

Isle of Wight Health and Wellbeing Board Summary Report

1. Formal details of the paper

1.1. Better Care Fund (BCF) and S75 Development 2019/20

1.2. Who can see this paper?

Closed session

1.3. Date of Board : 17th October 2019

1.4. Author of the Paper and contact details

Jonathan Smith, Locality Director, Isle of Wight CCG
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2. Summary

2.1. Key messages for Board members

2.2. Clarify if all members of the Board will be effected.

2.3. Clarify if all wards will be effected by the decisions made.

3. Key Points of report

3.1. This paper accompanies the BCF Planning Template which represents the IOW Health and Care System BCF plan for 2019/20. The content within the template meets the expectations and conditions set out in the National Better Care Fund Planning Requirements for 2019-20.

4. Background

4.1. In April 2019 the Local Care Board received a paper that provided an update on the 2017-19 BCF and S75 arrangements as requested by the Health and Wellbeing Board. LCB partners agreed an approach to ensure continuity of the BCF and S75 arrangements remaining in place through 2019-20.

4.2. The LCB agreed to an extension of the 2017-19 BCF plan and refresh the Section 75 through a 'deed of variation to existing BCF Section 75 Agreement'. LCB also agreed to reach agreement on BCF and IBCF Finances for 2019/20 through the System Finance Group.

5. National Better Care Fund Planning Requirements for 2019-20

5.1. The BCF policy framework for 2019- 20 provides continuity from previous years. BCF plans must continue to meet all four national conditions of the fund.

- (1) Plans must continue to be jointly agreed by the Health and Wellbeing Board (HWB)
- (2) NHS England continues to require CCGs to pool a mandated amount of funding with adult social care which is to be maintained in line with the uplift to the CCG minimum contribution. Local Authorities are required to pool grant funding from; Improved BCF, Winter Pressures Funding and the Disabled Facilities Grant.
- (3) There must be agreement to invest in NHS commissioned out of hospital services, which may include 7 day services and adult social care
- (4) Managing Transfers of care; A clear plan for improved integrated services at the interface between health and social care that reduces Delayed transfers of Care (DTC), encompassing the High Impact Change Model for managing Transfers of Care. As part of this all Health and Wellbeing Boards adopt the centrally-set expectations for reducing or maintaining rates of DTC during 2019-20 into their BCF plans.

5.2. The agreed narrative for the 2019-20 plan is now much shorter and contained within the planning template and replaces the need for a separate BCF narrative plan. The BCF planning template is focused on updating our 2017-19 plan and locally now reflects the Island Health and Care Plan.

5.3. Previously, detailed BCF narrative plans for 2017-19 were required, setting out how the system was making progress towards integration by 2020.

6. National Approval of agreed plans

6.1. The BCF plan will be approved by NHS England following joint NHS and Local Government regional assurance process against a set of national key Lines of Enquiry (KLOEs).

6.2. In summary:

- BCF planning submissions are due by 27 September
- Scrutiny of plans by regional assurers and regional moderation by 30 October
- Cross regional assurance and advice to NHSE BCF Board during November
- Approval letters expected during December

6.3. All S75s expected to be signed by 31 December 2019. There is regional accountability to ensure that all conditions and requirements are met. Region provides plan approval recommendations to national partners. Following submission they will provide constructive check and challenge to the local system and will advise remedial actions wherever the local plans do not meet expected requirements and also where the plan is compliant but there is scope to improve.

6.4. Where there are concerns over the submission, performance or compliance with BCF requirements the Better care Fund Support team (BCST) and Better Care Manager (BCM) will take action that could range from informal support

advice and guidance moving through formalized support and formal regional meetings up to formal escalation panels that involve NHS England and LGA. In the event of any intervention the BCM will track progress against the agreed actions.

- 6.5. In the event of national escalation, under the NHS Act 2006 NHS England does have the ability to direct the use of CCG funds where an area fails to meet the BCF conditions.
- 6.6. The escalation panel may also make recommendation that an area should amend plans that relate to spending of the DFG, Winter pressures or IBCF- however this money is not subject to NHS E powers. However if there is not agreement and a plan cannot be agreed Departments can recover grant payments or withhold future funding.

7. Strategic Alignment

- 7.1. The BCF Plan and S75 needs to be considered within the context of the Isle of Wight Health and Care Plan to drive system transformation, financial savings and efficiencies. The S75 agreement will remain in place as the financial and contractual vehicle between the CCG and Local Authority and supports the development of an integrated health and care partnership.
- 7.2. The framework for the Better Care Fund derives from the government's mandate to the NHS for 2019-20, issued under Section 13A of the NHS Act 2006. The BCF provides a mechanism to promote and strengthen integration of health, social care and housing planning and commissioning. And in this context the use of pooled funding arrangements remains consistent with the development of Integrated Care Systems/Partnerships (ICS/ICP).
- 7.3. It brings together ring fenced CCG allocations, and funding paid directly to local government, including IBCF, DFG and winter pressures alongside locally identified budgets into pooled budget arrangements.
- 7.4. The BCF Plan aligns with a number of strategic plans including:
 - The IOW Health & Wellbeing Strategy
 - The IOW Health and Care Plan
 - The H&IOW STP Plan
 - The ASC Care Closer to Home Strategy
 - The H&IOW Partnership of CCGs Delivery Plan
 - The System Winter Resilience Plan
 - The Extra Care Strategy
 - The Disabled Facilities Grant Plan

8. Risk

- 8.1. There is significant risk to both the IOW Council, the CCG and the wider system in the event that the BCF Plan and submission for 2019-20 is not

agreed and subsequently approved by regulators:

Risk 1: Should the system not agree and fail to submit its plan by 27-09-19, the system will not receive additional funding earmarked for local systems to support ASC. The worst case scenario could see mandatory funding withheld from the system.

Risk 2: Failure to submit by 27-09-19 presents a significant reputational risk to the LCB, HWB and wider system. Having published a single system Health and Care Plan, that includes a single control total, failing to submit the BCF plan will likely result in external scrutiny from National regulators and further scrutiny of system plans and agreements to develop ICP arrangements.

Risk 3: failure to agree financial contributions within the BCF plan Agreement to undertake a significant BCF and S75 refresh.

Mitigation:

- There is legal provision that enables an extension to the current S75 agreement.
- LCB agree to receive a BCF narrative that describes what has been achieved, what has changed and what will be different next year - recognising these could be subject to change
- LCB agree to receive a refresh existing financial commitments - recognising these could be subject to change.
- Agree timeline for full review of BCF and S75 in 2019/20
- Identify capacity from within the Council and CCG to co-ordinate refresh.

Risk 4: LCB governance arrangements and decision making does not support effective BCF development and delivery

Mitigation:

LCB to agree BCF management and decision making infrastructure as part of the Health and Care Plan implementation.

Risk 5: Scale of system financial challenge threatens BCF development and delivery

Mitigation:

- LCB agree the process for investment and disinvestment decisions
- Review the current pooled budgets
- Ensure that BCF schemes are aligned to sustainability plan priorities

- Ensure funding for time limited IBCF schemes due to finish by March 2020 are included as part of sustainability planning and transformation.

Risk 6: IBCF grant ceases in March 2020, any risk to ongoing sustainability of existing IBCF schemes must be appraised by the System Finance Group and included within financial planning for delivering the Health and Care Plan.

Risk 7: Winter pressures money are to be paid to local government via a section 31 grant, to be used to alleviate pressures on the NHS over winter and to ensure it is pooled in to the BCF. No further resources are currently available to the system to support winter resilience.

9. Financial Impact

- 9.1. For 2019/20 Finance leads in the Council and CCG have worked jointly with BCF scheme leads to review and refresh the current funding allocations. The approach and detail has been worked up and agreed through the System Finance Group and is reflective of the approach taken in previous years.
- 9.2. The BCF template includes the summary of the expected income and expenditure that will form the basis of the Section 75 Finances for 2019/20. It outlines the quantum of financial resource currently included on a scheme by scheme basis, including reference to both the mandated CCG contributions, Mandated Local Authority elements and also additional local investments and pooled funds.
- 9.3. The Hampshire and IoW Partnership of CCGs have approved IOW CCGs local financial planning approach and are satisfied that all mandatory contributions have been refreshed and uplifted in line with the National technical guidance. These are consistent with the approach across the rest of the H&IOW STP.
- 9.4. The BCF plan reflects an iterative journey over several years, with some specific agreements of where funding is assigned dating back as far as 2012. LCB may wish to revisit the risk share arrangements and task the system finance group to undertake a full in-year review of the current funding arrangements and assigned budgets and ensure there is now full alignment with the Health and Care Plan.
- 9.5. The Section 75 agreement sets out the arrangements for financial risk sharing between the CCG and the Council should the pooled budget overspend or underspend. The current provisions of the S75 agreement provide that each organisation is responsible for the over/underspend relating to its own functions; therefore the Better Care Fund in itself does not increase the financial risk to either organisation.

10. Involvement and Consultation

10.1. The BCF planning template and associated Section 75 agreement is developed and updated by the IOW CCG and IOW Council. Wider stakeholders including LCB partners, have been involved in the development of the Health and Care Plan and BCF planning.

11. Decisions, recommendations and any options

11.1. The Board is asked to do what:

HWB is asked to recommend for approval the following actions:

- Ratify the content of the BCF planning template and submission approved by LCB.
- Ratify the financial quantum of the BCF and S75 for 2019/20 approved by LCB.

ALISON SMITH
Managing Director, IoW CCG

CAROL TOZER
Direct of Adult Social Care, IoW Council

1. Guidance

Overview

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

For a more optimal view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in t

The details of each sheet within the template are outlined below.

Checklist (click to go to Checklist, included in the Cover sheet)

1. This section helps identify the data fields that have not been completed. All fields that appear as incomplete should be complete before sending to the Better Care Support Team.
2. It is sectioned out by sheet name and contains the description of the information required, cell reference for the question and the 'checker' column which updates automatically as questions within each sheet are completed.
3. The checker column will appear 'Red' and contain the word 'No' if the information has not been completed. Clicking on the corresponding 'Cell Reference' column will link to the incomplete cell for completion. Once completed the checker column will change to 'Green' and contain the word 'Yes'
4. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
5. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to green.
6. Please ensure that all boxes on the checklist are green before submission.

2. Cover (click to go to sheet)

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and details of the Better Care Fund plan.
2. 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 cells are green should the template be submitted.
3. Please note that in line with fair processing of personal data we collect email addresses to communicate with key individuals from the local areas for various purposes relating to the delivery of the BCF plans including plan development, assurance, approval and provision of support.

We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

4. Strategic Narrative (click to go to sheet)

This section of the template should set out the agreed approach locally to integration of health & social care. The narratives should focus on updating existing plans, and changes since integration plans were set out until 2020 rather than reiterating them and can be short. Word limits have been applied to each section and these are indicated on the template.

1. Approach to integrating care around the person. This should set out your approach to integrating health and social care around the people, particularly those with long term health and care needs. This should highlight development:
 - 2 i. Approach to integrating services at HWB level (including any arrangements at neighbourhood level where relevant). This should set out the agreed approach and services that will be commissioned through the BCF. Where schemes are new or approaches locally have changed, you should set out a short rationale.
 - 2 ii. DFG and wider services. This should describe your approach to integration and joint commissioning/delivery with wider services. In all cases this should include housing, and a short narrative on use of the DFG to support people with care needs to remain independent through adaptations or other capital expenditure on their homes. This should include details of how the DFG will be used to support people with care needs to remain independent through adaptations or other capital expenditure on their homes.
3. How your BCF plan and other local plans align with the wider system and support integrated approaches. Example may include the read across to the STP (Sustainability Transformation Partnerships) or ICS (Integrated Care Systems)

You can attach (in the e-mail) visuals and illustrations to aid understanding if this will assist assurers in understanding the plan.

5. Income (click to go to sheet)

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's Better Care Fund (BCF) plan and pooled budget for 2019/20. On selected the HWB from the Cover page, this sheet will be pre-populated with the minimum CCG contributions to the BCF, DFG (Disabled Facilities Grant), iBCF (improved Better Care Fund) and Winter Pressures allocations to be pooled within the BCF. These cannot be edited.
2. Please select whether any additional contributions to the BCF pool are being made from Local Authorities or the CCG and as applicable enter the amounts in the fields highlighted in 'yellow'. These will appear as funding sources when planning expenditure. The fields for Additional contributions can be utilised to include any relevant carry-overs from previous years.
3. Please use the comment boxes alongside to add any specific detail around this additional contribution including any relevant carry-overs assigned from previous years. All allocations are rounded to the nearest pound.
4. For any questions regarding the BCF funding allocations, please contact England.bettercaresupport@nhs.net

6. Expenditure (click to go to sheet)

This sheet should be used to set out the schemes that constitute the BCF plan for the HWB including the planned expenditure and the attributes to describe the scheme. This information is then aggregated and utilised to analyse the BCF plans nationally and sets the basis for future reporting and to particularly demonstrate that National Condition 2 is met. 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. There may be scenarios when several lines need to be completed in order to fully describe a single scheme or where a scheme is funded by multiple funding streams (eg: iBCF and CCG minimum). In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this sheet please enter the following information:

1. Scheme ID:

- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.

2. Scheme Name:

- This is a free field to aid identification during the planning process. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.

3. Brief Description of Scheme

- This is a free text field to include a brief headline description of the scheme being planned.

4. Scheme Type and Sub Type:

- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available at the end of the table (follow the link to the description section at the top of the main expenditure table).

- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn "yellow". Please select the Sub Type from the drop down list that best describes the scheme being planned.

- Please note that the drop down list has a scroll bar to scroll through the list and all the options may not appear in one view.

- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside.

5. Planned Outputs

- The BCF Planning requirements document requires areas to set out planned outputs for certain scheme types (those which lend themselves to delivery of discrete units of delivery) to help to better understand and account for the activity funded through the BCF.

- The Planned Outputs fields will only be editable if one of the relevant scheme types is selected. Please select a relevant scheme type.

6. Metric Impact

- This field is collecting information on the metrics that a scheme will impact on (rather than the actual planned impact on the metric)

- For the schemes being planned please select from the drop-down options of 'High-Medium-Low-n/a' to provide an indicative level of impact on the four BCF metrics. Where the scheme impacts multiple metrics, this can be expressed by selecting the appropriate level from the drop down for each of the metrics. For example, a discharge to assess sewerage treatment works.

7. Area of Spend:

- Please select the area of spend from the drop-down list by considering the area of the health and social system which is most supported by investing in the scheme.

- Please note that where 'Social Care' is selected and the source of funding is "CCG minimum" then the planned spend would count towards National Condition 2.

- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside.

- We encourage areas to try to use the standard scheme types where possible.

8. Commissioner:

- Identify the commissioning entity for the scheme based on who commissions the scheme from the provider. If there is a single commissioner, please select the option from the drop-down list.

- Please note this field is utilised in the calculations for meeting National Condition 3.

- If the scheme is commissioned jointly, please select 'Joint'. Please estimate the proportion of the scheme being commissioned by the local authority and CCG/NHS and enter the respective percentages on the two columns alongside.

9. Provider:

- Please select the 'Provider' commissioned to provide the scheme from the drop-down list.

- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.

10. Source of Funding:

- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop-down list

- If the scheme is funding across multiple sources of funding, please split the scheme across multiple lines, reflecting

11. Expenditure (£) 2019/20:

- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple line:

12. New/Existing Scheme

- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forv

This is the only detailed information on BCF schemes being collected centrally for 2019/20 and will inform the understanding of planned spend for the iBCF and Winter Funding grants.

7. HICM (click to go to sheet)

National condition four of the BCF requires that areas continue to make progress in implementing the High Impact Change model for managing transfers of care and continue to work towards the centrally set expectations for reduction in transfers of care.

- An assessment of your current level of implementation against each of the 8 elements of the model – from a drop-down list
- Your planned level of implementation by the end March 2020 – again from a drop-down list

A narrative that sets out the approach to implementing the model further. The Narrative section in the HICM tab set

8. Metrics (click to go to sheet)

Fund metrics in 2019/20. The BCF requires plans to be agreed for the four metrics. This should build on planned and actual performance on these metrics in 2018/19.

1. Non-Elective Admissions (NEA) metric planning:

- BCF plans as in previous years mirror the latest CCG Operating Plans for the NEA metric. Therefore, this metric is not planned for 2019/20.

2. Residential Admissions (RES) planning:

- This section requires inputting the information for the numerator of the measure.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care) for the Residential Admissions numerator measure.
- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from ONS subnational population projections.
- The annual rate is then calculated and populated based on the entered information.
- Please include a brief narrative associated with this metric plan

3. Reablement (REA) planning:

- This section requires inputting the information for the numerator and denominator of the measure.
- Please enter the planned denominator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home).
- Please then enter the planned numerator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (from within the denominator) that will still be at home 91 days after discharge.
- The annual proportion (%) Reablement measure will then be calculated and populated based on this information.
- Please include a brief narrative associated with this metric plan

4. Delayed Transfers of Care (DToc) planning:

- The expectations for this metric from 2018/19 are retained for 2019/20 and these are prepopulated.
- Please include a brief narrative associated with this metric plan.
- This narrative should include details of the plan, agreed between the local authority and the CCG for using the Winter Pressures grant to manage pressures on the system over Winter.

9. Planning Requirements (click to go to sheet)

This sheet requires the Health & Wellbeing Board to confirm whether the National Conditions and other Planning Requirements detailed in the BCF Policy Framework and the BCF Requirements document are met. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for 2019/20 for further details.

The Key Lines of Enquiry (KLOE) underpinning the Planning Requirements are also provided for reference as they will be utilised to assure plans by the regional assurance panel.

1. For each Planning Requirement please select 'Yes' or 'No' to confirm whether the requirement is met for the BCF.
2. Where the confirmation selected is 'No', please use the comments boxes to include the actions in place towards meeting the requirement and the target timeframes.

10. CCG-HWB Mapping (click to go to sheet)

The final sheet provides details of the CCG - HWB mapping used to calculate contributions to Health and Wellbeing Board level non-elective activity figures.

Better Care Fund 2019/20 Template

2. Cover



Version 0.1

Please Note:

- 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.
- 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. 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 note that national data for plans is intended for release in aggregate form once plans have been assured, agreed and baselined as per the due process outlined in the BCF Planning Requirements for 2019/20.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Isle of Wight
Completed by:	Ursula Horrix
E-mail:	ursula@horrix.com
Contact number:	01983 55 22 59
Who signed off the report on behalf of the Health and Wellbeing Board:	Health & Wellbeing Board Chair
Will the HWB sign-off the plan after the submission date?	Yes
If yes, please indicate the date when the HWB meeting is scheduled:	03/10/2019

	Role:	Professional Title (where applicable)	First-name:	Surname:	E-mail:
*Area Assurance Contact Details:	Health and Wellbeing Board Chair	Cllr	David	Stewart	david.stewart@iow.gov.uk
	Clinical Commissioning Group Accountable Officer (Lead)		Alison	Smith	alison.smith157@nhs.net
	Additional Clinical Commissioning Group(s) Accountable Officers		Jane	Cole	jane.cole@nhs.net
	Local Authority Chief Executive		John	Metcalfe	john.metcalfe@iow.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)	Dr.	Carol	Tozer	carol.tozer@iow.gov.uk
	Better Care Fund Lead Official		Jonathan	Smith	jonathan.smith14@nhs.net
	LA Section 151 Officer		Chris	Ward	chris.ward@portsmouthcc.gov.uk
<i>Please add further area contacts that you would wish to be included in official correspondence --></i>					

**Only those identified will be addressed in official correspondence (such as approval letters). Please ensure all individuals are satisfied with the information entered above as this is exactly how they will appear in correspondence.*

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'

Please see the Checklist below for further details on incomplete fields

	Complete:
2. Cover	Yes
4. Strategic Narrative	No
5. Income	Yes
6. Expenditure	Yes
7. HICM	Yes
8. Metrics	Yes
9. Planning Requirements	Yes

[<< Link to the Guidance sheet](#)

Checklist

2. Cover

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	Cell Reference	Checker
Health & Wellbeing Board	D13	Yes
Completed by:	D15	Yes
E-mail:	D17	Yes
Contact number:	D19	Yes
Who signed off the report on behalf of the Health and Wellbeing Board:	D21	Yes
Will the HWB sign-off the plan after the submission date?	D23	Yes
If yes, please indicate the date when the HWB meeting is scheduled:	D24	Yes
Area Assurance Contact Details - Role:	C27 : C36	Yes
Area Assurance Contact Details - First name:	F27 : F36	Yes
Area Assurance Contact Details - Surname:	G27 : G36	Yes
Area Assurance Contact Details - E-mail:	H27 : H36	Yes

Sheet Complete	Yes
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4. Strategic Narrative

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	Cell Reference	Checker
A) Person-centred outcomes:	B20	Yes
B) (i) Your approach to integrated services at HWB level (and neighbourhood where applicable):	B31	No
B) (ii) Your approach to integration with wider services (e.g. Housing):	B37	Yes
C) System level alignment:	B44	No

Sheet Complete	No
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5. Income

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	Cell Reference	Checker
Are any additional LA Contributions being made in 2019/20?	C39	Yes
Additional Local Authority	B42 : B44	Yes
Additional LA Contribution	C42 : C44	Yes
Additional LA Contribution Narrative	D42 : D44	Yes
Are any additional CCG Contributions being made in 2019/20?	C59	Yes
Additional CCGs	B62 : B71	Yes
Additional CCG Contribution	C62 : C71	Yes
Additional CCG Contribution Narrative	D62 : D71	Yes

Sheet Complete	Yes
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6. Expenditure

