

Wednesday, 23 September 2020

Meeting of the Health and Wellbeing Board

Thursday, 7 September 2017

1.30 pm

Meadfoot Room, Town Hall, Castle Circus, Torquay, TQ1 3DR

Members of the Board

Mayor Oliver
Councillor Mills
Councillor Parrott
Councillor Stockman
Councillor Doggett
Ann Wagner, Torbay and South Devon NHS Foundation Trust
Alison Hernandez, Police and Crime Commissioner
Martin Oxley, Torbay Community Development Trust
Melanie Walker, Devon Partnership NHS Trust
Nick Roberts, South Devon and Torbay Clinical Commissioning Group
Caroline Taylor, Director of Adult Services
Pat Harris, Healthwatch Torbay
Caroline Dimond, Director of Public Health
Dr Liz Thomas, NHS England
Andy Dempsey, Director of Children's Services
Elected Mayor, Gordon Oliver

Co-opted Members of the Board



Lisa Antrobus, Town Hall, Castle Circus, Torquay, TQ1 3DR
01803 207064

Email: governance.support@torbay.gov.uk

Ann Wagner, Torbay and South Devon NHS Foundation Trust
Alison Hernandez, Police and Crime Commissioner
Martin Oxley, Torbay Community Development Trust
Melanie Walker, Devon Partnership NHS Trust

HEALTH AND WELLBEING BOARD AGENDA

1. Election of Chairman/woman

To elect a Chairman/woman for the 2017/2018 Municipal Year.

2. Appointment of Vice-Chairman

To appoint a Vice-Chairman/woman for the 2017/2018 Municipal Year.

3. Apologies

To receive any apologies for absence, including notifications of any changes to the membership of the Committee.

4. Minutes

To confirm as a correct record the Minutes of the Health and Wellbeing Board held on 16 March 2017.

(Pages 5 - 7)

5. Declaration of interest

5(a) To receive declarations of non pecuniary interests in respect of items on this agenda

For reference: Having declared their non pecuniary interest Members may remain in the meeting and speak and, vote on the matter in question. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

5(b) To receive declarations of disclosable pecuniary interests in respect of items on this agenda

For reference: Where a Member has a disclosable pecuniary interest he/she must leave the meeting during consideration of the item. However, the Member may remain in the meeting to make representations, answer questions or give evidence if the public have a right to do so, but having done so the Member must then immediately leave the meeting, may not vote and must not improperly seek to influence the outcome of the matter. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

(Please Note: If Members and Officers wish to seek advice on any potential interests they may have, they should contact Governance Support or Legal Services prior to the meeting.)

6. Urgent items

To consider any other items that the Chairman/woman decides are urgent.

7. Re-procurement of Children's Services

To consider a report that informs Members of progress on the procurement of Children and Young People's Services.

(Pages 8 - 13)

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|-----|--|-------------------|
| 8. | Adult Services - Better Care Fund
To consider a report that sets out the approach being adopted in relation to the Better Care Fund. | (Pages 14 - 108) |
| 9. | Deep Dive - support for vulnerable adults and families
To undertake a deep dive into the Health and Wellbeing Board priority 'support for vulnerable adults and families'. | (Verbal Report) |
| 10. | Highlight Report - Healthy Torbay Framework
To note the highlight report. | (Pages 109 - 113) |
| 11. | Highlight Report - Promoting active ageing
To note the highlight report. | (Pages 114 - 117) |
| 12. | Highlight Report - Shifting the focus to prevention and early intervention
To note the highlight report. | (Pages 118 - 119) |
| 13. | Highlight Report - Mental health prevention and early intervention
To note the above report. | (Pages 120 - 121) |
| 14. | Market Position Statement Adult Social Care
To note the revised approach to the next adult social care focused Market Position Statement. | (Pages 122 - 123) |



Minutes of the Health and Wellbeing Board

16 March 2017

-: Present :-

Ann Wagner, Caroline Taylor, Caroline Dimond, Martin Oxley, Councillor Ian Doggett, Councillor Julien Parrott, Councillor Jackie Stockman, Mayor Gordon Oliver and Jo Turl

23. Apologies

Apologies for absence were received from Councillor Mills, Dr Liz Thomas, Pat Harris, Alison Hernandez, Nick Roberts who was represented by Jo Turl and Mairead McAlinden represented by Ann Wagner.

24. Minutes

The Minutes of the Health and Wellbeing Board held on 13 October 2016 were confirmed as a correct record and signed by the Chairman.

25. Healthy Torbay Supplementary Planning Document - Public Health

The Health and Wellbeing Board considered a report and received a presentation that sought their views on the Healthy Torbay Supplementary Planning Document (SPD). The Senior Planning and Public Health Officer informed the Board that the Council's Public Health and Spatial Planning teams had jointly led on the production of the SPD. The SPD focused on how interventions made within the built environment, particularly through the development process, can impact on the wider determinants of health.

Members were informed that the SPD was currently subject to a four week public consultation period, following which final ratification will be sought from Council. The SPD will then become part of the Council's statutory 'development plan' which guides decision-making in respect of planning decisions.

By consensus the Board resolved:

That the Healthy Torbay Supplementary Planning Document be endorsed and the Council be recommended to approve the document.

26. Joint Health and Wellbeing Strategy - Annual Review 2016/2017 and Work Programme for 2017/2018

The Board considered a report and received a presentation from Caroline Dimond on a summary of the work undertaken by the Board over the past year and reviewed:

- the work programme for 2017/2018; and
- the Board's membership.

Members were informed that the Joint Health and Wellbeing Strategy was agreed in December 2015 and covered the period 2015-2020. It is clear that work to deliver the strategy is being undertaken by a range of groups which sit below the Health and Wellbeing Board (HWBB), therefore it was recommended that the HWBB provide the assurance mechanism and receive highlight reports on each of its six priorities at each meeting and performs a 'deep dive' into one of the two priorities as set out in the work programme.

It was resolved by consensus that:

- i) the End of Year report be noted and published alongside the Joint Health and Wellbeing Strategy;
- ii) the Work Programme be approved for 2017/2018;
- iii) the Chairs of the Health and Wellbeing Board, Children's and Adults Safeguarding Boards and the Community Safety Partner meet to determine whether arrangements between the boards can be streamlined including any potential changes to the membership of the Health and Wellbeing Board.

27. Visioning Framework for Ageing Positively in Torbay

The Board noted a report and received a presentation from Simon Sherbersky and Sue McDermot from The Torbay Community Development Trust that detailed the engagement-led approach taken by the Ageing Well Torbay Programme Board. The report detailed the next steps and sought the Boards support for the direction of travel.

By consensus the Board resolved:

- i) That the Ageing Well Partnership be requested to establish a task and finish group to create a positive vision for later life in Torbay which will form the basis of the Ageing Well Strategy;
- ii) That the South Devon and Torbay Clinical Commissioning Group, Torbay Council and Integrated Care Organisation nominate representatives to attend, engage and actively participate in the task and finish group;

- iii) That the task and finish group also include a selection of people in later life in order for the strategy to be truly co-developed and co-produced;
- iv) That the draft Ageing Well Strategy be presented at a future meeting of the Board; and
- v) That Board members and the Ageing Well group nominate representatives to sit on the task and finish group.

28. Health Protection Report for the Health and Wellbeing Boards of Devon County Council, Torbay Council, Plymouth Council and Cornwall and the Isles of Scilly Councils

The Board noted the report that provided a summary of the assurance functions of the Health Protection Committee.

29. Health and Wellbeing Board Assurance

The Health and Wellbeing Board noted the report that provided an update on the actions within the assurance framework relating to the Joined Up Plans.

30. Director of Public Health Annual Report

The Health and Wellbeing Board noted the Director of Public Health Annual Report which was circulated at the meeting. The Board heard an audio recording of Lori's story – a positive outcome for a former drug-user.

Chairman/woman

Title: Re-procurement of Children's Services

Wards Affected: All

To: Health and Wellbeing Board **On:** 7th September 2017

Contact: Siobhan Grady

Telephone: 01803 652533

Email: Siobhan.grady@nhs.net

1. Purpose

- 1.1 The purpose of this document is to inform members of the Health and Wellbeing Board of the progress on the procurement of Children and Young People's Services. It describes the process with a timeline that NHS and Local Authority commissioners are undertaking.

2. Recommendation

- 2.1 That the Health and Wellbeing Board note the content of the report and provide comments and further information that will support the process.

3. Supporting Information

- 3.1 Timeline of procurement process.

4. Relationship to Joint Strategic Needs Assessment

- 4.1 The procurement process is fully utilising the JSNAs of both Torbay Council and Devon County Council.

5. Relationship to Joint Health and Wellbeing Strategy

- 5.1 The procurement process is influenced by and supports the JHWBS.

6. Implications for future iterations of the Joint Strategic Needs Assessment and/or Joint Health and Wellbeing Strategy

- 6.1 None.

Appendices

Service Scope

Background Papers:

The following documents/files were used to compile this report:

JSNAs – Torbay Council and Devon County Council

South Devon and Torbay CCG Commissioning Strategy for community health services – Children and Young people 2016-2020.

Procurement of Integrated Children's Services in Devon

In 2013, following a competitive tender process, Virgin Care Ltd (VCL) became the provider of Integrated Children's Services for the footprint of Devon County Council. The original contract length was three years and this has subsequently been extended, on two occasions, by a year. The contract is now in its fifth and final year and expires on 31 April 2018. In order to ensure consistent service provision for children and young people, an Interim Contract is being put in place with VCL for a further year until 31 March 2019.

Commissioners have taken the opportunity to review the provision of community health and care services and during this pre procurement planning phase is looking at services ranging from those that all children and young people come into contact with at some point including health visiting and school nursing in Devon, services to support those with mental health issues and services for children and young people with additional or special needs (up to the age of 25) across Devon, Torbay and Plymouth. This means that the procurement will include in scope services provided not only by VirginCare Ltd, but some services provided by Torbay Council, some services provided by Torbay and South Devon Foundation Trust some services provided by Plymouth Hospitals NHS Trust and services provided by Livewell South West. (Services currently being discussed in scope can be found in Appendix 1).

The new contract with the new provider of services will commence on 1 April 2019.

Before making any decisions, we are undertaking an engagement programme encouraging people to provide their views and test out our ideas with local children and young people, parents and carers, professionals that work with children/young people and those referring children/young people into services. The public consultation can be found at

www.newdevonccg.nhs.uk/your-ccg/children-and-young-people-100144

NEW Devon CCG has been asked by Devon County Council and South Devon and Torbay CCG to act as Lead Commissioner for the re-procurement. The procurement is currently in the preparation phase meaning that work is underway with a wide range of stakeholders including children, young people and families to finalise the:

- critical success factors
- service model
- principles underpinning the procurement
- geography and
- grouping of the services
- discussion with providers

Procurement Timeline

Between September and December 2017, full engagement on the final service strategy, the findings of a programme of engagement undertaken throughout the summer, the technical procurement strategy and the Quality and Equality Impact Assessment will be presented to a range of statutory committees and Boards.

The formal procurement process will commence in January 2018, with the publication of a Prior Information Notice. The final award of the contract to the new provider will be in August 2018 with full service commencement beginning 1 April 2019.

Appendix 1

The services that are currently in scope to be re-procured during 2018 are those set out as follows:

VirginCare Ltd	Torbay Council	Torbay & South Devon NHS Trust	Plymouth Hospitals NHS Trust	Livewell South West
Complex Care	CAMHS tiers 2 and 3	CAMHS tiers 2 and 3	Paediatric Neuro Disability	CAMHS tiers 2 and 3
CAMHS tiers 2 and 3	Speech and Language Therapy	Learning disability	Child Psychology	Speech and Language
Assertive Outreach	Occupational Therapy	Specialist school nursing	CCN Diabetic nurse	Health Visiting
Crisis response		Community Children's nursing	Cystic Fibrosis	School Nursing
Palliative Care		Child Development Centre	Occupational Therapy	Safeguarding nurses
Learning disability		Speech and Language Therapy	Physiotherapy	
Specialist school nursing		Occupational Therapy	Speech and Language	
Community Children's Nursing		Physiotherapy	Continence Services	
Specialist children's assessment centres		Autistic Spectrum Diagnostic	Palliative/Respite Care	
Speech and Language therapy		Children in Care Nursing	Plymouth Early Years Inclusion Educational Psychologist	
Occupational Therapy			Advisory Teacher HI and VI	
Safeguarding			SEN Administration (0-25's)	
Autistic Spectrum Condition			Children Disability Team	
Children in care			Communication and Interaction Team	
Short breaks (current model likely to change for 2018/19)			Integrated Disability Service	
Journey After Child Abuse Trauma (JACAT)			Childrens OT team	
Services around child				

Portage			SEND HQ	
Re-ablement Officer for Visually Impaired Children (ROVIC)				
Health Visiting				
School Nursing				

Title:	Adult Services – Better Care Fund		
Wards Affected:	All		
To:	Health & Wellbeing Board	On:	07 September 2017
Contact:	John Bryant / Vikki Cochran		
Telephone:	01802 208796 / 01803 652506		
Email:	John.bryant@torbay.gov.uk / vikki.cochran@nhs.net		

1. Purpose

- 1.1 The Integrated and Improved Better Care Fund (BCF) 2017/18-19 has been shared with Torbay and Southern Devon NHS Foundation Trust (the ICO) and signed by the South Devon and Torbay Clinical Commissioning Group (CCG) and Torbay Council. The background is contained in a report previously prepared for the Board (Appendix 1)
- 1.2 The schemes attached to the fund are described in the BCF Planning template (Appendix 2) that, subject to the support of the Board, will be submitted to NHS England for the 11th September
- 1.3 The narrative (Appendix 3) accompanying the template is attached describing the approach to the fund and includes details of schemes that have been considered as part of the Improved Better Care Fund, which is funding that falls within the control of the Council.
- 1.4 Whilst sign-off from NHS England is required for the overall schemes, Torbay has already begun to use the funding within its control to make a positive difference and reduce demand and costs whilst improving the experience for people in receipt of care.
- 1.5 The schemes include expansion, development and evolution of the work identified in the High Impact Changes – Managing Transfers of Care review, a summary of which is Appendix 4

2. Recommendation

- 2.1 To approve the Better Care Fund arrangements as set out in the attached appendix; and
- 2.2 To endorse the approach to the Improved Better Care Fund.

3. Supporting Information

- 3.1 The Better Care Fund (BCF) is a programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible.
- 3.2 The BCF has been created to improve the lives of some of the most vulnerable people in our society, placing them at the centre of their care and support, and providing them integrated health and social care services, resulting in an improved experience and better quality of life.
- 3.3 The financial amounts appear in the appendix being the checklist for the Better Care Fund submission and will be encompassed in the Section 75 agreement that supports the transfer of the fund
- 3.4 Section 75 of the 2006 National Health Services Act gives powers to local authorities and clinical commissioning groups to establish and maintain pooled funds out of which payment may be made towards expenditure incurred in the exercise of prescribed local authority functions and prescribed NHS functions
- 3.5 The targets were agreed in conjunction with the ICO and particular schemes to deliver these include:

Scheme ID	Scheme Name	Scheme Type (see table below for descriptions)	Area of Spend	2018/19 Expenditure (£)
1	Disabled Facilities Grant to Districts	4. DFG - Adaptations	Social Care	£1,738,615
2	Protecting Adult Social Care	16. Other	Social Care	£3,086,827
3	Reablement	16. Other	Community Health	£1,099,475
4	Carers	3. Carers services	Community Health	£476,093
5	Care Bill	16. Other	Social Care	£414,896
6	Other Healthcare/ Reablement/Section 256	16. Other	Community Health	£437,715
7	Integrated Care Organisation	16. Other	Community Health	£5,121,921
8	Reablement	16. Other	Social Care	£51,862
9	Adult Social Care	16. Other	Social Care	£6,149,188

3.6 Improved Better Care Fund

3.6.1 In the spring budget 2017 the chancellor announced additional funding to form the 'Improved Better Care Fund. Significantly this funding comes through the Department of Communities and Local Government (DCLG). At a Torbay level, it falls within the remit of the local authority's Section 151 officer to sign-off the local spend.

3.6.2 For Torbay, the additional money amounts to:

2017/18	2018/19	2019/20
£3,815,560	£2,366,904	£1,171,936

The specific conditions are as follows:

- Plans to be jointly agreed
- NHS contribution to adult social care is maintained in line with inflation
- Agreement to invest in NHS commissioned out-of-hospital services, which may include 7 day services and adult social care
- Managing Transfers of Care (a new condition to ensure people's care transfers smoothly between services and settings)

3.7 Governance

3.7.1 In the first round of funding all three parties to the Risk Share Agreement in respect of health and care services, have worked together to develop the schemes. These have been considered through the Better Care Fund working group and approved through by the Better Care Fund Board being constituted as part of the Social Care Programme Board/

3.8 Submission

3.8.1 NHS England will approve the overall Better Care Fund plan. Submission will be made once the plan has been approved by the Health and Wellbeing Board. In respect of the Improved Better Care Fund, (iBCF) this will go to NHS England as part of the overall BCF plan, however, the spend decision remains with the council and can be (and are being) enacted immediately.

4. Relationship to Joint Strategic Needs Assessment

4.1 In an as is situation the demand and costs to the system will increase as evidenced by the JSNA. The transformation that is taking place with the new model of care responds to these challenges and the constant endeavour to improve client and patient experience. Working in an integrated way is key to achieving this.

5. Relationship to Joint Health and Wellbeing Strategy

5.1 Preventative and early intervention strategies are contained within the proposals with attention given to initiatives that positively impact on mental health and wellbeing. The BCF narrative describes the response to the overall strategy that the system is providing.

6. Implications for future iterations of the Joint Strategic Needs Assessment and/or Joint Health and Wellbeing Strategy

6.1 No

Appendices

1. BCF report previously prepared for HWBB
2. BCF planning template for submission to NHS England
3. BCF narrative and iBCF Schemes
4. High Impact Changes – Managing Transfers of Care

Background Papers:

The following documents/files were used to compile this report:

Integration and Better Care Fund 2017-2019- Department of Health, Department for Communities and Local Government, Local Government Association and NHS England
http://www.local.gov.uk/sites/default/files/documents/BCF%202017-%202019%20planning%20requirements%20briefing%20slides_%20March%202017%20.pdf

2017-19 Integration and Better Care Fund Policy Framework – Department of Health and Department for Communities and Local Government
<https://www.gov.uk/government/publications/integration-and-better-care-fund-policy-framework-2017-to-2019>

Meeting: Health and Wellbeing Board

Date: 6 July 2017

Wards Affected: All

Report Title: Integration and Better Care Fund 2017-19

Is the decision a key decision? No

When does the decision need to be implemented? 2017/18 – subject to NHS
Guidance due July 2017

Executive Lead Contact Details: Councillor Julien Parrott, Executive Lead for Adults and Children, Julien.Parrott@torbay.gov.uk

Supporting Officer Contact Details: John Bryant, Head of Integration and Development
01803 208796 John.bryant@torbay.gov.uk

1. Proposal and Introduction

- 1.1 The Better Care Fund (BCF) is a programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible.
- 1.2 The BCF has been created to improve the lives of some of the most vulnerable people in our society, placing them at the centre of their care and support, and providing them integrated health and social care services, resulting in an improved experience and better quality of life.
- 1.3 The application of the funds is agreed each year between the Clinical Commissioning Group (CCG) and the Council, and in Torbay with the input of the Torbay and South Devon NHS Foundation Trust (ICO).

2. Reason for Proposal

- 2.1 The council have an obligation to reach agreement with partners on the pooling of funds in the Better Care Fund (BCF) and this is supported by the Section 75 Agreement.
- 2.2 Section 75 of the 2006 National Health Services Act gives powers to local authorities and clinical commissioning groups to establish and maintain pooled funds out of which payment may be made towards expenditure incurred in the exercise of prescribed local authority functions and prescribed NHS functions

3. Recommendation(s) / Proposed Decision

- 3.1 That the Health and Wellbeing Board endorse the approach being adopted in relation to the Better Care Fund subject to future guidance from NHS England.

Appendices

Appendix 1: Financial outline of Torbay BCF and Development Funding

Background Documents

Integration and Better Care Fund 2017-2019- Department of Health, Department for Communities and Local Government, Local Government Association and NHS England

http://www.local.gov.uk/sites/default/files/documents/BCF%202017-%202019%20planning%20requirements%20briefing%20slides_%20March%202017%20.pdf

2017-19 Integration and Better Care Fund Policy Framework – Department of Health and Department for Communities and Local Government

<https://www.gov.uk/government/publications/integration-and-better-care-fund-policy-framework-2017-to-2019>

The Adults Social Care Support Grant Determination 2017/18 No. 31/3065

The Improved Better Care Fund Grant Determination 2017/18 No 31/3064

Section 1: Background Information

1.	<p>What is the proposal / issue?</p> <p>The policy framework for the 2017-19 Integration and Better Care Fund was published April 2017 after the setting of NHS and Local Authority budgets. At the time of writing the final Planning Guidance is still awaited – a November 2016 version has been circulated.</p> <p>The framework and the subsequent letter to Section 151 officers emphatically states in relation to the Adult Social Care grant: <i>the Government is clear that this money should be used to fund adult social care services and will be additional to current budgeted spend</i> <i>Guidance documents and financial clarification on numbers attaching to the BCF remain outstanding</i></p>
2.	<p>What is the current situation?</p> <p>Better Care fund will cover two years and span housing, care health and other public services.</p> <p>These funds are not revenue funds and should not be considered within a base-funding figure. They should be applied to develop and deliver change to support the health and care interface.</p> <p>The conditions attaching to the fund are: In 2017-19, NHS England will require that BCF plans demonstrate how the area will meet the following national conditions:</p> <ul style="list-style-type: none">▪ Plans to be jointly agreed;▪ NHS contribution to adult social care is maintained in line with inflation;▪ Agreement to invest in NHS commissioned out-of-hospital services, which may include 7 day services and adult social care; and▪ Managing Transfers of Care (a new condition to ensure people's care transfers smoothly between services and settings) <p>The use of the High Impact Changes, reflecting learning and good practice from around the country, are worthy of consideration and referenced as delivery headings in producing a BCF plan. This is likely to support understanding, interpretation and sign-off when the plans are assessed and reviewed by NHS England and the Integration Partnership Board.</p> <p>The conditions of use applying to the new allocation announced in the Spring Budget 2017 and are incorporated in the Grant Determination Letter (GDL) issued in April by the Department for Communities and Local Government. The GDL also sets out the conditions applying to the Disabilities Facilities Grant.</p>

