000013	Gloucestershire	12A	NHS South Gloucestershire CCG	0.3%	0.1%
E10000013	Gloucestershire	05R	NHS South Warwickshire CCG	0.5%	0.2%
E10000013	Gloucestershire	05T	NHS South Worcestershire CCG	1.1%	0.5%
E10000013	Gloucestershire	99N	NHS Wiltshire CCG	0.2%	0.2%
E09000011	Greenwich	07N	NHS Bexley CCG	5.2%	4.3%
E09000011	Greenwich	07Q	NHS Bromley CCG	1.1%	1.3%
E09000011	Greenwich	08A	NHS Greenwich CCG	88.6%	89.9%
E09000011	Greenwich	08L	NHS Lewisham CCG	4.1%	4.5%
E09000012	Hackney	07R	NHS Camden CCG	0.8%	0.7%
E09000012	Hackney	09A	NHS Central London (Westminster) CCG	0.1%	0.1%
E09000012	Hackney	07T	NHS City and Hackney CCG	90.6%	94.6%
E09000012	Hackney	08D	NHS Haringey CCG	0.6%	0.7%
E09000012	Hackney	08H	NHS Islington CCG	4.1%	3.4%
E09000012	Hackney	08V	NHS Tower Hamlets CCG	0.5%	0.5%
E06000006	Halton	01F	NHS Halton CCG	98.2%	96.7%
E06000006	Halton	01J	NHS Knowsley CCG	0.1%	0.2%
E06000006	Halton	99A	NHS Liverpool CCG	0.3%	1.1%
E06000006	Halton	02E	NHS Warrington CCG	0.6%	0.9%
E06000006	Halton	02F	NHS West Cheshire CCG	0.6%	1.2%
E09000013	Hammersmith and Fulham	07P	NHS Brent CCG	0.3%	0.5%
E09000013	Hammersmith and Fulham	07R	NHS Camden CCG	0.0%	0.1%
E09000013	Hammersmith and Fulham	09A	NHS Central London (Westminster) CCG	2.4%	2.3%
E09000013	Hammersmith and Fulham	07W	NHS Ealing CCG	0.6%	1.2%
E09000013	Hammersmith and Fulham	08C	NHS Hammersmith and Fulham CCG	90.9%	88.0%
E09000013	Hammersmith and Fulham	07Y	NHS Hounslow CCG	0.5%	0.8%
E09000013	Hammersmith and Fulham	08Y	NHS West London (K&C & QPP) CCG	6.4%	7.2%
E10000014	Hampshire	10G	NHS Bracknell and Ascot CCG	0.6%	0.0%
E10000014	Hampshire	09G	NHS Coastal West Sussex CCG	0.2%	0.0%
E10000014	Hampshire	11J	NHS Dorset CCG	0.5%	0.3%
E10000014	Hampshire	10K	NHS Fareham and Gosport CCG	98.6%	14.5%
E10000014	Hampshire	09N	NHS Guildford and Waverley CCG	2.9%	0.5%
E10000014	Hampshire	10M	NHS Newbury and District CCG	5.9%	0.5%
E10000014	Hampshire	10N	NHS North & West Reading CCG	0.9%	0.0%

E10000014	Hampshire	99M	NHS North East Hampshire and Farnham CCG	76.4%	12.4%
E10000014	Hampshire	10J	NHS North Hampshire CCG	99.2%	15.9%
E10000014	Hampshire	10R	NHS Portsmouth CCG	4.5%	0.7%
E10000014	Hampshire	10V	NHS South Eastern Hampshire CCG	95.4%	14.6%
E10000014	Hampshire	10X	NHS Southampton CCG	5.5%	1.1%
E10000014	Hampshire	10C	NHS Surrey Heath CCG	0.7%	0.0%
E10000014	Hampshire	11A	NHS West Hampshire CCG	97.7%	39.0%
E10000014	Hampshire	99N	NHS Wiltshire CCG	1.3%	0.5%
E10000014	Hampshire	11D	NHS Wokingham CCG	0.6%	0.0%
E09000014	Haringey	07M	NHS Barnet CCG	1.1%	1.6%
E09000014	Haringey	07R	NHS Camden CCG	0.5%	0.5%
E09000014	Haringey	07T	NHS City and Hackney CCG	3.0%	3.1%
E09000014	Haringey	07X	NHS Enfield CCG	1.3%	1.4%
E09000014	Haringey	08D	NHS Haringey CCG	87.7%	91.6%
E09000014	Haringey	08H	NHS Islington CCG	2.3%	1.9%
E09000015	Harrow	07M	NHS Barnet CCG	4.3%	6.3%
E09000015	Harrow	07P	NHS Brent CCG	3.7%	5.0%
E09000015	Harrow	07W	NHS Ealing CCG	1.3%	1.9%
E09000015	Harrow	08E	NHS Harrow CCG	90.0%	84.3%
E09000015	Harrow	06N	NHS Herts Valleys CCG	0.2%	0.4%
E09000015	Harrow	08G	NHS Hillingdon CCG	1.7%	1.9%
E09000015	Harrow	08Y	NHS West London (K&C & QPP) CCG	0.1%	0.1%
E06000001	Hartlepool	00D	NHS Durham Dales, Easington and Sedgefield CCG	0.1%	0.4%
E06000001	Hartlepool	00K	NHS Hartlepool and Stockton-On-Tees CCG	32.6%	99.6%
E09000016	Havering	07L	NHS Barking and Dagenham CCG	4.0%	3.3%
E09000016	Havering	08F	NHS Havering CCG	92.0%	95.9%
E09000016	Havering	08M	NHS Newham CCG	0.0%	0.1%
E09000016	Havering	08N	NHS Redbridge CCG	0.5%	0.6%
E09000016	Havering	07G	NHS Thurrock CCG	0.1%	0.1%
E06000019	Herefordshire, County of	11M	NHS Gloucestershire CCG	0.3%	0.9%
E06000019	Herefordshire, County of	05F	NHS Herefordshire CCG	98.1%	97.3%
E06000019	Herefordshire, County of	05N	NHS Shropshire CCG	0.3%	0.5%
E06000019	Herefordshire, County of	05T	NHS South Worcestershire CCG	0.8%	1.3%
E10000015	Hertfordshire	10Y	NHS Aylesbury Vale CCG	0.4%	0.0%
E10000015	Hertfordshire	07M	NHS Barnet CCG	0.2%	0.0%
E10000015	Hertfordshire	06F	NHS Bedfordshire CCG	0.1%	0.0%
E10000015	Hertfordshire	06H	NHS Cambridgeshire and Peterborough CCG	2.1%	1.6%
E10000015	Hertfordshire	10H	NHS Chiltern CCG	0.1%	0.0%
E10000015	Hertfordshire	06K	NHS East and North Hertfordshire CCG	96.8%	46.6%
E10000015	Hertfordshire	07X	NHS Enfield CCG	0.3%	0.0%
E10000015	Hertfordshire	08E	NHS Harrow CCG	0.5%	0.1%
E10000015	Hertfordshire	06N	NHS Herts Valleys CCG	98.1%	50.9%
E10000015	Hertfordshire	08G	NHS Hillingdon CCG	2.3%	0.6%
E10000015	Hertfordshire	06P	NHS Luton CCG	0.4%	0.0%
E10000015	Hertfordshire	07H	NHS West Essex CCG	0.7%	0.2%
E09000017	Hillingdon	10H	NHS Chiltern CCG	0.1%	0.1%
E09000017	Hillingdon	07W	NHS Ealing CCG	5.2%	6.9%
E09000017	Hillingdon	08C	NHS Hammersmith and Fulham CCG	0.5%	0.3%