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	Cell Reference	Checker
Scheme ID:	B22 : B271	Yes
Scheme Name:	C22 : C271	Yes
Brief Description of Scheme:	D22 : D271	Yes
Scheme Type:	E22 : E271	Yes
Sub Types:	F22 : F271	Yes
Specify if scheme type is Other:	G22 : G271	Yes
Planned Output:	H22 : H271	Yes
Planned Output Unit Estimate:	I22 : I271	Yes
Impact: Non-Elective Admissions:	J22 : J271	Yes
Impact: Delayed Transfers of Care:	K22 : K271	Yes
Impact: Residential Admissions:	L22 : L271	Yes
Impact: Reablement:	M22 : M271	Yes
Area of Spend:	N22 : N271	Yes
Specify if area of spend is Other:	O22 : O271	Yes
Commissioner:	P22 : P271	Yes
Joint Commissioner %:	Q22 : Q271	Yes
Provider:	S22 : S271	Yes
Source of Funding:	T22 : T271	Yes
Expenditure:	U22 : U271	Yes
New/Existing Scheme:	V22 : V271	Yes
Sheet Complete		Yes

7. HCIM

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	Cell Reference	Checker
Priorities for embedding elements of the HCIM for Managing Transfers of Care locally:	B11	Yes
Chg 1) Early discharge planning - Current Level:	D15	Yes
Chg 2) Systems to monitor patient flow - Current Level:	D16	Yes
Chg 3) Multi-disciplinary/Multi-agency discharge teams - Current Level:	D17	Yes
Chg 4) Home first / discharge to assess - Current Level:	D18	Yes
Chg 5) Seven-day service - Current Level:	D19	Yes
Chg 6) Trusted assessors - Current Level:	D20	Yes
Chg 7) Focus on choice - Current Level:	D21	Yes
Chg 8) Enhancing health in care homes - Current Level:	D22	Yes
Chg 1) Early discharge planning - Planned Level:	E15	Yes
Chg 2) Systems to monitor patient flow - Planned Level:	E16	Yes
Chg 3) Multi-disciplinary/Multi-agency discharge teams - Planned Level:	E17	Yes
Chg 4) Home first / discharge to assess - Planned Level:	E18	Yes
Chg 5) Seven-day service - Planned Level:	E19	Yes
Chg 6) Trusted assessors - Planned Level:	E20	Yes
Chg 7) Focus on choice - Planned Level:	E21	Yes
Chg 8) Enhancing health in care homes - Planned Level:	E22	Yes
Chg 1) Early discharge planning - Reasons:	F15	Yes
Chg 2) Systems to monitor patient flow - Reasons:	F16	Yes
Chg 3) Multi-disciplinary/Multi-agency discharge teams - Reasons:	F17	Yes
Chg 4) Home first / discharge to assess - Reasons:	F18	Yes
Chg 5) Seven-day service - Reasons:	F19	Yes
Chg 6) Trusted assessors - Reasons:	F20	Yes
Chg 7) Focus on choice - Reasons:	F21	Yes
Chg 8) Enhancing health in care homes - Reasons:	F22	Yes
Sheet Complete		Yes

8. Metrics

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	Cell Reference	Checker
Non-Elective Admissions: Overview Narrative:	E10	Yes
Delayed Transfers of Care: Overview Narrative:	E17	Yes
Residential Admissions Numerator:	F27	Yes
Residential Admissions: Overview Narrative:	G26	Yes
Reablement Numerator:	F39	Yes
Reablement Denominator:	F40	Yes
Reablement: Overview Narrative:	G38	Yes

Sheet Complete	Yes
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9. Planning Requirements

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	Cell Reference	Checker
PR1: NC1: Jointly agreed plan - Plan to Meet	F8	Yes
PR2: NC1: Jointly agreed plan - Plan to Meet	F9	Yes
PR3: NC1: Jointly agreed plan - Plan to Meet	F10	Yes
PR4: NC2: Social Care Maintenance - Plan to Meet	F11	Yes
PR5: NC3: NHS commissioned Out of Hospital Services - Plan to Meet	F12	Yes
PR6: NC4: Implementation of the HICM for Managing Transfers of Care - Plan to Meet	F13	Yes
PR7: Agreed expenditure plan for all elements of the BCF - Plan to Meet	F14	Yes
PR8: Agreed expenditure plan for all elements of the BCF - Plan to Meet	F15	Yes
PR9: Metrics - Plan to Meet	F16	Yes
PR1: NC1: Jointly agreed plan - Actions in place if not	H8	Yes
PR2: NC1: Jointly agreed plan - Actions in place if not	H9	Yes
PR3: NC1: Jointly agreed plan - Actions in place if not	H10	Yes
PR4: NC2: Social Care Maintenance - Actions in place if not	H11	Yes
PR5: NC3: NHS commissioned Out of Hospital Services - Actions in place if not	H12	Yes
PR6: NC4: Implementation of the HICM for Managing Transfers of Care - Actions in place if not	H13	Yes
PR7: Agreed expenditure plan for all elements of the BCF - Actions in place if not	H14	Yes
PR8: Agreed expenditure plan for all elements of the BCF - Actions in place if not	H15	Yes
PR9: Metrics - Actions in place if not	H16	Yes
PR1: NC1: Jointly agreed plan - Timeframe if not met	I8	Yes
PR2: NC1: Jointly agreed plan - Timeframe if not met	I9	Yes
PR3: NC1: Jointly agreed plan - Timeframe if not met	I10	Yes
PR4: NC2: Social Care Maintenance - Timeframe if not met	I11	Yes
PR5: NC3: NHS commissioned Out of Hospital Services - Timeframe if not met	I12	Yes
PR6: NC4: Implementation of the HICM for Managing Transfers of Care - Timeframe if not met	I13	Yes
PR7: Agreed expenditure plan for all elements of the BCF - Timeframe if not met	I14	Yes
PR8: Agreed expenditure plan for all elements of the BCF - Timeframe if not met	I15	Yes
PR9: Metrics - Timeframe if not met	I16	Yes

Sheet Complete	Yes
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[^^ Link back to top](#)

Better Care Fund 2019/20 Template

3. Summary

Selected Health and Wellbeing Board:

Isle of Wight

Income & Expenditure

[Income >>](#)

Funding Sources	Income	Expenditure	Difference
DFG	£2,002,408	£2,002,408	£0
Minimum CCG Contribution	£11,321,000	£11,321,000	£0
iBCF	£5,231,995	£5,231,995	£0
Winter Pressures Grant	£766,415	£766,415	£0
Additional LA Contribution	£12,951,233	£12,951,233	£0
Additional CCG Contribution	£26,714,448	£26,714,448	£0
Total	£58,987,499	£58,987,499	£0

[Expenditure >>](#)

NHS Commissioned Out of Hospital spend from the minimum CCG allocation

Minimum required spend	£3,217,107
Planned spend	£6,484,426

Adult Social Care services spend from the minimum CCG allocations

Minimum required spend	£5,855,516
Planned spend	£5,855,516

Scheme Types

Assistive Technologies and Equipment	£42,950
Care Act Implementation Related Duties	£4,819,610
Carers Services	£383,156
Community Based Schemes	£16,097,856
DFG Related Schemes	£2,002,408
Enablers for Integration	£50,000
HICM for Managing Transfer of Care	£571,972
Home Care or Domiciliary Care	£0
Housing Related Schemes	£0
Integrated Care Planning and Navigation	£18,586,804
Intermediate Care Services	£7,181,138
Personalised Budgeting and Commissioning	£0
Personalised Care at Home	£598,347
Prevention / Early Intervention	£875,378
Residential Placements	£7,019,444
Other	£758,436
Total	£58,987,499

[HICM >>](#)

		Planned level of maturity for 2019/2020
Chg 1	Early discharge planning	Established
Chg 2	Systems to monitor patient flow	Established
Chg 3	Multi-disciplinary/Multi-agency discharge teams	Mature
Chg 4	Home first / discharge to assess	Mature
Chg 5	Seven-day service	Established
Chg 6	Trusted assessors	Established
Chg 7	Focus on choice	Mature
Chg 8	Enhancing health in care homes	Mature

[Metrics >>](#)

Non-Elective Admissions	Go to Better Care Exchange >>
Delayed Transfer of Care	

Residential Admissions

		19/20 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	450.8504844

Reablement

		19/20 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	0.837837838

[Planning Requirements >>](#)

Theme	Code	Response
NC1: Jointly agreed plan	PR1	Yes
	PR2	Yes
	PR3	Yes
NC2: Social Care Maintenance	PR4	Yes
NC3: NHS commissioned Out of Hospital Services	PR5	Yes
NC4: Implementation of the High Impact Change Model for Managing Transfers of Care	PR6	Yes
Agreed expenditure plan for all elements of the BCF	PR7	Yes
	PR8	Yes
Metrics	PR9	Yes

Tab 4: Strategic Narrative

A

Context

Our agreed vision is that “people will live healthy and independent lives” and as system partners we are committed to delivering a person centred ‘home first’ philosophy, recognising that everyone should have the opportunity to return and remain in their home wherever possible. People tell us they want services and organisations to work more closely together so that they don’t always have to explain their needs over and over again. People also want better quality services and improved choice.

We have made progress in many areas over the last 2 years, and acknowledge that more work needs to be done in integrating both commissioning and delivery of community health and adult social care. The next three years are a critical period as the models of care on the Island shift rapidly towards the vision. We have very recently published the Health and care Plan for the Isle of Wight setting out our priority areas of work for the next 3 years.

The success of our Health and Care Plan will depend on the strength of our partnerships, including health, social care, housing, regeneration and other partners, working together in a joined up way to address the needs and aspirations of people living on the Island to live healthy lives for longer. To this end, our local care board has approved the new structures, governance and priority areas of work for our emerging Integrated Care Partnership. Moreover, our Plan has been systematically informed by our sustainability strategy developed over the last 5 months. Priorities include:

- Focus action to embed prevention and self-care.
- Recognise and nurture the contribution and impact that our communities and vibrant third sector have on our health and wellbeing, harnessing these to support our change in direction to prevention and self-care to enable people to live well.
- Enable people to have access to high-quality information and lifestyle interventions that prevent their health and care needs escalating.
- Provide informed decision-making at the right time and place to reduce and delay the need for care, recognising the need for people living with a health condition, and their carers, to have appropriate recovery services and the right information.
- Promote a philosophy of Care Closer to Home

Model of Care

The model of care for the Isle of Wight was developed in partnership with Island residents along with its statutory, voluntary and independent sector organisations and originally shaped as part of the Vanguard programme. The model is aimed at promoting, improving and protecting health, care and wellbeing; improving care and quality outcomes, delivering appropriate care at home and in the community, and making health and care clinically and financially sustainable. The Onward Care &

Independence programme is the vehicle for delivering the integrated model across health, social care, voluntary and independent sectors.

Within this programme the aim is to agree the framework approach for delivering integrated community services, using a consistent set of guiding principles:

- The model must promote personalised care and support Patient Choice.
- The model must be based on best practice, delivering the 'Right Care at the Right Time in the Right Place'.
- The model will link to population health needs, with demonstrable improvements in outcomes and with a focus on prevention and early intervention.
- The model must promote integrated working across all partners.
- The model is based on proactive delivery of services

The BCF, through pooling of resources, enables us to direct resources and commission services to support integrated provision.

Through adopting this approach we have already been able to implement a number of schemes which have had real impact, for example:

- Living Well –The focus of living well is to deliver a holistic approach from the Voluntary Community Sector (VCS), creating capacity within the community by averting demand away from statutory services, reducing and delaying the need for emergency admissions to hospital and/or residential care support people to maintain their independence for as long as possible.
- Carers support services mean that carers have access to timely, appropriate, information, advice and guidance; and financial well-being and supported access to work
- Raising Standards Initiative – aimed at ensuring quality provision in the local market place through supporting providers to develop best practice, this has resulted in the peer led and delivered Island Better Care Programme.
- Regaining Independence - this sees the integration of the local authority reablement service with the health commissioned rehabilitation service providing a fully integrated service offer to promote, improve and protect independence for the Islands residents. This service supports people to live as independently as possible for longer by ensuring equal access to support regardless of area they live in, age or vulnerabilities.

Tackling Inequalities

We will continue to take a consistent approach, prioritising support to those with more complex care, support and health needs across the Island and targeting our resources to help our most vulnerable residents, and those living in our more deprived areas, including those with protected characteristics under the Equality Act 2010.

Tackling inequalities is an integral part of the Public Health Prevention and Early Intervention Strategy and the Adult Social Care (ASC) Care Close to Home Strategy. Our Health and Care Strategy and specific BCF interventions will contribute to reducing inequalities as they are focused on supporting the Island's most vulnerable residents for example in terms of age, learning disability, carers and mental ill health. 883

B(i)

The local health and care system consists of:

IW Trust - provides acute care/community/MH/ambulance services

IW Council - provides social care/public health services

IW CCG.

VCS Providers

The island has 3 localities that are working to improve community care provision. There are currently 16 GP practices grouped within 3 co-terminus Primary Care Networks (PCNs) serving the Islands 144,000 resident population.

Developing “One Public Service” for the Island is an example of how we are coming together across IW/Council/Trust/CCG to deliver integrated services and back office functions for the longer term.

The agreed vision is “people will live healthy and independent lives”. We will make continuous improvements for island people but right now, the system is committed to achieving clinical/financial sustainability.

The System is addressing significant challenges, including recent leadership changes across all 3 statutory partners, restructuring/service quality, marginal gains from prior care redesign and particularly lack of clarity on the acute services model. Despite progress, there is a strong case for change.

Demand - 5% of the population with complex needs using more than one third of total health and care resources (over £100m), without a comprehensive care model for their needs.

Quality - IW Trust has CQC ratings that require improvement, particularly for community services and the system lacks a comprehensive community MH model of care.

ASC Services have improved significantly, but remain financially challenged with independent market capacity fragile and quality improvements still to be delivered in some areas.

The IOW Health and Care Plan has three domains;

1. Care models including community supported care, MH and supporting return to home.
2. Productivity focuses on IW Trust/ASC productivity, and CCG QIPP.
3. Acute services, ambulance and MH care models will be networked with mainland providers to accelerate service transformation.

These domains create a “do something” scenario up to 2021/22 that closes £56.4m of the £71.2m forecast financial gap.

Immediate next steps focus on high impact areas for care quality/financial sustainability. These include productivity initiatives for IW Trust/IW CCG/IW Council plus work to reduce length of stay for medically fit patients via a MDT and enhanced flow/discharge processes.

The golden thread throughout our plans ensure care is outcome focused, person centred, based on need. This will be delivered through an agreed strategic framework upon which we can, as a system, build the Island’s out of hospital/community services. The framework does not prescribe ‘What services?’ or ‘how they will be delivered?’ but provides an overview of ‘who?’, ‘when?’ and ‘where?’ as well as the guiding principles to underpin the model. Each component part is described below:

- The ‘who?’ – Using population health management and risk stratification methods to identify individuals within our localities/PCNs most at risk. By identifying the right patients a cycle of holistic assessment and planning can be triggered using an MDT approach and co-production of care plans. The triangle represents the element of an individual’s care and support where a majority sits out in the community and specialist/acute care taking place when it is most needed/ appropriate.
- The ‘when?’ The large outer cycle represents the health journey of our people. It can begin either with proactively identifying individuals (Population Health Cycle – Who?) or when an individual makes contact with a service. This leads on to a cycle of holistic needs assessment and care planning followed by ongoing review. The smaller cycle represents a time of increased need (e.g. A+E visit, 999 call, etc.) where an immediate need is met (if clinically required). A function will also exist by which a locality response is activated and an individual returns to the community as soon as possible, bringing them back onto the larger cycle.
- The ‘where?’ – This element begins to set a framework for where services could be delivered. There are three levels to this:

Centrally delivered services – an example of this is A&E

Services that are centrally managed but delivered in localities – an example of this is podiatry and social care

Services managed and delivered by localities/PCNs – an example of this is General Practice and key workers – Social Prescribers



The approach will focus on priorities identified by the system, driven at PCN/ILS level to co-produce an implementation plan of delivery.

The cornerstone of the model remains further development of Integrated Locality Services (ILS) and alignment with each of the PCN's. The integrated localities are organised around a core blueprint, with a single Locality Manager who has operational oversight of Adult Social Care and community health professionals (including district nurses and OT's). The community care model is built around an MDT with proactive and holistic care. Each locality will be supported by a range of specialist services such as crisis response/safeguarding and importantly, also includes voluntary/community

sector services such as 'Social Prescribers' and 'Care Navigators', depending on identified needs for that locality. Each ILS has an office base so that professionals can come together for MDTs/supervision/support/team meetings. A range of Standard Operating Procedures/IG assurances/enhanced information sharing will be in place to support this multi-agency approach.

Very impressive gains have been made over the last 2 years in reducing the rates of permanent admissions in to residential and nursing homes – for both working age adults and elders. But too many people, upon discharge from hospital, are being placed in short term residential placements. In addition, there is an over reliance on bed backed care for rehabilitation.

There is currently an overreliance on bed based residential/nursing care both in the short and longer term, with effective but limited access to community based rehabilitation/reablement as well as home based care options. Therefore alongside the development of ILS another priority is the review of community services with the rapid expansion of the community rehabilitation/reablement offer in people's homes.

The ILS and focus on community approaches will ensure that there is collective focus on people with the highest levels of vulnerability. On the Island the most significant challenge is the growing population of isolated, frail elderly, and those living with multiple Long Term Conditions (LTC's) and co-morbidities. Using risk stratification tools will enable early identification and a timely co-ordinated response. For example localities are receiving information on frequent A&E attenders and those with multiple admissions and are following these up within the MDT setting to ensure they are being managed proactively within the community, thereby improving outcomes, and also reducing avoidable attendance and admissions in to hospital. Over the coming months further work on this approach will look to enhance the information flow to locality MDTs on patients being discharged from hospital and other community bedded care.

It should be noted that the system has been commended by CQC in its national, "Effective use of staffing" report for the highly effective diversion of hospital admission resulting from social workers being based in A&E.

Work to support PCNs is a priority, including aligning a CCG 'Locality Director' to each. The HIOW STP have developed a framework to support development, this is being used to express the needs of each PCN.

For people living with LTC's we are being more proactive and by working with our health and care partners to bring together a range of expertise, knowledge and skill to help people receive the right support in the right place, at the right time, we are growing our multidisciplinary approaches.

On 1 January 2019 the CCG's CHC team integrated with ASC, from 1 April 2019 budgets were pooled, resulting in changes in custom and practice. The benefits this has already achieved for the system include:

- PHB Aligned with PBDP's
- Joint Commissioning - Home Care/Residential Care/Nursing
- Pooled Budgets
- Aligned Fee Structures

- Advocacy Support – Families/Individuals
- Improving AIG

Greater level of partnership working with VCS organisations has also yielded gains for the system. Local drivers including The New Care Model - agreed by our local care system, in line with Five Year Forward View/STP/Council/CCG priorities to provide a shift towards preventing/reducing/delaying the need for care. The New Care Model aims to:

- Reduce reliance on statutory services.
- Base services and support in the community/at home.
- Build on assets/mobilise community capital to help reshape care delivery to meet people's changing needs.
- Promote a significant shift to prevention/early intervention/self-help. 1350

B(ii)

The councils housing renewals team who administer the DFG work closely with the ASC community occupational therapy service and Integrated Community Equipment Service to support independent living. DFG is being used in the development of extra E-care and supporting the deployment of more innovative adaptations. Disabled Facilities Grants and minor adaptations are being deployed as tools to help Island residents remain in their own home. The types of works that are being undertaken include (but are not limited to):

- Making it easier to get in and out of the dwelling by, for example, widening doors and installing ramps.
- Providing better access to living spaces.
- Providing or improving access to the bedroom, and kitchen, toilet, washbasin and bathing, for example by installing a stair lift or adapting a room to provide an easy access shower facility.

The use of DFGs is person centred and the allocation of funding is aligned to the individual's needs and their future prognosis, it is about delivering outcomes and not just finding the solution.

The Council, together with health partners, is exploring the use of assistive technologies such as Wi-Fi enabled virtual assistants to help vulnerable residents stay healthy in their homes. This includes a project whereby assistive technology in the form of Alexa Show, smart plugs, smart bulbs, virtual reality headsets and video doorbells are being deployed for a 12 week period in peoples own homes to support measurable improvements in personal resilience and mental well-being.

All adaptations funded through DFG are scoped ensuring any adaptations include an option for the latest technologies from the suppliers; for instance remote controlled showers, and wash dry toilets, as well as powered kitchen units giving better and safer access for independence. In addition the team regularly seek to source new lift suppliers and hoist engineers to help provide the most up to date technological solutions to assist an individual to meet their current and long term health, care and support needs.

Whilst new technologies are being explored the demand for traditional major adaptations is exceptionally high on the Island. To cater for the demand close working relationships have been

established with the Community Occupational Therapy service, resulting in a joint major adaptation policy. Further developments in this area have included the development of clear, easy to understand procedures, integrating an Occupational Therapist within the grants team, joint training and regular strategic level meetings to plan the best use of resource [REDACTED]

The use of the Regulatory Reform Order for discretionary grants is facilitated to provide Repair and Wellbeing Grants (RWG). This process is used by the Housing Renewal team to not only top up DFG's or provide alternative disabled adaptations where deemed necessary and appropriate, but to enable the improvement of wider health outcomes for vulnerable Island residents. The RWG is used to resolve or improve hazards in homes related to the Housing Health and Safety Rating System under the Housing Act 2004, and to help provide decent homes.

DFG and RWG, as well as the wider work of the Housing Renewal team form a significant part of the proposed Housing Strategy which is currently in development.