	<p>At the time of writing the Policy framework for the Improved Better Care Funds has been released but Planning Guidance (the detail) is to follow</p> <p>Reporting metrics reduced from 8 – 4</p> <ul style="list-style-type: none"> ▪ Delayed transfers of care; ▪ Non-elective admissions (General and Acute); ▪ Admissions to residential and care homes; and ▪ Effectiveness of reablement <p>Whilst no longer a requirement or metric the policy framework states - <i>all areas should be working to embed 7-day services across the health and care system. Shared information, interoperable IT and joint care assessments are critical enablers to deliver integrated services - therefore, we expect every area to continue taking action to build on the progress made in the last two years.</i></p> <p>This provides sound direction to the development of the community resources and the wider partnerships with the necessary infrastructure to support a new model of care.</p> <p>FLEXIBILITY OF FORM (FOR PERSON CENTRED CARE)</p> <p>Integration is available in many forms. Direction is given towards existing models within the policy framework. The present model within Torbay is not the only option. Savings along with care improvements are evidenced elsewhere – signposting is within the documentation and associated resources.</p> <p>Torbay’s Delayed Transfers of Care achievements continue to be positive whilst there always remains head room for improvement. Improvement is through the ‘interface of health and care’ and reducing presentation at hospital as well as efficient discharge. This will be supported by personalised (individual’s own) management of care and support which the policy signposts to in multiple ways.</p> <p>Touch stone for any model or BCF plans is: Integrated, preventative, person-centred care. Continued use is made of National Voices’ “I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me.” Torbay may wish to use this within its tests of plans</p> <p>Discharge to Access (Assess) is one of the High Impact Changes listed. There needs to be time for people to benefit from interventions and support and signposting with the clear view of returning them to their own home. The use of care home +/- nursing beds needs to be focussed on intermediate care and step down care. Enhanced Health in Care Homes case studies support the use of care homes whilst the focus continues to be ensuring there is improved community services and support structures to minimise long term admissions to care.</p> <p>Carers (informal) whilst not one of the metrics are cited as being expected to be considered within each plan. It is expected that this will be considered when plans are being approved by NHS England and the national Integration and Partnership Board (IPB)</p>
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	<p>Through this BCF round consideration will be given to the further development of VCSE capacity that supports carers through innovative and commercially sound CVS approaches. A range of opportunities exist in this area including circles of support, flexible working, developing peer networks and attention on mental health / wellbeing</p> <p>In respect of the above items, integrated personal commissioning (IPC) is widely featured and it is anticipated that funding at a local level through the BCF should be discussed but with boundaries being pushed in regard to IPC – both scope and timeframe</p> <p>It is notable that there is reference to ‘happy at home’ highlighting the opportunity for wellbeing initiatives and work / schemes involving wider council/public/community schemes beyond health interventions.</p> <p>BCF may or may not continue but there clear expectation is that the approach will be embedded through integrated systems by 2020. It is useful to reiterate that the policy emphasises that BCF funding is for integration and change versus revenue for as-is services.</p> <p>Professor John Bolton released a discussion paper on Demand and Performance management in Adult Social Care and consideration will be given to some of the measures contained within this paper as to where the BCF funds and the Adult Social Care Grant may be targeted. The demand management may include pump-priming activities– pump-priming sustainable orientated business plans and the resource to deliver them – that would further develop integration and support financial balance in year 2 and beyond. (the guidance also makes reference to frontloading of investments)</p> <p>FUNDING AND SIGN-OFF AND RECLAIM</p> <p>NHS England and ‘Integrated Partnership Board’ will sign off plans before the NHS funding spend is started. Where conditions are not met subject to reference and agreement by minister, NHS funds can be reclaimed.</p> <p>NHS will develop ‘integration metrics’ for assessing progress on integration.</p> <p>The Improved Better Care Fund can be spent as soon as agreement between the parties is reached and does not require further sign-off or external agreement. However, it is to be noted that the local authority’s Section 151 officer must:</p> <p><i>Certify that your authority will use the additional funding for adult social care.</i></p> <p>Alongside the attendant commitment to additionality beyond current spend.</p> <p>REPORTING – GRADUATION</p> <p>6-10 areas will be selected as early Graduate applicants. The graduation being the demonstration of having made progress beyond the requirements of the BCF. The first wave applications to be in before end of January. Subsequent waves to follow.</p> <p>PARTNERSHIP</p> <p>SECTION 75</p> <p>Arrangements are being reviewed by the Department of Health; further policy and guidance to follow.</p>
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	<p>The existing Section 75 has been legally reviewed Mar 2017 and found to be fit for existing purposes. This will continue to be used locally whilst awaiting updated, revised guidance.</p> <p>DEVON COUNTY COUNCIL</p> <p>Alignment will be sought wherever possible with the approaches and reporting structures of Devon County Council. The endeavour is to create a coordinated and consistent approach across the Torbay and South Devon footprint, leverage funds driving market place changes, and minimise duplication and variation in reporting.</p> <p>GOVERNANCE</p> <p>The (i)BCF will be managed as Part 2 of a meeting of the Social Care Programme Board.</p>
3.	<p>What options have been considered?</p> <p>The Better Care Fund is a national mandated initiative which local areas must implement</p>
4.	<p>How does this proposal support the ambitions, principles and delivery of the Corporate Plan 2015-19?</p> <p>The BCF progresses the work that has long been undertaken in Torbay towards integrated services which provide better outcomes for the residents of Torbay. It meets all three principles:</p> <ul style="list-style-type: none"> • <i>Use reducing resources to best effect</i> • <i>Reduce demand through prevention and innovation</i> • <i>Integrated and joined up approach</i>
5.	<p>Who will be affected by this proposal and who do you need to consult with?</p> <p>People using health and care services in Torbay will be positively impacted by this work. The proposal as to entering into the Better Care Fund arrangement requires no consultation</p>
6.	<p>How will you propose to consult?</p> <p>Refer above</p>

Section 2: Implications and Impact Assessment

7.	<p>What are the financial and legal implications?</p> <p>See Appendix 1 re the figures The council has made commitments to the BCF in previous years. Following the spring budget 2017 the council were awarded additional funds in the Adult Social Care Grant.</p>
8.	<p>What are the risks?</p> <p>Should the local partners not agree a Better Care Fund there will be external mediation and involvement for NHS and Local Government Association</p> <p>The guidance from the Department of Health is not yet available due to the election and is unlikely to be forthcoming ahead of the end of July 2017</p> <p>The local partners are progressing work and seeking to reach agreement. There is a risk that the guidance may require this to be revised. However, in terms of making best use of resources and achieving delivery the Local Government Association guidance is being used.</p>
9.	<p>Public Services Value (Social Value) Act 2012</p> <p>The agreement is between public bodies and there is no procurement of services</p>
10.	<p>What evidence / data / research have you gathered in relation to this proposal?</p> <p>The NHS produce information and continue to keep the council and CCG informed https://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/</p>
11.	<p>What are key findings from the consultation you have carried out?</p> <p>There was no consultation required in relation to entering into the BCF agreement</p>
12.	<p>Amendments to Proposal / Mitigating Actions</p> <p>See Above (11)</p>

Equality Impacts

13	Identify the potential positive and negative impacts on specific groups			
		Positive Impact	Negative Impact & Mitigating Actions	Neutral Impact
	Older or younger people	Yes		
	People with caring Responsibilities	Yes		
	People with a disability	Yes		
	Women or men	Yes		
	People who are black or from a minority ethnic background (BME) <i>(Please note Gypsies / Roma are within this community)</i>	Yes		
	Religion or belief (including lack of belief)	Yes		
	People who are lesbian, gay or bisexual	Yes		
	People who are transgendered	Yes		
	People who are in a marriage or civil partnership	Yes		
	Women who are pregnant / on maternity leave	Yes		

	Socio-economic impacts (Including impact on child poverty issues and deprivation)	Yes		
	Public Health impacts (How will your proposal impact on the general health of the population of Torbay)	Yes – better integrated care services including reducing Non-elective admissions, reducing long term admissions to care homes, working to reducing Delayed Transfers of Care, and developing reablement for increased independence of clients and patients		
14	Cumulative Impacts – Council wide (proposed changes elsewhere which might worsen the impacts identified above)	Positive impacts will be seen from the development of housing initiatives		
15	Cumulative Impacts – Other public services (proposed changes elsewhere which might worsen the impacts identified above)	Opportunities exist for wider integrated working with Devon partners and through the Sustainability and Transformation Planning system across Devon's NHS and social care bodies.		

Appendix 1. Financial Outline of Torbay BCF and Development Funding

Better Care Fund funding contribution	2016-17 (2015/16 + 1.5%)	2017-2018 (+1.79% on 2016/17 assured figs baseline as per policy framework)	2018-2019 (+1.9% on 2017/18)	Not covered by the policy framework 2019-20 Total
Minimum NHS CCG contribution Can you put in the figures that we are expecting from the CCG please	3,011,156	3,065,055	3,123,291	
Improved Better Care Fund Local Government Finance Settlement	N/A	633,138	TBC	
New grant allocation – Funding for adult social care via DCLG	N/A	3,815,560	2,366,904	1,171,936
Disabled Facilities Grant (capital grant for adaptations to houses)	1,524,090	1,631,353	TBC	
IBCF Total	4,535,246	9,145,106	5,490,195	

Planning Template for BCF: due on 11/09/2017

Better Care Fund 2017-19 Planning Template

Sheet: Guidance

Overview
<p>This template is to be read and used in conjunction with the BCF Policy Framework document and the BCF Planning Requirements document which provides the background and further details on the planning requirements for 2017-2019.</p> <p>The purpose of this template is to collect the BCF planning information for each HWB which includes confirmation of National Conditions, specific funding requirements, scheme level financial information and planning metrics for the period 2017-2019.</p> <p>This template should also be aligned to the BCF narrative plan documents for the BCF schemes being planned for 2017-2019 by the HWB.</p>
Note on entering information into this template
<p>1. Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below: Yellow: Data needs inputting in the cell Blue: Pre-populated cell</p> <p>2. All cells in this template requiring a numerical input are restricted to values between 0 and 1,000,000,000</p> <p>3. This template captures data for two years 2017-19</p>
Data needs inputting in the cell
Pre-populated cell
Note on viewing the sheets optimally
<p>To more optimally 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 the guidance tab for readability if required.</p> <p>The details of each sheet within the template are outlined below.</p>
Checklist (click to go to tab)
<p>1. This sheet helps identify the data fields that have not been completed. All fields that appear as incomplete should be complete before submission for plan-assurance.</p> <p>2. It is sectioned out by sheet name and contains the description of the information required, cell reference (hyperlinked) for the question and the 'checker' column which updates automatically as questions within each sheet are completed.</p> <p>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"</p> <p>4. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.</p> <p>5. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Complete Template'.</p> <p>6. Please ensure that all boxes on the checklist tab are green before submission.</p>
Summary (click to go to tab)
<p>1. This sheet summarises the key planning information provided on the template to be used for review and plan-assurance.</p> <p>2. Print guidance: By default this sheet has been set up to print across 4 pages, landscape mode and A4.</p>
1. Cover (click to go to tab)
<p>1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.</p> <p>2. Please enter the following information on this sheet:</p> <ul style="list-style-type: none">- Several area assurance contact roles have been pre-populated for you to fill in, please enter the name of that contact and their email address for use in resolving any queries regarding the return;- Please add any further area contacts that you would wish to be included in official correspondence. Please include their job title, and their email address. <p>3. 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 5 cells are green should the template be sent to england.bettercaresupport@nhs.net</p>

2. HWB Funding Sources (click to go to tab)

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's Better Care Fund plan and pooled budget for 2017-19. It will be pre-populated with the minimum CCG contributions to the BCF, the DFG allocations and the iBCF allocations. These cannot be changed. The sheet also requests a number of confirmations in regard to the funding that is made available through the BCF for specific purposes.

2. This sheet captures the various funding sources that contribute to the total BCF pool for the Local Area. The DFG, iBCF and CCG minimum funding streams are pre-populated and do not need re-entering.

Please enter the following information on this sheet:

- Additional contributions from Local Authorities or CCGs: as applicable are to be entered on this tab on the appropriate sections highlighted in "yellow".
- Additional Local Authority contributions: Please detail any additional Local Authority funding contributions by selecting the relevant authorities within the HWB and then entering the values of the contributions. Please use the comment boxes alongside to add any specific detail around this additional contribution.
- Additional CCG contributions: Please detail any additional CCG funding contributions by selecting the relevant CCGs. Please note, only contributions assigned to a CCG will be included in the 'Total Additional CCG Contribution' figure.
- Funding contributions narrative: Please enter any comments in the "Funding Contributions Narrative" field to offer any information that could be useful to further clarify or elaborate on the funding sources allocations entered including any assumptions that may have been made.
- Specific funding requirements: This section requests confirmation on the specific funding requirements for 2017-19. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for further details. These are mandatory conditions and will need to be confirmed through the planning assurance process. Please select "Yes" where the funding requirement can be confirmed as having been met, or "No" to indicate that the requirement is unconfirmed. Where "No" is selected as the status, please provide further detail in the comments box alongside to indicate the actions being taken or considered towards confirming the requirement.

3. HWB Expenditure Plan (click to go to tab)

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 demonstrate how the national policy framework is being achieved.

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. In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this tab 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 lines.

2. Scheme Name:

- This is a free field. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.

3. 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.

4. 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.
- 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. Commissioner:

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

6. 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.

7. 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.

8. Scheme Duration:

- Please select the timeframe for which the scheme is planned for from the drop down list: whether 2017-18, 2018-19 or Both Years.

9. Expenditure (£) 2017-19:

- Please enter the planned spend for the scheme (Based on the duration of the scheme, please enter this information for 2017-18, 2018-19 or both)

This is the only detailed information on BCF schemes being collected centrally for 2017-19 but it is expected that detailed plans and narrative plans will continue to be developed locally and this information will be consistent across them.

4. HWB Metrics (click to go to tab)

This sheet should be used to set out the Health and Wellbeing Board's performance plans for each of the Better Care Fund metrics in 2017-19. The BCF requires plans to be set for 4 nationally defined metrics.

This should build on planned and actual performance on these metrics in 2016-17.

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

- The NEA plan totals are pre-populated with activity data from CCG Operating Plan submissions for all contributing CCGs, which has then been mapped to the HWB footprint to provide a default HWB level NEA activity plan for 2017-19. This is to align with the wider CCG Ops planning for this metric
- If the BCF schemes are aiming for additional NEA reductions which are not already built into the CCG Operating Plan numbers for NEAs, please select "Yes" to the question "Are you planning on additional quarterly reductions". This will make the cells in the table below editable. Please enter the additional quarterly planned NEA reductions for 2017-19 in these cells.
- Where an additional reduction in NEA activity is planned for through the BCF schemes, an option is provided to set out an associated NEA performance related contingency reserve arrangement (this is described in the Planning Requirements document). When opting to include this arrangement, please select "Yes" on the NEA cost question. This will enable any adjustments to be made to the NEA cost assumptions (just below) which are used to calculate the contingency reserve fund. Please add a reason for any adjustments made to the cost of NEA
- Further information on planning further reductions in Non-Elective Activity and associated contingency reserve arrangements is set out within the BCF Planning Requirements document.

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 2014 based subnational population projections.
- The annual rate is then calculated and populated based on the entered information.
- Please add a commentary in the column alongside to provide any useful information in relation to how you have agreed this figure.

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 add a commentary in the column alongside to provide any useful information in relation to how you have agreed this figure.

4. Delayed Transfers of Care (DToC) planning:

- Please refer to the BCF Planning Requirements 17/19 when completing this section.
- This section captures the planned Delayed Transfers Of Care (delayed days) metric for 2017/19
- Please input the delayed days figure for each quarter.
- The total delayed days and the quarterly rate is then calculated based on this entered information
- The denominator figure in row 95 is pre-populated (population - aged 18+, 2014 based SNPP). This figure is utilised to calculate the quarterly rate.
- Please add a commentary in the column alongside to provide any supporting or explanatory information in relation to how this metric has been planned.

5. National Conditions (click to go to tab)

This sheet requires the Health & Wellbeing Board to confirm whether the national conditions detailed in the Better Care Fund Planning Guidance are on track to be met through the delivery of your plan in 2017-19. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for 2017-19 where the BCF national conditions are set out in full. Please answer as at the time of completion.

On this tab please enter the following information:

1. Confirmation status for 2017/18 and 2018/19:

For each national condition please use the 2017/18 column to select 'Yes' or 'No' to indicate whether there is a clear plan set out to meet the condition for 2017/18 and again for 2018/19. Selecting 'Yes' confirms meeting the National Condition for the Health and Well Being board as per the BCF Policy Framework and Planning Requirements for 17/19

2. Where the confirmation selected is 'No', please use the comments box alongside to indicate when it is expected that the condition will be met / agreed if it is not being currently. Please detail in the comments box issues and/or actions that are being taken to meet the condition, when it is expected that the condition will be met and any other supporting information.

CCG - HWB Mapping (click to go to tab)

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

Planning Template for BCF: due on 11/09/2017

Better Care Fund 2017-19 Planning Template

Sheet: Checklist

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

Complete Template

1. Cover

	Cell Reference	Checker
Health and Well Being Board	C10	Yes
Completed by:	C13	Yes
E-mail:	C15	Yes
Contact number:	C17	Yes
Who has signed off the report on behalf of the Health and Well Being Board:	C19	Yes
Area Assurance Contact Details	C22 : G31	Yes

Sheet Completed:

Yes

2. HWB Funding Sources

	Cell Reference	Checker
Are any additional LA Contributions being made on 2017/18? If yes please detail below	C35	Yes
Are any additional LA Contributions being made on 2018/19? If yes please detail below	D35	Yes
Local authority additional contribution:	B38 : B40	Yes
Gross Contribution (2017/18)	C41	Yes
Gross Contribution (2018/19)	D41	Yes
Comments (if required)	F38	N/A
Are any additional CCG Contributions being made on 2017/18? If yes please detail below;	C62	Yes
Are any additional CCG Contributions being made on 2018/19? If yes please detail below;	D62	Yes
Additional CCG Contribution:	B65	Yes
Gross Contribution (2017/18)	C65	Yes
Gross Contribution (2018/19)	D65	Yes
Comments (if required)	F65	N/A
Funding Sources Narrative	B83	N/A
1. Is there agreement about the use of the Disabled Facilities Grant and are arrangements in place for the transfer of DFG funds to the local housing authority? (2017/18)	C91	Yes
2. i) In areas with two tiers of local government, can you confirm that the full amount of Disabled Facilities Grant will be passed to local housing authorities? (2017/18)	C93	Yes
2. ii) In areas with two tiers of local government, can you confirm that relevant district councils have agreed how Disabled Facilities Grant will be spent in line with ambitions in the BCF to support integrated approaches to health, social care and housing? (2017/18)	C94	Yes
3. Is there agreement that at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified? (2017/18)	C95	Yes
4. Is there agreement on the amount of funding that will be dedicated to carer-specific support from within the BCF pool? (2017/18)	C96	Yes
5. Is there agreement on how funding for reablement included within the CCG contribution to the fund is being used? (2017/18)	C97	Yes
6. Is the iBCF grant included in the pooled BCF fund? (2017/18)	C98	Yes
1. Is there agreement about the use of the Disabled Facilities Grant and are arrangements in place for the transfer of DFG funds to the local housing authority? (2018/19)	D91	Yes
2. i) In areas with two tiers of local government, can you confirm that the full amount of Disabled Facilities Grant will be passed to local housing authorities? (2018/19)	D93	Yes
2. ii) In areas with two tiers of local government, can you confirm that relevant district councils have agreed how Disabled Facilities Grant will be spent in line with ambitions in the BCF to support integrated approaches to health, social care and housing? (2018/19)	D94	Yes
3. Is there agreement that at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified? (2018/19)	D95	Yes
4. Is there agreement on the amount of funding that will be dedicated to carer-specific support from within the BCF pool? (2018/19)	D96	Yes
5. Is there agreement on how funding for reablement included within the CCG contribution to the fund is being used? (2018/19)	D97	Yes
6. Is the iBCF grant included in the pooled BCF fund? (2018/19)	D98	Yes
1. Is there agreement about the use of the Disabled Facilities Grant and are arrangements in place for the transfer of DFG funds to the local housing authority? Comments	E91	Yes
2. i) In areas with two tiers of local government, can you confirm that the full amount of Disabled Facilities Grant will be passed to local housing authorities? Comments	E93	Yes
2. ii) In areas with two tiers of local government, can you confirm that relevant district councils have agreed how Disabled Facilities Grant will be spent in line with ambitions in the BCF to support integrated approaches to health, social care and housing? Comments	E94	Yes
3. Is there agreement that at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified? Comments	E95	Yes
4. Is there agreement on the amount of funding that will be dedicated to carer-specific support from within the BCF pool? Comments	E96	Yes
5. Is there agreement on how funding for reablement included within the CCG contribution to the fund is being used? Comments	E97	Yes
6. Is the iBCF grant included in the pooled BCF fund? Comments	E98	Yes

Sheet Completed:

Yes

3. HWB Expenditure Plan

	Cell Reference	Checker
Scheme ID	B18 : B267	Yes
Scheme Name	C18 : C267	Yes
Scheme Type (see table below for descriptions)	D18 : D267	Yes
Sub Types	E18 : E267	Yes
Please specify if 'Scheme Type' or 'Sub Type' is 'other'	F18 : F267	Yes
Area of Spend	G18 : G267	Yes
Please specify if 'Area of Spend' is 'other'	H18 : H267	Yes
Commissioner	I18 : I267	Yes
if Joint Commissioner % NHS	J18 : J267	Yes
if Joint Commissioner % LA	K18 : K267	Yes
Provider	L18 : L267	Yes
Source of Funding	M18 : M267	Yes
Scheme Duration	N18 : N267	Yes
2017/18 Expenditure (£000's)	O18 : O267	Yes
2018/19 Expenditure (£000's)	P18 : P267	Yes
New or Existing Scheme	Q18 : Q267	Yes

Sheet Completed:	Yes
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4. HWB Metrics

	Cell Reference	Checker
4.1 - Are you planning on any additional quarterly reductions?	E18	Yes
4.1 - HWB Quarterly Additional Reduction Figure - Q1 (2017/18)	F20	Yes
4.1 - HWB Quarterly Additional Reduction Figure - Q2 (2017/18)	G20	Yes
4.1 - HWB Quarterly Additional Reduction Figure - Q3 (2017/18)	H20	Yes
4.1 - HWB Quarterly Additional Reduction Figure - Q4 (2017/18)	I20	Yes
4.1 - HWB Quarterly Additional Reduction Figure - Q1 (2018/19)	J20	Yes
4.1 - HWB Quarterly Additional Reduction Figure - Q2 (2018/19)	K20	Yes
4.1 - HWB Quarterly Additional Reduction Figure - Q3 (2018/19)	L20	Yes
4.1 - HWB Quarterly Additional Reduction Figure - Q4 (2018/19)	M20	Yes
4.1 - Are you putting in place a local contingency fund agreement on NEA?	E24	Yes
4.1 - Cost of NEA (2017/18)	E30	Yes
4.1 - Cost of NEA (2018/19)	E31	Yes
4.1 - Comments (2017/18) (if required)	F30	N/A
4.1 - Comments (2018/19) (if required)	F31	N/A
4.2 - Residential Admissions : Numerator : Planned 17/18	H48	Yes
4.2 - Residential Admissions : Numerator : Planned 18/19	I48	Yes
4.2 - Comments (if required)	J47	N/A
4.3 - Reablement : Numerator : Planned 17/18	H57	Yes
4.3 - Reablement : Denominator : Planned 17/18	H58	Yes
4.3 - Reablement : Numerator : Planned 18/19	I57	Yes
4.3 - Reablement : Denominator : Planned 18/19	I58	Yes
4.3 - Comments (if required)	J56	N/A
4.4 - Delayed Transfers of Care : Planned Q1 17/18	I65	Yes
4.4 - Delayed Transfers of Care : Planned Q2 17/18	J65	Yes
4.4 - Delayed Transfers of Care : Planned Q3 17/18	K65	Yes
4.4 - Delayed Transfers of Care : Planned Q4 17/18	L65	Yes
4.4 - Delayed Transfers of Care : Planned Q1 18/19	M65	Yes
4.4 - Delayed Transfers of Care : Planned Q2 18/19	N65	Yes
4.4 - Delayed Transfers of Care : Planned Q3 18/19	O65	Yes
4.4 - Delayed Transfers of Care : Planned Q4 18/19	P65	Yes
4.4 - Comments (if required)	Q64	N/A

Sheet Completed:	Yes
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5. National Conditions

	Cell Reference	Checker
1) Plans to be jointly agreed (2017/18)	C14	Yes
2) NHS contribution to adult social care is maintained in line with inflation (2017/18)	C15	Yes
3) Agreement to invest in NHS commissioned out of hospital services (2017/18)	C16	Yes
4) Managing transfers of care	C17	Yes
1) Plans to be jointly agreed (2018/19)	D14	Yes
2) NHS contribution to adult social care is maintained in line with inflation (2018/19)	D15	Yes
3) Agreement to invest in NHS commissioned out of hospital services (2018/19)	D16	Yes
4) Managing transfers of care	D17	Yes
1) Plans to be jointly agreed, Comments	E14	Yes
2) NHS contribution to adult social care is maintained in line with inflation, Comments	E15	Yes
3) Agreement to invest in NHS commissioned out of hospital services, Comments	E16	Yes
4) Managing transfers of care	E17	Yes
Sheet Completed:		Yes