E09000017	Hillingdon	08E	NHS Harrow CCG	2.2%	1.8%
E09000017	Hillingdon	08G	NHS Hillingdon CCG	94.3%	90.0%
E09000017	Hillingdon	07Y	NHS Hounslow CCG	1.0%	0.9%
E09000018	Hounslow	07W	NHS Ealing CCG	5.8%	8.0%
E09000018	Hounslow	08C	NHS Hammersmith and Fulham CCG	1.0%	0.6%
E09000018	Hounslow	08G	NHS Hillingdon CCG	0.2%	0.2%
E09000018	Hounslow	07Y	NHS Hounslow CCG	88.0%	87.1%
E09000018	Hounslow	09Y	NHS North West Surrey CCG	0.3%	0.4%
E09000018	Hounslow	08P	NHS Richmond CCG	5.3%	3.6%
E09000018	Hounslow	08Y	NHS West London (K&C & QPP) CCG	0.1%	0.1%
E06000046	Isle of Wight	10L	NHS Isle of Wight CCG	100.0%	100.0%
E09000019	Islington	07R	NHS Camden CCG	4.4%	4.9%
E09000019	Islington	09A	NHS Central London (Westminster) CCG	0.4%	0.4%
E09000019	Islington	07T	NHS City and Hackney CCG	3.2%	4.1%
E09000019	Islington	08D	NHS Haringey CCG	1.3%	1.7%
E09000019	Islington	08H	NHS Islington CCG	89.8%	89.0%
E09000020	Kensington and Chelsea	07P	NHS Brent CCG	0.0%	0.1%
E09000020	Kensington and Chelsea	07R	NHS Camden CCG	0.2%	0.4%
E09000020	Kensington and Chelsea	09A	NHS Central London (Westminster) CCG	4.1%	5.1%
E09000020	Kensington and Chelsea	08C	NHS Hammersmith and Fulham CCG	0.9%	1.2%
E09000020	Kensington and Chelsea	08Y	NHS West London (K&C & QPP) CCG	64.1%	93.2%
E10000016	Kent	09C	NHS Ashford CCG	100.0%	8.3%
E10000016	Kent	07N	NHS Bexley CCG	1.1%	0.2%
E10000016	Kent	07Q	NHS Bromley CCG	0.8%	0.2%
E10000016	Kent	09E	NHS Canterbury and Coastal CCG	100.0%	14.1%
E10000016	Kent	09J	NHS Dartford, Gravesham and Swanley CCG	98.3%	16.5%
E10000016	Kent	09L	NHS East Surrey CCG	0.1%	0.0%
E10000016	Kent	08A	NHS Greenwich CCG	0.1%	0.0%
E10000016	Kent	09P	NHS Hastings and Rother CCG	0.3%	0.0%
E10000016	Kent	99K	NHS High Weald Lewes Havens CCG	0.6%	0.0%
E10000016	Kent	09W	NHS Medway CCG	6.0%	1.1%
E10000016	Kent	10A	NHS South Kent Coast CCG	100.0%	13.0%
E10000016	Kent	10D	NHS Swale CCG	99.9%	7.1%
E10000016	Kent	10E	NHS Thanet CCG	100.0%	9.3%
E10000016	Kent	99J	NHS West Kent CCG	98.7%	30.4%
E06000010	Kingston upon Hull, City of	02Y	NHS East Riding of Yorkshire CCG	1.3%	1.5%
E06000010	Kingston upon Hull, City of	03F	NHS Hull CCG	90.6%	98.5%
E09000021	Kingston upon Thames	08J	NHS Kingston CCG	87.1%	95.8%
E09000021	Kingston upon Thames	08R	NHS Merton CCG	1.0%	1.2%
E09000021	Kingston upon Thames	08P	NHS Richmond CCG	0.7%	0.8%
E09000021	Kingston upon Thames	99H	NHS Surrey Downs CCG	0.9%	1.5%
E09000021	Kingston upon Thames	08T	NHS Sutton CCG	0.1%	0.1%
E09000021	Kingston upon Thames	08X	NHS Wandsworth CCG	0.3%	0.5%
E08000034	Kirklees	02P	NHS Barnsley CCG	0.1%	0.0%
E08000034	Kirklees	02R	NHS Bradford Districts CCG	1.0%	0.8%
E08000034	Kirklees	02T	NHS Calderdale CCG	1.3%	0.6%
E08000034	Kirklees	03A	NHS Greater Huddersfield CCG	99.5%	54.8%

E08000034	Kirklees	03C	NHS Leeds West CCG	0.3%	0.2%
E08000034	Kirklees	03J	NHS North Kirklees CCG	99.0%	42.4%
E08000034	Kirklees	03R	NHS Wakefield CCG	1.5%	1.2%
E08000011	Knowsley	01F	NHS Halton CCG	1.1%	0.9%
E08000011	Knowsley	01J	NHS Knowsley CCG	86.9%	88.2%
E08000011	Knowsley	99A	NHS Liverpool CCG	2.5%	8.0%
E08000011	Knowsley	01T	NHS South Sefton CCG	0.2%	0.1%
E08000011	Knowsley	01X	NHS St Helens CCG	2.3%	2.9%
E09000022	Lambeth	09A	NHS Central London (Westminster) CCG	0.7%	0.4%
E09000022	Lambeth	07V	NHS Croydon CCG	0.7%	0.8%
E09000022	Lambeth	08K	NHS Lambeth CCG	86.8%	92.7%
E09000022	Lambeth	08R	NHS Merton CCG	1.2%	0.7%
E09000022	Lambeth	08Q	NHS Southwark CCG	1.8%	1.6%
E09000022	Lambeth	08X	NHS Wandsworth CCG	3.6%	3.8%
E10000017	Lancashire	02N	NHS Airedale, Wharfdale and Craven CCG	0.2%	0.0%
E10000017	Lancashire	00Q	NHS Blackburn with Darwen CCG	11.0%	1.5%
E10000017	Lancashire	00R	NHS Blackpool CCG	13.0%	1.8%
E10000017	Lancashire	00T	NHS Bolton CCG	0.3%	0.0%
E10000017	Lancashire	00V	NHS Bury CCG	1.4%	0.2%
E10000017	Lancashire	00X	NHS Chorley and South Ribble CCG	99.8%	14.5%
E10000017	Lancashire	01H	NHS Cumbria CCG	1.4%	0.6%
E10000017	Lancashire	01A	NHS East Lancashire CCG	98.9%	30.0%
E10000017	Lancashire	02M	NHS Fylde & Wyre CCG	97.4%	11.9%
E10000017	Lancashire	01E	NHS Greater Preston CCG	100.0%	17.1%
E10000017	Lancashire	01D	NHS Heywood, Middleton and Rochdale CCG	0.9%	0.2%
E10000017	Lancashire	01J	NHS Knowsley CCG	0.1%	0.0%
E10000017	Lancashire	01K	NHS Lancashire North CCG	99.8%	12.8%
E10000017	Lancashire	01T	NHS South Sefton CCG	0.5%	0.0%
E10000017	Lancashire	01V	NHS Southport and Formby CCG	3.0%	0.3%
E10000017	Lancashire	01X	NHS St Helens CCG	0.5%	0.0%
E10000017	Lancashire	02G	NHS West Lancashire CCG	97.1%	8.8%
E10000017	Lancashire	02H	NHS Wigan Borough CCG	0.8%	0.2%
E08000035	Leeds	02W	NHS Bradford City CCG	0.6%	0.0%
E08000035	Leeds	02R	NHS Bradford Districts CCG	0.7%	0.3%
E08000035	Leeds	02V	NHS Leeds North CCG	96.4%	24.3%