In March 2020 the Island will see the opening of its first extra care development with 70 purpose built units and bungalows becoming available in Ryde. This is the first of a 10 year system commitment to grow extra care housing. Additionally we are commissioning a small number of temporary accommodation solutions for people with specialist/complex step-up/step-down care and rehab needs for example, bariatric patients and people undergoing neuro rehab. The first of these units will be on line during 2019. [REDACTED] [REDACTED]

C

Despite progress in some areas over the lifespan of the 2017-19 BCF plan, there has been a growing case for change to address a number of historic and emergent challenges across the system. The IW Trust has faced significant change in its leadership (a new Chief Executive, Chair and Finance Director have all been appointed within the last 18 months). Following a Trust Board capability review requested by NHSE/I the Trust was placed under special measures in 2017. The Trust has also seen changes to its structure (moving to a business unit structure with changes to urgent care organisation in particular). Commissioning leadership has also changed, with the IW CCG moving into the Hampshire and Isle of Wight Partnership of CCGs with a shared Accountable Officer. In the process IW CCG lost its own Accountable Officer and Chief Finance Officer. The IW CCG was placed under directions in 2017 which were lifted in July 2019. Historic care redesign, including Vanguard work in 2016, has been slow to implement, partly due to the wide scope and lack of a comprehensive case for change. An acute services review (ASR) began in 2016 with options in 2018 for specialties to network or transfer off-island, although off-island providers are not in a position to readily agree to these options.

In addition a diagnostic of adult social care in January 2017 revealed significant concerns pertaining to the current model and organisation of adult social care and its resulting lack of effectiveness and efficiency in delivering best outcomes for users and carers within affordable resources. Succinctly: nearly 60% of the ASC budget was entrenched in residential and nursing care; the commissioning capacity and capability of ASC was significantly undeveloped over the years (resulting in the absence of alternative community based options for those in need of care and support and ongoing reliance on expensive bed backed care); care management processes were neither efficient nor effective – and person centred approaches, including making safeguarding personal, were lacking; and partnership working with colleagues within and without the rest of the Council, as well as with the

voluntary and community sector had resulted neither in integration across health and social care nor sufficient focus on early help and the avoidance or delay of demand for ASC. In addition, ASC had suffered from volatility in its leadership over past years, resulting in repeated “start and stop” change management programmes. The Care Close to Home Strategy was implemented in April 2017 and has successfully delivered key improvement including: 80% reductions of rates of permanent admissions to care homes for working age adults; 59% reduction in permanent rates of admission to residential care for elders; Increase of people at home by over 1 1/3: and financial balance for the last 2 financial years.

The Care Close to Home Strategy was implemented and began to address these challenges in early 2018, its vision being embedded in 5 key principles of Supporting people to be safe, prevention, being ambitious for Island residents, responsible use of resources and engaging with people who use services. Care Close to home is delivered through 3 key pillars: Promoting Wellbeing, Improving Wellbeing and Protecting Wellbeing; which align with the system priorities.

In autumn 2018 NHS England and NHS Improvement required the Isle of Wight health and care system to produce a health and care sustainability plan for the Island, which the system, especially health stakeholders, could use as the basis for planning improvements in financial and clinical outcomes over the medium term. This planning work was led by Carnall Farrar and concluded at the end of June 2019. In March 2019 the Health and Wellbeing Board endorsed LCB proposal to extend the 2017/19 BCF plan and S75, to provide a period of stability during 2019/20, and to ensure that the health and care sustainability plan incorporated the pre-existing BCF plan and governance arrangements [REDACTED]

The implementation of the Health and Care Plan has also meant there has been an urgent need to review and simplify the governance arrangements for both the LCB and the health and care sustainability plan to maintain momentum in both areas and make the most of the resources available across the health and care system. In doing so a review has been undertaken of the current arrangements but also taking account of the newly emerging NHS architecture which is beginning to form following the publication of the NHS Long Term Plan (NHS LTP). The timing of such a review is apposite given NHS England’s aims for the development of Integrated Care Partnerships (ICPs) and the council’s desire to develop a ‘One Public Service’ model for the Isle of Wight.

Work to produce the Health and Care Plan required its own unique governance structure and programme management office and in order to avoid duplication of effort the work being led by the LCB was suspended to allow a system wide focus on the development and implementation of the health and care sustainability strategy. An executive group was formed to accelerate system decision making consisting of executive leads, chairs, system finance lead and a councillor from IW Trust, IW CCG and IW Council. To develop working relationships in this group we have used external support to guide our decision making and challenge process. It was recognised that the existing case for change was not comprehensive enough and was partially out of date. As a result we rapidly determined the health and care case for change and drivers of our collective deficit. The case for change work identified a large scale length of stay challenge. This led to us commissioning a bed audit and independent clinical review of all Trust beds to determine actions to remedy this challenge. We have doubled the meeting frequency of our system finance group to define the size of our financial challenge and identify productivity opportunities to address this.

System Alignment- Moving towards an Integrated Care Partnership (ICP)

It is clear that the Local Care Board has been a good precursor to the development of an Integrated Care Partnership (ICP). The local system challenge in as much as there are some health services that, for clinical reasons are better off being commissioned and delivered at scale/in partnership with other bodies. There is therefore a fundamental decision to be made in the development of the LCB/ICP as to which health services it can and will take responsibility for and which will be commissioned at scale through health commissioner alliances at the HIOW level as part of the emerging Hampshire and Isle of Wight Integrated Care System (ICS) and those remain with others in a more locally determined and traditional commissioning model.

A key aspiration of the ICP will be to take more control of funding and performance across the health and care system with less direct involvement from national bodies and regulators in the work it does across the Island. It will take responsibility for the health and care needs of the whole population and structure its work and allocation of funds accordingly. It will need to be responsible for prevention as well as treatment and cure and be able to move resources around the areas of responsibility as it deems fit. It is the ability of the partnership to effectively flow money around the system that is fundamental to the long term success of the LCB/ICP.

The statutory responsibility for the delivery of the services covered by the LCB will, in the short term, remain with the three sovereign bodies (Council, Trust and CCG), all have the ability to delegate funds to the LCB for it to manage in pursuit of their objectives although none can delegate their statutory responsibilities to the LCB. Funding can be delegated through section 75 agreements or other pooling arrangements and with one of the partners to be the 'accountable body for the pooled funds'. The challenge however is that these arrangements can be short term, are focused around a discrete set of objectives and still do not permit the allocation of resources to those areas of greatest impact to the overall health and wellbeing of the Island's community.

BCF Governance

The LCB remains responsible for overseeing the statutory requirements of the Better Care Fund and associated Section 75 agreements. LCB continues to report to the Health and Wellbeing Board (HWB) and the STP Executive Delivery Group, as well as the individual constituent organisations (IOW Council, H&IOW Partnership of CCGs and IOW NHS Trust).

The delivery of the BCF plan will become integrated and subsumed as part of the development and delivery arrangements for the Health and Care Plan and emerging ICP. Reporting to the Executive Group there is a comprehensive programme structure that oversees the integration of both commissioning and service provision functions, including the pooled budget arrangements (including the BCF), incorporating finance, performance, risk and delivery of programmes and interventions. In addition, there are quarterly meetings of a BCF /S75 finance sub group drawn from the LA and CCG to ensure financial oversight.

Leadership is agreed and drawn from across the system for the individual schemes and interventions. Where development of new models and services requires contractual changes, there will be a need to ensure effective assurance and monitoring through the formal contractual process with providers. 1541

Tab 7: 8 High Impact Change Model

The HICM is clearly identified within the Health and Care Plan as the framework that underpins key phases of delivery and transformation and the plan has already prioritised opportunities and begun rapid implementation of three key areas. These are described as:

1. Supporting return to home
2. Onwards Care and Independent Living
3. Improving internal Trust processes and productivity.

Since April each area has developed project plans and project initiation documents. These outline the scope of work and the metrics that will be monitored by the system PMO.

This will look to build on work started as a part of the My Life Programme and the 2017-19 BCF plan. It is true to say that our local system performance on transfers of care and embedding the HICM model has been variable over the past 2 years. We can point to some real success and also some challenges that still remain.

Managing transfers with a focus on DTOC receives weekly oversight at Exec Level, where there is a detailed review of flow through the acute hospital and also community bedded and non-bedded care settings. This process ensures focus is maintained on achieving the system DTOC targets and seeking to identify solutions at an individual level, where needs and care solutions are complex. We have generally made good inroads towards sustained achievement of the DTOC targets; however, in a system with small numbers overall and a generally self-contained system, small numbers of complex patients continue to have a disproportionate impact on our performance.

HICM Summary

Chg 1 Early Discharge Planning & Chg 2 Systems to monitor Patient Flow : Trust admission system has been enhanced and updated to monitor admissions and flow more effectively. This is now following Red to Green principles and uses the EDD generate at admission to drive MDT discussions and earlier discharges. PDSA processes are being used to monitor effective implementation. Impact on length of stay and readmission are among the key metrics.

The electronic and paper admission pack (include patient facing information) and choice letters have been refreshed and are being monitored as above. There is also patient and user feedback being built in to this work.

Chg 3 Multi-disciplinary/Multi-agency discharge teams : The system is building on the well-established patient navigation team with more emphasis on complex discharge. An Integrated Complex Discharge team has been established since May 2019. This team begins its work on admission through MAU for those people identified with complex needs (often pathway 3). This team supports the patient journey through to discharge. Again contributing to reducing LOS is a focus for this work.

Trust rehab and ASC reablement teams have been integrated operational through a single point of access to oversee all pathway 2 referrals- monitored through early discharge, reducing LoS and appropriate referrals made to the team.

Adult Social Care have identified a named Social Worker for every ward and will take ownership in terms of liaising with ward based staff to improve relationships and communications

Chg 4 Home first / discharge to assess: The integration of CHC and the focus on complex patients (pathway 3) over the last 12 months has helped the system to implement its D2A approach. Pathway 2 is being improved through the integration described for change 3.

Pathway 1 is being driven with support from the voluntary sector including, British Red Cross, Age UK IOW and the wider Living Well partnership.

We have identified and quantified cohorts of patients that require alternative short term accommodation to support their complex needs- examples include bariatric and people with step down complex neuro. We will pilot over the coming winter a small number of flats with supported care attached. This will then be rolled out as part of extra care offers. This will have a positive (albeit small numbers of people but often long stays) impact on flow.

Chg 5 Seven Day Services : Ensuring seven-day service provision is established and clearly embedded as mature practice in some service areas, but can't be described as fully mature. ASC services for example used winter resources to pilot 7 day working within the hospital setting- including Social workers in ED as well as brokerage support aiding weekend discharge work. This is now core business

Crisis responses services within the community division have also increased front door presence over the weekend.

Making changes to working culture practice in the acute setting is an example of where work is ongoing. This is being led through the Trust processes workstream.

Chg 6 Trusted Assessors : This remains an area of challenge locally. Attempts to broker partnership working between the IW Trust and Independent sector over the past 18 months have included system investment in roles and secondment opportunities from the sector to develop trusted assessment, multiple meetings and the scoping of several different models of delivery. 'Trust' in statutory system partners re discharge and assessment remains patchy and this is impacting on the ability to progress this area. The system has trusted assessment in place through its community rehab & reablement providers. This is now criteria led and aligns with work to improve pathway 2.

Overall improving discharge practice e.g. improving medications, communications, equipment will build 'trust' and confidence in the system

As part of winter planning work discussions to reset relationships with the sector are taking place, where we will aim to establish common goals and targets for winter and the longer term.

Chg 7 Focus on Choice : Choice letters, information and processes have been refreshed as part of the work on admissions/discharge planning.

The 'Carers' lounge is in place to support self-funders find appropriate care solutions. This works

alongside ASC brokerage and single point of commissioning. ASC continue to offer support and choice for both ASC clients and self-funders (free of charge).

Chg 8 Enhancing Health in Care Homes : Work in this area is maturing well. The system has a range of successful interventions in place, including:

- Quality matrix-led by the integrated ASC/CCG quality team- which was co-designed with the sector and can evidence sector improvement and improved relationships with CQC.
- Medicines optimisation team are supporting meds management within nursing and residential sectors, liaising effectively.
- PCNs have identified lead practices for each care home.
- Established sector leadership and quality training, led by the Mountbatten Hospice- that has high up take and can demonstrate impact on improved CQC ratings.
- ASC led sector forums are well established aiding communication loops and co-design work.

There are also well established programmes of tech enabled care in nursing homes. This being expanded further e.g. tele swallowing and diabetic foot care solutions

Tab 8: Metrics

8.1

The delivery of our existing BCF plan has contributed positively to managing levels of NEAs in 2018/19 and through future BCF activity we aim to continue to negate the population growth impact identified for 2019/20.

The 'Island Health and Care Plan' work streams provide a clear articulation of how a focus on the community model will help to maintain people in the community, reducing the need for emergency and non-elective admissions. The system has challenged itself to mitigate growth in Non Elective Admissions and strive to reduce levels as far as possible.

For 2019/20 our planned growth is 0.9% in Non Elective Admissions overall. This includes 0.1% on 1+ day length of stay. The further growth will be driven through increased same day emergency care (SDEC) activity which is 0 Length of stay but remains coded as admissions.

We will continue to build on the work that has had a positive impact over the last 2 years which and will be driven through expansion of same day emergency care, and the commencement of the Urgent Treatment Centre (UTC) in November 2019.

UTC is a joint consultant/GP led service, (co located alongside the ED) and will stream all minors and provide bookable slots for 111 dispositions and also directly to and from primary care. The model is built on an integrated workforce that links- UTC, ED, 111 and out of hours staff. Concurrently there is work to improve ED efficiency to achieve the 4hr standard consistently and also improve delays with speciality input into the admissions processes. In the medium term the further expansion of Same Day Emergency Care (SDEC) approaches will contribute to maintaining lower non-elective admissions. SDEC, will directly receive the majority of GP/Community referrals and look to undertake rapid diagnostics, stabilise and instigate treatment allowing for return and management

by primary care and the integrated locality based services (ILS). Additionally, the system has recently signed up to the National SDEC accelerator programme to drive this forward.

8.2

As already described the system has a well-established weekly oversight of the system DTOC target, which drives the operational level focus on reducing DTOC all year round. At the strategic level the Health and Care Plan recognises that the current care model and system inefficiencies have a disproportionate impact on long length of stay, and delays in transfer of care across all settings, and therefore impacts on flow and our ability manage care effectively from the ED/front door through the acute hospital and helping people to return home.

The focus of the plan is to reduce dependency on the acute model and rapidly redesign community services. PCN and Integrated Locality Teams development are the cornerstone of the model of care, but with a specific reference to DTOC the Onward Care and Independence work stream is leading rapid transformation and integration of community services, for example including developing a single integrated rehab & reablement service, reviewing the current provision of bedded care with a view to recommissioning intermediate care. A significant investment ahead of winter is also the recruitment of increased internal domiciliary care provision.

The use of winter resources is factored into the Health and Care Plan. Development of winter and broader seasonal resilience work is co-ordinated through the A&E Delivery Board, which now links to the Health and Care Plan governance and reports directly to the LCB

8.3

ASC exceeded the 3-year target reduction for this metric in the first year (17/18) and continues to improve, ongoing performance is currently measured in line with national figures.

2017/18 Nat avg. = 585.6.

Figures provided show ASC position at Aug-19. To date 180 new placements have been made in the previous 12 month period (Sept-18 to Aug 19) this equates to a rate of 451, there continues to be an ongoing reduction in the rate per 100k month on month.











8.4

2018/19 IOW outturn for this measure stands at 73.4 with the 17/18 National average at 82.9.

Performance is currently measured against the national average, therefore during 18/19 with the IOW average number of people discharged into reablement per month at 41 (123 per Qtr) to be in-line with the national average the number of older people at home 91 days from discharge would equate to 102.

The figures provided for the planned outturn for 2019/20 indicate a 20% increase on current performance levels which will then be in line with the national average.

Discharges from hospital made too early will have a direct impact on this measure, as it will see higher numbers readmitted or placed into Residential care.

-  Appendix A - Island Community Service Model diagrams
-  Appendix B - Adaptations for Disabled People - Provision of -version 11.4 Final
-  Appendix C - Isle of Wight Health and Care Plan_04.09.19
-  Appendix D - OCI Business Case PDF Final Draft
-  Appendix D1 - Integrated Home Based HC Convalescence Service
-  Appendix D2 - 7 day ACP at Front Door
-  Appendix D3 - Acute Community at Home Treatment
-  Appendix D4 - Raising Standards
-  Appendix D5 - Telehealth
-  Appendix E - LCB - Winter Pressure Funding v2

Better Care Fund 2019/20 Template

5. Income

Selected Health and Wellbeing Board:

Isle of Wight

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Isle of Wight	£2,002,408
DFG breakdown for two-tier areas only (where applicable)	
Total Minimum LA Contribution (exc iBCF)	£2,002,408

iBCF Contribution	Contribution
Isle of Wight	£5,231,995
Total iBCF Contribution	£5,231,995

Winter Pressures Grant	Contribution
Isle of Wight	£766,415
Total Winter Pressures Grant Contribution	£766,415

Are any additional LA Contributions being made in 2019/20? If yes, please detail below	Yes
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Local Authority Additional Contribution	Contribution	Comments - please use this box clarify any specific uses or sources of funding
Isle of Wight	£12,951,233	Social Care Work Team, Emergency Duty Services,
Total Additional Local Authority Contribution	£12,951,233	

CCG Minimum Contribution	Contribution
NHS Isle of Wight CCG	£11,321,000
Total Minimum CCG Contribution	£11,321,000

Are any additional CCG Contributions being made in 2019/20? If yes, please detail below	Yes
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Additional CCG Contribution	Contribution	Comments - please use this box clarify any specific uses or sources of funding
NHS Isle of Wight CCG	£26,714,448	Crisis Response Service, Falls Strategy, District
Total Addition CCG Contribution	£26,714,448	
Total CCG Contribution	£38,035,448	

	2019/20
Total BCF Pooled Budget	£58,987,499

Funding Contributions Comments
Optional for any useful detail e.g. Carry over

Better Care Fund 2019/20 Template

6. Expenditure

Selected Health and Wellbeing Board: Isle of Wight

<< Link to summary sheet

Running Balances	Income	Expenditure	Balance
DFG	£2,002,408	£2,002,408	£0
Minimum CCG Contribution	£11,321,000	£11,321,000	£0
IBCF	£5,231,995	£5,231,995	£0
Winter Pressures Grant	£766,415	£766,415	£0
Additional LA Contribution	£12,951,233	£12,951,233	£0
Additional CCG Contribution	£26,714,448	£26,714,448	£0
Total	£58,987,499	£58,987,499	£0

Required Spend	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum CCG allocation	£3,217,107	£6,484,426	£0
Adult Social Care services spend from the minimum CCG allocations	£5,855,516	£5,855,516	£0

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Planned Outputs		Metric Impact				Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
						Planned Output Unit	Planned Output Estimate	NEA	DTOC	RES	REA									
1	Social Work Team (front door)	Currently Adult Social Care commissions support services for people to maintain their independence and remain living at home. Alternatively placements in residential and nursing homes may be commissioned.	Integrated Care Planning and Navigation	Care Coordination				Medium	Medium	High	Medium	Social Care		LA			Local Authority	Additional LA Contribution	£512,592	Existing
1	Social Work Team (Integrated Localities)	As above	Integrated Care Planning and Navigation	Single Point of Access				High	Medium	High	High	Social Care		LA			Local Authority	Additional LA Contribution	£502,809	Existing
1	Social Work Team (Hospital)	As Above	HICM for Managing Transfer of Care	Chg 3. Multi-Disciplinary/Multi-Agency Discharge Teams				Not applicable	High	High	High	Social Care		LA			Local Authority	Additional LA Contribution	£352,498	Existing
1	Social Work Team	As above	Community Based Schemes					Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Additional LA Contribution	£416,724	Existing
1	Emergency Duty Service	As above	HICM for Managing Transfer of Care	Chg 3. Multi-Disciplinary/Multi-Agency Discharge Teams				High	Low	High	Medium	Social Care		LA			Local Authority	Additional LA Contribution	£219,474	Existing
1	Crisis Response Service	Multidisciplinary team of health and social care professionals providing up to 72 hours of care and support, 7 days a week, to enable people to remain at home. Targeted at people over the age of 65, the team undertakes a holistic assessment of the person, in order to address the current crisis and to prevent future crisis by putting mitigation plans in place.	Integrated Care Planning and Navigation	Care Coordination				High	High	High	Medium	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£75,924	Existing
1	Crisis Response Service	As above	Integrated Care Planning and Navigation	Care Coordination				High	High	High	Medium	Community Health		CCG			NHS Community Provider	Additional CCG Contribution	£348,217	Existing
1	Falls Strategy (Co-ordinator & Training)	Falls and fractures are a common and serious health issue faced by older people and can result in distress, pain, injury, loss of confidence, loss of independence and mortality. To address this the IW Falls Strategy will reduce falls and fracture risk across the life course and improve treatment including secondary prevention for those older people who have suffered injury following a fall.	Prevention / Early Intervention	Other				High	Low	Medium	Medium	Social Care		LA			NHS Community Provider	Minimum CCG Contribution	£66,973	Existing
					Promoting Independence															
1	Community Matrons	Community Matrons manage a caseload of high risk patients with health needs and act as a case manager for people who are eligible for continuing healthcare support.	Community Based Schemes					High	High	Low	Low	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£495,004	Existing
1	District Nursing	Provide patient centred holistic care in the context of the wider multidisciplinary team, this includes being lead professional for delivering and managing End of Life Care and continuing healthcare needs for patients and their families and carers.	Community Based Schemes					High	High	Medium	Low	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£4,275,050	Existing
1	District Nursing	As above	Community Based Schemes					High	High	Medium	Low	Community Health		CCG			NHS Community Provider	Additional CCG Contribution	£822,606	Existing
1	Community Dietetics Service	The specialist dietetic service focusses on meeting the needs of Peoples with complex needs. It facilitates early discharge from hospital through timely intervention and close working with multi-disciplinary team colleagues, enabling and promoting self-help programmes of care to assist people to remain as independent as possible within their place of residence.	Community Based Schemes					Medium	Low	Medium	Medium	Community Health		CCG			NHS Community Provider	Additional CCG Contribution	£219,788	Existing
1	Continence Service	Provide an integrated service to people with continence problems, with the aim of treating symptoms were possible, referring onward for further treatment when appropriate and offering support to where there is intractable urinary and bowel incontinence.	Community Based Schemes					High	Medium	High	Medium	Community Health		CCG			NHS Community Provider	Additional CCG Contribution	£958,841	Existing