Planning Template for BCF: due on 11/09/2017

Summary of Health and Well-Being Board 2017-19 Planning Template

Being Board:

Torbay

Data Submission Period:

2017-19

Summary

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

2. HWB Funding Sources

	2017/18 Gross Contribution	2018/19 Gross Contribution
Total Local Authority Contribution exc iBCF	£1,631,353	£1,738,615
Total iBCF Contribution	£4,448,698	£6,149,188
Total Minimum CCG Contribution	£10,489,488	£10,688,789
Total Additional CCG Contribution	£0	£0
Total BCF pooled budget	£16,569,539	£18,576,592

Specific Funding Requirements for 2017-19

	2017/18 Response	2018/19 Response
1. Is there agreement about the use of the Disabled Facilities Grant and are arrangements in place for the transfer of DFG funds to the local housing authority?	Yes	Yes
2. In areas with two tiers of local government:		
i) Are there plans to pass down the full amount of Disabled Facilities Grant from the county to each of the district authorities?		
ii) If a portion of the DFG funding has been retained by the county, have the relevant district councils agreed to this approach? If applicable, please detail in the comments box how the retained portion of DFG will be spent to support integrated approaches to health, social care and housing.		
3. Is there agreement that at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified?	Yes	Yes
4. Is there agreement on the amount of funding that will be dedicated to carer-specific support from within the BCF pool?	Yes	Yes
5. Is there agreement on how funding for reablement included within the CCG contribution to the fund is being used?	Yes	Yes
6. Is the iBCF grant included in the pooled BCF fund?	Yes	Yes

3. HWB Expenditure Plan

Summary of BCF Expenditure (*)	2017/18 Expenditure	2018/19 Expenditure
Acute	£0	£0
Mental Health	£0	£0
Community Health	£7,002,163	£7,135,204
Continuing Care	£0	£0
Primary Care	£0	£0
Social Care	£9,567,376	£11,441,388
Other	£0	£0
Total	£16,569,539	£18,576,592

Summary of BCF Expenditure from Minimum CCG Contribution (***)	2017/18 Expenditure	2018/19 Expenditure
Acute	£0	£0
Mental Health	£0	£0
Community Health	£7,002,163	£7,135,204
Continuing Care	£0	£0
Primary Care	£0	£0
Social Care	£3,487,325	£3,553,585
Other	£0	£0
Total	£10,489,488	£10,688,789


Summary of NHS Commissioned Out of Hospital Services Spend from MINIMUM BCF Pool ()**

	2017/18 Expenditure	2018/19 Expenditure
Mental Health	£0	£0
Community Health	£7,002,163	£7,135,204
Continuing Care	£0	£0
Primary Care	£0	£0
Social Care	£3,487,325	£3,553,585
Other	£0	£0
Total	£10,489,488	£10,688,789
NHS Commissioned OOH Ringfence	£2,980,815	£3,037,451

Additional NEA Reduction linked Contingency Fund

	2017/18 Fund	2018/19 Fund
NEA metric linked contingency fund held from the ringfenced local allocation for NHS OOH spend	£0	£0

BCF Expenditure on Social Care from Minimum CCG Contribution

	2016/17	2017/18	2018/19
Minimum Mandated Expenditure on Social Care from the CCG minimum		£3,487,325	£3,553,585
Planned Social Care expenditure from the CCG minimum	£3,426,000	£3,487,325	£3,553,585
Annual % Uplift Planned		1.8%	1.9%
Minimum mandated uplift % (Based on inflation)		1.79%	1.90%

4. HWB Metrics

4.1 HWB NEA Activity Plan

	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Total 17/18	Total 18/19
Total HWB Planned Non-Elective Admissions	4,474	4,347	4,434	4,439	4,474	4,347	4,434	4,439	17,694	17,694
HWB Quarterly Additional Reduction Figure	0	0	0	0	0	0	0	0	0	0
HWB NEA Plan (after reduction)	4,474	4,347	4,434	4,439	4,474	4,347	4,434	4,439	17,694	17,694
Additional NEA reduction delivered through the BCF									£0	£0

4.2 Residential Admissions

		Planned 17/18	Planned 18/19
Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual rate	600	585

4.3 Reablement

		Planned 17/18	Planned 18/19
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual %	76.5%	76.5%

4.4 Delayed Transfers of Care

Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)	Quarterly rate	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
		464	464	464	462	462	462	462	461

5. National Conditions		
National Conditions For The BCF 2017-19	Does your BCF plan for 2017/18 set out a clear plan to meet this condition?	Does your BCF plan for 2018/19 set out a clear plan to meet this condition?
1) Plans to be jointly agreed	Yes	Yes
2) NHS contribution to adult social care is maintained in line with inflation	Yes	Yes
3) Agreement to invest in NHS commissioned out of hospital services	Yes	Yes
4) Managing transfers of care	Yes	Yes

Footnotes

* **Summary of BCF Expenditure** is the sum of the self-reported HWB amounts allocated to the 7 different 'areas of spend' that have been provided by HWBs in their plans (from the 4. HWB Expenditure Plan tab), where:

Area of Spend = Acute, Mental Health, Community Health, Continuing Care, Primary Care, Social Care & Other

** **Summary of NHS Commissioned out of hospital services spend from MINIMUM BCF Pool** is the sum of the amounts allocated to the 6 individual out of hospital 'areas of spend' that have been provided in tab 4. HWB Expenditure Plan, where;

Area of Spend = Mental Health, Community Health, Continuing Care, Primary Care, Social Care & Other (everything other than Acute)

Commissioner = CCG, NHS England or Joint (if joint we use the NHS% of the value)

Source of Funding = CCG Minimum Contribution

*****Summary of BCF Expenditure from Minimum CCG contribution** is the sum of the self-reported HWB amounts allocated to the 7 different 'areas of spend' from the minimum CCG contribution that have been provided by HWBs in their plans (from the 4. HWB Expenditure Plan tab), where:

Area of Spend = Acute, Mental Health, Community Health, Continuing Care, Primary Care, Social Care & Other

Source of Funding = CCG Minimum Contribution

Planning Template for BCF: due on 11/09/2017

Better Care Fund 2017-19 Planning Template

Sheet: 1. Cover Sheet

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

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Health and Well Being Board	Torbay
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Completed by:	Jordan Hopkins
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E-Mail:	jordan.hopkins@nhs.net
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Contact Number:	01803 652572
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Who signed off the report on behalf of the Health and Well Being Board:	Caroline Taylor
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	Role:	Title and Name:	E-mail:
Area Assurance Contact Details*	Health and Wellbeing Board Chair	Director of Adult Services and Transformation & Elections Returning Officer - Caroline Taylor	caroline.taylor@torbay.gov.uk
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	LA Section 151 officer	Head of Finance - Martin Phillips	martin.phillips@torbay.gov.uk
Please add further area contacts that you would wish to be included in official correspondence -->			

*Only those identified will be addressed in official 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'

Complete Template

	No. of questions answered
1. Cover	6
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4. HWB Metrics	30
5. National Conditions	12

Planning Template for BCF: due on 11/09/2017

Sheet: 2. Health and Well-Being Board Funding Sources

Selected Health and Well Being Board:

Torbay

Data Submission Period:

2017-19

2. HWB Funding Sources

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

Local Authority Contributions exc iBCF		
Disabled Facilities Grant (DFG)	2017/18 Gross Contribution	2018/19 Gross Contribution
Torbay	£1,631,353	£1,738,615
Lower Tier DFG Breakdown (for applicable two tier authorities)		
Total Minimum LA Contribution exc iBCF	£1,631,353	£1,738,615

Are any additional LA Contributions being made in 2017/18 or 2018/19? If yes please detail below	Yes	No
--	-----	----

Local Authority Additional Contribution	2017/18 Gross Contribution	2018/19 Gross Contribution
Torbay	£0	
Total Local Authority Contribution	£1,631,353	£1,738,615

Comments - please use this box clarify any specific uses or sources of funding
No additional contributions made - this was the only way to clear the validation error on

iBCF Contribution	2017/18 Gross Contribution	2018/19 Gross Contribution
Torbay	£4,448,698	£6,149,188
Total iBCF Contribution	£4,448,698	£6,149,188

CCG Minimum Contribution	2017/18 Gross Contribution	2018/19 Gross Contribution
NHS South Devon and Torbay CCG	£10,489,488	£10,688,789
Total Minimum CCG Contribution	£10,489,488	£10,688,789

Are any additional CCG Contributions being made in 2017/18 or 2018/19? If yes please detail below	No	No
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Additional CCG Contribution	2017/18 Gross Contribution	2018/19 Gross Contribution
Total Additional CCG Contribution	£0	£0

Comments - please use this box clarify any specific uses or sources of funding

	2017/18	2018/19
Total BCF pooled budget	£16,569,539	£18,576,592

Funding Contributions Narrative
<p>The BCF pooled budget includes contributions from the CCG (£10,489k 17/18, £10,689k 18/19) which meet the minimum requirements as set out in the BCF Planning Guidance. Included within the minimum contribution is the 1.79% uplift in 2017/18 and the 1.9% uplift in 2018/19. Also included within the pooled budget is the DFG (£1,631k 17/18, £1,739k 18/19) and iBCF (£4,449k 17/18, £6,149k 18/19), both input by the Local Authority.</p>

Specific funding requirements for 2017-19	Response	Response	If the selected response for either year is 'No', please detail in the comments box
1. Is there agreement about the use of the Disabled Facilities Grant and are arrangements in place for the transfer of DFG funds to the local housing authority?	Yes	Yes	
2. In areas with two tiers of local government:			
i) Are there plans to pass down the full amount of Disabled Facilities Grant from the county to each of the district authorities?			
ii) If a portion of the DFG funding has been retained by the county, have the relevant district councils agreed to this approach? If applicable, please detail in the comments box how the retained portion of DFG will be spent to support integrated approaches to health, social care and housing.			
3. Is there agreement that at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified?	Yes	Yes	
4. Is there agreement on the amount of funding that will be dedicated to carer-specific support from within the BCF pool?	Yes	Yes	
5. Is there agreement on how funding for reablement included within the CCG contribution to the fund is being used?	Yes	Yes	
6. Is the iBCF grant included in the pooled BCF fund?	Yes	Yes	

Selected Health and Well Being Board:

Torbay

Data Submission Period:

2017-19

3. HWB Expenditure Plan

<< Link to Guidance tab

Link to Summary sheet		
Running Balances	2017/18	2018/19
BCF Pooled Total balance	£0	£0
Local Authority Contribution balance exc iBCF	£0	£0
CCG Minimum Contribution balance	£0	£0
Additional CCG Contribution balance	£0	£0
iBCF	£0	£0
Running Totals	2017/18	2018/19
Planned Social Care spend from the CCG minimum	£3,487,325	£3,553,585
Ringfenced NHS Commissioned OOH spend	£10,489,488	£10,688,789

		Expenditure													
		Scheme Descriptions Link >>													
Sch eme ID	Scheme Name	Scheme Type (see table below for descriptions)	Sub Types	Please specify if 'Scheme Type' is 'other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Scheme Duration	2017/18 Expenditure (£)	2018/19 Expenditure (£)	New/ Existing Scheme
1	Disabled Facilities Grant to Districts	4. DFG - Adaptations			Social Care		Local Authority			Local Authority	Local Authority Contribution	Both 2017/18 and 2018/19	£1,631,353	£1,738,615	Existing
2	Protecting Adult Social Care	16. Other		Adult Social Care	Social Care		CCG			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£3,029,270	£3,086,827	Existing
3	Reablement	16. Other		Reablement Services	Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£1,078,974	£1,099,475	Existing
4	Carers	3. Carers services	1. Carer advice and support		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£467,216	£476,093	Existing
5	Care Bill	16. Other		Care Act 2014 monies	Social Care		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£407,160	£414,896	Existing
6	Other Healthcare/Reablement/Section 256	16. Other		Other	Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£429,554	£437,715	Existing
7	Integrated Care Organisation	16. Other		Single Point of Contact, Frailty Care Model, Multiple I.T Cond	Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£5,026,419	£5,121,921	Existing
8	Reablement	16. Other		Reablement Services	Social Care		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£50,895	£51,862	Existing
9	Adult Social Care	16. Other		Adult Social Care	Social Care		Local Authority			Local Authority	Improved Better Care Fund	Both 2017/18 and 2018/19	£4,448,698	£6,149,188	New

Planning Template for BCF: due on 11/09/2017

Sheet: 4. Health and Well-Being Board Better Care Fund Metrics

Selected Health and Well Being Board:

Torbay

Data Submission Period:

2017-19

4. HWB Metrics

<< Link to the Guidance tab

4.1 HWB NEA Activity Plan

	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Total 17/18	Total 18/19
HWB Non-Elective Admission Plan* Totals	4,474	4,347	4,434	4,439	4,474	4,347	4,434	4,439	17,694	17,694

Are you planning on any additional quarterly reductions?

No

If yes, please complete HWB Quarterly Additional Reduction Figures

HWB Quarterly Additional Reduction										
HWB NEA Plan (after reduction)										
HWB Quarterly Plan Reduction %										

Are you putting in place a local contingency fund agreement on NEA?

Yes

	2017/18	2018/19
BCF revenue funding from CCGs ring-fenced for NHS out of hospital commissioned services/contingency fund **	£2,980,815	£3,037,451

Cost of NEA as used during 16/17***	£1,800	Please add the reason, for any adjustments to the cost of NEA for 17/18 or 18/19 in the cells below
Cost of NEA for 17/18 ***	£1,800	
Cost of NEA for 18/19 ***	£1,800	

		Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Total 17/18
Additional NEA reduction delivered through BCF (2017/18)	£0					£0
		Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Total 18/19
Additional NEA reduction delivered through BCF (2018/19)	£0					£0
HWB Plan Reduction % (2017/18)	0.00%					
HWB Plan Reduction % (2018/19)	0.00%					

The CCG Total Non-Elective Admission Plans are taken from the latest CCG NEA plan figures included in the Unify2 planning template, aggregated to quarterly level, extracted on 10/07/2017

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

** Within the sum subject to the condition on NHS out of hospital commissioned services/contingency fund, for any local area putting in place a contingency fund for 2017/18 or 2018/19 as part of its BCF

*** Please use the following document and amend the cost if necessary: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/577083/Reference_Costs_2015-16.pdf

4.2 Residential Admissions

		15/16 Actual	16/17 Plan	17/18 Plan	18/19 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	513.0	565.3	599.6	584.6	The 18/19 figure is yet to be ratified through the Annual Strategic Agreement.
	Numerator	176	197	212	210	
	Denominator	34,305	34,848	35,355	35,924	

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 2014 based Sub-National Population Projections for Local Authorities in England;
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1>
Population figures for Cornwall and Isles of Scilly and Bournemouth and Poole has been combined to form Cornwall & Scilly and Bournemouth & Poole respectively to create a Residential Admissions rate for these two Health and Well-Being Boards.

4.3 Reablement

		15/16 Actual	16/17 Plan	17/18 Plan	18/19 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 %	75.9%	79.7%	76.5%	76.5%	The success of the DTOC figures in 16/17 is supported by the intermediate care arrangements and the ability to care for complex clients & patients in community settings. As such the definition in the BCF is not supportive of our local system - consequently, whilst improving both patient experience and length of stay for an increasingly complex population the reablement figure as per this measure is set at the out-turn figure for 16/17 which in itself reflects success.
	Numerator	173	184	173	173	
	Denominator	228	231	226	226	

4.4 Delayed Transfers of Care

		16-17 Actuals				17-18 plans				18-19 plans				Comments
		Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	
Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)	Quarterly rate	434.7	517.4	698.5	661.5	463.9	463.9	463.9	461.8	461.8	461.8	461.8	460.5	
	Numerator (total)	473	563	760	723	507	507	507	507	507	507	507	507	
	Denominator	108,810	108,810	108,810	109,301	109,301	109,301	109,301	109,784	109,784	109,784	109,784	110,087	

Delayed Transfers Of Care (delayed days) from hospital per 100,000 population (aged 18+) population projections are based on a calendar year using the 2014 based Sub-National Population Projections for Local Authorities in England;
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1>
Population figures for Cornwall and Isles of Scilly and Bournemouth and Poole has been combined to form Cornwall & Scilly and Bournemouth & Poole respectively to create a DTOC rate for these two Health and Well-Being Boards.

Planning Template for BCF: due on 11/09/2017

Sheet: 5. National Conditions

Selected Health and Well Being Board:

Torbay

Data Submission Period:

2017-19

5. National Conditions

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

National Conditions For The Better Care Fund 2017-19	Does your BCF plan for 2017/18 set out a clear plan to meet this condition?	Does your BCF plan for 2018/19 set out a clear plan to meet this condition?	If the selected response for either year is 'No', please detail in the comments box issues and/or actions that are being taken to meet the condition.
1) Plans to be jointly agreed	Yes	Yes	
2) NHS contribution to adult social care is maintained in line with inflation	Yes	Yes	
3) Agreement to invest in NHS commissioned out of hospital services	Yes	Yes	
4) Managing transfers of care	Yes	Yes	

CCG to Health and Well-Being Board Mapping for 2017-19

HWB Code	LA Name	CCG Code	CCG Name	% CCG in HWB	% HWB in CCG
E09000002	Barking and Dagenham	07L	NHS Barking and Dagenham CCG	90.2%	87.9%
E09000002	Barking and Dagenham	08F	NHS Havering CCG	7.0%	8.5%
E09000002	Barking and Dagenham	08M	NHS Newham CCG	0.3%	0.5%
E09000002	Barking and Dagenham	08N	NHS Redbridge CCG	2.2%	3.0%
E09000002	Barking and Dagenham	08W	NHS Waltham Forest CCG	0.0%	0.1%
E09000003	Barnet	07M	NHS Barnet CCG	91.0%	92.5%
E09000003	Barnet	07P	NHS Brent CCG	1.9%	1.7%
E09000003	Barnet	07R	NHS Camden CCG	0.9%	0.6%
E09000003	Barnet	09A	NHS Central London (Westminster) CCG	0.2%	0.1%
E09000003	Barnet	07X	NHS Enfield CCG	2.9%	2.4%
E09000003	Barnet	08D	NHS Haringey CCG	2.1%	1.6%
E09000003	Barnet	08E	NHS Harrow CCG	1.2%	0.8%
E09000003	Barnet	06N	NHS Herts Valleys CCG	0.0%	0.1%
E09000003	Barnet	08H	NHS Islington CCG	0.2%	0.1%
E09000003	Barnet	08Y	NHS West London (K&C & QPP) CCG	0.2%	0.1%
E08000016	Barnsley	02P	NHS Barnsley CCG	94.5%	98.2%
E08000016	Barnsley	02X	NHS Doncaster CCG	0.3%	0.4%
E08000016	Barnsley	03A	NHS Greater Huddersfield CCG	0.2%	0.2%
E08000016	Barnsley	03L	NHS Rotherham CCG	0.3%	0.3%
E08000016	Barnsley	03N	NHS Sheffield CCG	0.2%	0.4%
E08000016	Barnsley	03R	NHS Wakefield CCG	0.4%	0.6%
E06000022	Bath and North East Somerset	11E	NHS Bath and North East Somerset CCG	93.7%	98.3%
E06000022	Bath and North East Somerset	11H	NHS Bristol CCG	0.3%	0.8%
E06000022	Bath and North East Somerset	11X	NHS Somerset CCG	0.2%	0.5%
E06000022	Bath and North East Somerset	12A	NHS South Gloucestershire CCG	0.0%	0.1%
E06000022	Bath and North East Somerset	99N	NHS Wiltshire CCG	0.1%	0.3%
E06000055	Bedford	06F	NHS Bedfordshire CCG	37.5%	97.4%
E06000055	Bedford	06H	NHS Cambridgeshire and Peterborough CCG	0.4%	1.9%
E06000055	Bedford	04G	NHS Nene CCG	0.2%	0.6%
E09000004	Bexley	07N	NHS Bexley CCG	93.5%	89.4%
E09000004	Bexley	07Q	NHS Bromley CCG	0.0%	0.1%
E09000004	Bexley	09J	NHS Dartford, Gravesham and Swanley CCG	1.4%	1.5%
E09000004	Bexley	08A	NHS Greenwich CCG	7.6%	8.8%
E09000004	Bexley	08L	NHS Lewisham CCG	0.1%	0.1%
E08000025	Birmingham	13P	NHS Birmingham Crosscity CCG	91.9%	53.3%
E08000025	Birmingham	04X	NHS Birmingham South and Central CCG	96.8%	24.3%
E08000025	Birmingham	05C	NHS Dudley CCG	0.2%	0.0%
E08000025	Birmingham	05J	NHS Redditch and Bromsgrove CCG	3.0%	0.4%
E08000025	Birmingham	05L	NHS Sandwell and West Birmingham CCG	40.4%	18.8%
E08000025	Birmingham	05P	NHS Solihull CCG	15.2%	3.0%
E08000025	Birmingham	05Y	NHS Walsall CCG	0.5%	0.1%
E06000008	Blackburn with Darwen	00Q	NHS Blackburn with Darwen CCG	89.0%	95.8%
E06000008	Blackburn with Darwen	00T	NHS Bolton CCG	1.2%	2.3%
E06000008	Blackburn with Darwen	00V	NHS Bury CCG	0.2%	0.2%
E06000008	Blackburn with Darwen	01A	NHS East Lancashire CCG	0.7%	1.6%
E06000009	Blackpool	00R	NHS Blackpool CCG	86.7%	97.5%
E06000009	Blackpool	02M	NHS Fylde & Wyre CCG	2.5%	2.5%
E08000001	Bolton	00T	NHS Bolton CCG	97.3%	97.6%
E08000001	Bolton	00V	NHS Bury CCG	1.4%	0.9%
E08000001	Bolton	00X	NHS Chorley and South Ribble CCG	0.2%	0.1%
E08000001	Bolton	01G	NHS Salford CCG	0.6%	0.5%
E08000001	Bolton	02H	NHS Wigan Borough CCG	0.8%	0.9%
E06000028 & E06000029	Bournemouth & Poole	11J	NHS Dorset CCG	45.9%	100.0%
E06000036	Bracknell Forest	10G	NHS Bracknell and Ascot CCG	82.1%	94.6%
E06000036	Bracknell Forest	99M	NHS North East Hampshire and Farnham CCG	0.6%	1.1%
E06000036	Bracknell Forest	10C	NHS Surrey Heath CCG	0.1%	0.1%
E06000036	Bracknell Forest	11C	NHS Windsor, Ascot and Maidenhead CCG	1.8%	2.3%
E06000036	Bracknell Forest	11D	NHS Wokingham CCG	1.4%	1.9%