E08000035	Leeds	03G	NHS Leeds South and East CCG	98.5%	31.9%
E08000035	Leeds	03C	NHS Leeds West CCG	97.9%	42.7%
E08000035	Leeds	03J	NHS North Kirklees CCG	0.3%	0.0%
E08000035	Leeds	03Q	NHS Vale of York CCG	0.6%	0.2%
E08000035	Leeds	03R	NHS Wakefield CCG	1.5%	0.6%
E06000016	Leicester	03W	NHS East Leicestershire and Rutland CCG	2.5%	2.2%
E06000016	Leicester	04C	NHS Leicester City CCG	92.5%	95.2%
E06000016	Leicester	04V	NHS West Leicestershire CCG	2.6%	2.6%
E10000018	Leicestershire	03V	NHS Corby CCG	0.6%	0.0%
E10000018	Leicestershire	03W	NHS East Leicestershire and Rutland CCG	85.3%	40.1%
E10000018	Leicestershire	04C	NHS Leicester City CCG	7.5%	4.2%
E10000018	Leicestershire	04N	NHS Rushcliffe CCG	5.4%	1.0%
E10000018	Leicestershire	04Q	NHS South West Lincolnshire CCG	5.7%	1.1%
E10000018	Leicestershire	04R	NHS Southern Derbyshire CCG	0.6%	0.5%
E10000018	Leicestershire	05H	NHS Warwickshire North CCG	1.6%	0.4%
E10000018	Leicestershire	04V	NHS West Leicestershire CCG	96.2%	52.7%
E09000023	Lewisham	07Q	NHS Bromley CCG	1.3%	1.5%
E09000023	Lewisham	09A	NHS Central London (Westminster) CCG	0.1%	0.1%
E09000023	Lewisham	08A	NHS Greenwich CCG	2.2%	2.0%
E09000023	Lewisham	08K	NHS Lambeth CCG	0.2%	0.3%
E09000023	Lewisham	08L	NHS Lewisham CCG	92.1%	92.5%
E09000023	Lewisham	08Q	NHS Southwark CCG	3.7%	3.7%
E10000019	Lincolnshire	06H	NHS Cambridgeshire and Peterborough CCG	0.2%	0.2%
E10000019	Lincolnshire	03W	NHS East Leicestershire and Rutland CCG	0.2%	0.0%
E10000019	Lincolnshire	03T	NHS Lincolnshire East CCG	99.2%	32.1%
E10000019	Lincolnshire	04D	NHS Lincolnshire West CCG	98.5%	30.4%
E10000019	Lincolnshire	04H	NHS Newark & Sherwood CCG	2.4%	0.4%
E10000019	Lincolnshire	03H	NHS North East Lincolnshire CCG	2.7%	0.6%
E10000019	Lincolnshire	03K	NHS North Lincolnshire CCG	2.6%	0.6%
E10000019	Lincolnshire	99D	NHS South Lincolnshire CCG	90.6%	19.5%
E10000019	Lincolnshire	04Q	NHS South West Lincolnshire CCG	93.2%	16.2%
E08000012	Liverpool	01J	NHS Knowsley CCG	8.5%	2.8%
E08000012	Liverpool	99A	NHS Liverpool CCG	94.3%	96.2%
E08000012	Liverpool	01T	NHS South Sefton CCG	3.3%	1.0%
E06000032	Luton	06F	NHS Bedfordshire CCG	2.3%	4.5%
E06000032	Luton	06P	NHS Luton CCG	97.2%	95.5%
E08000003	Manchester	00V	NHS Bury CCG	0.3%	0.1%
E08000003	Manchester	00W	NHS Central Manchester CCG	93.7%	36.9%
E08000003	Manchester	01D	NHS Heywood, Middleton and Rochdale CCG	0.5%	0.2%
E08000003	Manchester	01M	NHS North Manchester CCG	85.1%	30.3%
E08000003	Manchester	00Y	NHS Oldham CCG	0.9%	0.4%
E08000003	Manchester	01G	NHS Salford CCG	2.5%	1.1%
E08000003	Manchester	01N	NHS South Manchester CCG	93.9%	28.2%
E08000003	Manchester	01W	NHS Stockport CCG	1.5%	0.8%
E08000003	Manchester	01Y	NHS Tameside and Glossop CCG	0.4%	0.2%
E08000003	Manchester	02A	NHS Trafford CCG	4.3%	1.8%
E06000035	Medway	09J	NHS Dartford, Gravesham and Swanley CCG	0.2%	0.2%
E06000035	Medway	09W	NHS Medway CCG	94.0%	99.5%
E06000035	Medway	10D	NHS Swale CCG	0.1%	0.0%
E06000035	Medway	99J	NHS West Kent CCG	0.2%	0.3%
E09000024	Merton	07V	NHS Croydon CCG	0.5%	0.8%
E09000024	Merton	08J	NHS Kingston CCG	3.5%	3.0%
E09000024	Merton	08K	NHS Lambeth CCG	0.9%	1.4%
E09000024	Merton	08R	NHS Merton CCG	87.7%	81.5%
E09000024	Merton	08T	NHS Sutton CCG	3.4%	2.7%
E09000024	Merton	08X	NHS Wandsworth CCG	6.5%	10.5%
E06000002	Middlesbrough	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.2%	0.2%
E06000002	Middlesbrough	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.3%
E06000002	Middlesbrough	00M	NHS South Tees CCG	52.0%	99.5%
E06000042	Milton Keynes	06F	NHS Bedfordshire CCG	1.5%	2.5%

E06000042	Milton Keynes	04F	NHS Milton Keynes CCG	95.5%	96.1%
E06000042	Milton Keynes	04G	NHS Nene CCG	0.6%	1.4%
E08000021	Newcastle upon Tyne	13T	NHS Newcastle Gateshead CCG	58.0%	95.0%
E08000021	Newcastle upon Tyne	99C	NHS North Tyneside CCG	6.0%	4.2%
E08000021	Newcastle upon Tyne	00L	NHS Northumberland CCG	0.8%	0.8%
E09000025	Newham	07L	NHS Barking and Dagenham CCG	0.5%	0.3%
E09000025	Newham	09A	NHS Central London (Westminster) CCG	0.1%	0.0%
E09000025	Newham	07T	NHS City and Hackney CCG	0.1%	0.0%
E09000025	Newham	08M	NHS Newham CCG	96.9%	97.9%
E09000025	Newham	08N	NHS Redbridge CCG	0.2%	0.2%
E09000025	Newham	08V	NHS Tower Hamlets CCG	0.2%	0.2%
E09000025	Newham	08W	NHS Waltham Forest CCG	1.7%	1.4%
E10000020	Norfolk	06H	NHS Cambridgeshire and Peterborough CCG	0.7%	0.7%
E10000020	Norfolk	06M	NHS Great Yarmouth and Waveney CCG	47.5%	12.3%
E10000020	Norfolk	06L	NHS Ipswich and East Suffolk CCG	0.1%	0.0%
E10000020	Norfolk	06V	NHS North Norfolk CCG	100.0%	18.8%
E10000020	Norfolk	06W	NHS Norwich CCG	100.0%	23.7%
E10000020	Norfolk	99D	NHS South Lincolnshire CCG	0.2%	0.0%
E10000020	Norfolk	06Y	NHS South Norfolk CCG	98.8%	25.3%
E10000020	Norfolk	07J	NHS West Norfolk CCG	98.5%	18.5%