1	Community Specialist Nurses	Support patients on how best to self-manage with a specific focus on those suffering from long-term and chronic conditions. The specialist nurses offer symptom management enabling people to remain at home and prevent or reduce acute episodes and deterioration leading to hospital admissions.	Community Based Schemes					High	Medium	Medium	Low	Community Health		CCG			NHS Community Provider	Additional CCG Contribution	£551,497	Existing
1	HCA's for >75s	The over 75 HCA is a trained HCA with a sound understanding of acute and chronic management of a wider range of care problems affecting older patients, combined with an opportunity to proactively liaise between the named GP, MDT (Community nursing, pharmacy, Social Services, Care Navigators and 3rd sector and the patient or their representative. The HCA assists the accountable clinician to proactively manage the over 75 case load ensuring that the Care Plans are updated and reviewed when necessary.	Integrated Care Planning and Navigation	Care Planning, Assessment and Review				High	Low	Low	Low	Primary Care		CCG			Private Sector	Additional CCG Contribution	£372,521	Existing
1	Anticipatory Care Planning	Anticipatory Care Planning is patient centred, patient focussed and patient led, and enables positive involvement and communication of preferred wishes and personal goals for care. The process also allows effective communication of personal choice, practical need and sharing of key information to those who provide care to improve end of life care experience and achieve the choice of preferred place of death.	Integrated Care Planning and Navigation	Care Planning, Assessment and Review				High	High	Low	Low	Primary Care		CCG			Private Sector	Additional CCG Contribution	£206,850	Existing
1	Leg Ulcer LES	To undertake an in-depth holistic and clinical leg assessment including lower limb arterial screening using hand held Doppler on patients by a Registered Nurse with a suspected or active leg ulcer which has failed to heal within 6 weeks; or within 2 weeks if identified as a recurrence.	Community Based Schemes					High	Low	Medium	Medium	Primary Care		CCG			Private Sector	Additional CCG Contribution	£217,485	Existing
1	Speech & Language	Provides assessment and management of communication and swallowing problems associated with ageing, stroke, mental health and progressive neurological conditions.	Community Based Schemes					Low	Low	Medium	Medium	Community Health		CCG			NHS Community Provider	Additional CCG Contribution	£385,225	Existing
1	Social Work Team (ILS)	Combine with row 23. (suggest remove)	Integrated Care Planning and Navigation	Care Coordination				High	Medium	High	High	Social Care		LA			Local Authority	Minimum CCG Contribution	£29,384	New
1	Social Work Team (ILS)	Combine with row 23. (suggest remove)	Integrated Care Planning and Navigation	Care Coordination				High	Medium	High	High	Social Care		LA			Local Authority	Additional LA Contribution	£143,702	New
2	Additional Voluntary Sector Support	Red Cross Winter Resilience match funding	Community Based Schemes					High	High	Low	High	Social Care		CCG			Charity / Voluntary Sector	Winter Pressures Grant	£17,256	New
2	Additional Hospital Support Staff	Winter Resilience	Integrated Care Planning and Navigation	Care Coordination				High	High	High	High	Social Care		LA			NHS Community Provider	Winter Pressures Grant	£150,812	New
2	Additional PA & Domiciliary Support	Winter Resilience	Personalised Care at Home			Packages	47.0	High	High	High	High	Social Care		LA			Private Sector	Winter Pressures Grant	£441,427	New
2	Additional Residential Care Placements	Additional Residential Care Placements	Personalised Care at Home			Placements	31.0	High	High	High	Low	Social Care		LA			Private Sector	Winter Pressures Grant	£156,920	New
2	Social Work Hospital Team	Social workers from Isle of Wight Council (IWCC) work with patients and their families within St Mary's Hospital, to provide them with advice and support to help facilitate a safe discharge from hospital.	Integrated Care Planning and Navigation	Care Coordination				High	High	High	High	Social Care		LA			Local Authority	Minimum CCG Contribution	£352,484	Existing
3	CCG Carers Funding	See below	Carers Services	Respite Services				Medium	Low	Medium	Low	Continuing Care		CCG			Private Sector	Minimum CCG Contribution	£295,656	Existing
3	Carers Prospectus	The prospectus grant funding for carers support opened with an invitation to groups, organisations and not for profit enterprises of all types to bid for grant funding that they could use to improve the lives of carers living on the Isle of Wight. This funding was successfully awarded to Carers IW. Carers IW provide a central location for all carers across the island to access; <ul style="list-style-type: none"> • information and advice • emotional support • peer support from other carers • support groups • training • respite opportunities • dedicated male carer support 	Carers Services	Carer Advice and Support				Medium	Medium	High	Low	Social Care		LA		Charity / Voluntary Sector	Minimum CCG Contribution	£87,500	Existing	

5	Support for Providers	Financial assessment team – assessing financial contribution towards social care services, direct payment budget administration Commissioning new services within the market ensuring the right provision and services are available for all individuals to remain as independent as possible Social work practice - ensuring eligible social care needs are identified and appropriately assessed	Care Act Implementation Related Duties	Other	Market management and quality improvement			Medium	Medium	High	Low	Social Care		LA			Charity / Voluntary Sector	IBCF	£80,000	Existing
6	VCS - Living Well	Supporting people to remain independent and at home drawing on personal and community based assets to meet their needs. A living well team will support the person to meet their needs. The emphasis will be on the provision of VCS support.	Prevention / Early Intervention	Other	Managing demand			High	Low	High	Medium	Social Care		LA			Charity / Voluntary Sector	IBCF	£480,321	Existing
7	Community Equipment Store	Community Equipment Service provides equipment that enables people who require assistance to perform essential activities of daily living to maintain their dignity and independence.	Community Based Schemes					Medium	High	Medium	High	Social Care		LA			Local Authority	Minimum CCG Contribution	£467,523	Existing
7	Community Equipment Store	As above	Community Based Schemes					Medium	High	Medium	High	Social Care		LA			Local Authority	Additional LA Contribution	£726,447	Existing
7	Sensory Impairment Contract	Voluntary Sector sensory impairment	Community Based Schemes					Medium	Medium	Low	High	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£15,400	Existing
7	Sensory Impairment Contract	Voluntary Sector sensory impairment	Community Based Schemes					Medium	Medium	Low	High	Social Care		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£38,985	Existing
7	Sensory Impairment Contract	Voluntary Sector sensory impairment	Community Based Schemes					Medium	Medium	Low	High	Social Care		LA			Charity / Voluntary Sector	Additional LA Contribution	£158,000	Existing
7	Assistive Technology	Funded being provided by the IBCF this Service will involve the development of the existing assistive technology offer together with a number of projects working specifically to bring about a culture change where assistive technology and enabling technology will become part of the core offer in terms of health and social care.	Assistive Technologies and Equipment	Community Based Equipment				High	Low	High	Medium	Social Care		CCG			NHS Community Provider	Minimum CCG Contribution	£42,950	Existing
7	Independent Living Centre	This service is to support the concepts of independent living and lessen dependence on statutory services through the provision of information and advice within an independent living centre. In addition this service also enable individuals who experience service provided by the local authority and the NHS to be able to shape and direct the services that they need to live the life they choose, through a user led organisation (ULO).	Prevention / Early Intervention	Other	Promoting Independence			Low	Low	Low	Medium	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£31,000	Existing
7	Wheelchair Service	Clinically based assessment, prescription and provision of essential mobility equipment in the form of manual and powered wheelchairs with specialised seating and cushions, modifications and accessories (where required) for people with no, or a very reduced ability, to walk.	Community Based Schemes					Low	Medium	Low	Medium	Social Care		CCG			Private Sector	Minimum CCG Contribution	£671,529	Existing
7	Disabled Facilities Grant (Capital)	Grant funding of adaptations is administered through the Housing Renewal Team. The service deals with ensuring people have access to safe and secure housing and an element of their work programming is to enable property owners and occupants to carry out adaptations to their property which will improve the occupier(s) access to the property, around the property and to all essential services, thus allowing people to continue to live at home safely. This is provided through facilitating access to Disabled Facilities Grant to fund adaptations. The service deals with referrals direct from Occupational therapy,	DFG Related Schemes	Adaptations				Low	High	Low	High	Social Care		LA			Private Sector	DFG	£2,002,408	Existing
8	Community Occupational Therapy	Community Occupational Therapy	Community Based Schemes					High	High	Low	High	Social Care		LA			Local Authority	Additional LA Contribution	£501,658	Existing
8	Community Reablement / Seven Day Working	For the purpose of these services Reablement refers particularly to the restoration of lost skills in adults with physical health needs, for example due to an infection or a fall. It has recently defined as "the active process of an individual regaining the skills, confidence and independence to enable them to do the things for themselves, rather than having things done for them"	Intermediate Care Services	Reablement/Rehabilitation Services		Hours of Care	25,596.0	High	High	High	High	Social Care		LA			Private Sector	Minimum CCG Contribution	£1,602,822	Existing

8	CCG Reablement	Reablement Services	Community Based Schemes					Medium	Low	Low	High	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£267,996	Existing
8	Adelaide Resource Centre	The Adelaide is a 24 bed residential setting in Ryde	Intermediate Care Services	Reablement/Rehabilitation Services		Placements	156.0	Medium	High	High	High	Social Care		LA			Local Authority	Minimum CCG Contribution	£349,440	Existing
8	Adelaide Resource Centre	As above	Intermediate Care Services	Reablement/Rehabilitation Services		Placements	-	Medium	High	High	High	Social Care		LA			Local Authority	Additional LA Contribution	£899,588	Existing
8	Gouldings Resource Centre	Gouldings is a 35 bed residential setting in Freshwater	Intermediate Care Services	Reablement/Rehabilitation Services		Placements	182.0	Medium	High	High	High	Social Care		LA			Local Authority	Minimum CCG Contribution	£393,120	Existing
8	Gouldings Resource Centre	As above	Intermediate Care Services	Reablement/Rehabilitation Services		Placements	-	Medium	High	High	High	Social Care		LA			Local Authority	Additional LA Contribution	£869,302	Existing
8	Rehab and Re-ablement beds	Rehab and Re-ablement beds	Intermediate Care Services	Reablement/Rehabilitation Services		Placements	48.0	Medium	Medium	Medium	High	Community Health		CCG			Private Sector	Additional CCG Contribution	£2,121,035	Existing
8	Life After Stroke Service	Community based stroke services	Community Based Schemes					Low	Low	Low	Medium	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£53,629	Existing
8	Trust Rehab Team	Trust Rehab Team	Community Based Schemes					Medium	Medium	Medium	Medium	Community Health		CCG			NHS Community Provider	Additional CCG Contribution	£3,255,319	Existing
8	IBCF - Reablement	Additional reablement capacity	Intermediate Care Services	Reablement/Rehabilitation Services		Packages	277.0	Medium	Medium	Medium	Medium	Social Care		LA			NHS Community Provider	IBCF	£520,935	Existing
8	GP Support for Rehab Beds	Part of Trust rehab team	Community Based Schemes					Medium	Medium	Medium	Medium	Community Health		CCG			NHS Community Provider	Additional CCG Contribution	£59,760	Existing
9	Mental Health Day Services	The provider will deliver a service that promotes principles of hope, self-determination, personal agency, social inclusion and choice, encouraging and supporting people's recovery journeys and improving individuals experience of mental health care	Community Based Schemes					Medium	Low	Medium	Low	Mental Health		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£55,854	Existing
9	Mental Health Social Work Team	ASC MH Social Work Team	Integrated Care Planning and Navigation	Care Coordination				Medium	High	Medium	Low	Mental Health		LA			Local Authority	Additional LA Contribution	£628,995	Existing
9	Woodlands NHS Staff	Woodlands NHS Staff	Community Based Schemes					Medium	Low	Low	Medium	Mental Health		CCG			NHS Mental Health Provider	Additional CCG Contribution	£1,319,280	Existing
9	Social Care Contribution to Woodlands	The Woodlands provision currently operates a traditional model that supports individuals that may be detained under the Mental Health Act 2007 such as section 3 or section 37/41 as a ward off site from Sevenacres, St Mary's Hospital.	Community Based Schemes					Medium	Low	Low	Medium	Social Care		LA			Local Authority	Minimum CCG Contribution	£147,000	Existing
9	MH Grant Agreements	Grants agreements with the voluntary sector for the provision of MH Safe Haven	Prevention / Early Intervention	Other	Managing Demand			High	Low	Low	Medium	Mental Health		CCG			Charity / Voluntary Sector	Additional CCG Contribution	£150,000	Existing
10	Respite Support (Westminster House)	Respite Services	Intermediate Care Services	Bed Based - Step Up/Down		No. of beds	4.0	Low	Low	Medium	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£424,896	Existing
10	High Cost Placements	High cost placements to meet complex needs	Residential Placements	Care Home		Placements	84.0	Medium	High	High	Low	Social Care		LA			Private Sector	Additional LA Contribution	£7,019,444	Existing
11	No Barriers Team	No Barriers is run as part of the Isle of Wight Council's Community Well Being and Social Care Directorate. This service offers guidance and support for people with a learning disability develop skills and gain access to employment.	Prevention / Early Intervention	Other	Employment support			Not applicable	Not applicable	Low	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£120,678	Existing
11	MH Employment Support	OSEL follows the Individual Placement and Support (IPS) model which is recommended by NICE guidance (NICE guideline CG178) and has four full time staff. The Employment Support Service works in partnership with the Citizens Advice Bureau and offers advice and signposting to service users and workers in both Primary and Secondary Care services.	Prevention / Early Intervention	Other	Employment support			Not applicable	Not applicable	Low	Low	Mental Health		CCG			Charity / Voluntary Sector	Additional CCG Contribution	£26,406	Existing
12	Continuing Health Care (CHC)	CHC is a package of care for people, aged 18 plus, who are assessed as having significant ongoing healthcare needs. It is arranged and funded by the NHS. In essence if a person receives care in their own home and is eligible for CHC the NHS covers the cost of the support needed from health professionals and the cost of personal care which can include help with washing and getting dressed, if a person is a resident of a care home or nursing home the NHS pays the persons care home fees. Unlike adult social care funding CHC is not means tested and is free at the point of need however there is a clear legislative framework	Integrated Care Planning and Navigation	Care Planning, Assessment and Review				High	High	High	Medium	Continuing Care		CCG			Private Sector	Additional CCG Contribution	£13,054,687	New
12	Continuing Health Care (Admin)	As part of this transfer of CHC functions from the Trust to the IOW CCG a full resource and capacity analysis was undertaken, and a service restructure put in place. To date the increased staffing structure to meet the activity requirements (previously commissioned from the Trust) has been put in place by the IOW CCG.	Other		Infrastructure support			Low	High	High	Medium	Continuing Care		CCG			CCG	Additional CCG Contribution	£758,436	New
12	Funding Nursing Care (FNC)	This Scheme Specification provides the detail in relation to the payment of Free Nursing Care (FNC).	Integrated Care Planning and Navigation	Care Planning, Assessment and Review				Medium	Medium	Medium	Not applicable	Social Care		CCG			Private Sector	Additional CCG Contribution	£1,886,495	New
12	Funding Nursing Care (FNC)	This Scheme Specification provides the detail in relation to the payment of Free Nursing Care (FNC).	Integrated Care Planning and Navigation	Care Planning, Assessment and Review				Medium	Medium	Medium	Not applicable	Social Care		CCG			Private Sector	Minimum CCG Contribution	£321,332	New
13	Care Act Implementations & Infrastructure	Care Act Implementations & Infrastructure	Care Act Implementation Related Duties	Other	Infrastructure support			Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£588,871	Existing

13	User Led Organisation (People Matter)	User led participation and engagement	Enablers for Integration	Market development (inc Vol sector)				Low	Low	Low	Low	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£50,000	Existing
14	Maintenance of Adult Social Care Provision	Maintenance of Adult Social Care Provision	Care Act Implementation Related Duties	Other	Infrastructure support			Low	Medium	Medium	Medium	Social Care		LA			Local Authority	IBCF	£4,150,739	Existing

[^^ Link back up](#)

Scheme Type	Description	Sub Type
Assistive Technologies and Equipment	Using technology in care processes to supportive self-management,	Telecare
Care Act Implementation Related Duties	Funding planned towards the implementation of Care Act related	Deprivation of Liberty Safeguards (DoLS)
Carers Services	Supporting people to sustain their role as carers and reduce the	Carer Advice and Support
Community Based Schemes	Schemes that are based in the community and constitute a range of	
DFG Related Schemes	The DFG is a means-tested capital grant to help meet the costs of	Adaptations
Enablers for Integration	Schemes that build and develop the enabling foundations of health	
High Impact Change Model for Managing Transfer of	The eight changes or approaches identified as having a high impact	Chg 1. Early Discharge Planning
Home Care or Domiciliary Care	A range of services that aim to help people live in their own homes	
Housing Related Schemes	This covers expenditure on housing and housing-related services	
Integrated Care Planning and Navigation	Care navigation services help people find their way to appropriate	Care Coordination
Intermediate Care Services	Short-term intervention to preserve the independence of people	Bed Based - Step Up/Down
Personalised Budgeting and Commissioning	Various person centred approaches to commissioning and budgeting,	Personal Health Budgets
Personalised Care at Home	Schemes specifically designed to ensure that a person can continue	
Prevention / Early Intervention	Services or schemes where the population or identified high-risk	Social Prescribing
Residential Placements	Residential placements provide accommodation for people with	Supported Living
Other	Where the scheme is not adequately represented by the above	

[^^ Link back up](#)

Better Care Fund 2019/20 Template

7. High Impact Change Model

Selected Health and Wellbeing Board:

Isle of Wight

Explain your priorities for embedding elements of the High Impact Change Model for Managing Transfers of Care locally, including:

- Current performance issues to be addressed
- The changes that you are looking to embed further - including any changes in the context of commitments to reablement and Enhanced Health in Care Homes in the NHS Long-Term Plan
- Anticipated improvements from this work

The HICM is clearly identified within the Health and Care Plan as the framework that underpins key phases of delivery and transformation and the plan has already prioritised opportunities and begun rapid implementation of three key areas. These are described as:

1. Supporting return to home
2. Onwards Care and Independent Living

		Please enter current position of maturity	Please enter the maturity level planned to be reached by March 2020	If the planned maturity level for 2019/20 is below established, please state reasons behind that?
Chg 1	Early discharge planning	Plans in place	Established	Chg 1 Early Discharge Planning & Chg 2 Systems to monitor Patient Flow : Trust admission system has been enhanced and updated to monitor admissions and flow more effectively. This is now following Red to Green principles and uses the EDD generate at admission to drive MDT discussions and earlier discharges. PDSA processes are being used to monitor effective implementation. Impact on length of stay and readmission are among the key metrics. The electronic and paper admission pack (include patient facing information) and choice letters have been refreshed and are being monitored as above. There is also patient and user feedback being built in to this work.
Chg 2	Systems to monitor patient flow	Established	Established	(see above)
Chg 3	Multi-disciplinary/Multi-agency discharge teams	Established	Mature	Chg 3 Multi-disciplinary/Multi-agency discharge teams : The system is building on the well established patient navigation team with more emphasis on complex discharge. An Integrated Complex Discharge team has been established since May 2019. This team begins it work on admission through MAU for those people identified with complex needs (often pathway 3). This team supports the patient journey through to discharge. Again contributing to reducing LOS is a focus for this work. Trust rehab and ASC reablement teams have been integrated operational through a single point of access to oversee all pathway 2 referrals- monitored through early discharge, reducing LoS and appropriate referrals made to the team. Adult Social Care have identified a named Social Worker for every ward and will take ownership interms of liaising with ward based staff to improve relationships and communications
Chg 4	Home first / discharge to assess	Established	Mature	The integration of CHC and the focus on complex patients (pathway 3) over the last 12 months has helped the system to implement its D2A approach. Pathway 2 is being improved through the integration describe for change 3 Pathway 1 is being driven with support from the voluntary sector including, British Redcross, Age UK IOW and the wider Living Well partnership. We have identified and quantified cohorts of patients that require alternative short term accommodation to support their complex needs- examples include bariatric and people with step down complex neuro. We will pilot over the coming winter a small number of flats with supported care attached. This will then be rolled out as part of extra care offers. This will have a positive (albeit small numbers of people but often long stays) impact on flow.