E08000032	Bradford	02N	NHS Airedale, Wharfedale and Craven CCG	67.4%	18.6%
E08000032	Bradford	02W	NHS Bradford City CCG	99.4%	22.2%
E08000032	Bradford	02R	NHS Bradford Districts CCG	97.9%	57.9%
E08000032	Bradford	02T	NHS Calderdale CCG	0.2%	0.0%
E08000032	Bradford	02V	NHS Leeds North CCG	0.6%	0.2%
E08000032	Bradford	03C	NHS Leeds West CCG	1.7%	1.1%
E08000032	Bradford	03J	NHS North Kirklees CCG	0.2%	0.0%
E09000005	Brent	07M	NHS Barnet CCG	2.2%	2.4%
E09000005	Brent	07P	NHS Brent CCG	89.9%	86.5%
E09000005	Brent	07R	NHS Camden CCG	4.0%	2.9%
E09000005	Brent	09A	NHS Central London (Westminster) CCG	1.2%	0.7%
E09000005	Brent	07W	NHS Ealing CCG	0.5%	0.6%
E09000005	Brent	08C	NHS Hammersmith and Fulham CCG	0.3%	0.2%
E09000005	Brent	08E	NHS Harrow CCG	5.8%	4.0%
E09000005	Brent	08Y	NHS West London (K&C & QPP) CCG	4.5%	2.8%
E06000043	Brighton and Hove	09D	NHS Brighton and Hove CCG	97.8%	99.7%
E06000043	Brighton and Hove	09G	NHS Coastal West Sussex CCG	0.1%	0.2%
E06000043	Brighton and Hove	99K	NHS High Weald Lewes Havens CCG	0.3%	0.1%
E06000023	Bristol, City of	11E	NHS Bath and North East Somerset CCG	0.1%	0.0%
E06000023	Bristol, City of	11H	NHS Bristol CCG	94.4%	97.9%
E06000023	Bristol, City of	12A	NHS South Gloucestershire CCG	3.7%	2.1%
E09000006	Bromley	07N	NHS Bexley CCG	0.2%	0.1%
E09000006	Bromley	07Q	NHS Bromley CCG	94.7%	95.1%
E09000006	Bromley	07V	NHS Croydon CCG	1.1%	1.3%
E09000006	Bromley	08A	NHS Greenwich CCG	1.5%	1.2%
E09000006	Bromley	08K	NHS Lambeth CCG	0.1%	0.1%
E09000006	Bromley	08L	NHS Lewisham CCG	2.0%	1.8%
E09000006	Bromley	99J	NHS West Kent CCG	0.1%	0.2%
E10000002	Buckinghamshire	10Y	NHS Aylesbury Vale CCG	91.3%	35.3%
E10000002	Buckinghamshire	06F	NHS Bedfordshire CCG	0.6%	0.5%
E10000002	Buckinghamshire	10H	NHS Chiltern CCG	96.0%	59.7%
E10000002	Buckinghamshire	06N	NHS Herts Valleys CCG	1.2%	1.4%
E10000002	Buckinghamshire	08G	NHS Hillingdon CCG	0.8%	0.4%
E10000002	Buckinghamshire	04F	NHS Milton Keynes CCG	1.3%	0.7%
E10000002	Buckinghamshire	04G	NHS Nene CCG	0.1%	0.2%
E10000002	Buckinghamshire	10Q	NHS Oxfordshire CCG	0.6%	0.7%
E10000002	Buckinghamshire	10T	NHS Slough CCG	2.8%	0.8%
E10000002	Buckinghamshire	11C	NHS Windsor, Ascot and Maidenhead CCG	1.3%	0.4%
E08000002	Bury	00T	NHS Bolton CCG	0.8%	1.2%
E08000002	Bury	00V	NHS Bury CCG	94.1%	94.3%
E08000002	Bury	01A	NHS East Lancashire CCG	0.0%	0.2%
E08000002	Bury	01D	NHS Heywood, Middleton and Rochdale CCG	0.4%	0.5%
E08000002	Bury	14L	NHS Manchester CCG	0.7%	2.1%
E08000002	Bury	01G	NHS Salford CCG	1.4%	1.9%
E08000033	Calderdale	02R	NHS Bradford Districts CCG	0.4%	0.7%
E08000033	Calderdale	02T	NHS Calderdale CCG	98.5%	98.9%
E08000033	Calderdale	03A	NHS Greater Huddersfield CCG	0.3%	0.3%
E08000033	Calderdale	01D	NHS Heywood, Middleton and Rochdale CCG	0.1%	0.1%
E10000003	Cambridgeshire	06F	NHS Bedfordshire CCG	1.1%	0.7%
E10000003	Cambridgeshire	06H	NHS Cambridgeshire and Peterborough CCG	72.0%	96.7%
E10000003	Cambridgeshire	06K	NHS East and North Hertfordshire CCG	0.8%	0.7%
E10000003	Cambridgeshire	99D	NHS South Lincolnshire CCG	0.4%	0.0%
E10000003	Cambridgeshire	07H	NHS West Essex CCG	0.2%	0.1%
E10000003	Cambridgeshire	07J	NHS West Norfolk CCG	1.5%	0.4%
E10000003	Cambridgeshire	07K	NHS West Suffolk CCG	4.0%	1.4%
E09000007	Camden	07M	NHS Barnet CCG	0.2%	0.3%
E09000007	Camden	07P	NHS Brent CCG	1.3%	1.9%
E09000007	Camden	07R	NHS Camden CCG	84.0%	89.2%
E09000007	Camden	09A	NHS Central London (Westminster) CCG	5.8%	4.8%
E09000007	Camden	08D	NHS Haringey CCG	0.5%	0.6%
E09000007	Camden	08H	NHS Islington CCG	3.3%	3.1%
E09000007	Camden	08Y	NHS West London (K&C & QPP) CCG	0.3%	0.2%
E06000056	Central Bedfordshire	10Y	NHS Aylesbury Vale CCG	2.0%	1.5%
E06000056	Central Bedfordshire	06F	NHS Bedfordshire CCG	56.8%	95.2%
E06000056	Central Bedfordshire	06K	NHS East and North Hertfordshire CCG	0.3%	0.6%
E06000056	Central Bedfordshire	06N	NHS Herts Valleys CCG	0.4%	0.8%
E06000056	Central Bedfordshire	06P	NHS Luton CCG	2.3%	1.9%
E06000049	Cheshire East	01C	NHS Eastern Cheshire CCG	96.4%	50.4%
E06000049	Cheshire East	04J	NHS North Derbyshire CCG	0.4%	0.3%
E06000049	Cheshire East	05G	NHS North Staffordshire CCG	1.1%	0.6%
E06000049	Cheshire East	05N	NHS Shropshire CCG	0.1%	0.0%
E06000049	Cheshire East	01R	NHS South Cheshire CCG	98.6%	45.5%
E06000049	Cheshire East	01W	NHS Stockport CCG	1.6%	1.3%
E06000049	Cheshire East	02A	NHS Trafford CCG	0.2%	0.1%
E06000049	Cheshire East	02D	NHS Vale Royal CCG	0.7%	0.2%
E06000049	Cheshire East	02E	NHS Warrington CCG	0.7%	0.4%
E06000049	Cheshire East	02F	NHS West Cheshire CCG	1.9%	1.2%

E06000050	Cheshire West and Chester	01C	NHS Eastern Cheshire CCG	1.1%	0.7%
E06000050	Cheshire West and Chester	01F	NHS Halton CCG	0.2%	0.0%
E06000050	Cheshire West and Chester	01R	NHS South Cheshire CCG	0.5%	0.2%
E06000050	Cheshire West and Chester	02D	NHS Vale Royal CCG	99.3%	29.3%
E06000050	Cheshire West and Chester	02E	NHS Warrington CCG	0.4%	0.3%
E06000050	Cheshire West and Chester	02F	NHS West Cheshire CCG	96.9%	69.3%
E06000050	Cheshire West and Chester	12F	NHS Wirral CCG	0.3%	0.3%
E09000001	City of London	07R	NHS Camden CCG	0.2%	6.4%
E09000001	City of London	09A	NHS Central London (Westminster) CCG	0.0%	1.8%
E09000001	City of London	07T	NHS City and Hackney CCG	1.8%	72.7%
E09000001	City of London	08H	NHS Islington CCG	0.1%	3.0%
E09000001	City of London	08V	NHS Tower Hamlets CCG	0.4%	15.9%
E09000001	City of London	08Y	NHS West London (K&C & QPP) CCG	0.0%	0.1%
E06000052	Cornwall & Scilly	11N	NHS Kernow CCG	99.7%	99.4%
E06000052	Cornwall & Scilly	99P	NHS North, East, West Devon CCG	0.4%	0.6%
E06000047	County Durham	00D	NHS Durham Dales, Easington and Sedgefield CCG	97.2%	52.6%
E06000047	County Durham	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.1%	0.0%
E06000047	County Durham	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.1%	0.0%
E06000047	County Durham	13T	NHS Newcastle Gateshead CCG	0.7%	0.7%
E06000047	County Durham	00J	NHS North Durham CCG	96.6%	46.1%
E06000047	County Durham	00P	NHS Sunderland CCG	1.2%	0.6%
E08000026	Coventry	05A	NHS Coventry and Rugby CCG	74.4%	99.9%
E08000026	Coventry	05H	NHS Warwickshire North CCG	0.3%	0.1%
E09000008	Croydon	07Q	NHS Bromley CCG	1.6%	1.3%
E09000008	Croydon	07V	NHS Croydon CCG	95.4%	93.3%
E09000008	Croydon	09L	NHS East Surrey CCG	3.0%	1.3%
E09000008	Croydon	08K	NHS Lambeth CCG	2.9%	2.8%
E09000008	Croydon	08R	NHS Merton CCG	0.8%	0.4%
E09000008	Croydon	08T	NHS Sutton CCG	0.8%	0.4%
E09000008	Croydon	08X	NHS Wandsworth CCG	0.5%	0.4%
E10000006	Cumbria	01H	NHS Cumbria CCG	97.4%	100.0%
E10000006	Cumbria	01K	NHS Morecambe Bay CCG	0.2%	0.0%
E06000005	Darlington	00C	NHS Darlington CCG	98.2%	96.2%
E06000005	Darlington	00D	NHS Durham Dales, Easington and Sedgefield CCG	1.2%	3.1%
E06000005	Darlington	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.0%	0.1%
E06000005	Darlington	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.5%
E06000015	Derby	04R	NHS Southern Derbyshire CCG	50.0%	100.0%
E10000007	Derbyshire	02Q	NHS Bassetlaw CCG	0.2%	0.0%
E10000007	Derbyshire	05D	NHS East Staffordshire CCG	8.0%	1.4%
E10000007	Derbyshire	01C	NHS Eastern Cheshire CCG	0.3%	0.0%
E10000007	Derbyshire	03X	NHS Erewash CCG	92.4%	11.3%
E10000007	Derbyshire	03Y	NHS Hardwick CCG	94.6%	12.3%
E10000007	Derbyshire	04E	NHS Mansfield and Ashfield CCG	2.0%	0.5%
E10000007	Derbyshire	04J	NHS North Derbyshire CCG	98.2%	35.9%
E10000007	Derbyshire	04L	NHS Nottingham North and East CCG	0.3%	0.0%
E10000007	Derbyshire	04M	NHS Nottingham West CCG	5.2%	0.6%
E10000007	Derbyshire	03N	NHS Sheffield CCG	0.5%	0.4%
E10000007	Derbyshire	04R	NHS Southern Derbyshire CCG	48.2%	33.1%
E10000007	Derbyshire	01W	NHS Stockport CCG	0.1%	0.0%
E10000007	Derbyshire	01Y	NHS Tameside and Glossop CCG	14.0%	4.3%
E10000007	Derbyshire	04V	NHS West Leicestershire CCG	0.5%	0.2%
E10000008	Devon	11J	NHS Dorset CCG	0.3%	0.3%
E10000008	Devon	11N	NHS Kernow CCG	0.3%	0.2%
E10000008	Devon	99P	NHS North, East, West Devon CCG	70.1%	80.6%
E10000008	Devon	11X	NHS Somerset CCG	0.4%	0.3%
E10000008	Devon	99Q	NHS South Devon and Torbay CCG	51.1%	18.5%
E08000017	Doncaster	02P	NHS Barnsley CCG	0.3%	0.3%
E08000017	Doncaster	02Q	NHS Bassetlaw CCG	1.4%	0.5%
E08000017	Doncaster	02X	NHS Doncaster CCG	96.7%	97.8%
E08000017	Doncaster	03L	NHS Rotherham CCG	1.5%	1.2%
E08000017	Doncaster	03R	NHS Wakefield CCG	0.1%	0.2%

E10000009	Dorset	11J	NHS Dorset CCG	52.5%	95.9%
E10000009	Dorset	11X	NHS Somerset CCG	0.6%	0.7%
E10000009	Dorset	11A	NHS West Hampshire CCG	2.0%	2.5%
E10000009	Dorset	99N	NHS Wiltshire CCG	0.8%	0.9%
E08000027	Dudley	13P	NHS Birmingham Crosscity CCG	0.3%	0.6%
E08000027	Dudley	05C	NHS Dudley CCG	93.2%	90.8%
E08000027	Dudley	05L	NHS Sandwell and West Birmingham CCG	3.9%	6.9%
E08000027	Dudley	06A	NHS Wolverhampton CCG	1.8%	1.5%
E08000027	Dudley	06D	NHS Wyre Forest CCG	0.7%	0.2%
E09000009	Ealing	07P	NHS Brent CCG	1.7%	1.5%
E09000009	Ealing	09A	NHS Central London (Westminster) CCG	0.2%	0.1%
E09000009	Ealing	07W	NHS Ealing CCG	86.8%	90.7%
E09000009	Ealing	08C	NHS Hammersmith and Fulham CCG	5.8%	3.0%
E09000009	Ealing	08E	NHS Harrow CCG	0.4%	0.3%
E09000009	Ealing	08G	NHS Hillingdon CCG	0.7%	0.5%
E09000009	Ealing	07Y	NHS Hounslow CCG	4.8%	3.6%
E09000009	Ealing	08Y	NHS West London (K&C & QPP) CCG	0.7%	0.4%
E06000011	East Riding of Yorkshire	02Y	NHS East Riding of Yorkshire CCG	97.4%	85.0%
E06000011	East Riding of Yorkshire	03F	NHS Hull CCG	9.5%	8.1%
E06000011	East Riding of Yorkshire	03M	NHS Scarborough and Ryedale CCG	0.7%	0.2%
E06000011	East Riding of Yorkshire	03Q	NHS Vale of York CCG	6.5%	6.6%
E10000011	East Sussex	09D	NHS Brighton and Hove CCG	1.1%	0.6%
E10000011	East Sussex	09F	NHS Eastbourne, Hailsham and Seaford CCG	100.0%	34.7%
E10000011	East Sussex	09P	NHS Hastings and Rother CCG	99.7%	33.3%
E10000011	East Sussex	99K	NHS High Weald Lewes Havens CCG	98.1%	29.6%
E10000011	East Sussex	09X	NHS Horsham and Mid Sussex CCG	2.8%	1.2%
E10000011	East Sussex	99J	NHS West Kent CCG	0.8%	0.7%
E09000010	Enfield	07M	NHS Barnet CCG	1.1%	1.3%
E09000010	Enfield	07T	NHS City and Hackney CCG	0.1%	0.1%
E09000010	Enfield	06K	NHS East and North Hertfordshire CCG	0.3%	0.5%
E09000010	Enfield	07X	NHS Enfield CCG	95.4%	90.8%
E09000010	Enfield	08D	NHS Haringey CCG	7.7%	6.9%
E09000010	Enfield	06N	NHS Herts Valleys CCG	0.1%	0.2%
E09000010	Enfield	08H	NHS Islington CCG	0.2%	0.1%
E10000012	Essex	07L	NHS Barking and Dagenham CCG	0.1%	0.0%
E10000012	Essex	99E	NHS Basildon and Brentwood CCG	99.8%	18.2%
E10000012	Essex	06H	NHS Cambridgeshire and Peterborough CCG	0.1%	0.0%
E10000012	Essex	99F	NHS Castle Point and Rochford CCG	95.3%	11.6%
E10000012	Essex	06K	NHS East and North Hertfordshire CCG	1.7%	0.7%
E10000012	Essex	08F	NHS Havering CCG	0.3%	0.0%
E10000012	Essex	06L	NHS Ipswich and East Suffolk CCG	0.2%	0.0%
E10000012	Essex	06Q	NHS Mid Essex CCG	100.0%	25.6%
E10000012	Essex	06T	NHS North East Essex CCG	98.6%	22.6%
E10000012	Essex	08N	NHS Redbridge CCG	3.0%	0.6%
E10000012	Essex	99G	NHS Southend CCG	3.3%	0.4%
E10000012	Essex	07G	NHS Thurrock CCG	1.4%	0.2%
E10000012	Essex	08W	NHS Waltham Forest CCG	0.5%	0.1%
E10000012	Essex	07H	NHS West Essex CCG	97.1%	19.7%
E10000012	Essex	07K	NHS West Suffolk CCG	2.3%	0.4%
E08000037	Gateshead	13T	NHS Newcastle Gateshead CCG	38.9%	97.9%
E08000037	Gateshead	00J	NHS North Durham CCG	0.9%	1.1%
E08000037	Gateshead	00L	NHS Northumberland CCG	0.5%	0.8%
E08000037	Gateshead	00N	NHS South Tyneside CCG	0.3%	0.2%
E10000013	Gloucestershire	11M	NHS Gloucestershire CCG	97.6%	98.6%
E10000013	Gloucestershire	05F	NHS Herefordshire CCG	0.5%	0.1%
E10000013	Gloucestershire	10Q	NHS Oxfordshire CCG	0.2%	0.2%
E10000013	Gloucestershire	12A	NHS South Gloucestershire CCG	0.3%	0.1%
E10000013	Gloucestershire	05R	NHS South Warwickshire CCG	0.5%	0.2%
E10000013	Gloucestershire	05T	NHS South Worcestershire CCG	1.1%	0.5%
E10000013	Gloucestershire	99N	NHS Wiltshire CCG	0.2%	0.2%
E09000011	Greenwich	07N	NHS Bexley CCG	5.1%	4.2%
E09000011	Greenwich	07Q	NHS Bromley CCG	1.1%	1.3%
E09000011	Greenwich	08A	NHS Greenwich CCG	88.7%	89.7%
E09000011	Greenwich	08L	NHS Lewisham CCG	4.2%	4.7%
E09000012	Hackney	07R	NHS Camden CCG	0.8%	0.7%
E09000012	Hackney	09A	NHS Central London (Westminster) CCG	0.2%	0.1%
E09000012	Hackney	07T	NHS City and Hackney CCG	90.4%	94.4%
E09000012	Hackney	08D	NHS Haringey CCG	0.6%	0.6%
E09000012	Hackney	08H	NHS Islington CCG	4.4%	3.6%
E09000012	Hackney	08V	NHS Tower Hamlets CCG	0.5%	0.5%
E06000006	Halton	01F	NHS Halton CCG	98.2%	96.6%
E06000006	Halton	01J	NHS Knowsley CCG	0.2%	0.2%
E06000006	Halton	99A	NHS Liverpool CCG	0.3%	1.1%
E06000006	Halton	02E	NHS Warrington CCG	0.6%	1.0%
E06000006	Halton	02F	NHS West Cheshire CCG	0.6%	1.2%

E09000013	Hammersmith and Fulham	07P	NHS Brent CCG	0.3%	0.5%
E09000013	Hammersmith and Fulham	07R	NHS Camden CCG	0.1%	0.1%
E09000013	Hammersmith and Fulham	09A	NHS Central London (Westminster) CCG	2.4%	2.4%
E09000013	Hammersmith and Fulham	07W	NHS Ealing CCG	0.6%	1.2%
E09000013	Hammersmith and Fulham	08C	NHS Hammersmith and Fulham CCG	90.4%	87.7%
E09000013	Hammersmith and Fulham	07Y	NHS Hounslow CCG	0.5%	0.7%
E09000013	Hammersmith and Fulham	08X	NHS Wandsworth CCG	0.1%	0.2%
E09000013	Hammersmith and Fulham	08Y	NHS West London (K&C & QPP) CCG	6.4%	7.2%
E10000014	Hampshire	10G	NHS Bracknell and Ascot CCG	0.7%	0.0%
E10000014	Hampshire	09G	NHS Coastal West Sussex CCG	0.2%	0.0%
E10000014	Hampshire	11J	NHS Dorset CCG	0.5%	0.3%
E10000014	Hampshire	10K	NHS Fareham and Gosport CCG	98.6%	14.5%
E10000014	Hampshire	09N	NHS Guildford and Waverley CCG	2.9%	0.5%
E10000014	Hampshire	10M	NHS Newbury and District CCG	5.9%	0.5%
E10000014	Hampshire	10N	NHS North & West Reading CCG	0.9%	0.0%
E10000014	Hampshire	99M	NHS North East Hampshire and Farnham CCG	76.4%	12.4%
E10000014	Hampshire	10J	NHS North Hampshire CCG	99.2%	16.0%
E10000014	Hampshire	10R	NHS Portsmouth CCG	4.4%	0.7%
E10000014	Hampshire	10V	NHS South Eastern Hampshire CCG	95.5%	14.6%
E10000014	Hampshire	10X	NHS Southampton CCG	5.3%	1.1%
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%
E10000014	Hampshire	11D	NHS Wokingham CCG	0.6%	0.0%
E09000014	Haringey	07M	NHS Barnet CCG	1.1%	1.5%
E09000014	Haringey	07R	NHS Camden CCG	0.6%	0.5%
E09000014	Haringey	09A	NHS Central London (Westminster) CCG	0.1%	0.0%
E09000014	Haringey	07T	NHS City and Hackney CCG	3.0%	3.1%
E09000014	Haringey	07X	NHS Enfield CCG	1.3%	1.4%
E09000014	Haringey	08D	NHS Haringey CCG	87.8%	91.5%
E09000014	Haringey	08H	NHS Islington CCG	2.4%	2.0%
E09000015	Harrow	07M	NHS Barnet CCG	4.3%	6.3%
E09000015	Harrow	07P	NHS Brent CCG	3.6%	4.8%
E09000015	Harrow	07W	NHS Ealing CCG	1.2%	1.9%
E09000015	Harrow	08E	NHS Harrow CCG	89.7%	84.4%
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 Sedgefield CCG	0.2%	0.5%
E06000001	Hartlepool	00K	NHS Hartlepool and Stockton-On-Tees CCG	32.5%	99.5%
E09000016	Havering	07L	NHS Barking and Dagenham CCG	3.3%	2.8%
E09000016	Havering	08F	NHS Havering CCG	91.7%	96.4%
E09000016	Havering	08M	NHS Newham CCG	0.1%	0.1%
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	98.1%	97.3%
E06000019	Herefordshire, County of	05N	NHS Shropshire CCG	0.3%	0.5%
E06000019	Herefordshire, County of	05T	NHS South Worcestershire CCG	0.8%	1.3%
E10000015	Hertfordshire	10Y	NHS Aylesbury Vale CCG	0.4%	0.0%
E10000015	Hertfordshire	07M	NHS Barnet CCG	0.2%	0.0%
E10000015	Hertfordshire	06F	NHS Bedfordshire CCG	0.1%	0.0%
E10000015	Hertfordshire	06H	NHS Cambridgeshire and Peterborough CCG	2.1%	1.6%
E10000015	Hertfordshire	10H	NHS Chiltern CCG	0.1%	0.0%
E10000015	Hertfordshire	06K	NHS East and North Hertfordshire CCG	96.9%	46.6%
E10000015	Hertfordshire	07X	NHS Enfield CCG	0.4%	0.1%
E10000015	Hertfordshire	08E	NHS Harrow CCG	0.6%	0.1%
E10000015	Hertfordshire	06N	NHS Herts Valleys CCG	98.1%	50.8%
E10000015	Hertfordshire	08G	NHS Hillingdon CCG	2.3%	0.6%
E10000015	Hertfordshire	06P	NHS Luton CCG	0.4%	0.0%
E10000015	Hertfordshire	07H	NHS West Essex CCG	0.8%	0.2%
E09000017	Hillingdon	10H	NHS Chiltern CCG	0.1%	0.1%
E09000017	Hillingdon	07W	NHS Ealing CCG	5.2%	6.9%
E09000017	Hillingdon	08C	NHS Hammersmith and Fulham CCG	0.5%	0.3%
E09000017	Hillingdon	08E	NHS Harrow CCG	2.3%	1.9%
E09000017	Hillingdon	08G	NHS Hillingdon CCG	94.3%	89.9%
E09000017	Hillingdon	07Y	NHS Hounslow CCG	1.0%	0.9%