E10000020	Norfolk	07K	NHS West Suffolk CCG	2.6%	0.7%
E06000012	North East Lincolnshire	03T	NHS Lincolnshire East CCG	0.8%	1.2%
E06000012	North East Lincolnshire	03H	NHS North East Lincolnshire CCG	95.9%	98.7%
E06000012	North East Lincolnshire	03K	NHS North Lincolnshire CCG	0.1%	0.2%
E06000013	North Lincolnshire	02Q	NHS Bassetlaw CCG	0.2%	0.1%
E06000013	North Lincolnshire	02X	NHS Doncaster CCG	0.0%	0.1%
E06000013	North Lincolnshire	02Y	NHS East Riding of Yorkshire CCG	0.0%	0.1%
E06000013	North Lincolnshire	04D	NHS Lincolnshire West CCG	1.0%	1.4%
E06000013	North Lincolnshire	03H	NHS North East Lincolnshire CCG	1.4%	1.4%
E06000013	North Lincolnshire	03K	NHS North Lincolnshire CCG	97.2%	96.8%
E06000024	North Somerset	11E	NHS Bath and North East Somerset CCG	1.7%	1.6%
E06000024	North Somerset	11H	NHS Bristol CCG	0.3%	0.6%
E06000024	North Somerset	11T	NHS North Somerset CCG	99.1%	97.7%
E06000024	North Somerset	11X	NHS Somerset CCG	0.0%	0.2%
E08000022	North Tyneside	13T	NHS Newcastle Gateshead CCG	1.0%	2.5%
E08000022	North Tyneside	99C	NHS North Tyneside CCG	93.1%	96.4%
E08000022	North Tyneside	00L	NHS Northumberland CCG	0.7%	1.1%
E10000023	North Yorkshire	02N	NHS Airedale, Wharfdale and Craven CCG	32.4%	8.3%
E10000023	North Yorkshire	01H	NHS Cumbria CCG	1.2%	1.0%
E10000023	North Yorkshire	00C	NHS Darlington CCG	1.3%	0.2%
E10000023	North Yorkshire	02X	NHS Doncaster CCG	0.2%	0.1%
E10000023	North Yorkshire	00D	NHS Durham Dales, Easington and Sedgefield CCG	0.2%	0.1%
E10000023	North Yorkshire	01A	NHS East Lancashire CCG	0.1%	0.0%
E10000023	North Yorkshire	02Y	NHS East Riding of Yorkshire CCG	1.3%	0.7%
E10000023	North Yorkshire	03D	NHS Hambleton, Richmondshire and Whitby CCG	98.7%	22.9%
E10000023	North Yorkshire	03E	NHS Harrogate and Rural District CCG	99.9%	26.3%
E10000023	North Yorkshire	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.0%
E10000023	North Yorkshire	02V	NHS Leeds North CCG	3.0%	1.0%
E10000023	North Yorkshire	03G	NHS Leeds South and East CCG	0.5%	0.2%
E10000023	North Yorkshire	03M	NHS Scarborough and Ryedale CCG	99.3%	19.2%
E10000023	North Yorkshire	03Q	NHS Vale of York CCG	32.6%	18.7%
E10000023	North Yorkshire	03R	NHS Wakefield CCG	2.0%	1.2%
E10000021	Northamptonshire	10Y	NHS Aylesbury Vale CCG	0.1%	0.0%
E10000021	Northamptonshire	06F	NHS Bedfordshire CCG	0.1%	0.0%
E10000021	Northamptonshire	06H	NHS Cambridgeshire and Peterborough CCG	1.6%	1.9%
E10000021	Northamptonshire	03V	NHS Corby CCG	99.1%	9.6%
E10000021	Northamptonshire	05A	NHS Coventry and Rugby CCG	0.3%	0.2%
E10000021	Northamptonshire	03W	NHS East Leicestershire and Rutland CCG	1.9%	0.8%
E10000021	Northamptonshire	04F	NHS Milton Keynes CCG	3.2%	1.2%
E10000021	Northamptonshire	04G	NHS Nene CCG	98.8%	85.0%
E10000021	Northamptonshire	10Q	NHS Oxfordshire CCG	1.2%	1.1%
E10000021	Northamptonshire	99D	NHS South Lincolnshire CCG	0.9%	0.2%
E06000057	Northumberland	01H	NHS Cumbria CCG	0.0%	0.1%
E06000057	Northumberland	13T	NHS Newcastle Gateshead CCG	0.3%	0.4%
E06000057	Northumberland	00J	NHS North Durham CCG	0.2%	0.2%
E06000057	Northumberland	99C	NHS North Tyneside CCG	0.9%	0.6%
E06000057	Northumberland	00L	NHS Northumberland CCG	98.0%	98.7%
E06000018	Nottingham	04K	NHS Nottingham City CCG	89.7%	94.8%
E06000018	Nottingham	04L	NHS Nottingham North and East CCG	4.7%	2.1%
E06000018	Nottingham	04M	NHS Nottingham West CCG	5.7%	1.6%
E06000018	Nottingham	04N	NHS Rushcliffe CCG	4.1%	1.5%
E10000024	Nottinghamshire	02Q	NHS Bassetlaw CCG	97.5%	13.5%
E10000024	Nottinghamshire	02X	NHS Doncaster CCG	1.7%	0.6%
E10000024	Nottinghamshire	03W	NHS East Leicestershire and Rutland CCG	0.3%	0.1%
E10000024	Nottinghamshire	03X	NHS Erewash CCG	7.8%	0.9%
E10000024	Nottinghamshire	03Y	NHS Hardwick CCG	5.1%	0.6%
E10000024	Nottinghamshire	04D	NHS Lincolnshire West CCG	0.4%	0.1%
E10000024	Nottinghamshire	04E	NHS Mansfield and Ashfield CCG	98.1%	22.5%
E10000024	Nottinghamshire	04H	NHS Newark & Sherwood CCG	97.6%	15.5%
E10000024	Nottinghamshire	04K	NHS Nottingham City CCG	10.3%	4.4%
E10000024	Nottinghamshire	04L	NHS Nottingham North and East CCG	95.0%	17.3%
E10000024	Nottinghamshire	04M	NHS Nottingham West CCG	89.3%	10.2%
E10000024	Nottinghamshire	04N	NHS Rushcliffe CCG	90.5%	13.6%
E10000024	Nottinghamshire	04Q	NHS South West Lincolnshire CCG	0.7%	0.1%
E10000024	Nottinghamshire	04R	NHS Southern Derbyshire CCG	0.6%	0.4%
E10000024	Nottinghamshire	04V	NHS West Leicestershire CCG	0.1%	0.0%
E08000004	Oldham	01D	NHS Heywood, Middleton and Rochdale CCG	1.4%	1.3%
E08000004	Oldham	01M	NHS North Manchester CCG	2.6%	2.1%
E08000004	Oldham	00Y	NHS Oldham CCG	94.7%	96.3%
E08000004	Oldham	01Y	NHS Tameside and Glossop CCG	0.2%	0.2%
E10000025	Oxfordshire	10Y	NHS Aylesbury Vale CCG	6.2%	1.8%
E10000025	Oxfordshire	11M	NHS Gloucestershire CCG	0.2%	0.2%