Chg 5	Seven-day service	Established	Established	<p>Ensuring seven-day service provision is established and clearly embedded as mature practice in some service areas, but can't be described as fully mature. ASC services for example used winter resources to pilot 7 day working within the hospital setting- including Social workers in ED as well as brokerage support aiding weekend discharge work. This is now core business</p> <p>Crisis responses services within the community division have also increased front door presence over the weekend.</p> <p>Making changes to working culture practice in the acute setting is an example of where work is ongoing. This is being led through the Trust processes workstream.</p>
Chg 6	Trusted assessors	Not yet established	Established	<p>This remains an area of challenge locally. Attempts to work in partnership with the Independent sector over the past 18 months including system investment in roles and secondment opportunities from the sector to develop trusted assessment have not been taken up as anticipated. The Local Authority continues to lead sector engagement building on an IBCF funded secondment role, through regular forums, network events and specific activities, but 'trust' in statutory system partners re discharge and assessment remains patchy.</p> <p>The system has trusted assessment in place through its community rehab & reablement providers. This is now criteria led and aligns with work to improve pathway 2.</p> <p>Overall improving discharge practice e.g. improving medications, communications, equipment will build 'trust' and confidence in the system</p> <p>As part of winter planning work discussions to reset relationships with the sector are taking place. Where will aim to establish common goals and targets.</p>
Chg 7	Focus on choice	Established	Mature	<p>Choice letters, information and processes have been refreshed as part of the work on admissions/discharge planning.</p> <p>The 'Carers' lounge is in place to support self-funders find appropriate care solutions. This works alongside ASC brokerage and single point of commissioning. ASC continue to offer support and choice for both ASC clients and self-funders (free of charge)</p>
Chg 8	Enhancing health in care homes	Established	Mature	<p>Work in this area is maturing well. The system has a range of successful interventions in place, including:</p> <p>Quality matrix-led by the integrated ASC/CCG quality team- which was co-designed with the sector and can evidence sector improvement and improved relationships with CQC.</p> <p>Medicines optimisation team are supporting meds management within nursing and residential sectors, liaising effectively.</p> <p>PCNs have identified lead practices for each care home</p> <p>Established sector leadership and quality training, led by the Mountbatten Hospice- that has high up take and can demonstrate impact on improved CQC ratings.</p> <p>ASC led sector forums are well established aiding communication loops and co-design work.</p> <p>There are also well established programmes of tech enabled care in nursing homes. This being expanded further e.g. tele swallowing and diabetic foot care solutions.</p>

Better Care Fund 2019/20 Template

8. Metrics

Selected Health and Wellbeing Board:

Isle of Wight

8.1 Non-Elective Admissions

	19/20 Plan	Overview Narrative
Total number of specific acute non-elective spells per 100,000 population	Collection of the NEA metric plans via this template is not required as the BCF NEA metric plans are based on the NEA CCG Operating plans submitted via SDCS.	<p>The delivery of our existing BCF plan has contributed positively to managing levels of NEAs in 2018/19 and through future BCF activity we aim to continue to negate the population growth impact identified for 2019/20.</p> <p>The 'Island Health and Care Plan' work streams provide a clear articulation of how a focus on the community model will help to maintain people in the community, reducing the need for emergency and non-elective admissions. The system has challenged itself to mitigate growth in Non Elective Admissions and strive to reduce levels as far as possible.</p> <p>For 2019/20 our planned growth is 0.9% in Non Elective Admissions overall. This includes 0.1% on 1+ day length of stay. The further growth will be driven through increased same day emergency care (SDEC) activity which is 0 Length of stay but remains coded as admissions.</p> <p>We will continue to build on the work that has had a positive impact over the last 2 years which and will be driven through expansion of same day emergency care, and the commencement of the Urgent Treatment Centre (UTC) in November 2019. UTC is a joint consultant/GP led service, (co located alongside the ED) and will stream all minors and provide bookable slots for 111 dispositions and also directly to and from primary care. The model is built on an integrated workforce that links- UTC, ED, 111 and out of hours staff. Concurrently there is work to improve ED efficiency to achieve the 4hr standard consistently and also improve delays with speciality input into the admissions processes. In the medium term the further expansion of Same Day Emergency Care (SDEC) approaches will contribute to maintaining lower non-elective admissions. SDEC, will directly receive the majority of GP/Community referrals and look to undertake rapid diagnostics, stabilise and instigate treatment allowing for return and management by primary care and the integrated locality based services (ILS). Additionally, the system has recently signed up to the National SDEC accelerator programme to drive this forward.</p>

Please set out the overall plan in the HWB area for reducing Non-Elective Admissions, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

Plans are yet to be finalised and signed-off so are subject to change; for the latest version of the NEA CCG operating plans at your HWB footprint please contact your local Better Care Manager (BCM) in the first instance or write in to the support inbox: ENGLAND.bettercaresupport@nhs.net

8.2 Delayed Transfers of Care

	19/20 Plan	Overview Narrative
Delayed Transfers of Care per day (daily delays) from hospital (aged 18+)	6.7	<p>As already described the system has a well-established weekly oversight of the system DTOC target, which drives the operational level focus on reducing DTOC all year round. At the strategic level the Health and Care Plan recognises that the current care model and system inefficiencies have a disproportionate impact on long length of stay, and delays in transfer of care across all settings, and therefore impacts on flow and our ability manage care effectively from the ED/front door through the acute hospital and helping people to return home.</p> <p>The focus of the plan is to reduce dependency on the acute model and rapidly redesign community services. PCN and Integrated Locality Teams development are the cornerstone of the model of care, but with a specific reference to DTOC the Onward Care and Independence work stream is leading rapid transformation and integration of community services, for example including developing a single integrated rehab & reablement service, reviewing the current provision of bedded care with a view to recommissioning intermediate care. A significant investment ahead of winter is also the recruitment of increased internal domiciliary care provision.</p> <p>The use of winter resources is factored into the Health and Care Plan. Development of winter and broader seasonal resilience work is co-ordinated through the A&E Delivery Board, which now links to the Health and Care Plan governance and reports directly to the LCB (see appendix E).</p>

Please set out the overall plan in the HWB area for reducing Delayed Transfers of Care to meet expectations set for your area. This should include any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric. Include in this, your agreed plan for using the Winter Pressures grant funding to support the local health and care system to manage demand pressures on the NHS, with particular reference to seasonal winter pressures.

Please note that the plan figure for Greater Manchester has been combined, for HWBs in Greater Manchester please comment on individuals HWBs rather than Greater Manchester as a whole. Please note that due to the merger of Bournemouth, Christchurch and Poole to a new Local Authority will mean that planning information from 2018/19 will not reflect the present geographies.

8.3 Residential Admissions

		18/19 Plan	19/20 Plan	Comments
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	603	451	ASC exceeded the 3-year target reduction for this metric in the first year (17/18) and continues to improve, ongoing performance is currently measured in line with national figures. 2017/18 Nat avg. = 585.6. Figures provided show ASC position at Aug-19. To date 180 new placements have been made in the previous 12 month period (Sept-18 to Aug 19) this equates to a rate of 451, there continues to be an ongoing reduction in the rate per 100k month on month.
	Numerator	237	180	
	Denominator	39,294	39,925	

Please set out the overall plan in the HWB area for reducing rates of admission to residential and nursing homes for people over the age of 65, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2016 based Sub-National Population Projections for Local Authorities in England;

Please note that due to the merger of the Bournemouth, Christchurch and Poole Local Authorities, this will mean that planning information from 2018/19 will not reflect the present geographies.

8.4 Reablement

		18/19 Plan	19/20 Plan	Comments
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	84.3%	83.8%	2018/19 IOW outturn for this measure stands at 73.4 with the 17/18 National average at 82.9. Performance is currently measured against the national average, therefore during 18/19 with the IOW average number of people discharged into reablement per month at 41 (123 per Qtr) to be in-line with the national average the number of older people at home 91 days from discharge would equate to 102. The figures provided for the planned outturn for 2019/20 indicate a 20% increase on current performance levels which will then be in line with the national average. Discharges from hospital made too early will have a direct impact on this measure, as it will see higher numbers readmitted or placed into Residential care.
	Numerator	118	124	
	Denominator	140	148	

Please set out the overall plan in the HWB area for increasing the proportion of older people who are still at home 91 days after discharge from hospital into reablement/rehabilitation, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

Please note that due to the merger of the Bournemouth, Christchurch and Poole Local Authorities, this will mean that planning information from 2018/19 will not reflect the present geographies.

Better Care Fund 2019/20 Template
9. Confirmation of Planning Requirements

Selected Health and Wellbeing Board:

Ile of Wight

Theme	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframe for meeting it
NC1: Jointly agreed plan	PR1	A jointly developed and agreed plan that all parties sign up to	<p>Has a plan, jointly developed and agreed between CCG(s) and LA, been submitted?</p> <p>Has the HWB approved the plan/delegated approval pending its next meeting?</p> <p>Have local partners, including providers (VCI representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan?</p> <p>Do the governance arrangements described support collaboration and integrated care?</p> <p>Where the strategic narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure, metric and HCM sections of the plan been submitted for each HWB concerned?</p>	Yes	Appendix C - Ile of Wight Health and Care Plan_04.09.19		
	PR2	A clear narrative for the integration of health and social care	<p>Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that covers:</p> <ul style="list-style-type: none"> - Person centred care, including approaches to delivering joint assessments, promoting choice, independence and personalised care? - A clear approach at HWB level for integrating services that supports the overall approach to integrated care and confirmation that the approach supports delivery at the interface between health and social care? - A description of how the local BCF plan and other integration plans e.g. STP/ICs align? - Is there a description of how the plan will contribute to reducing health inequalities (as per section 4 of the Health and Social Care Act) and to reduce inequalities for people with protected characteristics under the Equality Act 2010? This should include confirmation that equality impacts of the local BCF plan have been considered, a description of local priorities related to health inequality and equality that the BCF plan will contribute to addressing. <p>Has the plan summarised any changes from the previous planning period? And noted (where appropriate) any lessons learnt?</p>	Yes	Appendix A - Island Community Service Model Programmes		
	PR3	A strategic, joined up plan for DFG spending	<p>Is there confirmation that use of DFG has been agreed with housing authorities?</p> <p>Does the narrative set out a strategic approach to using housing support, including use of DFG funding that supports independence at home.</p> <p>In two tier areas, has:</p> <ul style="list-style-type: none"> - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory Disabled Facilities Grants? - The funding been passed in its entirety to district councils? 	Yes	Appendix B - Adaptations for Disabled People - Provision of version 11.4 Final Appendix DS - Telehealth		
NC2: Social Care Maintenance	PR4	A demonstration of how the area will maintain the level of spending on social care services from the CCG minimum contribution to the fund in line with the uplift in the overall contribution	Does the total spend from the CCG minimum contribution on social care match or exceed the minimum required contribution (auto-validated on the planning template)?	Yes			
NC3: NHS commissioned Out of Hospital Services	PR5	Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the CCG minimum BCF contribution?	Does the total spend from the CCG minimum contribution on non-acute, NHS commissioned care exceed the minimum ringfence (auto-validated on the planning template)?	Yes			
NC4: Implementation of the High Impact Change Model for Managing Transfers of Care	PR6	Is there a plan for implementing the High Impact Change Model for managing transfers of care?	<p>Does the BCF plan demonstrate a continued plan in place for implementing the High Impact Change Model for Managing Transfers of Care?</p> <p>Has the area confirmed the current level of implementation and the planned level at March 2020 for all eight changes?</p> <p>Is there an accompanying overall narrative setting out the priorities and approach for ongoing implementation of the HICM?</p> <p>Does the level of ambition set out for implementing the HICM changes correspond to performance challenges in the system?</p> <p>If the current level of implementation is below established for any of the HICM changes, has the plan included a clear explanation and set of actions towards establishing the change as soon as possible in 2019-20?</p>	Yes	Appendix D, D1, D2, D3, D4, D5 -OCI Business Case		

Agreed expenditure plan for all elements of the BCF	PK7	Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?	<p>Have the planned schemes been assigned to the metrics they are aiming to make an impact on?</p> <p>Expenditure plans for each element of the BCF pool match the funding inputs? (auto-validated)</p> <p>Is there confirmation that the use of grant funding is in line with the relevant grant conditions? (tick-box)</p> <p>Is there an agreed plan for use of the Winter Pressures grant that sets out how the money will be used to address expected demand pressures on the Health system over Winter?</p> <p>Has funding for the following from the CCG contribution been identified for the area?</p> <ul style="list-style-type: none"> - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Respite care? 	Yes	Appendix E - LCB Winter Pressure Funding v2		
	PK8	Indication of outputs for specified scheme types	Has the area set out the outputs corresponding to the planned scheme types (Note that this is only for where any of the specified set of scheme types requiring outputs are planned)? (auto-validated)	Yes			
Metrics	PK9	Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?	<p>Is there a clear narrative for each metric describing the approach locally to meeting the ambition set for that metric?</p> <p>Is there a proportionate range of scheme types and spend included in the expenditure section of the plan to support delivery of the metric ambitions for each of the metrics?</p> <p>Do the narrative plans for each metric set out clear and ambitious approaches to delivering improvements?</p> <p>Have stretching metrics been agreed locally for:</p> <ul style="list-style-type: none"> - Metric 2: Long term admission to residential and nursing care homes - Metric 3: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement 	Yes			

CCG to Health and Well-Being Board Mapping for 2019/20

HWB Code	LA Name	CCG Code	CCG Name	% CCG in HWB	% HWB in CCG
E0900002	Barking and Dagenham	07L	NHS Barking and Dagenham CCG	90.7%	87.4%
E0900002	Barking and Dagenham	08F	NHS Havering CCG	6.9%	8.3%
E0900002	Barking and Dagenham	08M	NHS Newham CCG	0.4%	0.6%
E0900002	Barking and Dagenham	08N	NHS Redbridge CCG	2.5%	3.5%
E0900002	Barking and Dagenham	08W	NHS Waltham Forest CCG	0.1%	0.1%
E0900003	Barnet	07M	NHS Barnet CCG	91.1%	92.1%
E0900003	Barnet	07P	NHS Brent CCG	2.0%	1.8%
E0900003	Barnet	07R	NHS Camden CCG	1.0%	0.7%
E0900003	Barnet	09A	NHS Central London (Westminster) CCG	0.2%	0.1%
E0900003	Barnet	07X	NHS Enfield CCG	3.0%	2.4%
E0900003	Barnet	08C	NHS Hammersmith and Fulham CCG	0.3%	0.2%
E0900003	Barnet	08D	NHS Haringey CCG	2.2%	1.6%
E0900003	Barnet	08E	NHS Harrow CCG	1.2%	0.8%
E0900003	Barnet	06N	NHS Herts Valleys CCG	0.0%	0.1%
E0900003	Barnet	08H	NHS Islington CCG	0.2%	0.1%
E0900003	Barnet	08Y	NHS West London (K&C & QPP) CCG	0.2%	0.1%
E0800016	Barnsley	02P	NHS Barnsley CCG	94.6%	98.1%
E0800016	Barnsley	02X	NHS Doncaster CCG	0.3%	0.4%
E0800016	Barnsley	03A	NHS Greater Huddersfield CCG	0.2%	0.2%
E0800016	Barnsley	03L	NHS Rotherham CCG	0.3%	0.3%
E0800016	Barnsley	03N	NHS Sheffield CCG	0.2%	0.4%
E0800016	Barnsley	03R	NHS Wakefield CCG	0.4%	0.6%
E0600022	Bath and North East Somerset	11E	NHS Bath and North East Somerset CCG	93.5%	98.3%
E0600022	Bath and North East Somerset	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	0.2%	0.9%
E0600022	Bath and North East Somerset	11X	NHS Somerset CCG	0.2%	0.5%
E0600022	Bath and North East Somerset	99N	NHS Wiltshire CCG	0.1%	0.3%
E0600055	Bedford	06F	NHS Bedfordshire CCG	37.7%	97.4%
E0600055	Bedford	06H	NHS Cambridgeshire and Peterborough CCG	0.4%	1.9%
E0600055	Bedford	04G	NHS Nene CCG	0.2%	0.6%
E0900004	Bexley	07N	NHS Bexley CCG	93.4%	89.8%
E0900004	Bexley	07Q	NHS Bromley CCG	0.1%	0.1%
E0900004	Bexley	09J	NHS Dartford, Gravesham and Swanley CCG	1.4%	1.5%
E0900004	Bexley	08A	NHS Greenwich CCG	7.2%	8.4%
E0900004	Bexley	08L	NHS Lewisham CCG	0.1%	0.1%
E0800025	Birmingham	15E	NHS Birmingham and Solihull CCG	78.4%	81.7%
E0800025	Birmingham	05C	NHS Dudley CCG	0.2%	0.0%
E0800025	Birmingham	05J	NHS Redditch and Bromsgrove CCG	3.1%	0.4%
E0800025	Birmingham	05L	NHS Sandwell and West Birmingham CCG	39.2%	17.8%
E0800025	Birmingham	05Y	NHS Walsall CCG	0.5%	0.1%
E0600008	Blackburn with Darwen	00Q	NHS Blackburn with Darwen CCG	88.9%	95.8%
E0600008	Blackburn with Darwen	00T	NHS Bolton CCG	1.2%	2.3%
E0600008	Blackburn with Darwen	00V	NHS Bury CCG	0.2%	0.2%
E0600008	Blackburn with Darwen	01A	NHS East Lancashire CCG	0.7%	1.7%
E0600009	Blackpool	00R	NHS Blackpool CCG	86.4%	97.6%
E0600009	Blackpool	02M	NHS Fylde & Wyre CCG	2.1%	2.4%
E0800001	Bolton	00T	NHS Bolton CCG	97.3%	97.5%
E0800001	Bolton	00V	NHS Bury CCG	1.5%	1.0%
E0800001	Bolton	00X	NHS Chorley and South Ribble CCG	0.2%	0.1%
E0800001	Bolton	01G	NHS Salford CCG	0.6%	0.5%
E0800001	Bolton	02H	NHS Wigan Borough CCG	0.8%	0.9%
E0600058	Bournemouth, Christchurch and Poole	11J	NHS Dorset CCG	52.4%	99.7%
E0600058	Bournemouth, Christchurch and Poole	11A	NHS West Hampshire CCG	0.2%	0.3%
E0600036	Bracknell Forest	15A	NHS Berkshire West CCG	0.5%	2.0%
E0600036	Bracknell Forest	15D	NHS East Berkshire CCG	26.1%	96.9%
E0600036	Bracknell Forest	99M	NHS North East Hampshire and Farnham CCG	0.6%	1.0%
E0600036	Bracknell Forest	10C	NHS Surrey Heath CCG	0.2%	0.1%
E0800032	Bradford	02N	NHS Airedale, Wharfedale and Craven CCG	67.2%	18.4%
E0800032	Bradford	02W	NHS Bradford City CCG	98.9%	23.9%
E0800032	Bradford	02R	NHS Bradford Districts CCG	98.0%	56.3%
E0800032	Bradford	02T	NHS Calderdale CCG	0.2%	0.0%
E0800032	Bradford	15F	NHS Leeds CCG	0.9%	1.4%
E0800032	Bradford	03J	NHS North Kirklees CCG	0.2%	0.0%
E0900005	Brent	07M	NHS Barnet CCG	2.3%	2.4%
E0900005	Brent	07P	NHS Brent CCG	89.7%	86.4%
E0900005	Brent	07R	NHS Camden CCG	3.9%	2.8%
E0900005	Brent	09A	NHS Central London (Westminster) CCG	1.3%	0.7%
E0900005	Brent	07W	NHS Ealing CCG	0.5%	0.6%
E0900005	Brent	08C	NHS Hammersmith and Fulham CCG	0.6%	0.4%
E0900005	Brent	08E	NHS Harrow CCG	5.9%	4.0%
E0900005	Brent	08Y	NHS West London (K&C & QPP) CCG	4.3%	2.7%
E0600043	Brighton and Hove	09D	NHS Brighton and Hove CCG	97.9%	99.7%
E0600043	Brighton and Hove	09G	NHS Coastal West Sussex CCG	0.1%	0.2%
E0600043	Brighton and Hove	99K	NHS High Weald Lewes Havens CCG	0.3%	0.1%
E0600023	Bristol, City of	11E	NHS Bath and North East Somerset CCG	0.1%	0.0%
E0600023	Bristol, City of	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	49.3%	100.0%
E0900006	Bromley	07N	NHS Bexley CCG	0.2%	0.1%
E0900006	Bromley	07Q	NHS Bromley CCG	94.6%	95.1%
E0900006	Bromley	07V	NHS Croydon CCG	1.2%	1.4%
E0900006	Bromley	08A	NHS Greenwich CCG	1.4%	1.2%
E0900006	Bromley	08C	NHS Hammersmith and Fulham CCG	0.1%	0.0%
E0900006	Bromley	08K	NHS Lambeth CCG	0.1%	0.2%
E0900006	Bromley	08L	NHS Lewisham CCG	1.9%	1.8%
E0900006	Bromley	99J	NHS West Kent CCG	0.1%	0.2%