E09000018	Hounslow	07W	NHS Ealing CCG	5.7%	7.8%
E09000018	Hounslow	08C	NHS Hammersmith and Fulham CCG	1.0%	0.7%
E09000018	Hounslow	08G	NHS Hillingdon CCG	0.2%	0.2%
E09000018	Hounslow	07Y	NHS Hounslow CCG	88.2%	86.8%
E09000018	Hounslow	09Y	NHS North West Surrey CCG	0.3%	0.4%
E09000018	Hounslow	08P	NHS Richmond CCG	5.6%	3.9%
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	4.6%	5.2%
E09000019	Islington	09A	NHS Central London (Westminster) CCG	0.5%	0.4%
E09000019	Islington	07T	NHS City and Hackney CCG	3.3%	4.1%
E09000019	Islington	08D	NHS Haringey CCG	1.3%	1.6%
E09000019	Islington	08H	NHS Islington CCG	89.4%	88.7%
E09000020	Kensington and Chelsea	07P	NHS Brent CCG	0.0%	0.1%
E09000020	Kensington and Chelsea	07R	NHS Camden CCG	0.2%	0.4%
E09000020	Kensington and Chelsea	09A	NHS Central London (Westminster) CCG	4.0%	5.2%
E09000020	Kensington and Chelsea	08C	NHS Hammersmith and Fulham CCG	1.0%	1.2%
E09000020	Kensington and Chelsea	08Y	NHS West London (K&C & QPP) CCG	63.8%	93.1%
E10000016	Kent	09C	NHS Ashford CCG	100.0%	8.3%
E10000016	Kent	07N	NHS Bexley CCG	1.2%	0.2%
E10000016	Kent	07Q	NHS Bromley CCG	0.9%	0.2%
E10000016	Kent	09E	NHS Canterbury and Coastal CCG	100.0%	14.2%
E10000016	Kent	09J	NHS Dartford, Gravesham and Swanley CCG	98.3%	16.5%
E10000016	Kent	09L	NHS East Surrey CCG	0.1%	0.0%
E10000016	Kent	08A	NHS Greenwich CCG	0.1%	0.0%
E10000016	Kent	09P	NHS Hastings and Rother CCG	0.3%	0.0%
E10000016	Kent	99K	NHS High Weald Lewes Havens CCG	0.6%	0.0%
E10000016	Kent	09W	NHS Medway CCG	6.0%	1.1%
E10000016	Kent	10A	NHS South Kent Coast CCG	100.0%	12.9%
E10000016	Kent	10D	NHS Swale CCG	99.9%	7.1%
E10000016	Kent	10E	NHS Thanet CCG	100.0%	9.2%
E10000016	Kent	99J	NHS West Kent CCG	98.7%	30.3%
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	90.5%	98.6%
E09000021	Kingston upon Thames	08J	NHS Kingston CCG	87.1%	95.6%
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	0.9%	1.5%
E09000021	Kingston upon Thames	08T	NHS Sutton CCG	0.1%	0.1%
E09000021	Kingston upon Thames	08X	NHS Wandsworth CCG	0.3%	0.6%
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	1.3%	0.7%
E08000034	Kirklees	03A	NHS Greater Huddersfield CCG	99.5%	54.7%
E08000034	Kirklees	03C	NHS Leeds West CCG	0.3%	0.2%
E08000034	Kirklees	03J	NHS North Kirklees CCG	98.9%	42.4%
E08000034	Kirklees	03R	NHS Wakefield CCG	1.5%	1.2%
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	2.5%	8.0%
E08000011	Knowsley	01T	NHS South Sefton CCG	0.2%	0.1%
E08000011	Knowsley	01X	NHS St Helens CCG	2.3%	2.8%
E09000022	Lambeth	07R	NHS Camden CCG	0.1%	0.1%
E09000022	Lambeth	09A	NHS Central London (Westminster) CCG	0.8%	0.5%
E09000022	Lambeth	07V	NHS Croydon CCG	0.7%	0.8%
E09000022	Lambeth	08K	NHS Lambeth CCG	85.9%	92.6%
E09000022	Lambeth	08R	NHS Merton CCG	1.1%	0.6%
E09000022	Lambeth	08Q	NHS Southwark CCG	1.8%	1.6%
E09000022	Lambeth	08X	NHS Wandsworth CCG	3.6%	3.8%

E10000017	Lancashire	02N	NHS Airedale, Wharfedale and Craven CCG	0.2%	0.0%
E10000017	Lancashire	00Q	NHS Blackburn with Darwen CCG	11.0%	1.5%
E10000017	Lancashire	00R	NHS Blackpool CCG	13.3%	1.8%
E10000017	Lancashire	00T	NHS Bolton CCG	0.3%	0.0%
E10000017	Lancashire	00V	NHS Bury CCG	1.4%	0.2%
E10000017	Lancashire	00X	NHS Chorley and South Ribble CCG	99.8%	14.5%
E10000017	Lancashire	01H	NHS Cumbria CCG	1.4%	0.6%
E10000017	Lancashire	01A	NHS East Lancashire CCG	99.0%	30.0%
E10000017	Lancashire	02M	NHS Fylde & Wyre CCG	97.5%	11.8%
E10000017	Lancashire	01E	NHS Greater Preston CCG	100.0%	17.1%
E10000017	Lancashire	01D	NHS Heywood, Middleton and Rochdale CCG	0.9%	0.2%
E10000017	Lancashire	01J	NHS Knowsley CCG	0.1%	0.0%
E10000017	Lancashire	01K	NHS Morecambe Bay CCG	99.8%	12.9%
E10000017	Lancashire	01T	NHS South Sefton CCG	0.5%	0.0%
E10000017	Lancashire	01V	NHS Southport and Formby CCG	3.1%	0.3%
E10000017	Lancashire	01X	NHS St Helens CCG	0.5%	0.0%
E10000017	Lancashire	02G	NHS West Lancashire CCG	97.0%	8.8%
E10000017	Lancashire	02H	NHS Wigan Borough CCG	0.8%	0.2%
E08000035	Leeds	02W	NHS Bradford City CCG	0.6%	0.0%
E08000035	Leeds	02R	NHS Bradford Districts CCG	0.7%	0.3%
E08000035	Leeds	02V	NHS Leeds North CCG	96.4%	24.2%
E08000035	Leeds	03G	NHS Leeds South and East CCG	98.4%	31.7%
E08000035	Leeds	03C	NHS Leeds West CCG	97.9%	43.0%
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	2.3%	2.0%
E06000016	Leicester	04C	NHS Leicester City CCG	92.5%	95.3%
E06000016	Leicester	04V	NHS West Leicestershire CCG	2.7%	2.7%
E10000018	Leicestershire	03V	NHS Corby CCG	0.6%	0.0%
E10000018	Leicestershire	03W	NHS East Leicestershire and Rutland CCG	85.4%	39.9%
E10000018	Leicestershire	04C	NHS Leicester City CCG	7.5%	4.2%
E10000018	Leicestershire	04N	NHS Rushcliffe CCG	5.4%	1.0%
E10000018	Leicestershire	04Q	NHS South West Lincolnshire CCG	5.6%	1.1%
E10000018	Leicestershire	04R	NHS Southern Derbyshire CCG	0.7%	0.5%
E10000018	Leicestershire	05H	NHS Warwickshire North CCG	1.6%	0.4%
E10000018	Leicestershire	04V	NHS West Leicestershire CCG	96.2%	52.9%
E09000023	Lewisham	07Q	NHS Bromley CCG	1.4%	1.5%
E09000023	Lewisham	09A	NHS Central London (Westminster) CCG	0.2%	0.1%
E09000023	Lewisham	08A	NHS Greenwich CCG	2.1%	1.9%
E09000023	Lewisham	08K	NHS Lambeth CCG	0.3%	0.3%
E09000023	Lewisham	08L	NHS Lewisham CCG	91.8%	92.4%
E09000023	Lewisham	08Q	NHS Southwark CCG	3.8%	3.8%
E10000019	Lincolnshire	06H	NHS Cambridgeshire and Peterborough CCG	0.2%	0.3%
E10000019	Lincolnshire	03W	NHS East Leicestershire and Rutland CCG	0.2%	0.0%
E10000019	Lincolnshire	03T	NHS Lincolnshire East CCG	99.2%	32.0%
E10000019	Lincolnshire	04D	NHS Lincolnshire West CCG	98.5%	30.5%
E10000019	Lincolnshire	04H	NHS Newark & Sherwood CCG	2.4%	0.4%
E10000019	Lincolnshire	03H	NHS North East Lincolnshire CCG	2.7%	0.6%
E10000019	Lincolnshire	03K	NHS North Lincolnshire CCG	2.6%	0.6%
E10000019	Lincolnshire	99D	NHS South Lincolnshire CCG	90.8%	19.6%
E10000019	Lincolnshire	04Q	NHS South West Lincolnshire CCG	93.3%	16.2%
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	2.2%	4.4%
E06000032	Luton	06P	NHS Luton CCG	97.3%	95.6%
E08000003	Manchester	00V	NHS Bury CCG	0.3%	0.1%
E08000003	Manchester	01D	NHS Heywood, Middleton and Rochdale CCG	0.5%	0.2%
E08000003	Manchester	14L	NHS Manchester CCG	90.9%	95.5%
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	1.6%	0.8%
E08000003	Manchester	01Y	NHS Tameside and Glossop CCG	0.4%	0.2%
E08000003	Manchester	02A	NHS Trafford CCG	4.1%	1.6%
E06000035	Medway	09J	NHS Dartford, Gravesham and Swanley CCG	0.2%	0.2%
E06000035	Medway	09W	NHS Medway CCG	94.0%	99.5%
E06000035	Medway	10D	NHS Swale CCG	0.1%	0.0%
E06000035	Medway	99J	NHS West Kent CCG	0.2%	0.3%

E09000024	Merton	07V	NHS Croydon CCG	0.5%	0.9%
E09000024	Merton	08J	NHS Kingston CCG	3.5%	3.0%
E09000024	Merton	08K	NHS Lambeth CCG	1.0%	1.6%
E09000024	Merton	08R	NHS Merton CCG	87.5%	81.1%
E09000024	Merton	08T	NHS Sutton CCG	3.4%	2.7%
E09000024	Merton	08X	NHS Wandsworth CCG	6.6%	10.8%
E06000002	Middlesbrough	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.2%	0.2%
E06000002	Middlesbrough	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.3%
E06000002	Middlesbrough	00M	NHS South Tees CCG	52.2%	99.5%
E06000042	Milton Keynes	06F	NHS Bedfordshire CCG	1.5%	2.5%
E06000042	Milton Keynes	04F	NHS Milton Keynes CCG	95.5%	96.1%
E06000042	Milton Keynes	04G	NHS Nene CCG	0.6%	1.3%
E08000021	Newcastle upon Tyne	13T	NHS Newcastle Gateshead CCG	58.6%	95.1%
E08000021	Newcastle upon Tyne	99C	NHS North Tyneside CCG	6.0%	4.1%
E08000021	Newcastle upon Tyne	00L	NHS Northumberland CCG	0.8%	0.8%
E09000025	Newham	07L	NHS Barking and Dagenham CCG	0.5%	0.3%
E09000025	Newham	09A	NHS Central London (Westminster) CCG	0.5%	0.3%
E09000025	Newham	07T	NHS City and Hackney CCG	0.1%	0.0%
E09000025	Newham	08M	NHS Newham CCG	96.6%	97.7%
E09000025	Newham	08N	NHS Redbridge CCG	0.3%	0.2%
E09000025	Newham	08V	NHS Tower Hamlets CCG	0.2%	0.2%
E09000025	Newham	08W	NHS Waltham Forest CCG	1.7%	1.4%
E10000020	Norfolk	06H	NHS Cambridgeshire and Peterborough CCG	0.7%	0.7%
E10000020	Norfolk	06M	NHS Great Yarmouth and Waveney CCG	47.7%	12.3%
E10000020	Norfolk	06L	NHS Ipswich and East Suffolk CCG	0.2%	0.0%
E10000020	Norfolk	06V	NHS North Norfolk CCG	100.0%	18.7%
E10000020	Norfolk	06W	NHS Norwich CCG	100.0%	23.8%
E10000020	Norfolk	99D	NHS South Lincolnshire CCG	0.2%	0.0%
E10000020	Norfolk	06Y	NHS South Norfolk CCG	98.9%	25.4%
E10000020	Norfolk	07J	NHS West Norfolk CCG	98.5%	18.5%
E10000020	Norfolk	07K	NHS West Suffolk CCG	2.6%	0.7%
E06000012	North East Lincolnshire	03T	NHS Lincolnshire East CCG	0.8%	1.2%
E06000012	North East Lincolnshire	03H	NHS North East Lincolnshire CCG	95.9%	98.6%
E06000012	North East Lincolnshire	03K	NHS North Lincolnshire CCG	0.2%	0.2%
E06000013	North Lincolnshire	02Q	NHS Bassetlaw CCG	0.2%	0.2%
E06000013	North Lincolnshire	02X	NHS Doncaster CCG	0.0%	0.1%
E06000013	North Lincolnshire	02Y	NHS East Riding of Yorkshire CCG	0.0%	0.1%
E06000013	North Lincolnshire	04D	NHS Lincolnshire West CCG	1.1%	1.4%
E06000013	North Lincolnshire	03H	NHS North East Lincolnshire CCG	1.4%	1.4%
E06000013	North Lincolnshire	03K	NHS North Lincolnshire CCG	97.2%	96.8%
E06000024	North Somerset	11E	NHS Bath and North East Somerset CCG	1.6%	1.5%
E06000024	North Somerset	11H	NHS Bristol CCG	0.3%	0.6%
E06000024	North Somerset	11T	NHS North Somerset CCG	99.1%	97.7%
E06000024	North Somerset	11X	NHS Somerset CCG	0.0%	0.2%
E08000022	North Tyneside	13T	NHS Newcastle Gateshead CCG	1.0%	2.5%
E08000022	North Tyneside	99C	NHS North Tyneside CCG	93.0%	96.3%
E08000022	North Tyneside	00L	NHS Northumberland CCG	0.7%	1.1%
E10000023	North Yorkshire	02N	NHS Airedale, Wharfedale and Craven CCG	32.4%	8.3%
E10000023	North Yorkshire	01H	NHS Cumbria CCG	1.2%	1.0%
E10000023	North Yorkshire	00C	NHS Darlington CCG	1.3%	0.2%
E10000023	North Yorkshire	02X	NHS Doncaster CCG	0.2%	0.1%
E10000023	North Yorkshire	00D	NHS Durham Dales, Easington and Sedgfield CCG	0.2%	0.1%
E10000023	North Yorkshire	01A	NHS East Lancashire CCG	0.1%	0.0%
E10000023	North Yorkshire	02Y	NHS East Riding of Yorkshire CCG	1.4%	0.7%
E10000023	North Yorkshire	03D	NHS Hambleton, Richmondshire and Whitby CCG	98.5%	22.9%
E10000023	North Yorkshire	03E	NHS Harrogate and Rural District CCG	99.9%	26.2%
E10000023	North Yorkshire	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.0%
E10000023	North Yorkshire	02V	NHS Leeds North CCG	3.0%	1.0%
E10000023	North Yorkshire	03G	NHS Leeds South and East CCG	0.5%	0.2%
E10000023	North Yorkshire	03M	NHS Scarborough and Ryedale CCG	99.3%	19.2%
E10000023	North Yorkshire	03Q	NHS Vale of York CCG	32.7%	18.7%
E10000023	North Yorkshire	03R	NHS Wakefield CCG	2.0%	1.2%

E10000021	Northamptonshire	10Y	NHS Aylesbury Vale CCG	0.1%	0.0%
E10000021	Northamptonshire	06F	NHS Bedfordshire CCG	0.1%	0.0%
E10000021	Northamptonshire	06H	NHS Cambridgeshire and Peterborough CCG	1.6%	1.9%
E10000021	Northamptonshire	03V	NHS Corby CCG	99.1%	9.7%
E10000021	Northamptonshire	05A	NHS Coventry and Rugby CCG	0.3%	0.2%
E10000021	Northamptonshire	03W	NHS East Leicestershire and Rutland CCG	1.9%	0.8%
E10000021	Northamptonshire	04F	NHS Milton Keynes CCG	3.2%	1.2%
E10000021	Northamptonshire	04G	NHS Nene CCG	98.8%	84.9%
E10000021	Northamptonshire	10Q	NHS Oxfordshire CCG	1.2%	1.1%
E10000021	Northamptonshire	99D	NHS South Lincolnshire CCG	0.9%	0.2%
E06000057	Northumberland	01H	NHS Cumbria CCG	0.0%	0.1%
E06000057	Northumberland	13T	NHS Newcastle Gateshead CCG	0.3%	0.4%
E06000057	Northumberland	00J	NHS North Durham CCG	0.2%	0.2%
E06000057	Northumberland	99C	NHS North Tyneside CCG	1.0%	0.7%
E06000057	Northumberland	00L	NHS Northumberland CCG	98.0%	98.6%
E06000018	Nottingham	04K	NHS Nottingham City CCG	89.7%	95.3%
E06000018	Nottingham	04L	NHS Nottingham North and East CCG	4.7%	2.0%
E06000018	Nottingham	04M	NHS Nottingham West CCG	4.3%	1.2%
E06000018	Nottingham	04N	NHS Rushcliffe CCG	4.3%	1.5%
E10000024	Nottinghamshire	02Q	NHS Bassetlaw CCG	97.3%	13.5%
E10000024	Nottinghamshire	02X	NHS Doncaster CCG	1.6%	0.6%
E10000024	Nottinghamshire	03W	NHS East Leicestershire and Rutland CCG	0.3%	0.1%
E10000024	Nottinghamshire	03X	NHS Erewash CCG	7.6%	0.9%
E10000024	Nottinghamshire	03Y	NHS Hardwick CCG	5.0%	0.6%
E10000024	Nottinghamshire	04D	NHS Lincolnshire West CCG	0.4%	0.1%
E10000024	Nottinghamshire	04E	NHS Mansfield and Ashfield CCG	98.0%	22.5%
E10000024	Nottinghamshire	04H	NHS Newark & Sherwood CCG	97.6%	15.6%
E10000024	Nottinghamshire	04K	NHS Nottingham City CCG	10.3%	4.6%
E10000024	Nottinghamshire	04L	NHS Nottingham North and East CCG	95.0%	17.3%
E10000024	Nottinghamshire	04M	NHS Nottingham West CCG	90.5%	10.2%
E10000024	Nottinghamshire	04N	NHS Rushcliffe CCG	90.4%	13.6%
E10000024	Nottinghamshire	04Q	NHS South West Lincolnshire CCG	0.7%	0.1%
E10000024	Nottinghamshire	04R	NHS Southern Derbyshire CCG	0.6%	0.4%
E10000024	Nottinghamshire	04V	NHS West Leicestershire CCG	0.1%	0.0%
E08000004	Oldham	01D	NHS Heywood, Middleton and Rochdale CCG	1.5%	1.4%
E08000004	Oldham	14L	NHS Manchester CCG	0.8%	2.1%
E08000004	Oldham	00Y	NHS Oldham CCG	94.6%	96.3%
E08000004	Oldham	01Y	NHS Tameside and Glossop CCG	0.2%	0.2%
E10000025	Oxfordshire	10Y	NHS Aylesbury Vale CCG	6.1%	1.8%
E10000025	Oxfordshire	10H	NHS Chiltern CCG	0.1%	0.0%
E10000025	Oxfordshire	11M	NHS Gloucestershire CCG	0.2%	0.2%
E10000025	Oxfordshire	04G	NHS Nene CCG	0.1%	0.1%
E10000025	Oxfordshire	10M	NHS Newbury and District CCG	0.1%	0.0%
E10000025	Oxfordshire	10N	NHS North & West Reading CCG	2.0%	0.3%
E10000025	Oxfordshire	10Q	NHS Oxfordshire CCG	97.3%	96.6%
E10000025	Oxfordshire	05R	NHS South Warwickshire CCG	0.6%	0.2%
E10000025	Oxfordshire	12D	NHS Swindon CCG	2.6%	0.8%
E06000031	Peterborough	06H	NHS Cambridgeshire and Peterborough CCG	22.8%	96.3%
E06000031	Peterborough	99D	NHS South Lincolnshire CCG	5.1%	3.7%
E06000026	Plymouth	99P	NHS North, East, West Devon CCG	29.2%	100.0%
E06000044	Portsmouth	10K	NHS Fareham and Gosport CCG	1.4%	1.3%
E06000044	Portsmouth	10R	NHS Portsmouth CCG	95.6%	98.4%
E06000044	Portsmouth	10V	NHS South Eastern Hampshire CCG	0.3%	0.3%
E06000038	Reading	10N	NHS North & West Reading CCG	61.6%	36.2%
E06000038	Reading	10Q	NHS Oxfordshire CCG	0.2%	0.6%
E06000038	Reading	10W	NHS South Reading CCG	79.8%	60.6%
E06000038	Reading	11D	NHS Wokingham CCG	3.1%	2.7%
E09000026	Redbridge	07L	NHS Barking and Dagenham CCG	5.6%	3.8%
E09000026	Redbridge	08F	NHS Havering CCG	0.8%	0.7%
E09000026	Redbridge	08M	NHS Newham CCG	1.5%	1.8%
E09000026	Redbridge	08N	NHS Redbridge CCG	92.6%	88.7%
E09000026	Redbridge	08W	NHS Waltham Forest CCG	3.4%	3.2%
E09000026	Redbridge	07H	NHS West Essex CCG	1.8%	1.7%
E06000003	Redcar and Cleveland	03D	NHS Hambleton, Richmondshire and Whitby CCG	1.0%	1.0%
E06000003	Redcar and Cleveland	00M	NHS South Tees CCG	47.4%	99.0%