E10000025	Oxfordshire	04G	NHS Nene CCG	0.1%	0.1%
E10000025	Oxfordshire	10M	NHS Newbury and District CCG	0.1%	0.0%
E10000025	Oxfordshire	10N	NHS North & West Reading CCG	2.0%	0.3%

E10000025	Oxfordshire	10Q	NHS Oxfordshire CCG	97.3%	96.6%
E10000025	Oxfordshire	05R	NHS South Warwickshire CCG	0.7%	0.3%
E10000025	Oxfordshire	12D	NHS Swindon CCG	2.6%	0.8%
E06000031	Peterborough	06H	NHS Cambridgeshire and Peterborough CCG	22.6%	96.1%
E06000031	Peterborough	99D	NHS South Lincolnshire CCG	5.2%	3.9%
E06000026	Plymouth	99P	NHS North, East, West Devon CCG	29.3%	100.0%
E06000044	Portsmouth	10K	NHS Fareham and Gosport CCG	1.4%	1.3%
E06000044	Portsmouth	10R	NHS Portsmouth CCG	95.5%	98.4%
E06000044	Portsmouth	10V	NHS South Eastern Hampshire CCG	0.3%	0.3%
E06000038	Reading	10N	NHS North & West Reading CCG	61.2%	36.6%
E06000038	Reading	10Q	NHS Oxfordshire CCG	0.2%	0.6%
E06000038	Reading	10W	NHS South Reading CCG	79.9%	60.1%
E06000038	Reading	11D	NHS Wokingham CCG	3.1%	2.7%
E09000026	Redbridge	07L	NHS Barking and Dagenham CCG	5.6%	3.8%
E09000026	Redbridge	08F	NHS Havering CCG	0.9%	0.8%
E09000026	Redbridge	08M	NHS Newham CCG	1.5%	1.8%
E09000026	Redbridge	08N	NHS Redbridge CCG	92.6%	88.7%
E09000026	Redbridge	08W	NHS Waltham Forest CCG	3.4%	3.2%
E09000026	Redbridge	07H	NHS West Essex CCG	1.8%	1.7%
E06000003	Redcar and Cleveland	03D	NHS Hambleton, Richmondshire and Whitby CCG	1.0%	1.0%
E06000003	Redcar and Cleveland	00M	NHS South Tees CCG	47.7%	99.0%
E09000027	Richmond upon Thames	08C	NHS Hammersmith and Fulham CCG	0.4%	0.4%
E09000027	Richmond upon Thames	07Y	NHS Hounslow CCG	5.0%	7.1%
E09000027	Richmond upon Thames	08J	NHS Kingston CCG	1.6%	1.5%
E09000027	Richmond upon Thames	08P	NHS Richmond CCG	92.2%	90.3%
E09000027	Richmond upon Thames	99H	NHS Surrey Downs CCG	0.0%	0.1%
E09000027	Richmond upon Thames	08X	NHS Wandsworth CCG	0.3%	0.6%
E08000005	Rochdale	00V	NHS Bury CCG	0.6%	0.5%
E08000005	Rochdale	01A	NHS East Lancashire CCG	0.2%	0.3%
E08000005	Rochdale	01D	NHS Heywood, Middleton and Rochdale CCG	96.6%	96.6%
E08000005	Rochdale	01M	NHS North Manchester CCG	1.8%	1.6%
E08000005	Rochdale	00Y	NHS Oldham CCG	0.8%	0.9%
E08000018	Rotherham	02P	NHS Barnsley CCG	3.4%	3.2%
E08000018	Rotherham	02Q	NHS Bassetlaw CCG	0.9%	0.4%
E08000018	Rotherham	02X	NHS Doncaster CCG	1.1%	1.3%
E08000018	Rotherham	03L	NHS Rotherham CCG	97.9%	93.5%
E08000018	Rotherham	03N	NHS Sheffield CCG	0.7%	1.6%
E06000017	Rutland	06H	NHS Cambridgeshire and Peterborough CCG	0.0%	0.3%
E06000017	Rutland	03V	NHS Corby CCG	0.3%	0.6%
E06000017	Rutland	03W	NHS East Leicestershire and Rutland CCG	9.8%	85.6%
E06000017	Rutland	99D	NHS South Lincolnshire CCG	2.7%	12.0%
E06000017	Rutland	04Q	NHS South West Lincolnshire CCG	0.4%	1.5%
E08000006	Salford	00T	NHS Bolton CCG	0.2%	0.3%
E08000006	Salford	00V	NHS Bury CCG	1.8%	1.4%
E08000006	Salford	00W	NHS Central Manchester CCG	0.3%	0.3%
E08000006	Salford	01M	NHS North Manchester CCG	2.1%	1.7%
E08000006	Salford	01G	NHS Salford CCG	93.9%	95.1%
E08000006	Salford	02A	NHS Trafford CCG	0.2%	0.1%
E08000006	Salford	02H	NHS Wigan Borough CCG	0.9%	1.2%
E08000028	Sandwell	13P	NHS Birmingham Crosscity CCG	2.8%	6.2%
E08000028	Sandwell	04X	NHS Birmingham South and Central CCG	0.2%	0.2%
E08000028	Sandwell	05C	NHS Dudley CCG	3.0%	2.8%
E08000028	Sandwell	05L	NHS Sandwell and West Birmingham CCG	54.3%	89.2%
E08000028	Sandwell	05Y	NHS Walsall CCG	1.6%	1.3%
E08000028	Sandwell	06A	NHS Wolverhampton CCG	0.3%	0.3%
E08000014	Sefton	01J	NHS Knowsley CCG	1.8%	1.0%
E08000014	Sefton	99A	NHS Liverpool CCG	2.9%	5.2%
E08000014	Sefton	01T	NHS South Sefton CCG	96.1%	51.9%
E08000014	Sefton	01V	NHS Southport and Formby CCG	97.0%	41.9%
E08000014	Sefton	02G	NHS West Lancashire CCG	0.3%	0.1%
E08000019	Sheffield	02P	NHS Barnsley CCG	0.8%	0.4%
E08000019	Sheffield	03Y	NHS Hardwick CCG	0.4%	0.0%
E08000019	Sheffield	04J	NHS North Derbyshire CCG	0.7%	0.3%
E08000019	Sheffield	03L	NHS Rotherham CCG	0.3%	0.1%
E08000019	Sheffield	03N	NHS Sheffield CCG	98.6%	99.2%
E06000051	Shropshire	05F	NHS Herefordshire CCG	0.5%	0.3%
E06000051	Shropshire	05G	NHS North Staffordshire CCG	0.4%	0.3%
E06000051	Shropshire	05N	NHS Shropshire CCG	96.5%	95.4%
E06000051	Shropshire	01R	NHS South Cheshire CCG	0.5%	0.3%
E06000051	Shropshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	1.2%	0.9%
E06000051	Shropshire	05T	NHS South Worcestershire CCG	1.0%	1.0%
E06000051	Shropshire	05X	NHS Telford and Wrekin CCG	2.4%	1.4%
E06000051	Shropshire	02F	NHS West Cheshire CCG	0.2%	0.1%
E06000051	Shropshire	06D	NHS Wyre Forest CCG	0.7%	0.3%
E06000039	Slough	10H	NHS Chiltern CCG	3.2%	6.7%
E06000039	Slough	10T	NHS Slough CCG	96.6%	92.9%
E06000039	Slough	11C	NHS Windsor, Ascot and Maidenhead CCG	0.4%	0.4%
E08000029	Solihull	13P	NHS Birmingham Crosscity CCG	2.0%	6.8%