E1000002	Buckinghamshire	06F	NHS Bedfordshire CCG	0.6%	0.5%
E1000002	Buckinghamshire	14Y	NHS Buckinghamshire CCG	94.4%	94.9%
E1000002	Buckinghamshire	15D	NHS East Berkshire CCG	1.4%	1.2%
E1000002	Buckinghamshire	06N	NHS Herts Valleys CCG	1.2%	1.4%
E1000002	Buckinghamshire	08G	NHS Hillingdon CCG	0.7%	0.4%
E1000002	Buckinghamshire	04F	NHS Milton Keynes CCG	1.3%	0.7%
E1000002	Buckinghamshire	04G	NHS Nene CCG	0.1%	0.2%
E1000002	Buckinghamshire	10Q	NHS Oxfordshire CCG	0.6%	0.7%
E0800002	Bury	00T	NHS Bolton CCG	0.8%	1.2%
E0800002	Bury	00V	NHS Bury CCG	94.0%	94.3%
E0800002	Bury	01A	NHS East Lancashire CCG	0.0%	0.2%
E0800002	Bury	01D	NHS Heywood, Middleton and Rochdale CCG	0.4%	0.5%
E0800002	Bury	14L	NHS Manchester CCG	0.6%	2.0%
E0800002	Bury	01G	NHS Salford CCG	1.4%	1.9%
E0800003	Calderdale	02R	NHS Bradford Districts CCG	0.4%	0.6%
E0800003	Calderdale	02T	NHS Calderdale CCG	98.4%	98.9%
E0800003	Calderdale	03A	NHS Greater Huddersfield CCG	0.3%	0.3%
E0800003	Calderdale	01D	NHS Heywood, Middleton and Rochdale CCG	0.1%	0.1%
E1000003	Cambridgeshire	06F	NHS Bedfordshire CCG	1.1%	0.7%
E1000003	Cambridgeshire	06H	NHS Cambridgeshire and Peterborough CCG	71.8%	96.7%
E1000003	Cambridgeshire	06K	NHS East and North Hertfordshire CCG	0.8%	0.7%
E1000003	Cambridgeshire	99D	NHS South Lincolnshire CCG	0.3%	0.0%
E1000003	Cambridgeshire	07H	NHS West Essex CCG	0.2%	0.1%
E1000003	Cambridgeshire	07J	NHS West Norfolk CCG	1.6%	0.4%
E1000003	Cambridgeshire	07K	NHS West Suffolk CCG	4.0%	1.4%
E0900007	Camden	07M	NHS Barnet CCG	0.2%	0.3%
E0900007	Camden	07P	NHS Brent CCG	1.3%	1.9%
E0900007	Camden	07R	NHS Camden CCG	83.9%	88.9%
E0900007	Camden	09A	NHS Central London (Westminster) CCG	5.6%	4.8%
E0900007	Camden	08C	NHS Hammersmith and Fulham CCG	0.4%	0.3%
E0900007	Camden	08D	NHS Haringey CCG	0.5%	0.6%
E0900007	Camden	08H	NHS Islington CCG	3.2%	3.0%
E0900007	Camden	08Y	NHS West London (K&C & QPP) CCG	0.3%	0.2%
E0600056	Central Bedfordshire	06F	NHS Bedfordshire CCG	56.6%	95.0%
E0600056	Central Bedfordshire	14Y	NHS Buckinghamshire CCG	0.8%	1.5%
E0600056	Central Bedfordshire	06K	NHS East and North Hertfordshire CCG	0.3%	0.6%
E0600056	Central Bedfordshire	06N	NHS Herts Valleys CCG	0.4%	0.9%
E0600056	Central Bedfordshire	06P	NHS Luton CCG	2.3%	1.9%
E0600056	Central Bedfordshire	04F	NHS Milton Keynes CCG	0.1%	0.1%
E0600049	Cheshire East	15M	NHS Derby and Derbyshire CCG	0.1%	0.3%
E0600049	Cheshire East	01C	NHS Eastern Cheshire CCG	96.4%	50.2%
E0600049	Cheshire East	05G	NHS North Staffordshire CCG	1.1%	0.6%
E0600049	Cheshire East	01R	NHS South Cheshire CCG	98.6%	45.8%
E0600049	Cheshire East	01W	NHS Stockport CCG	1.6%	1.2%
E0600049	Cheshire East	02A	NHS Trafford CCG	0.2%	0.1%
E0600049	Cheshire East	02D	NHS Vale Royal CCG	0.6%	0.2%
E0600049	Cheshire East	02E	NHS Warrington CCG	0.7%	0.4%
E0600049	Cheshire East	02F	NHS West Cheshire CCG	1.9%	1.2%
E0600050	Cheshire West and Chester	01C	NHS Eastern Cheshire CCG	1.2%	0.7%
E0600050	Cheshire West and Chester	01F	NHS Halton CCG	0.2%	0.0%
E0600050	Cheshire West and Chester	01R	NHS South Cheshire CCG	0.5%	0.2%
E0600050	Cheshire West and Chester	02D	NHS Vale Royal CCG	99.4%	29.5%
E0600050	Cheshire West and Chester	02E	NHS Warrington CCG	0.4%	0.3%
E0600050	Cheshire West and Chester	02F	NHS West Cheshire CCG	96.9%	69.1%
E0600050	Cheshire West and Chester	12F	NHS Wirral CCG	0.3%	0.3%
E0900001	City of London	07R	NHS Camden CCG	0.2%	7.0%
E0900001	City of London	09A	NHS Central London (Westminster) CCG	0.1%	2.5%
E0900001	City of London	07T	NHS City and Hackney CCG	1.8%	70.4%
E0900001	City of London	08C	NHS Hammersmith and Fulham CCG	0.0%	1.2%
E0900001	City of London	08H	NHS Islington CCG	0.1%	3.6%
E0900001	City of London	08V	NHS Tower Hamlets CCG	0.4%	15.0%
E0900001	City of London	08Y	NHS West London (K&C & QPP) CCG	0.0%	0.2%
E0600052	Cornwall & Scilly	15N	NHS Devon CCG	0.3%	0.6%
E0600052	Cornwall & Scilly	11N	NHS Kernow CCG	99.7%	99.4%
E0600047	County Durham	00D	NHS Durham Dales, Easington and Sedgfield CCG	97.0%	52.4%
E0600047	County Durham	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.1%	0.0%
E0600047	County Durham	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.1%	0.0%
E0600047	County Durham	13T	NHS Newcastle Gateshead CCG	0.7%	0.7%
E0600047	County Durham	00J	NHS North Durham CCG	96.7%	46.3%
E0600047	County Durham	00P	NHS Sunderland CCG	1.2%	0.6%
E0800026	Coventry	05A	NHS Coventry and Rugby CCG	74.5%	99.8%
E0800026	Coventry	05H	NHS Warwickshire North CCG	0.4%	0.2%
E0900008	Croydon	07Q	NHS Bromley CCG	1.6%	1.3%
E0900008	Croydon	07V	NHS Croydon CCG	95.3%	93.2%
E0900008	Croydon	09L	NHS East Surrey CCG	2.9%	1.3%
E0900008	Croydon	08C	NHS Hammersmith and Fulham CCG	0.2%	0.0%
E0900008	Croydon	08K	NHS Lambeth CCG	3.0%	3.0%
E0900008	Croydon	08R	NHS Merton CCG	0.8%	0.4%
E0900008	Croydon	08T	NHS Sutton CCG	0.8%	0.4%
E0900008	Croydon	08X	NHS Wandsworth CCG	0.5%	0.5%

E1000006	Cumbria	01K	NHS Morecambe Bay CCG	54.0%	36.6%
E1000006	Cumbria	01H	NHS North Cumbria CCG	99.9%	63.4%
E0600005	Darlington	00C	NHS Darlington CCG	98.2%	96.1%
E0600005	Darlington	00D	NHS Durham Dales, Easington and Sedgfield CCG	1.2%	3.2%
E0600005	Darlington	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.1%	0.2%
E0600005	Darlington	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.6%
E0600015	Derby	15M	NHS Derby and Derbyshire CCG	26.5%	100.0%
E1000007	Derbyshire	02Q	NHS Bassetlaw CCG	0.2%	0.0%
E1000007	Derbyshire	15M	NHS Derby and Derbyshire CCG	70.9%	92.6%
E1000007	Derbyshire	05D	NHS East Staffordshire CCG	7.9%	1.4%
E1000007	Derbyshire	01C	NHS Eastern Cheshire CCG	0.3%	0.0%
E1000007	Derbyshire	04E	NHS Mansfield and Ashfield CCG	2.1%	0.5%
E1000007	Derbyshire	04L	NHS Nottingham North and East CCG	0.3%	0.0%
E1000007	Derbyshire	04M	NHS Nottingham West CCG	5.1%	0.6%
E1000007	Derbyshire	03N	NHS Sheffield CCG	0.5%	0.4%
E1000007	Derbyshire	01W	NHS Stockport CCG	0.1%	0.0%
E1000007	Derbyshire	01Y	NHS Tameside and Glossop CCG	13.9%	4.3%
E1000007	Derbyshire	04V	NHS West Leicestershire CCG	0.5%	0.2%
E1000008	Devon	15N	NHS Devon CCG	65.7%	99.2%
E1000008	Devon	11J	NHS Dorset CCG	0.3%	0.3%
E1000008	Devon	11N	NHS Kernow CCG	0.3%	0.2%
E1000008	Devon	11X	NHS Somerset CCG	0.4%	0.3%
E0800017	Doncaster	02P	NHS Barnsley CCG	0.3%	0.3%
E0800017	Doncaster	02Q	NHS Bassetlaw CCG	1.5%	0.6%
E0800017	Doncaster	02X	NHS Doncaster CCG	96.8%	97.8%
E0800017	Doncaster	03L	NHS Rotherham CCG	1.5%	1.2%
E0800017	Doncaster	03R	NHS Wakefield CCG	0.1%	0.2%
E0600059	Dorset	11J	NHS Dorset CCG	46.0%	95.6%
E0600059	Dorset	11X	NHS Somerset CCG	0.6%	0.9%
E0600059	Dorset	11A	NHS West Hampshire CCG	1.7%	2.5%
E0600059	Dorset	99N	NHS Wiltshire CCG	0.7%	1.0%
E0800027	Dudley	15E	NHS Birmingham and Solihull CCG	0.1%	0.6%
E0800027	Dudley	05C	NHS Dudley CCG	93.3%	90.7%
E0800027	Dudley	05L	NHS Sandwell and West Birmingham CCG	3.9%	6.9%
E0800027	Dudley	06A	NHS Wolverhampton CCG	1.8%	1.5%
E0800027	Dudley	06D	NHS Wyre Forest CCG	0.8%	0.3%
E0900009	Ealing	07P	NHS Brent CCG	1.8%	1.6%
E0900009	Ealing	09A	NHS Central London (Westminster) CCG	0.2%	0.1%
E0900009	Ealing	07W	NHS Ealing CCG	86.9%	90.4%
E0900009	Ealing	08C	NHS Hammersmith and Fulham CCG	5.5%	3.1%
E0900009	Ealing	08E	NHS Harrow CCG	0.4%	0.3%
E0900009	Ealing	08G	NHS Hillingdon CCG	0.7%	0.5%
E0900009	Ealing	07Y	NHS Hounslow CCG	4.7%	3.5%
E0900009	Ealing	08Y	NHS West London (K&C & QPP) CCG	0.7%	0.4%
E0600011	East Riding of Yorkshire	02Y	NHS East Riding of Yorkshire CCG	97.3%	85.1%
E0600011	East Riding of Yorkshire	03F	NHS Hull CCG	9.2%	7.9%
E0600011	East Riding of Yorkshire	03M	NHS Scarborough and Ryedale CCG	0.7%	0.2%
E0600011	East Riding of Yorkshire	03Q	NHS Vale of York CCG	6.6%	6.8%
E1000011	East Sussex	09D	NHS Brighton and Hove CCG	1.0%	0.6%
E1000011	East Sussex	09F	NHS Eastbourne, Hailsham and Seaford CCG	100.0%	34.7%
E1000011	East Sussex	09P	NHS Hastings and Rother CCG	99.7%	33.3%
E1000011	East Sussex	99K	NHS High Weald Lewes Havens CCG	98.1%	29.6%
E1000011	East Sussex	09X	NHS Horsham and Mid Sussex CCG	2.8%	1.2%
E1000011	East Sussex	99J	NHS West Kent CCG	0.8%	0.7%
E0900010	Enfield	07M	NHS Barnet CCG	1.0%	1.2%
E0900010	Enfield	07T	NHS City and Hackney CCG	0.1%	0.1%
E0900010	Enfield	06K	NHS East and North Hertfordshire CCG	0.3%	0.6%
E0900010	Enfield	07X	NHS Enfield CCG	95.2%	90.9%
E0900010	Enfield	08C	NHS Hammersmith and Fulham CCG	0.1%	0.0%
E0900010	Enfield	08D	NHS Haringey CCG	7.7%	6.9%
E0900010	Enfield	06N	NHS Herts Valleys CCG	0.1%	0.2%
E0900010	Enfield	08H	NHS Islington CCG	0.2%	0.1%
E1000012	Essex	07L	NHS Barking and Dagenham CCG	0.1%	0.0%
E1000012	Essex	99E	NHS Basildon and Brentwood CCG	99.8%	18.2%
E1000012	Essex	06H	NHS Cambridgeshire and Peterborough CCG	0.1%	0.0%
E1000012	Essex	99F	NHS Castle Point and Rochford CCG	95.2%	11.5%
E1000012	Essex	06K	NHS East and North Hertfordshire CCG	1.6%	0.6%
E1000012	Essex	08F	NHS Havering CCG	0.3%	0.0%
E1000012	Essex	06L	NHS Ipswich and East Suffolk CCG	0.2%	0.0%
E1000012	Essex	06Q	NHS Mid Essex CCG	100.0%	25.5%
E1000012	Essex	06T	NHS North East Essex CCG	98.6%	22.7%
E1000012	Essex	08N	NHS Redbridge CCG	2.9%	0.6%
E1000012	Essex	99G	NHS Southend CCG	3.3%	0.4%
E1000012	Essex	07G	NHS Thurrock CCG	1.4%	0.2%
E1000012	Essex	08W	NHS Waltham Forest CCG	0.5%	0.1%
E1000012	Essex	07H	NHS West Essex CCG	97.1%	19.8%
E1000012	Essex	07K	NHS West Suffolk CCG	2.3%	0.4%

E08000037	Gateshead	13T	NHS Newcastle Gateshead CCG	38.5%	97.7%
E08000037	Gateshead	00J	NHS North Durham CCG	0.9%	1.2%
E08000037	Gateshead	00L	NHS Northumberland CCG	0.5%	0.8%
E08000037	Gateshead	00N	NHS South Tyneside CCG	0.3%	0.2%
E08000037	Gateshead	00P	NHS Sunderland CCG	0.0%	0.1%
E10000013	Gloucestershire	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	0.1%	0.1%
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	05R	NHS South Warwickshire CCG	0.6%	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	5.1%	4.2%
E09000011	Greenwich	07Q	NHS Bromley CCG	1.1%	1.3%
E09000011	Greenwich	08A	NHS Greenwich CCG	89.2%	89.3%
E09000011	Greenwich	08C	NHS Hammersmith and Fulham CCG	0.2%	0.2%
E09000011	Greenwich	08L	NHS Lewisham CCG	4.4%	4.9%
E09000011	Greenwich	08Q	NHS Southwark CCG	0.1%	0.1%
E09000012	Hackney	07R	NHS Camden CCG	0.7%	0.7%
E09000012	Hackney	09A	NHS Central London (Westminster) CCG	0.2%	0.2%
E09000012	Hackney	07T	NHS City and Hackney CCG	90.2%	93.8%
E09000012	Hackney	08C	NHS Hammersmith and Fulham CCG	0.5%	0.4%
E09000012	Hackney	08D	NHS Haringey CCG	0.6%	0.7%
E09000012	Hackney	08H	NHS Islington CCG	4.6%	3.7%
E09000012	Hackney	08V	NHS Tower Hamlets CCG	0.5%	0.6%
E06000006	Halton	01F	NHS Halton CCG	98.2%	96.5%
E06000006	Halton	01J	NHS Knowsley CCG	0.2%	0.3%
E06000006	Halton	99A	NHS Liverpool CCG	0.3%	1.1%
E06000006	Halton	02E	NHS Warrington CCG	0.7%	1.1%
E06000006	Halton	02F	NHS West Cheshire CCG	0.6%	1.1%
E09000013	Hammersmith and Fulham	07P	NHS Brent CCG	0.3%	0.5%
E09000013	Hammersmith and Fulham	07R	NHS Camden CCG	0.1%	0.1%
E09000013	Hammersmith and Fulham	09A	NHS Central London (Westminster) CCG	2.5%	2.5%
E09000013	Hammersmith and Fulham	07W	NHS Ealing CCG	0.6%	1.1%
E09000013	Hammersmith and Fulham	08C	NHS Hammersmith and Fulham CCG	82.8%	87.6%
E09000013	Hammersmith and Fulham	07Y	NHS Hounslow CCG	0.5%	0.7%
E09000013	Hammersmith and Fulham	08X	NHS Wandsworth CCG	0.2%	0.3%
E09000013	Hammersmith and Fulham	08Y	NHS West London (K&C & QPP) CCG	6.5%	7.2%
E10000014	Hampshire	15A	NHS Berkshire West CCG	1.7%	0.6%
E10000014	Hampshire	09G	NHS Coastal West Sussex CCG	0.2%	0.1%
E10000014	Hampshire	11J	NHS Dorset CCG	0.5%	0.3%
E10000014	Hampshire	15D	NHS East Berkshire CCG	0.2%	0.0%
E10000014	Hampshire	10K	NHS Fareham and Gosport CCG	98.5%	14.3%
E10000014	Hampshire	09N	NHS Guildford and Waverley CCG	2.9%	0.5%
E10000014	Hampshire	99M	NHS North East Hampshire and Farnham CCG	76.5%	12.4%
E10000014	Hampshire	10J	NHS North Hampshire CCG	99.2%	15.9%
E10000014	Hampshire	10R	NHS Portsmouth CCG	4.4%	0.7%
E10000014	Hampshire	10V	NHS South Eastern Hampshire CCG	95.6%	14.6%
E10000014	Hampshire	10X	NHS Southampton CCG	5.1%	1.0%
E10000014	Hampshire	10C	NHS Surrey Heath CCG	0.8%	0.0%
E10000014	Hampshire	11A	NHS West Hampshire CCG	97.7%	39.1%
E10000014	Hampshire	99N	NHS Wiltshire CCG	1.3%	0.4%
E09000014	Haringey	07M	NHS Barnet CCG	1.0%	1.4%
E09000014	Haringey	07R	NHS Camden CCG	0.6%	0.6%
E09000014	Haringey	09A	NHS Central London (Westminster) CCG	0.1%	0.1%
E09000014	Haringey	07T	NHS City and Hackney CCG	3.1%	3.2%
E09000014	Haringey	07X	NHS Enfield CCG	1.3%	1.4%
E09000014	Haringey	08C	NHS Hammersmith and Fulham CCG	0.4%	0.3%
E09000014	Haringey	08D	NHS Haringey CCG	87.7%	91.0%
E09000014	Haringey	08H	NHS Islington CCG	2.5%	2.1%
E09000015	Harrow	07M	NHS Barnet CCG	4.3%	6.4%
E09000015	Harrow	07P	NHS Brent CCG	3.6%	4.8%
E09000015	Harrow	07W	NHS Ealing CCG	1.3%	2.1%
E09000015	Harrow	08C	NHS Hammersmith and Fulham CCG	0.1%	0.0%
E09000015	Harrow	08E	NHS Harrow CCG	89.7%	84.1%
E09000015	Harrow	06N	NHS Herts Valleys CCG	0.2%	0.5%
E09000015	Harrow	08G	NHS Hillingdon CCG	1.8%	2.0%
E09000015	Harrow	08Y	NHS West London (K&C & QPP) CCG	0.1%	0.1%

E06000001	Hartlepool	00D	NHS Durham Dales, Easington and Sedgfield CCG	0.2%	0.6%
E06000001	Hartlepool	00K	NHS Hartlepool and Stockton-On-Tees CCG	32.4%	99.4%
E09000016	Havering	07L	NHS Barking and Dagenham CCG	3.5%	2.9%
E09000016	Havering	08F	NHS Havering CCG	91.7%	96.2%
E09000016	Havering	08M	NHS Newham CCG	0.1%	0.2%
E09000016	Havering	08N	NHS Redbridge CCG	0.6%	0.7%
E09000016	Havering	07G	NHS Thurrock CCG	0.1%	0.0%
E06000019	Herefordshire, County of	11M	NHS Gloucestershire CCG	0.3%	0.9%
E06000019	Herefordshire, County of	05F	NHS Herefordshire CCG	98.2%	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	07M	NHS Barnet CCG	0.2%	0.0%
E10000015	Hertfordshire	06F	NHS Bedfordshire CCG	0.1%	0.0%
E10000015	Hertfordshire	14Y	NHS Buckinghamshire CCG	0.2%	0.1%
E10000015	Hertfordshire	06H	NHS Cambridgeshire and Peterborough CCG	2.1%	1.6%
E10000015	Hertfordshire	06K	NHS East and North Hertfordshire CCG	97.0%	46.5%
E10000015	Hertfordshire	07X	NHS Enfield CCG	0.5%	0.1%
E10000015	Hertfordshire	08E	NHS Harrow CCG	0.6%	0.1%
E10000015	Hertfordshire	06N	NHS Herts Valleys CCG	98.0%	50.7%
E10000015	Hertfordshire	08G	NHS Hillingdon CCG	2.2%	0.6%
E10000015	Hertfordshire	06P	NHS Luton CCG	0.4%	0.0%
E10000015	Hertfordshire	07H	NHS West Essex CCG	0.8%	0.2%
E09000017	Hillingdon	14Y	NHS Buckinghamshire CCG	0.0%	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%	89.8%
E09000017	Hillingdon	07Y	NHS Hounslow CCG	1.1%	1.0%
E09000018	Hounslow	07W	NHS Ealing CCG	5.4%	7.4%
E09000018	Hounslow	08C	NHS Hammersmith and Fulham CCG	1.2%	0.9%
E09000018	Hounslow	08G	NHS Hillingdon CCG	0.2%	0.2%
E09000018	Hounslow	07Y	NHS Hounslow CCG	88.2%	87.1%
E09000018	Hounslow	09Y	NHS North West Surrey CCG	0.3%	0.4%
E09000018	Hounslow	08P	NHS Richmond CCG	5.7%	3.8%
E09000018	Hounslow	08Y	NHS West London (K&C & QPP) CCG	0.2%	0.1%
E06000046	Isle of Wight	10L	NHS Isle of Wight CCG	100.0%	100.0%
E09000019	Islington	07R	NHS Camden CCG	4.9%	5.4%
E09000019	Islington	09A	NHS Central London (Westminster) CCG	0.5%	0.5%
E09000019	Islington	07T	NHS City and Hackney CCG	3.4%	4.2%
E09000019	Islington	08C	NHS Hammersmith and Fulham CCG	0.5%	0.5%
E09000019	Islington	08D	NHS Haringey CCG	1.2%	1.5%
E09000019	Islington	08H	NHS Islington CCG	89.1%	87.9%
E09000020	Kensington and Chelsea	07P	NHS Brent CCG	0.0%	0.1%
E09000020	Kensington and Chelsea	07R	NHS Camden CCG	0.2%	0.3%
E09000020	Kensington and Chelsea	09A	NHS Central London (Westminster) CCG	4.0%	5.4%
E09000020	Kensington and Chelsea	08C	NHS Hammersmith and Fulham CCG	1.2%	1.7%
E09000020	Kensington and Chelsea	08Y	NHS West London (K&C & QPP) CCG	63.9%	92.5%
E10000016	Kent	09C	NHS Ashford CCG	100.0%	8.3%
E10000016	Kent	07N	NHS Bexley CCG	1.3%	0.2%
E10000016	Kent	07Q	NHS Bromley CCG	0.9%	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	0.2%	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	6.1%	1.1%
E10000016	Kent	10A	NHS South Kent Coast CCG	100.0%	12.9%
E10000016	Kent	10D	NHS Swale CCG	99.8%	7.1%
E10000016	Kent	10E	NHS Thanet CCG	100.0%	9.1%
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%	1.4%
E06000010	Kingston upon Hull, City of	03F	NHS Hull CCG	90.8%	98.6%
E09000021	Kingston upon Thames	08J	NHS Kingston CCG	86.9%	95.9%
E09000021	Kingston upon Thames	08R	NHS Merton CCG	1.1%	1.3%
E09000021	Kingston upon Thames	08P	NHS Richmond CCG	0.7%	0.8%
E09000021	Kingston upon Thames	99H	NHS Surrey Downs CCG	0.7%	1.2%
E09000021	Kingston upon Thames	08T	NHS Sutton CCG	0.1%	0.1%
E09000021	Kingston upon Thames	08X	NHS Wandsworth CCG	0.3%	0.7%
E08000034	Kirklees	02P	NHS Barnsley CCG	0.1%	0.0%
E08000034	Kirklees	02R	NHS Bradford Districts CCG	1.0%	0.7%
E08000034	Kirklees	02T	NHS Calderdale CCG	1.4%	0.7%
E08000034	Kirklees	03A	NHS Greater Huddersfield CCG	99.6%	54.7%
E08000034	Kirklees	15F	NHS Leeds CCG	0.1%	0.3%
E08000034	Kirklees	03J	NHS North Kirklees CCG	98.9%	42.4%
E08000034	Kirklees	03R	NHS Wakefield CCG	1.5%	1.3%