E09000027	Richmond upon Thames	08C	NHS Hammersmith and Fulham CCG	0.4%	0.4%
E09000027	Richmond upon Thames	07Y	NHS Hounslow CCG	4.9%	7.0%
E09000027	Richmond upon Thames	08J	NHS Kingston CCG	1.5%	1.4%
E09000027	Richmond upon Thames	08P	NHS Richmond CCG	91.7%	90.5%
E09000027	Richmond upon Thames	99H	NHS Surrey Downs CCG	0.0%	0.1%
E09000027	Richmond upon Thames	08X	NHS Wandsworth CCG	0.3%	0.6%
E08000005	Rochdale	00V	NHS Bury CCG	0.6%	0.6%
E08000005	Rochdale	01A	NHS East Lancashire CCG	0.2%	0.3%
E08000005	Rochdale	01D	NHS Heywood, Middleton and Rochdale CCG	96.5%	96.6%
E08000005	Rochdale	14L	NHS Manchester CCG	0.6%	1.6%
E08000005	Rochdale	00Y	NHS Oldham CCG	0.9%	1.0%
E08000018	Rotherham	02P	NHS Barnsley CCG	3.4%	3.2%
E08000018	Rotherham	02Q	NHS Bassetlaw CCG	1.0%	0.4%
E08000018	Rotherham	02X	NHS Doncaster CCG	1.1%	1.3%
E08000018	Rotherham	03L	NHS Rotherham CCG	97.9%	93.5%
E08000018	Rotherham	03N	NHS Sheffield CCG	0.8%	1.6%
E06000017	Rutland	06H	NHS Cambridgeshire and Peterborough CCG	0.0%	0.4%
E06000017	Rutland	03V	NHS Corby CCG	0.3%	0.6%
E06000017	Rutland	03W	NHS East Leicestershire and Rutland CCG	9.8%	85.7%
E06000017	Rutland	99D	NHS South Lincolnshire CCG	2.7%	11.9%
E06000017	Rutland	04Q	NHS South West Lincolnshire CCG	0.4%	1.5%
E08000006	Salford	00T	NHS Bolton CCG	0.3%	0.3%
E08000006	Salford	00V	NHS Bury CCG	1.9%	1.4%
E08000006	Salford	14L	NHS Manchester CCG	0.9%	2.2%
E08000006	Salford	01G	NHS Salford CCG	94.0%	94.8%
E08000006	Salford	02A	NHS Trafford CCG	0.2%	0.2%
E08000006	Salford	02H	NHS Wigan Borough CCG	0.9%	1.1%
E08000028	Sandwell	13P	NHS Birmingham Crosscity CCG	3.0%	6.2%
E08000028	Sandwell	04X	NHS Birmingham South and Central CCG	0.2%	0.2%
E08000028	Sandwell	05C	NHS Dudley CCG	3.0%	2.7%
E08000028	Sandwell	05L	NHS Sandwell and West Birmingham CCG	54.0%	89.2%
E08000028	Sandwell	05Y	NHS Walsall CCG	1.7%	1.3%
E08000028	Sandwell	06A	NHS Wolverhampton CCG	0.3%	0.3%
E08000014	Sefton	01J	NHS Knowsley CCG	1.8%	1.0%
E08000014	Sefton	99A	NHS Liverpool CCG	2.9%	5.3%
E08000014	Sefton	01T	NHS South Sefton CCG	96.1%	51.8%
E08000014	Sefton	01V	NHS Southport and Formby CCG	96.9%	41.8%
E08000014	Sefton	02G	NHS West Lancashire CCG	0.3%	0.1%
E08000019	Sheffield	02P	NHS Barnsley CCG	0.8%	0.4%
E08000019	Sheffield	03Y	NHS Hardwick CCG	0.4%	0.0%
E08000019	Sheffield	04J	NHS North Derbyshire CCG	0.7%	0.3%
E08000019	Sheffield	03L	NHS Rotherham CCG	0.3%	0.1%
E08000019	Sheffield	03N	NHS Sheffield CCG	98.6%	99.2%
E06000051	Shropshire	05F	NHS Herefordshire CCG	0.4%	0.3%
E06000051	Shropshire	05G	NHS North Staffordshire CCG	0.4%	0.3%
E06000051	Shropshire	05N	NHS Shropshire CCG	96.6%	95.4%
E06000051	Shropshire	01R	NHS South Cheshire CCG	0.5%	0.3%
E06000051	Shropshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	1.2%	0.9%
E06000051	Shropshire	05T	NHS South Worcestershire CCG	1.0%	1.0%
E06000051	Shropshire	05X	NHS Telford and Wrekin CCG	2.3%	1.4%
E06000051	Shropshire	02F	NHS West Cheshire CCG	0.1%	0.1%
E06000051	Shropshire	06D	NHS Wyre Forest CCG	0.8%	0.3%
E06000039	Slough	10H	NHS Chiltern CCG	3.1%	6.5%
E06000039	Slough	09Y	NHS North West Surrey CCG	0.0%	0.1%
E06000039	Slough	10T	NHS Slough CCG	96.6%	93.1%
E06000039	Slough	11C	NHS Windsor, Ascot and Maidenhead CCG	0.4%	0.4%
E08000029	Solihull	13P	NHS Birmingham Crosscity CCG	1.9%	6.2%
E08000029	Solihull	04X	NHS Birmingham South and Central CCG	0.4%	0.6%
E08000029	Solihull	05A	NHS Coventry and Rugby CCG	0.0%	0.1%
E08000029	Solihull	05J	NHS Redditch and Bromsgrove CCG	0.4%	0.3%
E08000029	Solihull	05L	NHS Sandwell and West Birmingham CCG	0.0%	0.1%
E08000029	Solihull	05P	NHS Solihull CCG	83.6%	92.1%
E08000029	Solihull	05R	NHS South Warwickshire CCG	0.3%	0.4%
E08000029	Solihull	05H	NHS Warwickshire North CCG	0.2%	0.2%
E10000027	Somerset	11E	NHS Bath and North East Somerset CCG	3.1%	1.1%
E10000027	Somerset	11J	NHS Dorset CCG	0.5%	0.7%
E10000027	Somerset	11T	NHS North Somerset CCG	0.9%	0.3%
E10000027	Somerset	99P	NHS North, East, West Devon CCG	0.3%	0.5%
E10000027	Somerset	11X	NHS Somerset CCG	98.5%	97.3%
E10000027	Somerset	99N	NHS Wiltshire CCG	0.1%	0.0%

E06000025	South Gloucestershire	11E	NHS Bath and North East Somerset CCG	0.6%	0.5%
E06000025	South Gloucestershire	11H	NHS Bristol CCG	5.0%	8.9%
E06000025	South Gloucestershire	11M	NHS Gloucestershire CCG	0.8%	1.8%
E06000025	South Gloucestershire	12A	NHS South Gloucestershire CCG	95.1%	88.7%
E06000025	South Gloucestershire	99N	NHS Wiltshire CCG	0.0%	0.1%
E08000023	South Tyneside	13T	NHS Newcastle Gateshead CCG	0.0%	0.2%
E08000023	South Tyneside	00N	NHS South Tyneside CCG	99.2%	99.2%
E08000023	South Tyneside	00P	NHS Sunderland CCG	0.3%	0.6%
E06000045	Southampton	10X	NHS Southampton CCG	94.7%	99.5%
E06000045	Southampton	11A	NHS West Hampshire CCG	0.2%	0.5%
E06000033	Southend-on-Sea	99F	NHS Castle Point and Rochford CCG	4.7%	4.6%
E06000033	Southend-on-Sea	99G	NHS Southend CCG	96.7%	95.4%
E09000028	Southwark	07R	NHS Camden CCG	0.4%	0.3%
E09000028	Southwark	09A	NHS Central London (Westminster) CCG	2.2%	1.4%
E09000028	Southwark	08K	NHS Lambeth CCG	6.6%	7.7%
E09000028	Southwark	08L	NHS Lewisham CCG	2.0%	1.8%
E09000028	Southwark	08Q	NHS Southwark CCG	94.4%	88.7%
E09000028	Southwark	08X	NHS Wandsworth CCG	0.1%	0.1%
E08000013	St. Helens	01F	NHS Halton CCG	0.2%	0.1%
E08000013	St. Helens	01J	NHS Knowsley CCG	2.6%	2.3%
E08000013	St. Helens	01X	NHS St Helens CCG	91.1%	96.3%
E08000013	St. Helens	02E	NHS Warrington CCG	0.0%	0.1%
E08000013	St. Helens	02H	NHS Wigan Borough CCG	0.7%	1.2%
E10000028	Staffordshire	13P	NHS Birmingham Crosscity CCG	0.5%	0.4%
E10000028	Staffordshire	04Y	NHS Cannock Chase CCG	99.3%	14.9%
E10000028	Staffordshire	05C	NHS Dudley CCG	1.4%	0.5%
E10000028	Staffordshire	05D	NHS East Staffordshire CCG	92.0%	14.6%
E10000028	Staffordshire	01C	NHS Eastern Cheshire CCG	0.6%	0.1%
E10000028	Staffordshire	04J	NHS North Derbyshire CCG	0.7%	0.2%
E10000028	Staffordshire	05G	NHS North Staffordshire CCG	95.1%	23.5%
E10000028	Staffordshire	05N	NHS Shropshire CCG	1.0%	0.4%
E10000028	Staffordshire	01R	NHS South Cheshire CCG	0.5%	0.1%
E10000028	Staffordshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	96.1%	23.7%
E10000028	Staffordshire	04R	NHS Southern Derbyshire CCG	0.5%	0.3%
E10000028	Staffordshire	05V	NHS Stafford and Surrounds CCG	99.5%	16.6%
E10000028	Staffordshire	05W	NHS Stoke on Trent CCG	8.9%	2.9%
E10000028	Staffordshire	05X	NHS Telford and Wrekin CCG	1.0%	0.2%
E10000028	Staffordshire	05Y	NHS Walsall CCG	1.6%	0.5%
E10000028	Staffordshire	05H	NHS Warwickshire North CCG	1.2%	0.3%
E10000028	Staffordshire	06A	NHS Wolverhampton CCG	2.7%	0.9%
E10000028	Staffordshire	06D	NHS Wyre Forest CCG	0.2%	0.0%
E08000007	Stockport	01C	NHS Eastern Cheshire CCG	1.6%	1.1%
E08000007	Stockport	14L	NHS Manchester CCG	1.1%	2.2%
E08000007	Stockport	01W	NHS Stockport CCG	95.0%	96.5%
E08000007	Stockport	01Y	NHS Tameside and Glossop CCG	0.3%	0.2%
E06000004	Stockton-on-Tees	00C	NHS Darlington CCG	0.4%	0.2%
E06000004	Stockton-on-Tees	00D	NHS Durham Dales, Easington and Sedgefield CCG	0.4%	0.5%
E06000004	Stockton-on-Tees	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.1%	0.1%
E06000004	Stockton-on-Tees	00K	NHS Hartlepool and Stockton-On-Tees CCG	66.9%	98.6%
E06000004	Stockton-on-Tees	00M	NHS South Tees CCG	0.4%	0.6%
E06000021	Stoke-on-Trent	05G	NHS North Staffordshire CCG	3.4%	2.7%
E06000021	Stoke-on-Trent	05V	NHS Stafford and Surrounds CCG	0.5%	0.3%
E06000021	Stoke-on-Trent	05W	NHS Stoke on Trent CCG	91.1%	97.0%
E10000029	Suffolk	06H	NHS Cambridgeshire and Peterborough CCG	0.1%	0.2%
E10000029	Suffolk	06M	NHS Great Yarmouth and Waveney CCG	52.3%	16.4%
E10000029	Suffolk	06L	NHS Ipswich and East Suffolk CCG	99.6%	52.8%
E10000029	Suffolk	06T	NHS North East Essex CCG	1.4%	0.6%
E10000029	Suffolk	06Y	NHS South Norfolk CCG	1.1%	0.4%
E10000029	Suffolk	07H	NHS West Essex CCG	0.1%	0.0%
E10000029	Suffolk	07K	NHS West Suffolk CCG	91.1%	29.7%
E08000024	Sunderland	00D	NHS Durham Dales, Easington and Sedgefield CCG	0.9%	0.9%
E08000024	Sunderland	13T	NHS Newcastle Gateshead CCG	0.5%	0.8%
E08000024	Sunderland	00J	NHS North Durham CCG	2.2%	2.0%
E08000024	Sunderland	00N	NHS South Tyneside CCG	0.4%	0.2%
E08000024	Sunderland	00P	NHS Sunderland CCG	98.5%	96.1%

E10000030	Surrey	10G	NHS Bracknell and Ascot CCG	1.7%	0.2%
E10000030	Surrey	07Q	NHS Bromley CCG	0.4%	0.1%
E10000030	Surrey	09G	NHS Coastal West Sussex CCG	0.2%	0.0%
E10000030	Surrey	09H	NHS Crawley CCG	6.6%	0.7%
E10000030	Surrey	07V	NHS Croydon CCG	1.2%	0.4%
E10000030	Surrey	09L	NHS East Surrey CCG	96.6%	14.1%
E10000030	Surrey	09N	NHS Guildford and Waverley CCG	94.0%	17.0%
E10000030	Surrey	09X	NHS Horsham and Mid Sussex CCG	1.5%	0.3%
E10000030	Surrey	07Y	NHS Hounslow CCG	0.6%	0.2%
E10000030	Surrey	08J	NHS Kingston CCG	4.4%	0.7%
E10000030	Surrey	08R	NHS Merton CCG	0.3%	0.0%
E10000030	Surrey	99M	NHS North East Hampshire and Farnham CCG	23.0%	4.2%
E10000030	Surrey	10J	NHS North Hampshire CCG	0.1%	0.0%
E10000030	Surrey	09Y	NHS North West Surrey CCG	99.4%	29.4%
E10000030	Surrey	08P	NHS Richmond CCG	0.6%	0.1%
E10000030	Surrey	10V	NHS South Eastern Hampshire CCG	0.1%	0.0%
E10000030	Surrey	99H	NHS Surrey Downs CCG	97.1%	23.8%
E10000030	Surrey	10C	NHS Surrey Heath CCG	98.9%	7.6%
E10000030	Surrey	08T	NHS Sutton CCG	1.2%	0.2%
E10000030	Surrey	99J	NHS West Kent CCG	0.2%	0.0%
E10000030	Surrey	11C	NHS Windsor, Ascot and Maidenhead CCG	8.5%	1.1%
E09000029	Sutton	07V	NHS Croydon CCG	1.0%	1.9%
E09000029	Sutton	08J	NHS Kingston CCG	3.4%	3.3%
E09000029	Sutton	08K	NHS Lambeth CCG	0.1%	0.2%
E09000029	Sutton	08R	NHS Merton CCG	6.4%	6.7%
E09000029	Sutton	99H	NHS Surrey Downs CCG	1.4%	2.0%
E09000029	Sutton	08T	NHS Sutton CCG	94.5%	85.6%
E09000029	Sutton	08X	NHS Wandsworth CCG	0.2%	0.3%
E06000030	Swindon	11M	NHS Gloucestershire CCG	0.0%	0.2%
E06000030	Swindon	12D	NHS Swindon CCG	96.2%	98.3%
E06000030	Swindon	99N	NHS Wiltshire CCG	0.7%	1.4%
E08000008	Tameside	14L	NHS Manchester CCG	2.3%	5.9%
E08000008	Tameside	00Y	NHS Oldham CCG	3.6%	3.8%
E08000008	Tameside	01W	NHS Stockport CCG	1.7%	2.2%
E08000008	Tameside	01Y	NHS Tameside and Glossop CCG	85.1%	88.1%
E06000020	Telford and Wrekin	05N	NHS Shropshire CCG	1.7%	2.9%
E06000020	Telford and Wrekin	05X	NHS Telford and Wrekin CCG	96.7%	97.1%
E06000034	Thurrock	07L	NHS Barking and Dagenham CCG	0.2%	0.2%
E06000034	Thurrock	99E	NHS Basildon and Brentwood CCG	0.2%	0.3%
E06000034	Thurrock	08F	NHS Havering CCG	0.2%	0.3%
E06000034	Thurrock	07G	NHS Thurrock CCG	98.4%	99.2%
E06000027	Torbay	99Q	NHS South Devon and Torbay CCG	48.9%	100.0%
E09000030	Tower Hamlets	07R	NHS Camden CCG	1.1%	0.9%
E09000030	Tower Hamlets	09A	NHS Central London (Westminster) CCG	0.4%	0.3%
E09000030	Tower Hamlets	07T	NHS City and Hackney CCG	0.9%	0.9%
E09000030	Tower Hamlets	08H	NHS Islington CCG	0.1%	0.1%
E09000030	Tower Hamlets	08M	NHS Newham CCG	0.2%	0.3%
E09000030	Tower Hamlets	08V	NHS Tower Hamlets CCG	98.9%	97.5%
E08000009	Trafford	14L	NHS Manchester CCG	2.7%	6.9%
E08000009	Trafford	01G	NHS Salford CCG	0.1%	0.1%
E08000009	Trafford	02A	NHS Trafford CCG	95.6%	92.8%
E08000009	Trafford	02E	NHS Warrington CCG	0.1%	0.1%
E08000036	Wakefield	02P	NHS Barnsley CCG	0.9%	0.6%
E08000036	Wakefield	03G	NHS Leeds South and East CCG	1.0%	0.8%
E08000036	Wakefield	03C	NHS Leeds West CCG	0.1%	0.2%
E08000036	Wakefield	03J	NHS North Kirklees CCG	0.6%	0.3%
E08000036	Wakefield	03R	NHS Wakefield CCG	94.5%	98.1%
E08000030	Walsall	13P	NHS Birmingham Crosscity CCG	1.8%	4.6%
E08000030	Walsall	04Y	NHS Cannock Chase CCG	0.7%	0.3%
E08000030	Walsall	05L	NHS Sandwell and West Birmingham CCG	1.6%	3.2%
E08000030	Walsall	05Q	NHS South East Staffs and Seisdon Peninsular CCG	0.1%	0.0%
E08000030	Walsall	05Y	NHS Walsall CCG	92.7%	90.6%
E08000030	Walsall	06A	NHS Wolverhampton CCG	1.4%	1.3%
E09000031	Waltham Forest	07T	NHS City and Hackney CCG	0.3%	0.3%
E09000031	Waltham Forest	08M	NHS Newham CCG	1.2%	1.6%
E09000031	Waltham Forest	08N	NHS Redbridge CCG	1.4%	1.4%
E09000031	Waltham Forest	08W	NHS Waltham Forest CCG	94.3%	96.6%

E09000032	Wandsworth	09A	NHS Central London (Westminster) CCG	0.9%	0.5%
E09000032	Wandsworth	08C	NHS Hammersmith and Fulham CCG	0.5%	0.3%
E09000032	Wandsworth	08J	NHS Kingston CCG	0.1%	0.0%
E09000032	Wandsworth	08K	NHS Lambeth CCG	3.0%	3.2%
E09000032	Wandsworth	08R	NHS Merton CCG	2.9%	1.7%
E09000032	Wandsworth	08P	NHS Richmond CCG	1.3%	0.8%
E09000032	Wandsworth	08X	NHS Wandsworth CCG	88.3%	93.1%
E09000032	Wandsworth	08Y	NHS West London (K&C & QPP) CCG	0.6%	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	2.3%	2.0%
E06000007	Warrington	02E	NHS Warrington CCG	97.8%	96.9%
E06000007	Warrington	02H	NHS Wigan Borough CCG	0.2%	0.3%
E10000031	Warwickshire	13P	NHS Birmingham Crosscity CCG	0.2%	0.2%
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	0.8%	0.2%
E10000031	Warwickshire	05P	NHS Solihull CCG	0.6%	0.3%
E10000031	Warwickshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	0.8%	0.3%
E10000031	Warwickshire	05R	NHS South Warwickshire CCG	96.2%	45.5%
E10000031	Warwickshire	05H	NHS Warwickshire North CCG	96.7%	30.9%
E10000031	Warwickshire	04V	NHS West Leicestershire CCG	0.5%	0.3%
E06000037	West Berkshire	10M	NHS Newbury and District CCG	93.2%	66.4%
E06000037	West Berkshire	10N	NHS North & West Reading CCG	35.3%	23.5%
E06000037	West Berkshire	10J	NHS North Hampshire CCG	0.7%	0.9%
E06000037	West Berkshire	10Q	NHS Oxfordshire CCG	0.2%	1.1%
E06000037	West Berkshire	10W	NHS South Reading CCG	8.7%	7.5%
E06000037	West Berkshire	99N	NHS Wiltshire CCG	0.1%	0.4%
E06000037	West Berkshire	11D	NHS Wokingham CCG	0.1%	0.1%
E10000032	West Sussex	09D	NHS Brighton and Hove CCG	1.2%	0.4%
E10000032	West Sussex	09G	NHS Coastal West Sussex CCG	99.5%	57.7%
E10000032	West Sussex	09H	NHS Crawley CCG	93.4%	13.9%
E10000032	West Sussex	09L	NHS East Surrey CCG	0.3%	0.0%
E10000032	West Sussex	09N	NHS Guildford and Waverley CCG	3.1%	0.8%
E10000032	West Sussex	99K	NHS High Weald Lewes Havens CCG	1.0%	0.2%
E10000032	West Sussex	09X	NHS Horsham and Mid Sussex CCG	95.7%	25.8%
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%	1.9%
E09000033	Westminster	07R	NHS Camden CCG	3.0%	3.4%
E09000033	Westminster	09A	NHS Central London (Westminster) CCG	80.4%	71.2%
E09000033	Westminster	08C	NHS Hammersmith and Fulham CCG	0.1%	0.1%
E09000033	Westminster	08K	NHS Lambeth CCG	0.1%	0.2%
E09000033	Westminster	08Y	NHS West London (K&C & QPP) CCG	23.4%	23.2%
E08000010	Wigan	00T	NHS Bolton CCG	0.2%	0.2%
E08000010	Wigan	01G	NHS Salford CCG	0.9%	0.7%
E08000010	Wigan	01X	NHS St Helens CCG	3.8%	2.3%
E08000010	Wigan	02E	NHS Warrington CCG	0.4%	0.2%
E08000010	Wigan	02G	NHS West Lancashire CCG	2.7%	0.9%
E08000010	Wigan	02H	NHS Wigan Borough CCG	96.7%	95.6%

E06000054	Wiltshire	11E	NHS Bath and North East Somerset CCG	0.8%	0.3%
E06000054	Wiltshire	11J	NHS Dorset CCG	0.3%	0.4%
E06000054	Wiltshire	11M	NHS Gloucestershire CCG	0.4%	0.5%
E06000054	Wiltshire	10M	NHS Newbury and District CCG	0.8%	0.2%
E06000054	Wiltshire	11X	NHS Somerset CCG	0.3%	0.4%
E06000054	Wiltshire	12A	NHS South Gloucestershire CCG	0.9%	0.5%
E06000054	Wiltshire	12D	NHS Swindon CCG	1.2%	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	10G	NHS Bracknell and Ascot CCG	12.3%	10.8%
E06000040	Windsor and Maidenhead	10H	NHS Chiltern CCG	0.6%	1.2%
E06000040	Windsor and Maidenhead	09Y	NHS North West Surrey CCG	0.2%	0.5%
E06000040	Windsor and Maidenhead	10Q	NHS Oxfordshire CCG	0.0%	0.1%
E06000040	Windsor and Maidenhead	10T	NHS Slough CCG	0.6%	0.6%
E06000040	Windsor and Maidenhead	10C	NHS Surrey Heath CCG	0.1%	0.0%
E06000040	Windsor and Maidenhead	11C	NHS Windsor, Ascot and Maidenhead CCG	88.1%	85.5%
E06000040	Windsor and Maidenhead	11D	NHS Wokingham CCG	1.3%	1.3%
E08000015	Wirral	02F	NHS West Cheshire CCG	0.4%	0.3%
E08000015	Wirral	12F	NHS Wirral CCG	99.7%	99.7%
E06000041	Wokingham	10G	NHS Bracknell and Ascot CCG	3.2%	2.6%
E06000041	Wokingham	10N	NHS North & West Reading CCG	0.2%	0.1%
E06000041	Wokingham	10Q	NHS Oxfordshire CCG	0.1%	0.4%
E06000041	Wokingham	10W	NHS South Reading CCG	11.5%	9.5%
E06000041	Wokingham	11D	NHS Wokingham CCG	93.5%	87.4%
E08000031	Wolverhampton	05C	NHS Dudley CCG	1.4%	1.6%
E08000031	Wolverhampton	05L	NHS Sandwell and West Birmingham CCG	0.1%	0.3%
E08000031	Wolverhampton	05Q	NHS South East Staffs and Seisdon Peninsular CCG	1.7%	1.4%
E08000031	Wolverhampton	05Y	NHS Walsall CCG	3.5%	3.6%
E08000031	Wolverhampton	06A	NHS Wolverhampton CCG	93.8%	93.2%
E10000034	Worcestershire	13P	NHS Birmingham Crosscity CCG	0.4%	0.5%
E10000034	Worcestershire	04X	NHS Birmingham South and Central CCG	2.5%	1.3%
E10000034	Worcestershire	05C	NHS Dudley CCG	0.8%	0.4%
E10000034	Worcestershire	11M	NHS Gloucestershire CCG	0.5%	0.6%
E10000034	Worcestershire	05F	NHS Herefordshire CCG	1.0%	0.3%
E10000034	Worcestershire	05J	NHS Redditch and Bromsgrove CCG	95.9%	27.9%
E10000034	Worcestershire	05N	NHS Shropshire CCG	0.3%	0.1%
E10000034	Worcestershire	05P	NHS Solihull CCG	0.5%	0.2%
E10000034	Worcestershire	05R	NHS South Warwickshire CCG	2.3%	1.1%
E10000034	Worcestershire	05T	NHS South Worcestershire CCG	97.1%	49.0%
E10000034	Worcestershire	06D	NHS Wyre Forest CCG	98.4%	18.7%
E06000014	York	03E	NHS Harrogate and Rural District CCG	0.1%	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

Title	Narrative Plan for Better Care Fund 2017-19		
Date	24 th August 2017	Version	2.6
Notes	<p>The BCF plan is to be submitted to NHSE 11th September 2017 after consideration and subject to agreement of the Health and Wellbeing Board (07 September 2017)</p> <p>The iBCF funds are within the remit of the Council (Section 151 officer) sign-off and are available to the wider health and care system and have Nationally directed conditions attached along with Conditions set at a local level.</p> <p>The BCF early draft submission includes a range of schemes to be distilled to those which need fuller business cases produced which will go through to the BCF Working Group for sign-off with the agreement of the BCF Board (Part 2 SCPB)</p>		

Integration and Better Care Fund

Narrative Plan 2017/19 v2.6

Better Care Support Team

Area	Torbay
Constituent Health and Wellbeing Boards	Torbay
Constituent CCGs	South Devon and Torbay CCG

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Introduction / Foreword

The Better Care Fund brings together health and social care funding, with additional social care money identified in Spring 2017. Organisations across Torbay, and wider Devon, are in agreement in terms of having a sustainable health and care system which will improve the health and wellbeing of the population, of which the Better Care Fund is a mechanism to assist in achieving this aim.