E08000029	Solihull	04X	NHS Birmingham South and Central CCG	0.3%	0.3%
E08000029	Solihull	05A	NHS Coventry and Rugby CCG	0.0%	0.1%
E08000029	Solihull	05J	NHS Redditch and Bromsgrove CCG	0.4%	0.3%
E08000029	Solihull	05P	NHS Solihull CCG	83.8%	91.7%
E08000029	Solihull	05R	NHS South Warwickshire CCG	0.4%	0.5%
E08000029	Solihull	05H	NHS Warwickshire North CCG	0.2%	0.2%
E10000027	Somerset	11E	NHS Bath and North East Somerset CCG	3.1%	1.1%
E10000027	Somerset	11J	NHS Dorset CCG	0.5%	0.7%
E10000027	Somerset	11T	NHS North Somerset CCG	0.9%	0.3%
E10000027	Somerset	99P	NHS North, East, West Devon CCG	0.3%	0.5%
E10000027	Somerset	11X	NHS Somerset CCG	98.5%	97.3%
E10000027	Somerset	99N	NHS Wiltshire CCG	0.1%	0.0%
E06000025	South Gloucestershire	11E	NHS Bath and North East Somerset CCG	0.6%	0.4%
E06000025	South Gloucestershire	11H	NHS Bristol CCG	4.7%	8.2%
E06000025	South Gloucestershire	11M	NHS Gloucestershire CCG	0.8%	1.8%
E06000025	South Gloucestershire	12A	NHS South Gloucestershire CCG	95.0%	89.4%
E06000025	South Gloucestershire	99N	NHS Wiltshire CCG	0.0%	0.1%

E08000023	South Tyneside	13T	NHS Newcastle Gateshead CCG	0.0%	0.1%
E08000023	South Tyneside	00N	NHS South Tyneside CCG	99.3%	99.2%
E08000023	South Tyneside	00P	NHS Sunderland CCG	0.3%	0.6%
E06000045	Southampton	10X	NHS Southampton CCG	94.5%	99.6%
E06000045	Southampton	11A	NHS West Hampshire CCG	0.2%	0.4%
E06000033	Southend-on-Sea	99F	NHS Castle Point and Rochford CCG	4.6%	4.5%
E06000033	Southend-on-Sea	99G	NHS Southend CCG	96.6%	95.5%
E09000028	Southwark	07R	NHS Camden CCG	0.5%	0.4%
E09000028	Southwark	09A	NHS Central London (Westminster) CCG	2.0%	1.3%
E09000028	Southwark	08K	NHS Lambeth CCG	6.6%	7.6%
E09000028	Southwark	08L	NHS Lewisham CCG	1.9%	1.8%
E09000028	Southwark	08Q	NHS Southwark CCG	94.5%	88.9%
E09000028	Southwark	08X	NHS Wandsworth CCG	0.0%	0.1%
E08000013	St. Helens	01F	NHS Halton CCG	0.2%	0.1%
E08000013	St. Helens	01J	NHS Knowsley CCG	2.6%	2.3%
E08000013	St. Helens	01X	NHS St Helens CCG	91.1%	96.5%
E08000013	St. Helens	02H	NHS Wigan Borough CCG	0.6%	1.1%
E10000028	Staffordshire	13P	NHS Birmingham Crosscity CCG	0.5%	0.4%
E10000028	Staffordshire	04Y	NHS Cannock Chase CCG	99.3%	14.9%
E10000028	Staffordshire	05C	NHS Dudley CCG	1.4%	0.5%
E10000028	Staffordshire	05D	NHS East Staffordshire CCG	91.9%	14.5%
E10000028	Staffordshire	01C	NHS Eastern Cheshire CCG	0.6%	0.1%
E10000028	Staffordshire	04J	NHS North Derbyshire CCG	0.7%	0.2%
E10000028	Staffordshire	05G	NHS North Staffordshire CCG	95.1%	23.5%
E10000028	Staffordshire	05N	NHS Shropshire CCG	1.1%	0.4%
E10000028	Staffordshire	01R	NHS South Cheshire CCG	0.5%	0.1%
E10000028	Staffordshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	96.2%	23.7%
E10000028	Staffordshire	04R	NHS Southern Derbyshire CCG	0.5%	0.3%
E10000028	Staffordshire	05V	NHS Stafford and Surrounds CCG	99.5%	16.6%
E10000028	Staffordshire	05W	NHS Stoke on Trent CCG	8.9%	2.9%
E10000028	Staffordshire	05X	NHS Telford and Wrekin CCG	1.0%	0.2%
E10000028	Staffordshire	05Y	NHS Walsall CCG	1.6%	0.5%
E10000028	Staffordshire	05H	NHS Warwickshire North CCG	1.2%	0.2%
E10000028	Staffordshire	06A	NHS Wolverhampton CCG	2.8%	0.9%
E10000028	Staffordshire	06D	NHS Wyre Forest CCG	0.2%	0.0%
E08000007	Stockport	00W	NHS Central Manchester CCG	0.7%	0.6%
E08000007	Stockport	01C	NHS Eastern Cheshire CCG	1.6%	1.1%
E08000007	Stockport	01N	NHS South Manchester CCG	2.9%	1.7%
E08000007	Stockport	01W	NHS Stockport CCG	95.2%	96.5%
E08000007	Stockport	01Y	NHS Tameside and Glossop CCG	0.2%	0.2%
E06000004	Stockton-on-Tees	00C	NHS Darlington CCG	0.4%	0.2%
E06000004	Stockton-on-Tees	00D	NHS Durham Dales, Easington and Sedgefield CCG	0.3%	0.5%
E06000004	Stockton-on-Tees	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.1%	0.1%
E06000004	Stockton-on-Tees	00K	NHS Hartlepool and Stockton-On-Tees CCG	66.8%	98.7%
E06000004	Stockton-on-Tees	00M	NHS South Tees CCG	0.3%	0.5%
E06000021	Stoke-on-Trent	05G	NHS North Staffordshire CCG	3.4%	2.7%
E06000021	Stoke-on-Trent	05V	NHS Stafford and Surrounds CCG	0.5%	0.3%
E06000021	Stoke-on-Trent	05W	NHS Stoke on Trent CCG	91.1%	97.0%
E10000029	Suffolk	06H	NHS Cambridgeshire and Peterborough CCG	0.1%	0.2%
E10000029	Suffolk	06M	NHS Great Yarmouth and Waveney CCG	52.5%	16.5%
E10000029	Suffolk	06L	NHS Ipswich and East Suffolk CCG	99.6%	52.8%
E10000029	Suffolk	06T	NHS North East Essex CCG	1.3%	0.6%
E10000029	Suffolk	06Y	NHS South Norfolk CCG	1.2%	0.4%
E10000029	Suffolk	07K	NHS West Suffolk CCG	91.0%	29.6%
E08000024	Sunderland	00D	NHS Durham Dales, Easington and Sedgefield CCG	0.7%	0.7%
E08000024	Sunderland	13T	NHS Newcastle Gateshead CCG	0.5%	0.8%
E08000024	Sunderland	00J	NHS North Durham CCG	2.3%	2.0%
E08000024	Sunderland	00N	NHS South Tyneside CCG	0.4%	0.2%