E08000011	Knowsley	01F	NHS Halton CCG	1.0%	0.8%
E08000011	Knowsley	01J	NHS Knowsley CCG	86.8%	88.2%
E08000011	Knowsley	99A	NHS Liverpool CCG	2.4%	8.0%
E08000011	Knowsley	01T	NHS South Sefton CCG	0.1%	0.1%
E08000011	Knowsley	01X	NHS St Helens CCG	2.3%	2.8%
E09000022	Lambeth	07R	NHS Camden CCG	0.2%	0.1%
E09000022	Lambeth	09A	NHS Central London (Westminster) CCG	0.9%	0.6%
E09000022	Lambeth	07V	NHS Croydon CCG	0.7%	0.8%
E09000022	Lambeth	08C	NHS Hammersmith and Fulham CCG	0.6%	0.4%
E09000022	Lambeth	08K	NHS Lambeth CCG	85.5%	92.2%
E09000022	Lambeth	08R	NHS Merton CCG	1.0%	0.6%
E09000022	Lambeth	08Q	NHS Southwark CCG	1.9%	1.6%
E09000022	Lambeth	08X	NHS Wandsworth CCG	3.5%	3.7%
E09000022	Lambeth	08Y	NHS West London (K&C & QPP) CCG	0.1%	0.0%
E10000017	Lancashire	02N	NHS Airedale, Wharfedale and Craven CCG	0.2%	0.0%
E10000017	Lancashire	00Q	NHS Blackburn with Darwen CCG	11.1%	1.5%
E10000017	Lancashire	00R	NHS Blackpool CCG	13.6%	1.9%
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	01A	NHS East Lancashire CCG	99.0%	30.0%
E10000017	Lancashire	02M	NHS Fylde & Wyre CCG	97.9%	13.8%
E10000017	Lancashire	01E	NHS Greater Preston CCG	100.0%	16.6%
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 Morecambe Bay CCG	44.1%	12.1%
E10000017	Lancashire	01T	NHS South Sefton CCG	0.5%	0.0%
E10000017	Lancashire	01V	NHS Southport and Formby CCG	3.2%	0.3%
E10000017	Lancashire	01X	NHS St Helens CCG	0.5%	0.0%
E10000017	Lancashire	02G	NHS West Lancashire CCG	96.9%	8.7%
E10000017	Lancashire	02H	NHS Wigan Borough CCG	0.7%	0.2%
E08000035	Leeds	02N	NHS Airedale, Wharfedale and Craven CCG	0.1%	0.0%
E08000035	Leeds	02W	NHS Bradford City CCG	1.1%	0.2%
E08000035	Leeds	02R	NHS Bradford Districts CCG	0.5%	0.2%
E08000035	Leeds	15F	NHS Leeds CCG	97.7%	98.8%
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	1.4%	0.6%
E06000016	Leicester	03W	NHS East Leicestershire and Rutland CCG	2.1%	1.8%
E06000016	Leicester	04C	NHS Leicester City CCG	92.8%	95.5%
E06000016	Leicester	04V	NHS West Leicestershire CCG	2.8%	2.7%
E10000018	Leicestershire	03V	NHS Corby CCG	0.5%	0.0%
E10000018	Leicestershire	15M	NHS Derby and Derbyshire CCG	0.4%	0.6%
E10000018	Leicestershire	03W	NHS East Leicestershire and Rutland CCG	85.5%	39.8%
E10000018	Leicestershire	04C	NHS Leicester City CCG	7.2%	4.1%
E10000018	Leicestershire	04N	NHS Rushcliffe CCG	5.4%	1.0%
E10000018	Leicestershire	04Q	NHS South West Lincolnshire CCG	5.6%	1.1%
E10000018	Leicestershire	05H	NHS Warwickshire North CCG	1.6%	0.4%
E10000018	Leicestershire	04V	NHS West Leicestershire CCG	96.2%	53.1%
E09000023	Lewisham	07Q	NHS Bromley CCG	1.4%	1.5%
E09000023	Lewisham	09A	NHS Central London (Westminster) CCG	0.2%	0.2%
E09000023	Lewisham	08A	NHS Greenwich CCG	2.1%	1.9%
E09000023	Lewisham	08C	NHS Hammersmith and Fulham CCG	0.3%	0.2%
E09000023	Lewisham	08K	NHS Lambeth CCG	0.3%	0.4%
E09000023	Lewisham	08L	NHS Lewisham CCG	91.5%	92.0%
E09000023	Lewisham	08Q	NHS Southwark CCG	3.9%	3.9%
E10000019	Lincolnshire	06H	NHS Cambridgeshire and Peterborough CCG	0.2%	0.3%
E10000019	Lincolnshire	03W	NHS East Leicestershire and Rutland CCG	0.2%	0.1%
E10000019	Lincolnshire	03T	NHS Lincolnshire East CCG	99.2%	32.0%
E10000019	Lincolnshire	04D	NHS Lincolnshire West CCG	98.6%	29.9%
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	4.9%	1.1%
E10000019	Lincolnshire	99D	NHS South Lincolnshire CCG	90.8%	19.6%
E10000019	Lincolnshire	04Q	NHS South West Lincolnshire CCG	93.3%	16.1%
E08000012	Liverpool	01J	NHS Knowsley CCG	8.5%	2.7%
E08000012	Liverpool	99A	NHS Liverpool CCG	94.4%	96.3%
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	97.3%	95.5%
E08000003	Manchester	00V	NHS Bury CCG	0.4%	0.1%
E08000003	Manchester	01D	NHS Heywood, Middleton and Rochdale CCG	0.5%	0.2%
E08000003	Manchester	14L	NHS Manchester CCG	90.9%	95.6%
E08000003	Manchester	00Y	NHS Oldham CCG	0.9%	0.4%
E08000003	Manchester	01G	NHS Salford CCG	2.5%	1.1%
E08000003	Manchester	01W	NHS Stockport CCG	1.7%	0.8%
E08000003	Manchester	01Y	NHS Tameside and Glossop CCG	0.4%	0.2%
E08000003	Manchester	02A	NHS Trafford CCG	4.0%	1.6%

E0600035	Medway	09J	NHS Dartford, Gravesham and Swanley CCG	0.2%	0.2%
E0600035	Medway	09W	NHS Medway CCG	93.9%	99.5%
E0600035	Medway	10D	NHS Swale CCG	0.2%	0.0%
E0600035	Medway	99J	NHS West Kent CCG	0.2%	0.3%
E0900024	Merton	07V	NHS Croydon CCG	0.5%	0.9%
E0900024	Merton	08C	NHS Hammersmith and Fulham CCG	0.2%	0.2%
E0900024	Merton	08J	NHS Kingston CCG	3.4%	2.9%
E0900024	Merton	08K	NHS Lambeth CCG	1.0%	1.7%
E0900024	Merton	08R	NHS Merton CCG	87.7%	80.9%
E0900024	Merton	08T	NHS Sutton CCG	3.3%	2.6%
E0900024	Merton	08X	NHS Wandsworth CCG	6.6%	10.8%
E0600002	Middlesbrough	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.2%	0.2%
E0600002	Middlesbrough	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.3%
E0600002	Middlesbrough	00M	NHS South Tees CCG	52.3%	99.5%
E0600042	Milton Keynes	06F	NHS Bedfordshire CCG	1.5%	2.5%
E0600042	Milton Keynes	04F	NHS Milton Keynes CCG	95.5%	96.2%
E0600042	Milton Keynes	04G	NHS Nene CCG	0.6%	1.3%
E0800021	Newcastle upon Tyne	13T	NHS Newcastle Gateshead CCG	58.9%	95.2%
E0800021	Newcastle upon Tyne	99C	NHS North Tyneside CCG	5.9%	4.0%
E0800021	Newcastle upon Tyne	00L	NHS Northumberland CCG	0.8%	0.8%
E0900025	Newham	07L	NHS Barking and Dagenham CCG	0.5%	0.3%
E0900025	Newham	09A	NHS Central London (Westminster) CCG	0.7%	0.4%
E0900025	Newham	07T	NHS City and Hackney CCG	0.1%	0.0%
E0900025	Newham	08C	NHS Hammersmith and Fulham CCG	0.5%	0.3%
E0900025	Newham	08M	NHS Newham CCG	96.6%	97.3%
E0900025	Newham	08N	NHS Redbridge CCG	0.3%	0.2%
E0900025	Newham	08V	NHS Tower Hamlets CCG	0.2%	0.2%
E0900025	Newham	08W	NHS Waltham Forest CCG	1.7%	1.4%
E1000020	Norfolk	06H	NHS Cambridgeshire and Peterborough CCG	0.7%	0.7%
E1000020	Norfolk	06M	NHS Great Yarmouth and Waveney CCG	47.7%	12.2%
E1000020	Norfolk	06L	NHS Ipswich and East Suffolk CCG	0.2%	0.0%
E1000020	Norfolk	06V	NHS North Norfolk CCG	100.0%	18.6%
E1000020	Norfolk	06W	NHS Norwich CCG	100.0%	25.2%
E1000020	Norfolk	99D	NHS South Lincolnshire CCG	0.2%	0.0%
E1000020	Norfolk	06Y	NHS South Norfolk CCG	98.9%	24.1%
E1000020	Norfolk	07J	NHS West Norfolk CCG	98.4%	18.5%
E1000020	Norfolk	07K	NHS West Suffolk CCG	2.6%	0.7%
E0600012	North East Lincolnshire	03T	NHS Lincolnshire East CCG	0.8%	1.2%
E0600012	North East Lincolnshire	03H	NHS North East Lincolnshire CCG	95.9%	98.6%
E0600012	North East Lincolnshire	03K	NHS North Lincolnshire CCG	0.2%	0.2%
E0600013	North Lincolnshire	02Q	NHS Bassetlaw CCG	0.2%	0.2%
E0600013	North Lincolnshire	02X	NHS Doncaster CCG	0.0%	0.1%
E0600013	North Lincolnshire	02Y	NHS East Riding of Yorkshire CCG	0.0%	0.1%
E0600013	North Lincolnshire	04D	NHS Lincolnshire West CCG	1.0%	1.3%
E0600013	North Lincolnshire	03H	NHS North East Lincolnshire CCG	1.4%	1.4%
E0600013	North Lincolnshire	03K	NHS North Lincolnshire CCG	94.9%	96.9%
E0600024	North Somerset	11E	NHS Bath and North East Somerset CCG	1.6%	1.5%
E0600024	North Somerset	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	21.8%	98.3%
E0600024	North Somerset	11X	NHS Somerset CCG	0.0%	0.2%
E0800022	North Tyneside	13T	NHS Newcastle Gateshead CCG	1.0%	2.6%
E0800022	North Tyneside	99C	NHS North Tyneside CCG	93.2%	96.3%
E0800022	North Tyneside	00L	NHS Northumberland CCG	0.7%	1.1%
E1000023	North Yorkshire	02N	NHS Airedale, Wharfedale and Craven CCG	32.5%	8.3%
E1000023	North Yorkshire	00C	NHS Darlington CCG	1.3%	0.2%
E1000023	North Yorkshire	02X	NHS Doncaster CCG	0.2%	0.1%
E1000023	North Yorkshire	00D	NHS Durham Dales, Easington and Sedgfield CCG	0.2%	0.1%
E1000023	North Yorkshire	01A	NHS East Lancashire CCG	0.1%	0.0%
E1000023	North Yorkshire	02Y	NHS East Riding of Yorkshire CCG	1.4%	0.7%
E1000023	North Yorkshire	03D	NHS Hambleton, Richmondshire and Whitby CCG	98.3%	22.8%
E1000023	North Yorkshire	03E	NHS Harrogate and Rural District CCG	99.8%	26.2%
E1000023	North Yorkshire	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.1%
E1000023	North Yorkshire	15F	NHS Leeds CCG	0.9%	1.3%
E1000023	North Yorkshire	01K	NHS Morecambe Bay CCG	1.9%	1.0%
E1000023	North Yorkshire	03M	NHS Scarborough and Ryedale CCG	99.3%	19.2%
E1000023	North Yorkshire	03Q	NHS Vale of York CCG	32.6%	18.8%
E1000023	North Yorkshire	03R	NHS Wakefield CCG	2.0%	1.2%
E1000021	Northamptonshire	06F	NHS Bedfordshire CCG	0.1%	0.0%
E1000021	Northamptonshire	06H	NHS Cambridgeshire and Peterborough CCG	1.6%	1.9%
E1000021	Northamptonshire	03V	NHS Corby CCG	99.2%	9.8%
E1000021	Northamptonshire	05A	NHS Coventry and Rugby CCG	0.3%	0.2%
E1000021	Northamptonshire	03W	NHS East Leicestershire and Rutland CCG	2.0%	0.8%
E1000021	Northamptonshire	04F	NHS Milton Keynes CCG	3.1%	1.2%
E1000021	Northamptonshire	04G	NHS Nene CCG	98.8%	84.9%
E1000021	Northamptonshire	10Q	NHS Oxfordshire CCG	1.1%	1.0%
E1000021	Northamptonshire	99D	NHS South Lincolnshire CCG	0.9%	0.2%
E0600057	Northumberland	13T	NHS Newcastle Gateshead CCG	0.3%	0.5%
E0600057	Northumberland	01H	NHS North Cumbria CCG	0.1%	0.1%
E0600057	Northumberland	00J	NHS North Durham CCG	0.2%	0.2%
E0600057	Northumberland	99C	NHS North Tyneside CCG	0.9%	0.6%
E0600057	Northumberland	00L	NHS Northumberland CCG	97.9%	98.7%

E0600018	Nottingham	04K	NHS Nottingham City CCG	89.9%	95.4%
E0600018	Nottingham	04L	NHS Nottingham North and East CCG	4.6%	2.0%
E0600018	Nottingham	04M	NHS Nottingham West CCG	4.1%	1.1%
E0600018	Nottingham	04N	NHS Rushcliffe CCG	4.3%	1.5%
E1000024	Nottinghamshire	02Q	NHS Bassetlaw CCG	97.1%	13.5%
E1000024	Nottinghamshire	15M	NHS Derby and Derbyshire CCG	1.5%	1.8%
E1000024	Nottinghamshire	02X	NHS Doncaster CCG	1.6%	0.6%
E1000024	Nottinghamshire	03W	NHS East Leicestershire and Rutland CCG	0.3%	0.1%
E1000024	Nottinghamshire	04D	NHS Lincolnshire West CCG	0.4%	0.1%
E1000024	Nottinghamshire	04E	NHS Mansfield and Ashfield CCG	97.9%	22.5%
E1000024	Nottinghamshire	04H	NHS Newark & Sherwood CCG	97.6%	15.6%
E1000024	Nottinghamshire	04K	NHS Nottingham City CCG	10.1%	4.6%
E1000024	Nottinghamshire	04L	NHS Nottingham North and East CCG	95.1%	17.2%
E1000024	Nottinghamshire	04M	NHS Nottingham West CCG	90.8%	10.2%
E1000024	Nottinghamshire	04N	NHS Rushcliffe CCG	90.3%	13.6%
E1000024	Nottinghamshire	04Q	NHS South West Lincolnshire CCG	0.7%	0.1%
E1000024	Nottinghamshire	04V	NHS West Leicestershire CCG	0.1%	0.0%
E0800004	Oldham	01D	NHS Heywood, Middleton and Rochdale CCG	1.5%	1.4%
E0800004	Oldham	14L	NHS Manchester CCG	0.8%	2.1%
E0800004	Oldham	00Y	NHS Oldham CCG	94.5%	96.3%
E0800004	Oldham	01Y	NHS Tameside and Glossop CCG	0.2%	0.2%
E1000025	Oxfordshire	15A	NHS Berkshire West CCG	0.5%	0.3%
E1000025	Oxfordshire	14Y	NHS Buckinghamshire CCG	2.4%	1.8%
E1000025	Oxfordshire	11M	NHS Gloucestershire CCG	0.2%	0.2%
E1000025	Oxfordshire	04G	NHS Nene CCG	0.1%	0.1%
E1000025	Oxfordshire	10Q	NHS Oxfordshire CCG	97.4%	96.5%
E1000025	Oxfordshire	05R	NHS South Warwickshire CCG	0.6%	0.2%
E1000025	Oxfordshire	12D	NHS Swindon CCG	2.7%	0.9%
E0600031	Peterborough	06H	NHS Cambridgeshire and Peterborough CCG	23.0%	96.3%
E0600031	Peterborough	99D	NHS South Lincolnshire CCG	5.1%	3.7%
E0600026	Plymouth	15N	NHS Devon CCG	22.1%	100.0%
E0600044	Portsmouth	10K	NHS Fareham and Gosport CCG	1.5%	1.4%
E0600044	Portsmouth	10R	NHS Portsmouth CCG	95.6%	98.4%
E0600044	Portsmouth	10V	NHS South Eastern Hampshire CCG	0.2%	0.2%
E0600038	Reading	15A	NHS Berkshire West CCG	35.3%	99.4%
E0600038	Reading	10Q	NHS Oxfordshire CCG	0.2%	0.6%
E0900026	Redbridge	07L	NHS Barking and Dagenham CCG	4.9%	3.3%
E0900026	Redbridge	08C	NHS Hammersmith and Fulham CCG	0.1%	0.1%
E0900026	Redbridge	08F	NHS Havering CCG	0.8%	0.7%
E0900026	Redbridge	08M	NHS Newham CCG	1.4%	1.7%
E0900026	Redbridge	08N	NHS Redbridge CCG	92.3%	89.4%
E0900026	Redbridge	08W	NHS Waltham Forest CCG	3.3%	3.1%
E0900026	Redbridge	07H	NHS West Essex CCG	1.8%	1.7%
E0600003	Redcar and Cleveland	03D	NHS Hambleton, Richmondshire and Whitby CCG	1.1%	1.1%
E0600003	Redcar and Cleveland	00M	NHS South Tees CCG	47.3%	98.9%
E0900027	Richmond upon Thames	08C	NHS Hammersmith and Fulham CCG	0.5%	0.5%
E0900027	Richmond upon Thames	07Y	NHS Hounslow CCG	4.9%	7.0%
E0900027	Richmond upon Thames	08J	NHS Kingston CCG	1.6%	1.5%
E0900027	Richmond upon Thames	08P	NHS Richmond CCG	91.7%	90.3%
E0900027	Richmond upon Thames	99H	NHS Surrey Downs CCG	0.0%	0.1%
E0900027	Richmond upon Thames	08X	NHS Wandsworth CCG	0.4%	0.7%
E0800005	Rochdale	00V	NHS Bury CCG	0.7%	0.6%
E0800005	Rochdale	01A	NHS East Lancashire CCG	0.2%	0.3%
E0800005	Rochdale	01D	NHS Heywood, Middleton and Rochdale CCG	96.5%	96.6%
E0800005	Rochdale	14L	NHS Manchester CCG	0.6%	1.6%
E0800005	Rochdale	00Y	NHS Oldham CCG	0.9%	1.0%
E0800018	Rotherham	02P	NHS Barnsley CCG	3.3%	3.1%
E0800018	Rotherham	02Q	NHS Bassetlaw CCG	1.0%	0.4%
E0800018	Rotherham	02X	NHS Doncaster CCG	1.1%	1.2%
E0800018	Rotherham	03L	NHS Rotherham CCG	97.9%	93.5%
E0800018	Rotherham	03N	NHS Sheffield CCG	0.8%	1.7%
E0600017	Rutland	06H	NHS Cambridgeshire and Peterborough CCG	0.0%	0.3%
E0600017	Rutland	03V	NHS Corby CCG	0.2%	0.5%
E0600017	Rutland	03W	NHS East Leicestershire and Rutland CCG	9.9%	86.3%
E0600017	Rutland	99D	NHS South Lincolnshire CCG	2.6%	11.5%
E0600017	Rutland	04Q	NHS South West Lincolnshire CCG	0.4%	1.4%
E0800006	Salford	00T	NHS Bolton CCG	0.2%	0.3%
E0800006	Salford	00V	NHS Bury CCG	1.8%	1.4%
E0800006	Salford	14L	NHS Manchester CCG	1.1%	2.5%
E0800006	Salford	01G	NHS Salford CCG	94.1%	94.6%
E0800006	Salford	02A	NHS Trafford CCG	0.2%	0.2%
E0800006	Salford	02H	NHS Wigan Borough CCG	0.9%	1.1%
E0800028	Sandwell	15E	NHS Birmingham and Solihull CCG	1.9%	7.0%
E0800028	Sandwell	05C	NHS Dudley CCG	3.0%	2.7%
E0800028	Sandwell	05L	NHS Sandwell and West Birmingham CCG	55.1%	88.6%
E0800028	Sandwell	05Y	NHS Walsall CCG	1.7%	1.3%
E0800028	Sandwell	06A	NHS Wolverhampton CCG	0.3%	0.3%
E0800014	Sefton	01J	NHS Knowsley CCG	1.8%	1.0%
E0800014	Sefton	99A	NHS Liverpool CCG	2.9%	5.3%
E0800014	Sefton	01T	NHS South Sefton CCG	96.0%	51.6%
E0800014	Sefton	01V	NHS Southport and Formby CCG	96.8%	41.9%
E0800014	Sefton	02G	NHS West Lancashire CCG	0.3%	0.1%