As such, this narrative plan, together with the planning template, have been created by system partners including Devon Partnership NHS Trust, agreed by

- Torbay Council
- NHS South Devon and Torbay Clinical Commissioning Group
- Torbay and South Devon NHS Foundation Trust

and then formally approved by the Torbay Health & Wellbeing Board

There are specific conditions in terms of use of funding and the metrics by which the plan will be measured, with a particular focus on reducing the numbers of delayed transfers of care (DTOC). There are also conditions in terms of working together across organisational boundaries and in agreeing proposals for the use of the funding, which have been addressed by creating a collaborative and co-designed plan with associated schemes.

Beyond this, there has been local agreement on the areas where funding should be allocated, however each should relate to improving performance in one or more of the following four areas:

1. Delayed transfers of care
2. Non-elective admissions (General and Acute)
3. Admissions to residential and care homes
4. Effectiveness of reablement

The plan has been developed in line with the guidance which has been provided outlining how the work should assist in the following areas:

- Prevention of admissions
- Proactive liaison with care homes
- Personalised care plan and access services
- Care of individuals living with Dementia

For Torbay, the additional funding announced in the spring budget 2017 amounts to:

2017/18	2018/19	2019/20
£3,815,560	£2,366,904	£1,171,936

The specific conditions, which have been met as part of the planning process, are as follows:

- Plans to be jointly agreed;
- NHS contribution to adult social care is maintained in line with inflation;
- Agreement to invest in NHS commissioned out-of-hospital services, which may include 7 day services and adult social care; and
- Managing Transfers of Care (a new condition to ensure people's care transfers smoothly between services and settings)

This plan will also support local system drivers as per the priorities and enablers which have been identified within the Sustainability and Transformation Plan (STP).

<p>1 Prevention & early intervention</p> <ul style="list-style-type: none"> Action to tackle the top five causes of death in under 75s Make sure all plans and priorities have a focus on preventing ill health Tackle place-based socio economic health determinants Build community resourcefulness Develop workforce skills in prevention 	<p>2 Integrated care model</p> <ul style="list-style-type: none"> Promoting health through integration Empower communities to take active roles in their health and wellbeing Locality-based care model design and implementation Shift resources to community from hospital Health & Social care integration 	<p>3 primary care</p> <ul style="list-style-type: none"> Developing integrated GP/primary care Delivering the GP forward view Supporting general practice development to be fit for the future Work towards delegated commissioning 	<p>4 Mental health & learning disabilities</p> <ul style="list-style-type: none"> Ensure our services meet local needs Maximise the effectiveness of mental health spending to achieve better outcomes Improve mental illness prevention in primary care Improve provision for people with severe, long term mental illness and those who also have physical health problems
<p>5 Acute hospital & specialist services</p> <ul style="list-style-type: none"> Ensure clinical sustainability of services across wider Devon Review high priority services: <ul style="list-style-type: none"> Stroke services review Urgent and Emergency Care review Maternity /Paediatrics/ Neonatal service review Review small & vulnerable specialties 	<p>6 Productivity</p> <ul style="list-style-type: none"> Improve the cost-effectiveness of the care delivered per head of population Implement Carter's recommendations in 'Reducing Variations' report Rationalise the 'back-office' services Procurement efficiencies in clinical supplies and drugs Review spending on continuing health care (CHC) 	<p>7 Children & young people</p> <ul style="list-style-type: none"> Ensure seamless support and access Ensure high quality, effective and rapid response of services Enhance effective collaboration between adult and childrens' services 	<p>Enablers</p> <ul style="list-style-type: none"> Workforce Stability, Workforce Redesign, Workforce Development Estates Strategy Information: Digital Road Map Communications & engagement Organisational Development: Towards accountable care systems IM&T – improving clinical decision making

Schemes identified within the plan will focus on improving:

- Our population's health & wellbeing
- The experience of care
- The cost effectiveness per head of population

What is the local vision and approach for health and social care integration?

Model of Care

Our vision of how care will look, wherever you live in Torbay and South Devon



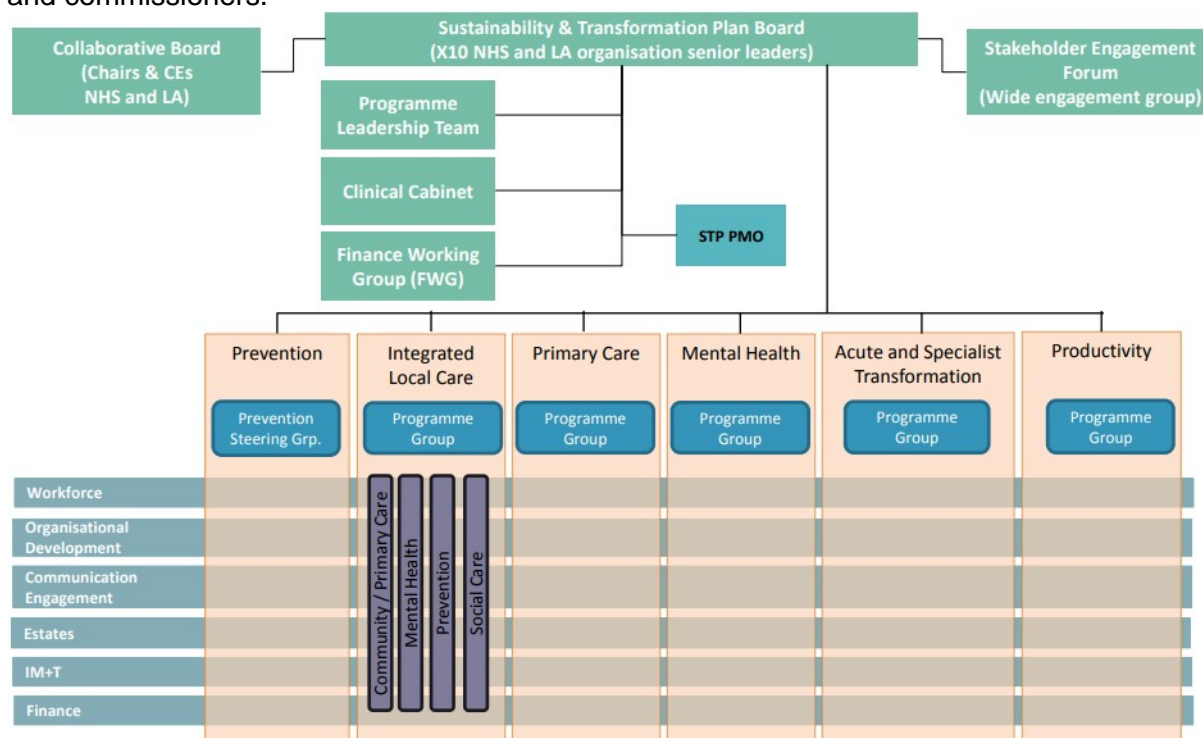
Within Torbay, there has been ongoing work to implement the New Care Model, as illustrated above. This model provides a fully integrated health and social care system involving joined-up services which deliver education and advice about how to maintain independence and stay well, with mental health and wellbeing as high a priority as physical health and wellbeing. It also aims to take a person-centred approach and build wider support around people, through making the best use of what is already available to them at home and in the community.

Our vision is to have excellent, joined up care for all. Torbay already has a model of integrated health and social care teams built around geographical clusters and primary care practices, with a single point of access. These teams provide functions to enable:

- Proactive identification of people at risk and admission to hospital or inappropriate care settings.
- Integrated assessment and personalised support planning for people with long-term conditions and/or complex care needs.
- Urgent reactive care to people in crisis to avoid immediate risk of admission.

In line with the recommendations of the Five Year Forward View Next Steps (March 2017), development Accountable Care Delivery Systems (ACDS) is in progress, which bring together commissioners and providers to deliver outcomes for the population within a budget with clear system accountability.

This is led by the STP Programme Delivery Executive Group (PDEG) with input and challenge from the STP Collaborative Board, STP Clinical Cabinet and individual STP leads. Key stakeholders are involved in these groups, including NHS providers, local authorities and commissioners.



The Sustainability and Transformation Plan (STP) will drive delivery of a major programme of transformational change and improvement which will be enabled by investment in technology, changes in workforce and ensuring that where estate/accommodation is required, it is fit for purpose. The plan, submitted in October 2016, can be found using the following [link](#).

Background and context to the plan

Torbay is a geographically diverse area. Its population ranges across the deprivation span and its health and social care system is financially challenged, not least because of its aging population and the proportion those over 85. These challenges are increased – especially in urgent and emergency care - by the annual additional pressure on services of holidaymakers and tourists.

Inappropriate admissions and unnecessarily long periods in hospital can be harmful, for older people in particular. The longer older people remain in hospital, the harder it is for them to regain their independence and return home, and the more likely they are to be readmitted.

As mentioned above, Torbay has an ageing population which is also growing faster than the national average, increasing future demand for health and care services. If local services assist individuals to identify their strengths and link them in with appropriate support, there is potential to help them remain independent and less reliant on care. We also need to recognise that some of the support that people require can be delivered within their community and by the voluntary sector.

People with mental health conditions and those with disabilities do not always have access to the level of support they need, which impacts on their general health and wellbeing. The additional funding has been incorporated into schemes to address this inequity.

At the Spending Review 2015, the Government announced its ambition to integrate health and social care by 2020 so that to service users it feels like one service. An integrated health and social care service should have full geographical coverage, with clear governance and accountability arrangements.

Whilst the New Care Model has been in place since October 2015, since the creation of the Integrated Care Organisation (Torbay and South Devon NHS Foundation Trust) and has worked to address the issues above, the Better Care Plan provides an opportunity to assist and support in the work which is already being undertaken.

Progress to date

We have previously created Better Care Fund plans as a community, the most recent of which focused on the new Model of Care and how its implementation would benefit our local population. Much work had been undertaken to ensure that this new Model supported the following areas:

- Strategic direction – the creation of the integrated care organization (ICO), with a high percentage of patient flow to one provider, supports the shared vision and outcomes for future health and social care across the existing CCG boundary, underpinned by good stakeholder relationships.
- Major Service reconfiguration – children's community health services, CAMHS transformation and rehabilitation, re-ablement and recovery require a wider network approach across Devon and engagement with key stakeholders is already underway.
- Urgent and Emergency Care – our Vanguard is largely contained within our CCG boundary but we work closely with other commissioning organisations in relation to the wider footprints covered by partner provider services such as 111 and 999.
- Primary Care, including primary care estates planning – the majority of patient flow happens within our CCG boundary, supporting our primary care services development plans and our locality based community service model.
- Integration of community health and social care services –The Better Care Fund and devolution in social care need to be part of our STP but working across a wider Devon foot print will also be necessary to work with partner organisations
- Mental Health services – achieving the vision for mental health services as set out in the Five Year Forward View will require our working in a wider mental health planning network reaching well outside our CCG boundary across our Devon footprint.
- Prevention and self-care – embracing national initiatives will be helped by working with for example our local authority and voluntary sector partners in small communities which can help drive cultural change.
- IT – our NHSE supported digital road map is co-terminus with the CCG and ICO geographical boundary.
- Workforce – the development of capacity in all areas of the market public, private, voluntary with associated training and education offers.

During 2016/17 we focused on the following areas:

Prevention:

In response to some of the challenges we face as a population, the CCG has, as its primary focus, developed a Joint Prevention Strategy which brings together the work of our two Public Health teams. Working with our partners in Devon we have mapped the level of community resilience to give us a better understanding and view of where our prevention work needs to focus and what our aims are.

We have profiled demand across social care and lifestyle services forming a baseline for both our Self Care Vanguard work in Torbay and South Devon, and the Devon County Council 'demand management' programme of which we will be part of. The demand work provides us with a common set of goals against which we will develop our implementation.

Our profile work has included not only the more traditional review of the JSNA but also includes, household profiling, goal setting, motivational interviewing and consumer preferencing. This has given us a better understanding of the person, circumstances, holistic

need and motivation, buying behaviour, their social circle, skills, knowledge etc. which will help us to understand how to frame and motivate individuals using more than just existing market segmentation.

Self-care:

Our self-care work remains a priority area. The successful urgent care Vanguard has provided an opportunity to use the learning from the previous self-care work to drive this forward.

All contacts with our system will support people to increase their levels of knowledge, skills and confidence in adopting healthy behaviours and lifestyles, managing their own health and health care, resulting in significant increases in upstream prevention; reduced demand on our urgent and emergency care services; ensuring patients are cared for at the most appropriate part of the system; and bringing about a sustained reduction in health inequalities. Health and care professionals will have a high awareness of, and confidence in, self-care, voluntary sector services, local community assets and peer support. We will achieve all of this by:

- ☐ Providing open access to a comprehensive and accurate Directory of Services;
- Using techniques such as social marketing to identify and target sections of the population with “call to action to self-care” messages that they will relate to and that will ‘activate’ them to self-care;
- Encourage people to make full use of the multimedia rich online tools, information and advice we will make available or signpost them to, bringing about a ‘channel shift’ in how people choose to interact with our services towards self-service options;
- ☐ Adopting system-wide approaches to patient & clinical activation to self-care; shared decision making; and evaluation;
- ☐ Working with the voluntary sector to create and maintain vibrant social network for health at both local community and system level; and
- ☐ Supporting Social Prescribing schemes, within the local area to further enhance opportunities to improve health and wellbeing for individuals.
- ☐ Embedding and scaling initiatives such as the strengths based approach which has been implemented with staff and Making Every Contact Counts training
- ☐ Further development of community navigator and wellbeing coordinator roles which support people to maintain their independence, develop their networks and care for themselves and those close to them

Carers:

Torbay continues to operate a whole system approach to Carers services prioritising early identification and support of Carers through a ‘universal’ offer of support, which provides information and advice, assessment and access to practical and emotional support for all Carers (not subject to eligibility). There are Carers Support Workers at key points in the Carers journey including in all GP surgeries, in the Discharge team at the Acute Hospital and in specialist community teams. Our services for carers aim to reduce hospital admissions and the time those cared for spend in hospital because carers are more involved in decision-making, supported to care during hospital stay and on discharge.

With the implementation of the Care Act 2014, a pool of ‘trusted assessors’ in primary care and the voluntary sector were trained to deliver ‘light touch’ Carers Assessments - the Carers Health and Wellbeing checks. They then work as enablers to help Carers find their own solutions and access community support. Carers Trust Phoenix are the voluntary sector partner who deliver these checks, and have a good background of community engagement,

and linking Carers into mutual support. This approach aims to develop community capacity, self-care and mutual support for carers. As part of the Ageing Better Big Lottery funding, both Carers Trust Phoenix and Mencap have received additional funding with regards to projects for older Carers - Circles of Support and Mutual Caring.

Torbay's Carers Services are Care Act compliant, but the biggest challenge is to thoroughly embed the ethos of whole family working and enhanced Carer support throughout adult services including mental health. On-going awareness training and social care audits will continue to ensure standards are met.

Evidence base and local priorities to support plan for integration

South Devon and Torbay is a geographically diverse area. Its population ranges across the deprivation span and its health and social care system is financially challenged, not least because of its aging population and the proportion those over 85. These challenges are increased – especially in urgent and emergency care - by the annual additional pressure on services of holidaymakers and tourists.

The area has a respected reputation for partnership working and for innovating to find more effective ways of delivering quality care. Relationships between statutory and voluntary sector organisations are well founded and there is a shared ambition to tackle problems. This extends to positive working with provider organisations whose reach is broader than South Devon and Torbay.

The creation of the Integrated Care Organisation in October 2015, Torbay and South Devon NHS Foundation Trust, was strongly supported and encouraged by both the Clinical Commissioning Group and the local authorities and this has resulted in a more effective patient journey for thousands of people.

In Torbay the model for integrated community health and adult social care was developed in 2005, with the creation of Torbay Care Trust. This model has been recognised both nationally and internationally as an excellent model of care, with a single assessment process, single care record, single information technology system and multi-disciplinary frontline teams supported by a single management structure. The role of the care coordinator in these teams, ensuring seamless care for patients, has since been replicated in many other areas.

In 2013 South Devon and Torbay became one of 14 national Pioneer sites for integration. The joint bid from the health and care community set out an ambitious goal of whole-system integration, extending beyond health and social care to encompass acute care, mental health and the voluntary sector and personal support, underpinned by the creation of an Integrated Care Organisation (ICO). The ICO formed in 2015 through the merging of South Devon Healthcare NHS Foundation Trust and Torbay and Southern Devon Care Trust to create a single entity for delivery to become Torbay and South Devon NHS Foundation Trust which further widens the current model of health and social care to include acute health care provision.

Our vision for integrated health and care extends beyond the local authority boundary of Torbay into the whole CCG area, into South Devon which is within the scope of Devon County Council. The Better Care Fund sits within this longstanding programme of integration through the creation of the ICO and the development of a new model of care. We widened our scope further in 2015 when our health and care community become one of only eight groups across the country to be named as a Vanguard site for taking a pioneering new approach to urgent care and we have developed proposals to increase access to urgent care services and develop the infrastructure to support patients to choose wisely.

Better Care Fund plan

Further detail can be found within the planning template:

Disabled Facilities Grant to Districts	4. DFG - Adaptations			Social Care		Local Authority			Local Authority	Local Authority Contribution	Both 2017/18 and 2018/19	£1,631,353	£1,738,615	Existing
Protecting Adult Social Care	16. Other		Adult Social Care	Social Care		CCG			Local Authority	Minimum Contribution	Both 2017/18 and 2018/19	£3,029,270	£3,086,827	Existing
Reablement	16. Other		Reablement Services	Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£1,078,974	£1,099,475	Existing
Carers	3. Carers services	1. Carer advice and support		Community Health		CCG			NHS Community Provider	Minimum Contribution	Both 2017/18 and 2018/19	£467,216	£476,093	Existing
Care Bill	16. Other		Care Act 2014 monies	Social Care		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£407,160	£414,896	Existing
Other Healthcare/Reablement/Section 256	16. Other		Other	Community Health		CCG			NHS Community Provider	Minimum Contribution	Both 2017/18 and 2018/19	£429,554	£437,715	Existing
Integrated Care Organisation	16. Other		Single Point of Contact, Frailty Care Model, Multiple LT	Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£5,026,419	£5,121,921	Existing
Reablement	16. Other		Reablement Services	Social Care		CCG			NHS Community Provider	Minimum Contribution	Both 2017/18 and 2018/19	£50,895	£51,862	Existing
Adult Social Care	16. Other		Adult Social Care	Social Care		Local Authority			Local Authority	Improved Better Care Fund	Both 2017/18 and 2018/19	£4,448,698	£6,149,188	New

IBCF Projects Identified for 2017/18 – Total Cost £596,000

No	BCF Objective	Project Name	Outline of Proposal	Cost	Year	Lead	Feasibility	Must/ Should/ Could	Next Steps
1.	1, 2. & 4.	<p>Extension of TSDFT Care Home Education and Support Team (CHEST)</p> <p>Proposal</p> <p>Benefit/ Outcome</p>	<p>An expected future shortfall in capacity of skilled dementia care within community settings including, care homes, extra care housing, supported living and community home care environment. The complexity of clients being such that nursing level skills need to be developed alongside enhanced care workers</p> <p>Extension of Care Home Education and Support Team (CHEST) to develop Dementia expertise in care homes and to support improvement planning in homes which are strategically relevant to Torbay.</p> <p>To support a progression approach to facilitate 'Step Up/Down' care for people with dementia to avoid long term admissions.</p> <p>To extend team's cover to extra care housing, supported living and expert advice to home care providers.</p> <p>Avoidance of A&E admission and DToC.</p> <p>Reductions in Long Term Admissions to Residential Care CHEST is part of an admissions avoidance scheme and will be evaluated against other models.</p> <p>Working in care homes to avoid admissions to hospital/ reduce 121 care, admissions avoidance to nursing homes</p> <p>121 reducing much faster and ending in its entirety for 121's due to CHEST support for</p>	£90k	2017/18	Cathy Williams	Yes With a 3 Month Lead in	Must	<p>Approved in Principle. Project to be fully scoped on Smart sheet</p> <p>Costs for 2018/19 and 2019/20 to be determined</p>

		Risks/ Actions	<p>more positive behavioural management approaches and focus on individual need and behaviour with a view to reducing care and monitoring over time</p> <p>Upskilling of staff generally across the care home sector</p> <p>Risk: That there are not sufficient staff to be able to be recruited to the CHEST</p> <p>Posts need to be recruited to on the basis of 3 year/ permanent contracts</p> <p>Current benefits evaluation is being undertaken, therefore it would be critical to see if there have been any reductions in admissions from the relevant care homes so that we could extrapolate this into a full business case.</p> <p>We will need to know the number of residents that this applies to and the number of admissions.</p> <p>Also review reductions in extra staff</p>						
	17/08.17	SCP/BCF response	<p>Approved – non-recurrent funding funds released with immediate effect</p> <p>Conditions - Milestones for achievement to be set</p> <p>Resources for the delivery of the project to be articulated – Role, Name, WTE</p> <p>Business case – to be lodged for audit</p>						
No	BCF Objective	Project Name	Outline of Proposal	Cost	Year	Lead	Feasibility	Must/ Should/ Could	Next Steps
2	All	Development of dementia pathway for	There is a Dementia pathway, however with the projected rise in population this is expected to put additional pressure on this. There is	£60k Plus 30K For	2017/18	Cathy Williams	Yes	Must	Transfer to project plan and work up

		<p>Torbay</p> <p>Proposal</p> <p>Benefit/ Outcome</p>	<p>potential to purchase additional capacity via DCC contract with Alzheimer's Society to maximise value.</p> <p>Additional 2 dementia advisor posts to cover Torbay within DCC contract with Alzheimer's Society to ensure a wider dementia pathway with pre and post diagnostic support including, escalation, de-escalation and crisis support as well as focused support for carers when conditions change</p> <p>Alongside frailty/ front door have a vol sector worker to identify clients requiring extra support on discharge due to dementia/ Alzheimer's. Need to co design with voluntary sector</p> <p>Needs further scoping – Vikki, Alex and Chris and Alzheimer's society and Dawn Thomas liaison psychiatry</p> <p>Build on strong diagnosis support at the memory clinic and post diagnosis support and debrief. There is a drop-out rate following this since few patients/carers take up the offer of a course. This would improve take up and develop other support options in relation to management of progression of the disease.</p> <p>Better information pre diagnosis particularly for treatment escalation planning. Lasting power of attorney, DNR. (Latter relevant to all conditions and pre end of life care planning so potential to provide information and access to good support e.g. 'dying matters' web site as wider benefit)</p>	frailty						specific costs
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[illegible]

			MSB and stronger links to housing and employment roles and outcomes within DPT I						
	17/08.17	SCP/BCF response	Approved – funds available with immediate effect Conditions: clear determination of where savings accrued to ensure double counting avoided across the system and expectations of partners managed (ICO/DPT)						
No	BCF Objective	Project Name	Outline of Proposal	Cost	Year	Lead	Feasibility	Must/Should/Could	Next Steps
4	3. & 4.	Proud to Care South West Proposal Benefit/ Outcome	Professionally produced marketing campaign designed to improve capacity in the care force across the south west Fund the initiative for a further three years to embed the message and leverage the impact Funding levels are nominal even when doubled Collaboration with this as a focus is already providing dividends The ability to shape the campaign for an extended period with approach reach to different target groups including informal carers and the development of the VCSE capacity Commitment will support the business case for other stakeholders (PVI) to invest Provides longevity that will offer best chance of this being self-sustaining beyond three years in line with a robust evaluation over the extended period	£20k	2017/18 2018/19 2019/20	John Bryant	Yes	Must	Transfer to project plan
	17/08.17	SCP/BCF response	Approved (Recurrent funding for three years of iBCF)						