E08000024	Sunderland	00P	NHS Sunderland CCG	98.5%	96.2%
E10000030	Surrey	10G	NHS Bracknell and Ascot CCG	1.7%	0.2%
E10000030	Surrey	07Q	NHS Bromley CCG	0.4%	0.1%
E10000030	Surrey	09G	NHS Coastal West Sussex CCG	0.2%	0.0%
E10000030	Surrey	09H	NHS Crawley CCG	6.6%	0.7%
E10000030	Surrey	07V	NHS Croydon CCG	1.2%	0.4%
E10000030	Surrey	09L	NHS East Surrey CCG	96.6%	14.1%
E10000030	Surrey	09N	NHS Guildford and Waverley CCG	94.0%	16.9%
E10000030	Surrey	09X	NHS Horsham and Mid Sussex CCG	1.6%	0.3%
E10000030	Surrey	07Y	NHS Hounslow CCG	0.5%	0.1%
E10000030	Surrey	08J	NHS Kingston CCG	4.4%	0.7%
E10000030	Surrey	08R	NHS Merton CCG	0.2%	0.0%
E10000030	Surrey	99M	NHS North East Hampshire and Farnham CCG	23.0%	4.2%
E10000030	Surrey	10J	NHS North Hampshire CCG	0.1%	0.0%
E10000030	Surrey	09Y	NHS North West Surrey CCG	99.5%	29.6%
E10000030	Surrey	08P	NHS Richmond CCG	0.5%	0.0%
E10000030	Surrey	10V	NHS South Eastern Hampshire CCG	0.1%	0.0%
E10000030	Surrey	99H	NHS Surrey Downs CCG	97.1%	23.9%
E10000030	Surrey	10C	NHS Surrey Heath CCG	99.0%	7.6%
E10000030	Surrey	08T	NHS Sutton CCG	1.2%	0.2%
E10000030	Surrey	99J	NHS West Kent CCG	0.2%	0.0%
E10000030	Surrey	11C	NHS Windsor, Ascot and Maidenhead CCG	7.7%	1.0%
E09000029	Sutton	07V	NHS Croydon CCG	1.0%	1.9%
E09000029	Sutton	08J	NHS Kingston CCG	3.3%	3.2%
E09000029	Sutton	08K	NHS Lambeth CCG	0.1%	0.2%
E09000029	Sutton	08R	NHS Merton CCG	6.2%	6.5%
E09000029	Sutton	99H	NHS Surrey Downs CCG	1.4%	2.0%
E09000029	Sutton	08T	NHS Sutton CCG	94.5%	86.0%
E09000029	Sutton	08X	NHS Wandsworth CCG	0.1%	0.2%
E06000030	Swindon	11M	NHS Gloucestershire CCG	0.0%	0.2%
E06000030	Swindon	12D	NHS Swindon CCG	96.3%	98.4%
E06000030	Swindon	99N	NHS Wiltshire CCG	0.6%	1.4%
E08000008	Tameside	00W	NHS Central Manchester CCG	0.5%	0.5%
E08000008	Tameside	01M	NHS North Manchester CCG	6.4%	5.5%
E08000008	Tameside	00Y	NHS Oldham CCG	3.6%	3.8%
E08000008	Tameside	01W	NHS Stockport CCG	1.6%	2.1%
E08000008	Tameside	01Y	NHS Tameside and Glossop CCG	85.1%	88.1%

E06000020	Telford and Wrekin	05N	NHS Shropshire CCG	1.8%	3.0%
E06000020	Telford and Wrekin	05X	NHS Telford and Wrekin CCG	96.7%	97.0%
E06000034	Thurrock	07L	NHS Barking and Dagenham CCG	0.2%	0.2%
E06000034	Thurrock	99E	NHS Basildon and Brentwood CCG	0.2%	0.2%
E06000034	Thurrock	08F	NHS Havering CCG	0.1%	0.2%
E06000034	Thurrock	07G	NHS Thurrock CCG	98.4%	99.3%
E06000027	Torbay	99Q	NHS South Devon and Torbay CCG	48.9%	100.0%
E09000030	Tower Hamlets	07R	NHS Camden CCG	1.1%	0.9%
E09000030	Tower Hamlets	09A	NHS Central London (Westminster) CCG	0.3%	0.2%
E09000030	Tower Hamlets	07T	NHS City and Hackney CCG	0.8%	0.8%
E09000030	Tower Hamlets	08M	NHS Newham CCG	0.2%	0.3%
E09000030	Tower Hamlets	08V	NHS Tower Hamlets CCG	98.9%	97.7%
E08000009	Trafford	00W	NHS Central Manchester CCG	4.7%	4.3%
E08000009	Trafford	01G	NHS Salford CCG	0.1%	0.1%
E08000009	Trafford	01N	NHS South Manchester CCG	3.2%	2.2%
E08000009	Trafford	02A	NHS Trafford CCG	95.3%	93.2%
E08000009	Trafford	02E	NHS Warrington CCG	0.1%	0.1%
E08000036	Wakefield	02P	NHS Barnsley CCG	0.8%	0.6%
E08000036	Wakefield	03G	NHS Leeds South and East CCG	1.0%	0.8%
E08000036	Wakefield	03C	NHS Leeds West CCG	0.1%	0.2%
E08000036	Wakefield	03J	NHS North Kirklees CCG	0.6%	0.3%
E08000036	Wakefield	03R	NHS Wakefield CCG	94.6%	98.1%
E08000030	Walsall	13P	NHS Birmingham Crosscity CCG	1.8%	4.7%
E08000030	Walsall	04Y	NHS Cannock Chase CCG	0.7%	0.3%
E08000030	Walsall	05L	NHS Sandwell and West Birmingham CCG	1.6%	3.1%
E08000030	Walsall	05Y	NHS Walsall CCG	92.4%	90.7%
E08000030	Walsall	06A	NHS Wolverhampton CCG	1.3%	1.2%
E09000031	Waltham Forest	07T	NHS City and Hackney CCG	0.3%	0.3%
E09000031	Waltham Forest	08M	NHS Newham CCG	1.1%	1.5%
E09000031	Waltham Forest	08N	NHS Redbridge CCG	1.4%	1.4%
E09000031	Waltham Forest	08W	NHS Waltham Forest CCG	94.3%	96.8%

E09000032	Wandsworth	09A	NHS Central London (Westminster) CCG	0.7%	0.4%
E09000032	Wandsworth	08C	NHS Hammersmith and Fulham CCG	0.3%	0.2%
E09000032	Wandsworth	08J	NHS Kingston CCG	0.1%	0.0%
E09000032	Wandsworth	08K	NHS Lambeth CCG	2.7%	2.9%
E09000032	Wandsworth	08R	NHS Merton CCG	3.0%	1.8%
E09000032	Wandsworth	08P	NHS Richmond CCG	1.3%	0.7%
E09000032	Wandsworth	08X	NHS Wandsworth CCG	88.8%	93.6%
E09000032	Wandsworth	08Y	NHS West London (K&C & QPP) CCG	0.5%	0.3%
E06000007	Warrington	01F	NHS Halton CCG	0.3%	0.2%
E06000007	Warrington	01G	NHS Salford CCG	0.5%	0.6%
E06000007	Warrington	01X	NHS St Helens CCG	2.2%	2.0%
E06000007	Warrington	02E	NHS Warrington CCG	97.8%	97.0%
E06000007	Warrington	02H	NHS Wigan Borough CCG	0.2%	0.2%
E10000031	Warwickshire	13P	NHS Birmingham Crosscity CCG	0.1%	0.2%
E10000031	Warwickshire	05A	NHS Coventry and Rugby CCG	25.6%	21.4%
E10000031	Warwickshire	11M	NHS Gloucestershire CCG	0.2%	0.2%