E0800019	Sheffield	02P	NHS Barnsley CCG	0.8%	0.4%
E0800019	Sheffield	15M	NHS Derby and Derbyshire CCG	0.2%	0.4%
E0800019	Sheffield	03L	NHS Rotherham CCG	0.4%	0.2%
E0800019	Sheffield	03N	NHS Sheffield CCG	98.5%	99.1%
E0600051	Shropshire	05F	NHS Herefordshire CCG	0.4%	0.3%
E0600051	Shropshire	05G	NHS North Staffordshire CCG	0.5%	0.3%
E0600051	Shropshire	05N	NHS Shropshire CCG	96.7%	95.4%
E0600051	Shropshire	01R	NHS South Cheshire CCG	0.4%	0.3%
E0600051	Shropshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	1.2%	0.9%
E0600051	Shropshire	05T	NHS South Worcestershire CCG	1.0%	1.0%
E0600051	Shropshire	05X	NHS Telford and Wrekin CCG	2.3%	1.4%
E0600051	Shropshire	02F	NHS West Cheshire CCG	0.1%	0.1%
E0600051	Shropshire	06D	NHS Wyre Forest CCG	0.8%	0.3%
E0600039	Slough	14Y	NHS Buckinghamshire CCG	1.8%	6.2%
E0600039	Slough	07W	NHS Ealing CCG	0.0%	0.1%
E0600039	Slough	15D	NHS East Berkshire CCG	33.8%	93.4%
E0600039	Slough	08G	NHS Hillingdon CCG	0.0%	0.1%
E0600039	Slough	07Y	NHS Hounslow CCG	0.0%	0.1%
E0600039	Slough	09Y	NHS North West Surrey CCG	0.0%	0.1%
E0800029	Solihull	15E	NHS Birmingham and Solihull CCG	17.0%	98.9%
E0800029	Solihull	05A	NHS Coventry and Rugby CCG	0.0%	0.1%
E0800029	Solihull	05J	NHS Redditch and Bromsgrove CCG	0.4%	0.3%
E0800029	Solihull	05L	NHS Sandwell and West Birmingham CCG	0.0%	0.1%
E0800029	Solihull	05R	NHS South Warwickshire CCG	0.4%	0.4%
E0800029	Solihull	05H	NHS Warwickshire North CCG	0.2%	0.2%
E1000027	Somerset	11E	NHS Bath and North East Somerset CCG	3.1%	1.1%
E1000027	Somerset	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	0.2%	0.3%
E1000027	Somerset	15N	NHS Devon CCG	0.2%	0.5%
E1000027	Somerset	11J	NHS Dorset CCG	0.5%	0.7%
E1000027	Somerset	11X	NHS Somerset CCG	98.5%	97.3%
E1000027	Somerset	99N	NHS Wiltshire CCG	0.1%	0.1%
E0600025	South Gloucestershire	11E	NHS Bath and North East Somerset CCG	0.8%	0.6%
E0600025	South Gloucestershire	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	28.2%	97.5%
E0600025	South Gloucestershire	11M	NHS Gloucestershire CCG	0.8%	1.8%
E0600025	South Gloucestershire	99N	NHS Wiltshire CCG	0.0%	0.1%
E0800023	South Tyneside	13T	NHS Newcastle Gateshead CCG	0.0%	0.2%
E0800023	South Tyneside	00N	NHS South Tyneside CCG	99.2%	99.2%
E0800023	South Tyneside	00P	NHS Sunderland CCG	0.3%	0.6%
E0600045	Southampton	10X	NHS Southampton CCG	94.9%	99.5%
E0600045	Southampton	11A	NHS West Hampshire CCG	0.2%	0.5%
E0600033	Southend-on-Sea	99F	NHS Castle Point and Rochford CCG	4.8%	4.7%
E0600033	Southend-on-Sea	99G	NHS Southend CCG	96.7%	95.3%
E0900028	Southwark	07R	NHS Camden CCG	0.3%	0.3%
E0900028	Southwark	09A	NHS Central London (Westminster) CCG	2.5%	1.6%
E0900028	Southwark	08C	NHS Hammersmith and Fulham CCG	0.7%	0.5%
E0900028	Southwark	08K	NHS Lambeth CCG	6.6%	7.7%
E0900028	Southwark	08L	NHS Lewisham CCG	2.1%	2.0%
E0900028	Southwark	08Q	NHS Southwark CCG	94.1%	87.9%
E0900028	Southwark	08X	NHS Wandsworth CCG	0.1%	0.1%
E0800013	St. Helens	01F	NHS Halton CCG	0.2%	0.1%
E0800013	St. Helens	01J	NHS Knowsley CCG	2.6%	2.3%
E0800013	St. Helens	01X	NHS St Helens CCG	91.2%	96.3%
E0800013	St. Helens	02E	NHS Warrington CCG	0.1%	0.1%
E0800013	St. Helens	02H	NHS Wigan Borough CCG	0.7%	1.2%
E1000028	Staffordshire	15E	NHS Birmingham and Solihull CCG	0.3%	0.4%
E1000028	Staffordshire	04Y	NHS Cannock Chase CCG	99.3%	14.9%
E1000028	Staffordshire	15M	NHS Derby and Derbyshire CCG	0.5%	0.5%
E1000028	Staffordshire	05C	NHS Dudley CCG	1.4%	0.5%
E1000028	Staffordshire	05D	NHS East Staffordshire CCG	92.1%	14.7%
E1000028	Staffordshire	01C	NHS Eastern Cheshire CCG	0.6%	0.1%
E1000028	Staffordshire	05G	NHS North Staffordshire CCG	95.1%	23.4%
E1000028	Staffordshire	05N	NHS Shropshire CCG	1.0%	0.3%
E1000028	Staffordshire	01R	NHS South Cheshire CCG	0.5%	0.1%
E1000028	Staffordshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	96.2%	23.6%
E1000028	Staffordshire	05V	NHS Stafford and Surrounds CCG	99.5%	16.7%
E1000028	Staffordshire	05W	NHS Stoke on Trent CCG	8.8%	2.9%
E1000028	Staffordshire	05X	NHS Telford and Wrekin CCG	1.0%	0.2%
E1000028	Staffordshire	05Y	NHS Walsall CCG	1.6%	0.5%
E1000028	Staffordshire	05H	NHS Warwickshire North CCG	1.1%	0.2%
E1000028	Staffordshire	06A	NHS Wolverhampton CCG	2.6%	0.8%
E1000028	Staffordshire	06D	NHS Wyre Forest CCG	0.2%	0.0%
E0800007	Stockport	01C	NHS Eastern Cheshire CCG	1.6%	1.1%
E0800007	Stockport	14L	NHS Manchester CCG	1.1%	2.2%
E0800007	Stockport	01W	NHS Stockport CCG	94.9%	96.5%
E0800007	Stockport	01Y	NHS Tameside and Glossop CCG	0.2%	0.2%
E0600004	Stockton-on-Tees	00C	NHS Darlington CCG	0.4%	0.2%
E0600004	Stockton-on-Tees	00D	NHS Durham Dales, Easington and Sedgfield CCG	0.4%	0.6%
E0600004	Stockton-on-Tees	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.1%	0.1%
E0600004	Stockton-on-Tees	00K	NHS Hartlepool and Stockton-On-Tees CCG	66.9%	98.4%
E0600004	Stockton-on-Tees	00M	NHS South Tees CCG	0.4%	0.7%

E0600021	Stoke-on-Trent	05G	NHS North Staffordshire CCG	3.3%	2.7%
E0600021	Stoke-on-Trent	05V	NHS Stafford and Surrounds CCG	0.5%	0.3%
E0600021	Stoke-on-Trent	05W	NHS Stoke on Trent CCG	91.2%	97.1%
E1000029	Suffolk	06H	NHS Cambridgeshire and Peterborough CCG	0.2%	0.2%
E1000029	Suffolk	06M	NHS Great Yarmouth and Waveney CCG	52.3%	16.3%
E1000029	Suffolk	06L	NHS Ipswich and East Suffolk CCG	99.6%	52.9%
E1000029	Suffolk	06T	NHS North East Essex CCG	1.4%	0.6%
E1000029	Suffolk	06Y	NHS South Norfolk CCG	1.1%	0.3%
E1000029	Suffolk	07H	NHS West Essex CCG	0.1%	0.0%
E1000029	Suffolk	07K	NHS West Suffolk CCG	91.1%	29.7%
E0800024	Sunderland	00D	NHS Durham Dales, Easington and Sedgfield CCG	0.9%	0.9%
E0800024	Sunderland	13T	NHS Newcastle Gateshead CCG	0.5%	0.9%
E0800024	Sunderland	00J	NHS North Durham CCG	2.2%	1.9%
E0800024	Sunderland	00N	NHS South Tyneside CCG	0.5%	0.3%
E0800024	Sunderland	00P	NHS Sunderland CCG	98.5%	96.0%
E1000030	Surrey	07Q	NHS Bromley CCG	0.4%	0.1%
E1000030	Surrey	09G	NHS Coastal West Sussex CCG	0.2%	0.0%
E1000030	Surrey	09H	NHS Crawley CCG	6.6%	0.7%
E1000030	Surrey	07V	NHS Croydon CCG	1.3%	0.4%
E1000030	Surrey	15D	NHS East Berkshire CCG	3.4%	1.2%
E1000030	Surrey	09L	NHS East Surrey CCG	96.6%	14.1%
E1000030	Surrey	09N	NHS Guildford and Waverley CCG	94.0%	16.9%
E1000030	Surrey	09X	NHS Horsham and Mid Sussex CCG	1.5%	0.3%
E1000030	Surrey	07Y	NHS Hounslow CCG	0.7%	0.2%
E1000030	Surrey	08J	NHS Kingston CCG	4.5%	0.7%
E1000030	Surrey	08R	NHS Merton CCG	0.3%	0.0%
E1000030	Surrey	99M	NHS North East Hampshire and Farnham CCG	23.0%	4.2%
E1000030	Surrey	10J	NHS North Hampshire CCG	0.1%	0.0%
E1000030	Surrey	09Y	NHS North West Surrey CCG	99.4%	29.5%
E1000030	Surrey	08P	NHS Richmond CCG	0.7%	0.1%
E1000030	Surrey	10V	NHS South Eastern Hampshire CCG	0.1%	0.0%
E1000030	Surrey	99H	NHS Surrey Downs CCG	97.4%	23.8%
E1000030	Surrey	10C	NHS Surrey Heath CCG	98.9%	7.6%
E1000030	Surrey	08T	NHS Sutton CCG	1.2%	0.2%
E1000030	Surrey	99J	NHS West Kent CCG	0.2%	0.0%
E0900029	Sutton	07V	NHS Croydon CCG	1.0%	1.9%
E0900029	Sutton	08J	NHS Kingston CCG	3.5%	3.4%
E0900029	Sutton	08K	NHS Lambeth CCG	0.1%	0.2%
E0900029	Sutton	08R	NHS Merton CCG	6.3%	6.7%
E0900029	Sutton	99H	NHS Surrey Downs CCG	1.3%	1.9%
E0900029	Sutton	08T	NHS Sutton CCG	94.7%	85.6%
E0900029	Sutton	08X	NHS Wandsworth CCG	0.2%	0.3%
E0600030	Swindon	11M	NHS Gloucestershire CCG	0.0%	0.2%
E0600030	Swindon	12D	NHS Swindon CCG	96.0%	98.2%
E0600030	Swindon	99N	NHS Wiltshire CCG	0.7%	1.5%
E0800008	Tameside	14L	NHS Manchester CCG	2.2%	5.8%
E0800008	Tameside	00Y	NHS Oldham CCG	3.6%	3.9%
E0800008	Tameside	01W	NHS Stockport CCG	1.8%	2.3%
E0800008	Tameside	01Y	NHS Tameside and Glossop CCG	85.2%	88.0%
E0600020	Telford and Wrekin	05N	NHS Shropshire CCG	1.8%	2.9%
E0600020	Telford and Wrekin	05X	NHS Telford and Wrekin CCG	96.7%	97.1%
E0600034	Thurrock	07L	NHS Barking and Dagenham CCG	0.3%	0.3%
E0600034	Thurrock	99E	NHS Basildon and Brentwood CCG	0.2%	0.3%
E0600034	Thurrock	08F	NHS Havering CCG	0.2%	0.4%
E0600034	Thurrock	07G	NHS Thurrock CCG	98.5%	99.0%
E0600027	Torbay	15N	NHS Devon CCG	11.7%	100.0%
E0900030	Tower Hamlets	07R	NHS Camden CCG	1.1%	0.9%
E0900030	Tower Hamlets	09A	NHS Central London (Westminster) CCG	0.5%	0.3%
E0900030	Tower Hamlets	07T	NHS City and Hackney CCG	0.9%	0.9%
E0900030	Tower Hamlets	08C	NHS Hammersmith and Fulham CCG	0.8%	0.5%
E0900030	Tower Hamlets	08H	NHS Islington CCG	0.2%	0.1%
E0900030	Tower Hamlets	08M	NHS Newham CCG	0.2%	0.2%
E0900030	Tower Hamlets	08V	NHS Tower Hamlets CCG	98.9%	96.9%
E0800009	Trafford	14L	NHS Manchester CCG	2.7%	7.0%
E0800009	Trafford	01G	NHS Salford CCG	0.1%	0.1%
E0800009	Trafford	02A	NHS Trafford CCG	95.7%	92.7%
E0800009	Trafford	02E	NHS Warrington CCG	0.1%	0.1%
E0800036	Wakefield	02P	NHS Barnsley CCG	0.9%	0.6%
E0800036	Wakefield	15F	NHS Leeds CCG	0.4%	1.0%
E0800036	Wakefield	03J	NHS North Kirklees CCG	0.6%	0.3%
E0800036	Wakefield	03R	NHS Wakefield CCG	94.5%	98.0%
E0800030	Walsall	15E	NHS Birmingham and Solihull CCG	1.1%	4.8%
E0800030	Walsall	04Y	NHS Cannock Chase CCG	0.7%	0.3%
E0800030	Walsall	05L	NHS Sandwell and West Birmingham CCG	1.6%	3.1%
E0800030	Walsall	05Y	NHS Walsall CCG	92.8%	90.4%
E0800030	Walsall	06A	NHS Wolverhampton CCG	1.4%	1.4%
E0900031	Waltham Forest	07T	NHS City and Hackney CCG	0.4%	0.4%
E0900031	Waltham Forest	08C	NHS Hammersmith and Fulham CCG	0.3%	0.2%
E0900031	Waltham Forest	08D	NHS Haringey CCG	0.1%	0.1%
E0900031	Waltham Forest	08M	NHS Newham CCG	1.3%	1.7%
E0900031	Waltham Forest	08N	NHS Redbridge CCG	1.4%	1.4%
E0900031	Waltham Forest	08W	NHS Waltham Forest CCG	94.3%	96.1%

E09000032	Wandsworth	09A	NHS Central London (Westminster) CCG	0.9%	0.6%
E09000032	Wandsworth	08C	NHS Hammersmith and Fulham CCG	1.0%	0.6%
E09000032	Wandsworth	08J	NHS Kingston CCG	0.1%	0.0%
E09000032	Wandsworth	08K	NHS Lambeth CCG	3.2%	3.5%
E09000032	Wandsworth	08R	NHS Merton CCG	2.8%	1.6%
E09000032	Wandsworth	08P	NHS Richmond CCG	1.3%	0.7%
E09000032	Wandsworth	08X	NHS Wandsworth CCG	88.3%	92.6%
E09000032	Wandsworth	08Y	NHS West London (K&C & QPP) CCG	0.7%	0.4%
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	97.6%	97.0%
E06000007	Warrington	02H	NHS Wigan Borough CCG	0.2%	0.2%
E10000031	Warwickshire	15E	NHS Birmingham and Solihull CCG	0.2%	0.5%
E10000031	Warwickshire	05A	NHS Coventry and Rugby CCG	25.2%	21.5%
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	0.7%	0.2%
E10000031	Warwickshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	0.8%	0.3%
E10000031	Warwickshire	05R	NHS South Warwickshire CCG	96.1%	45.8%
E10000031	Warwickshire	05H	NHS Warwickshire North CCG	96.7%	30.7%
E10000031	Warwickshire	04V	NHS West Leicestershire CCG	0.5%	0.3%
E06000037	West Berkshire	15A	NHS Berkshire West CCG	30.0%	97.6%
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	99N	NHS Wiltshire CCG	0.1%	0.4%
E10000032	West Sussex	09D	NHS Brighton and Hove CCG	1.1%	0.4%
E10000032	West Sussex	09G	NHS Coastal West Sussex CCG	99.5%	57.5%
E10000032	West Sussex	09H	NHS Crawley CCG	93.4%	14.0%
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	1.1%	0.2%
E10000032	West Sussex	09X	NHS Horsham and Mid Sussex CCG	95.7%	25.9%
E10000032	West Sussex	10V	NHS South Eastern Hampshire CCG	4.1%	1.0%
E10000032	West Sussex	99H	NHS Surrey Downs CCG	0.6%	0.2%
E09000033	Westminster	07P	NHS Brent CCG	1.3%	2.0%
E09000033	Westminster	07R	NHS Camden CCG	3.0%	3.4%
E09000033	Westminster	09A	NHS Central London (Westminster) CCG	79.3%	71.3%
E09000033	Westminster	08C	NHS Hammersmith and Fulham CCG	0.6%	0.6%
E09000033	Westminster	08K	NHS Lambeth CCG	0.1%	0.2%
E09000033	Westminster	08Y	NHS West London (K&C & QPP) CCG	23.1%	22.6%
E08000010	Wigan	00T	NHS Bolton CCG	0.2%	0.1%
E08000010	Wigan	01G	NHS Salford CCG	0.8%	0.6%
E08000010	Wigan	01X	NHS St Helens CCG	3.8%	2.2%
E08000010	Wigan	02E	NHS Warrington CCG	0.4%	0.2%
E08000010	Wigan	02G	NHS West Lancashire CCG	2.8%	1.0%
E08000010	Wigan	02H	NHS Wigan Borough CCG	96.7%	95.7%
E06000054	Wiltshire	11E	NHS Bath and North East Somerset CCG	0.9%	0.4%
E06000054	Wiltshire	15A	NHS Berkshire West CCG	0.2%	0.2%
E06000054	Wiltshire	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	0.2%	0.5%
E06000054	Wiltshire	11J	NHS Dorset CCG	0.3%	0.4%
E06000054	Wiltshire	11M	NHS Gloucestershire CCG	0.4%	0.5%
E06000054	Wiltshire	11X	NHS Somerset CCG	0.3%	0.4%
E06000054	Wiltshire	12D	NHS Swindon CCG	1.3%	0.6%
E06000054	Wiltshire	11A	NHS West Hampshire CCG	0.1%	0.2%
E06000054	Wiltshire	99N	NHS Wiltshire CCG	96.7%	96.8%
E06000040	Windsor and Maidenhead	15A	NHS Berkshire West CCG	0.4%	1.3%
E06000040	Windsor and Maidenhead	14Y	NHS Buckinghamshire CCG	0.3%	1.1%
E06000040	Windsor and Maidenhead	15D	NHS East Berkshire CCG	34.1%	96.9%
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	10C	NHS Surrey Heath CCG	0.1%	0.0%
E08000015	Wirral	02F	NHS West Cheshire CCG	0.4%	0.3%
E08000015	Wirral	12F	NHS Wirral CCG	99.7%	99.7%
E06000041	Wokingham	15A	NHS Berkshire West CCG	31.5%	97.0%
E06000041	Wokingham	15D	NHS East Berkshire CCG	1.0%	2.6%
E06000041	Wokingham	10Q	NHS Oxfordshire CCG	0.1%	0.4%
E08000031	Wolverhampton	05C	NHS Dudley CCG	1.3%	1.5%
E08000031	Wolverhampton	05L	NHS Sandwell and West Birmingham CCG	0.1%	0.3%
E08000031	Wolverhampton	05Q	NHS South East Staffs and Seisdon Peninsular CCG	1.8%	1.4%
E08000031	Wolverhampton	05Y	NHS Walsall CCG	3.4%	3.5%
E08000031	Wolverhampton	06A	NHS Wolverhampton CCG	93.8%	93.4%
E10000034	Worcestershire	15E	NHS Birmingham and Solihull CCG	0.9%	2.0%
E10000034	Worcestershire	05C	NHS Dudley CCG	0.7%	0.4%
E10000034	Worcestershire	11M	NHS Gloucestershire CCG	0.5%	0.6%
E10000034	Worcestershire	05F	NHS Herefordshire CCG	0.9%	0.3%
E10000034	Worcestershire	05J	NHS Redditch and Bromsgrove CCG	95.8%	27.7%
E10000034	Worcestershire	05N	NHS Shropshire CCG	0.3%	0.1%
E10000034	Worcestershire	05R	NHS South Warwickshire CCG	2.3%	1.1%
E10000034	Worcestershire	05T	NHS South Worcestershire CCG	97.2%	49.3%
E10000034	Worcestershire	06D	NHS Wyre Forest CCG	98.3%	18.6%
E06000014	York	03E	NHS Harrogate and Rural District CCG	0.2%	0.1%
E06000014	York	03Q	NHS Vale of York CCG	60.2%	99.9%

Produced by NHS England using data from National Health Applications and Infrastructure Services (NHAIS) as supplied by NHS Digital.