E10000031	Warwickshire	04G	NHS Nene CCG	0.2%	0.2%
E10000031	Warwickshire	10Q	NHS Oxfordshire CCG	0.3%	0.3%
E10000031	Warwickshire	05J	NHS Redditch and Bromsgrove CCG	0.8%	0.2%
E10000031	Warwickshire	05P	NHS Solihull CCG	0.6%	0.3%
E10000031	Warwickshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	0.8%	0.3%
E10000031	Warwickshire	05R	NHS South Warwickshire CCG	96.1%	45.6%
E10000031	Warwickshire	05H	NHS Warwickshire North CCG	96.8%	30.9%
E10000031	Warwickshire	04V	NHS West Leicestershire CCG	0.5%	0.3%
E06000037	West Berkshire	10M	NHS Newbury and District CCG	93.1%	66.2%
E06000037	West Berkshire	10N	NHS North & West Reading CCG	35.7%	23.7%
E06000037	West Berkshire	10J	NHS North Hampshire CCG	0.7%	0.9%
E06000037	West Berkshire	10Q	NHS Oxfordshire CCG	0.2%	1.1%
E06000037	West Berkshire	10W	NHS South Reading CCG	9.1%	7.6%
E06000037	West Berkshire	99N	NHS Wiltshire CCG	0.1%	0.4%
E06000037	West Berkshire	11D	NHS Wokingham CCG	0.1%	0.1%
E10000032	West Sussex	09D	NHS Brighton and Hove CCG	1.2%	0.4%
E10000032	West Sussex	09G	NHS Coastal West Sussex CCG	99.5%	57.7%
E10000032	West Sussex	09H	NHS Crawley CCG	93.4%	13.9%
E10000032	West Sussex	09L	NHS East Surrey CCG	0.3%	0.0%
E10000032	West Sussex	09N	NHS Guildford and Waverley CCG	3.1%	0.8%
E10000032	West Sussex	99K	NHS High Weald Lewes Havens CCG	1.0%	0.2%
E10000032	West Sussex	09X	NHS Horsham and Mid Sussex CCG	95.6%	25.8%
E10000032	West Sussex	10V	NHS South Eastern Hampshire CCG	4.2%	1.0%
E10000032	West Sussex	99H	NHS Surrey Downs CCG	0.5%	0.2%
E09000033	Westminster	07P	NHS Brent CCG	1.3%	2.0%
E09000033	Westminster	07R	NHS Camden CCG	2.9%	3.1%
E09000033	Westminster	09A	NHS Central London (Westminster) CCG	81.6%	71.1%
E09000033	Westminster	08C	NHS Hammersmith and Fulham CCG	0.1%	0.0%
E09000033	Westminster	08Y	NHS West London (K&C & QPP) CCG	23.5%	23.7%
E08000010	Wigan	00T	NHS Bolton CCG	0.1%	0.1%
E08000010	Wigan	01G	NHS Salford CCG	1.1%	0.8%
E08000010	Wigan	01X	NHS St Helens CCG	3.9%	2.3%
E08000010	Wigan	02E	NHS Warrington CCG	0.4%	0.2%
E08000010	Wigan	02G	NHS West Lancashire CCG	2.7%	0.9%
E08000010	Wigan	02H	NHS Wigan Borough CCG	96.7%	95.6%
E06000054	Wiltshire	11E	NHS Bath and North East Somerset CCG	0.7%	0.3%
E06000054	Wiltshire	11J	NHS Dorset CCG	0.3%	0.5%
E06000054	Wiltshire	11M	NHS Gloucestershire CCG	0.4%	0.6%
E06000054	Wiltshire	10M	NHS Newbury and District CCG	0.9%	0.2%
E06000054	Wiltshire	11X	NHS Somerset CCG	0.3%	0.4%
E06000054	Wiltshire	12A	NHS South Gloucestershire CCG	0.9%	0.5%
E06000054	Wiltshire	12D	NHS Swindon CCG	1.0%	0.5%
E06000054	Wiltshire	11A	NHS West Hampshire CCG	0.1%	0.1%
E06000054	Wiltshire	99N	NHS Wiltshire CCG	96.7%	97.0%
E06000040	Windsor and Maidenhead	10G	NHS Bracknell and Ascot CCG	12.3%	10.9%
E06000040	Windsor and Maidenhead	10H	NHS Chiltern CCG	0.6%	1.2%
E06000040	Windsor and Maidenhead	09Y	NHS North West Surrey CCG	0.2%	0.5%
E06000040	Windsor and Maidenhead	10Q	NHS Oxfordshire CCG	0.0%	0.2%
E06000040	Windsor and Maidenhead	10T	NHS Slough CCG	0.6%	0.5%
E06000040	Windsor and Maidenhead	10C	NHS Surrey Heath CCG	0.1%	0.0%
E06000040	Windsor and Maidenhead	11C	NHS Windsor, Ascot and Maidenhead CCG	88.9%	85.5%
E06000040	Windsor and Maidenhead	11D	NHS Wokingham CCG	1.2%	1.2%
E08000015	Wirral	02F	NHS West Cheshire CCG	0.4%	0.3%
E08000015	Wirral	12F	NHS Wirral CCG	99.7%	99.7%
E06000041	Wokingham	10G	NHS Bracknell and Ascot CCG	3.2%	2.7%
E06000041	Wokingham	10N	NHS North & West Reading CCG	0.1%	0.0%
E06000041	Wokingham	10Q	NHS Oxfordshire CCG	0.1%	0.5%
E06000041	Wokingham	10W	NHS South Reading CCG	11.1%	9.0%
E06000041	Wokingham	11D	NHS Wokingham CCG	93.5%	87.9%
E08000031	Wolverhampton	05C	NHS Dudley CCG	1.4%	1.7%
E08000031	Wolverhampton	05L	NHS Sandwell and West Birmingham CCG	0.1%	0.3%
E08000031	Wolverhampton	05Q	NHS South East Staffs and Seisdon Peninsular CCG	1.7%	1.4%
E08000031	Wolverhampton	05Y	NHS Walsall CCG	3.9%	4.0%
E08000031	Wolverhampton	06A	NHS Wolverhampton CCG	93.7%	92.7%
E10000034	Worcestershire	13P	NHS Birmingham Crosscity CCG	0.5%	0.6%
E10000034	Worcestershire	04X	NHS Birmingham South and Central CCG	2.6%	1.1%
E10000034	Worcestershire	05C	NHS Dudley CCG	0.8%	0.4%
E10000034	Worcestershire	11M	NHS Gloucestershire CCG	0.5%	0.6%
E10000034	Worcestershire	05F	NHS Herefordshire CCG	1.0%	0.3%
E10000034	Worcestershire	05J	NHS Redditch and Bromsgrove CCG	95.9%	27.9%
E10000034	Worcestershire	05N	NHS Shropshire CCG	0.3%	0.1%
E10000034	Worcestershire	05P	NHS Solihull CCG	0.5%	0.2%
E10000034	Worcestershire	05R	NHS South Warwickshire CCG	2.3%	1.1%
E10000034	Worcestershire	05T	NHS South Worcestershire CCG	97.1%	48.8%
E10000034	Worcestershire	06D	NHS Wyre Forest CCG	98.5%	18.8%
E06000014	York	03E	NHS Harrogate and Rural District CCG	0.1%	0.1%
E06000014	York	03Q	NHS Vale of York CCG	60.4%	99.9%