			Conditions: evaluation of impact at local level as well as regional level Regional level sign up to ongoing campaign						
No	BCF Objective	Project Name	Outline of Proposal	Cost	Year	Lead	Feasibility	Must/ Should/ Could	Next Steps
5	3. & 4.	Leadership development in care homes	Improve quality, effectiveness and engagement in delivery of out of hospital care including, trusted assessment, innovation and business change.	£50k £TBC	2017/18 2018/19	Fran Mason/ Jenny Turner	yes	must	Needs more work in terms of detail and
		Proposal	Take learning from Plymouth maximising use of skills for care support and providing professional accountancy support, contingency and succession planning to supplement CHEST operational support and further enhance the skills sets and broader management within care homes so that they are further enabled to engage, shape and deliver new forms of care to the wider system IC and trusted assessor will make this very important.						links to the BCF priority areas, however agreed in principle
		Benefit/ Outcome	Capacity in care home management with improved retention along with additional input into systems solutions						
	17/08.17	SCP/BCF response	Approved Condition – to fund the financial skills, input and modelling with care homes and associated fee activity Training activity excluded – work of Skills for Care, Horizon Centre with ICO on apprenticeships developing the other elements						

No	BCF Objective	Project Name	Outline of Proposal	Cost	Year	Lead	Feasibility	Must/Should/Could	Next Steps
6	All	Development of the out of hospital care system Proposal Benefit/Outcome	Increase capacity in the short term offer in order to improve reablement and rehab to ensure people are supported to regain their independence Development of RR and reablement services in Torbay to put in 1 extra support worker in each shift – to provide wrap around care to discharge early. Provide intensive assessment and support Su Skelly/Alex Pleace	£240k TBC	2017/18 2018/19	Su Skelly	Yes	Must	Transfer to project plan and work up specific costs More detail required
	17/08.17	SCP/BCF response	Not Approved at this stage Business case requested including read across to the John Bolton work						
No	BCF Objective	Project Name	Outline of Proposal	Cost	Year	Lead	Feasibility	Must/Should/Could	Next Steps
7	4.	IPC Proposal Benefit/Outcome	PHB – people who have been through IPC processes to support solutions to low social care costs, prevent acute admissions and improve resilience. The model includes patient activation and accredited peer support (HOPE) Funds for actual PHBs in Torbay – to deliver system change and embed IPC methodology. Will target children in transition and social care/camhs users. Outcomes in a south Devon trial have been extremely positive for individuals, reducing use of primary and secondary care.	£10k	2017/18	Jo Williams	Yes	Must	

	17/08.17	SCP/BCF response	Approved (Recurrent funding for three years of iBCF)with request for scaling option Conditions - request for impact additional funding beyond the approved amount would make to accelerate this scheme and what outcomes would be produced						
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No	BCF Objective	Project Name	Outline of Proposal	Cost	Year	Lead	Feasibility	Must/Should/Could	Next Steps
8	3. & 8.	Transition Worker	Improving the management of and experience of transitions from children's services to adult services.	£46k 3 years	2017/18 2018/19 2019/20	Cathy Williams	Yes	Must	milestones and recruit
		Proposal	This is an area of developing work, linking closely to the SEND reforms. This requires additional capacity to ensure both care planning and financial planning are managed well. Previous lack of planning in this area has led to cost pressures of £500K. We would propose a band 7 Social Worker to undertake this work and that would also align with the SW workforce development strategy that is in place, developing specialist clinical skills in key areas. This role could also support the delivery of the Transforming Care Partnership agenda from a social care point of view. Recurrent funding for three years						
		Outcome	The transitions worker will impact on admissions to care homes and reablement. The transitions worker will ensure that there is more robust transitions planning and joint working with children's services at an earlier						

	17/08.17	SCP/BCF response	<p>point to ensure that plans being put in place do not automatically default to a residential placement, they will also challenge the appropriateness of placements at an earlier point to ensure that opportunities for reablement and progression particularly for people with learning disabilities are considered as part of this process. This worker will therefore impact upon cost, reduction in care home placements by looking for alternative ways of supporting people in the community and ensure young people are re-abled and can maximise their potential.</p> <p>Approved – (Recurrent funding for the three years of the iBCF) funds available immediately</p> <p>Conditions: milestones for process versus outcomes / workplan of individual</p> <p>Reporting of findings, examples of impacts made during course of funding</p>						
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A further list of projects totalling £1,082,000 are under consideration by the BCF working group for determination through the agreed governance structures.

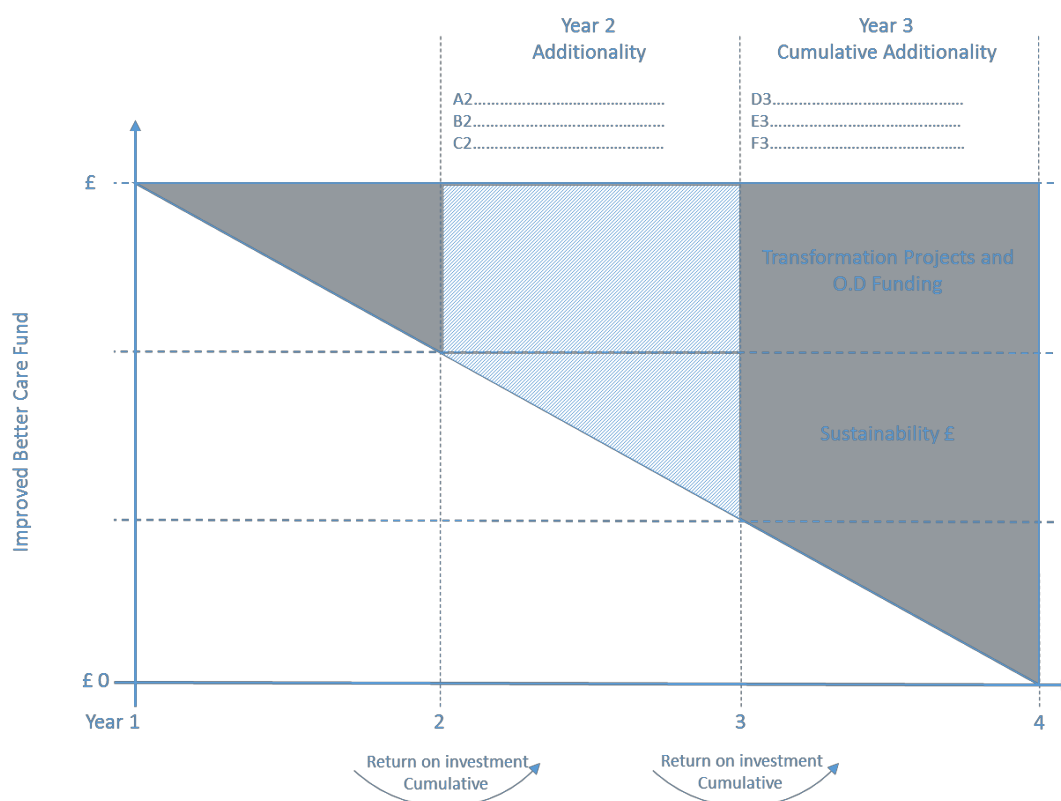
Risk

Within each of the identified projects, project leads will be expected to identify and manage risks. Going forward, these will be captured within Smartsheet, which will be the area where all information relating to the schemes will be held.

In addition, to ensure the success of the schemes, the following criteria documents have been created, which will be reviewed to ensure that there is ROI considered within the schemes. An approach as to how the Improved Better Care Funds may be considered to drive transformation and provide sustainable and recyclable change funding, including broader voluntary and community sector development appears in Figure 1.



Figure 1:



National Conditions

National condition 1: jointly agreed plan

Has the area produced a plan that all parties sign up to, that providers have been involved in, and is agreed by the health and well being board?

In all areas, is there a plan for DFG spending? And, in two tier areas, has the DFG funding been passed down by the county to the districts (in full, unless jointly agreed to do otherwise)?

1. Are all parties (Local Authority and CCGs) and the HWB signed up to the plan? **Yes**
2. Is there evidence that local providers, including housing authorities and the VCS, have been involved in the plan? **Yes**
3. Does the Narrative Plan confirm that, in two-tier areas, the full amount of DFG Money has been passed to each of the Districts (as councils with housing responsibilities), or; where some DFG money has been retained by the Upper Tier authority, has agreement been reached with the relevant District Councils to this approach? **Not applicable as Unitary Authority is holding the DFG Budget**

National Conditions (continued)

National condition 2: social care maintenance

Does the planned spend on Social Care from the BCF CCG minimum allocation confirm an increase in line with inflation from their 16/17 baseline for 17/18 and 18/19*

1. Is there an increase in planned spend on Social Care from the CCG minimum for 17/18 and 18/19 equal to or greater than the amount confirmed in the planning template? **Yes**
2. If the planned contributions to social care spend from the BCF exceed the minimum, is there confidence in the affordability of that contribution? **Yes**
3. In setting the contribution to social care from the CCG(s), have the partners ensured that any change does not destabilise the local health and care system as a whole? **Yes**
4. Is there confirmation that the contribution is to be spent on social care services that have some health benefit and support the overall aims of the plan? NB this can include the maintenance of social care services as well as investing in new provision **Yes**

National Conditions (continued)

National condition 3: NHS commissioned out-of-hospital services

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?

1. Does the area's plan demonstrate that the area has committed an amount equal to or above the minimum allocation for NHS commissioned out-of-hospital services and this is clearly set out within the summary and expenditure plan tabs of the BCF planning template? **Yes**
2. If an additional target has been set for Non Elective Admissions; have the partners set out a clear evidence based process for deciding whether to hold funds in contingency, linked to the cost of any additional Non Elective Admissions that the plan seeks to avoid? **Yes**
3. If a contingency fund is established; Is there a clear process for releasing funds held in contingency into the BCF fund and how they can be spent? **Yes**

National Conditions (continued)

National Condition 4: Managing Transfers of Care

Is there a plan for implementing the high impact change model for managing transfers of care?

1. Does the BCF plan demonstrate that there is a plan in place for implementing actions from the high impact change model for managing transfers of care? Does the narrative set out a rationale for the approach taken, including an explanation as to why a particular element is not being implemented and what is approach is being taken instead? **Yes**
2. Is there evidence that a joint plan for delivering and funding these actions has been agreed? **Yes**
3. If elements of the model have already been adopted, does the narrative plan set out what has been commissioned and, where appropriate, link to relevant information? **Yes**

Overview of funding contributions

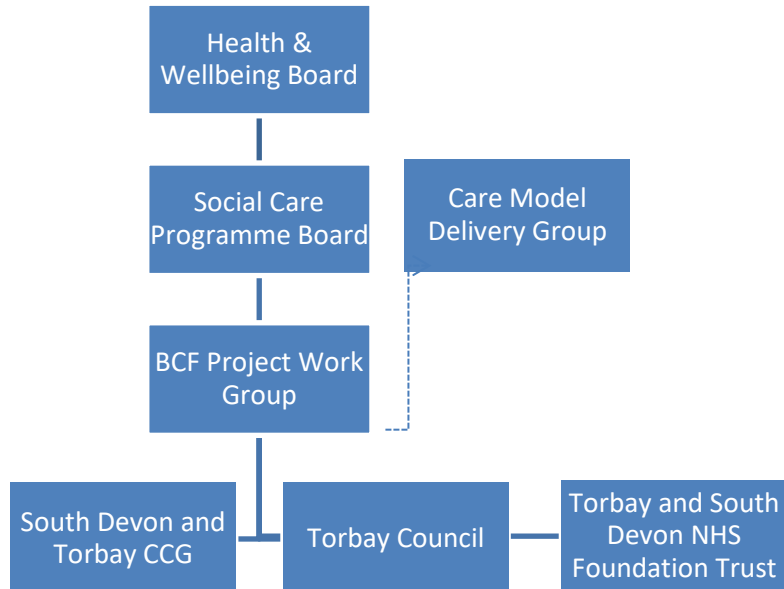
Briefly set out confirmation that the funding contributions for the BCF have been agreed and confirmed – including agreement on identification of funds for Care Act duties, reablement and carers breaks from the CCG minimum . These can be confirmed in the excel Planning Template

- *Care Act 2014 – how funding for CA implementation is being used*
 - ☐ *Reablement*
- *Carer's breaks*
 - ☐ *Social Care*
 - ☐ *iBCF*

Please see Planning Template which confirms adherence

Programme Governance

Within Torbay the following structure has been created, with regular meetings of the Project work group planned for the next 12 months.



Assessment of Risk and Risk Management

Risks will be managed as per the Risk Management process embedded within Smartsheet which is line with the management of risk within each of the partner organisations

National Metrics

Details of this can be found within sheet four of the Planning Template, including comments on rationale.

Delayed transfers of care

We have identified a programme to maintain the DTOC target of 3.5%, as set out below.

Delayed Transfers of Care Number of days delayed As used in BCF	TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST	DEVON PARTNERSHIP NHS TRUST	Torbay LA area
NHSE suggested target (days delayed) - daily	10.33	27.28	
NHSE suggested target (days delayed) - yearly	3,772	9,956	
% of organisations delays in Torbay LA (Apr16-May-17)	36.8%	6.4%	
Target for Torbay LA delays - year	1,388	640	2,027
Target for Torbay LA delays - quarter	347	160	507
Target for Torbay LA delays - month	116	53	169

In addition to the iBCF schemes already described as examples the following projects areas are part of the wider Better Care Fund:

- ☐ Discharge to Assess
- ☐ Trusted assessor (IC)
- ☐ Early complex discharge
- ☐ SAFER 2
- ☐ Pharmacy
- ☐ Transport

Pieces of work

- Single integrated discharge team
- Single referral form for community services
- New criteria for community hospitals
- Community –based decision-making for onward care and discharge destination
- Decision making flow chart for discharge

Approval and sign off

Provide confirmation of who has signed up to the BCF plan:

Role:	Title and Name:	E-mail:
Health and Wellbeing Board Chair	Director of Adult Services and Transformation & Elections Returning Officer - Caroline Taylor	caroline.taylor@torbay.gov.uk
Clinical Commissioning Group Accountable Officer (Lead)	Chief Operating Officer - Simon Tapley	simon.tapley@nhs.net
Additional Clinical Commissioning Group(s) Accountable Officers	Deputy Chief Operating Officer - Jo Turl	jo.turl@nhs.net
Local Authority Chief Executive	Chief Executive Steve Parrock	steve.parrock@torbay.gov.uk
Local Authority Director of Adult Social Services (or equivalent)	Caroline Taylor	caroline.taylor@torbay.gov.uk
LA Better Care Fund Lead Official	John Bryant	John.bryant@torbay.gov.uk
LA Section 151 officer	Martin Phillips	martin.phillips@torbay.gov.uk

Provide the date of Health and Wellbeing agreement (for the second submission of plan)

7th September 2017



Caroline Taylor

Director of Adult Services
and Transformation &
Elections Returning
Officer



Simon Tapley

Chief Operating Officer

High Impact Change Model

Managing Transfers of Care

HIGH IMPACT CHANGES FOR MANAGING TRANSFERS OF CARE

- Ensuring people do not stay in hospital for longer than they need to is an important issue – maintaining patient flow, having access to responsive health and care services and supporting families are essential.
- We learnt valuable lessons from the Health and Care system across the Country last winter about what works well and we have built those into a High Impact Change model .
- This model has been endorsed in a joint meeting between local government leaders and Secretaries of State for Health and for Communities and Local Government in October.
- We know there is no simple solution to creating an effective system of health and social care, but local government , the NHS and Department of Health are committed to working together to identifying what can be done to improve our current ways of working.

A number of practical tools compliment the high impact changes for reducing transfers of care

- **NHS High Impact Changes** : Guidance for SRGs
- **Winter Pressures** : A Guide for Council Scrutiny
- **Safer, Better, Faster** : ECIST good practice guide

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NHS England Quick Guides: Solutions to common issues

It may also be helpful to consider:

- **Role of the Health and Wellbeing Board** : Oversight and system leadership
- **Mental Health** : Access to services and accommodation
- **Voluntary sector** : Capacity and capability
- **Telehealth and Telecare** : supporting people to remain independent

Working with local systems, we have identified a number of high impact changes that can support local health and care systems reduce delayed transfers of care...

Change 1 : Early Discharge Planning. In elective care, planning should begin before admission. In emergency/unscheduled care, robust systems need to be in place to develop plans for management and discharge, and to allow an expected dates of discharge to be set within 48 hours.

Change 2 : Systems to Monitor Patient Flow. Robust Patient flow models for health and social care, including electronic patient flow systems, enable teams to identify and manage problems (for example, if capacity is not available to meet demand), and to plan services around the individual.

Change 3 : Multi-Disciplinary/Multi-Agency Discharge Teams, including the voluntary and community sector. Co-ordinated discharge planning based on joint assessment processes and protocols, and on shared and agreed responsibilities, promotes effective discharge and good outcomes for patients

Change 4 : Home First/Discharge to Access. Providing short-term care and reablement in people's homes or using 'step-down' beds to bridge the gap between hospital and home means that people no longer need wait unnecessarily for assessments in hospital. In turn, this reduces delayed discharges and improves patient flow.

Change 5 : Seven-Day Service. Successful, joint 24/7 working improves the flow of people through the system and across the interface between health and social care, and means that services are more responsive to people's needs.

Change 6 : Trusted Assessors. Using trusted assessors to carry out a holistic assessment of need avoids duplication and speeds up response times so that people can be discharged in a safe and timely way.

Change 7 : Focus on Choice. Early engagement with patients, families and carers is vital. A robust protocol, underpinned by a fair and transparent escalation process, is essential so that people can consider their options, the voluntary sector can be a real help to patients in considering their choices and reaching decisions about their future care.

Change 8 : Enhancing Health in Care Homes. Offering people joined-up, co-ordinated health and care services, for example by aligning community nurse teams and GP practices with care homes, can help reduce unnecessary admissions to hospital as well as improve hospital discharge.

We have developed this tool as part of our winter resilience sector led improvement programme

- The 8 changes which are outlined have been developed through last year's Helping People Home Team's work (a joint DH, DCLG, NHS England, ADASS and LGA programme).
- They have also been tested within a number of local systems that the Emergency Care Intensive Support Team (ECIST) have worked with.

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Given the pressures on local health and care systems, especially around patients flow and discharge, we want to support local systems with practical support.

- This tool has been developed at pace with some co-design to help local systems over this winter. It is to encourage areas to consider new interventions for this winter, but also to assess how effective current systems are working.
- Support on how to implement any of these changes is on offer from the ECIST and the LGA Care and Health improvement Advisors.

Changes

Change 1: Early Discharge Planning. In elective care, planning should begin before admission. In emergency/unscheduled care, robust systems need to be in place to develop plans for management and discharge, and to allow an expected dates of discharge to be set within 48 hours.

Not yet established	Plans in place	Established	Mature	Exemplary
<p>Early discharge planning in the community for elective admissions is not yet in place.</p> <p>Discharge planning does not start in A+E</p>	<p>CCG and ASC commissioners are discussing how community and primary care coordinate early discharge planning.</p> <p>Plans are in place to develop discharge planning in A+E for emergency admissions</p>	<p>Joint pre admission discharge planning is in place in primary care .</p> <p>Emergency admissions have a provisional discharge date set in within 48hrs</p>	<p>GPs and DNs lead the discussions about early discharge planning for elective admissions</p> <p>Emergency admissions have discharge dates set which whole hospital are committed to delivering</p>	<p>Early discharge planning occurs for all planned admissions by an integrated community health and social care team.</p> <p>Evidence shows X% patients go home on date agreed on admission</p>

Changes

Change 2 : Systems to Monitor Patient Flow. Robust Patient flow models for health and social care, including electronic patient flow systems, enable teams to identify and manage problems (for example, if capacity is not available to meet demand), and to plan services around the individual.

Not yet established	Plans in place	Established	Mature	Exemplary
No relationship between demand and capacity in care pathways	Analysis of demand underway to calculate capacity needed for each care pathway	Policy agreed and plan in place to match capacity to care pathway demand	Capacity usually matches demand along the care pathway	Capacity always matches demand along the whole care pathway
Capacity available not related to current demand	Analysis of demand variations underway to identify current variations	Analysis completed and practice change rolled out across Trust and in community	Capacity usually matches demand 24/7 to match real variation	Capacity always matches demand 24/7 reflecting real variations
Bottlenecks occur regularly in the Trust and in the community	Analysis of causes of bottlenecks underway and practice changes being designed	Analysis completed and practice changes being put in place and evaluated	Bottlenecks rarely occur and are quickly tackled when they do	There are no bottlenecks caused by process or supply failure
There is no ability to increase capacity when admissions increase – tipping point reached quickly	Analysis of admissions variation ongoing with capacity increase plans being developed	Staff understand the need to increase capacity when admissions increase	Capacity is usually automatically increased when admissions increase	Capacity is always automatically increased when admissions increase
Staff do not understand the relationship between poor patient flow and senior clinical decision making and support	Staff training in place to ensure understanding of the need to increase senior clinical capacity	Staff understand the need to increase senior clinical support when necessary	Senior clinical decision making support is usually available and increased when necessary	Senior clinical decision making support available and increased automatically when necessary to carry out assessment and reviews 24/7

Changes

Change 3 : Multi-Disciplinary/Multi-Agency Discharge Teams, including the voluntary and community sector.

Co-ordinated discharge planning based on joint assessment processes and protocols, and on shared and agreed responsibilities, promotes effective discharge and good outcomes for patients

Not yet established	Plans in place	Established	Mature	Exemplary
Separate discharge planning processes in place	Discussion ongoing to create Integrated health and ASC discharge teams	Joint NHS and ASC discharge team in place	Joint teams trust each others assessments and discharge plans	Integrated teams using single assessment and discharge process
No daily MDT meeting in place	Discussion to introduce MDTs on all wards with Trust and community health and ASC	Daily MDT attended by ASC, voluntary sector and community health	Integrated teams cover all MDTs including community health provision to pull patients out	Integrated service supports MDTs using joint assessment and discharge processes
CHC assessments carried out in hospital and taking "too" long	Discussion between CCG and Trust to establish discharge to assess arrangements	Discharge to assess arrangements in place with care sector and community health providers	CHC and complex assessments done outside hospital in peoples homes/extra care or reablement beds	Fully integrated discharge to assess arrangements in place for all complex discharges

Changes

Change 4 : Home First/Discharge to Access. Providing short-term care and reablement in people's homes or using 'step-down' beds to bridge the gap between hospital and home means that people no longer need wait unnecessarily for assessments in hospital. In turn, this reduces delayed discharges and improves patient flow.

Not yet established	Plans in place	Established	Mature	Exemplary
<p>People are still assessed for care on an acute hospital ward</p> <p>People enter residential /nursing care too early in their care career</p> <p>People wait in hospital to be assessed by care home staff</p>	<p>Nursing capacity in community being created to do complex assessments in the community</p> <p>Systems analysing which people can go home instead of into care – plans for self funder advice</p> <p>Work being done to identify homes less responsive to assess people quickly</p>	<p>People usually return home with reablement support for assessment</p> <p>People usually only enter a care / nursing home when their needs cannot be met through care at home</p> <p>Care homes assess people usually within 48 hours</p>	<p>People return home with reablement support from integrated team</p> <p>Most people return home for assessment before making a decision about future care</p> <p>Care homes usually assess people in hospital within 24 hours</p>	<p>All patients return home for assessment and reablement after being declared fit for discharge</p> <p>People always return home whenever possible supported by integrated health and social care support</p> <p>Care homes accept previous residents trusting trust /ASC staff assessment and always carry out new assessments within 24 hours</p>

Changes

Change 5 : Seven-Day Service. Successful, joint 24/7 working improves the flow of people through the system and across the interface between health and social care, and means that services are more responsive to people's needs.

Not yet established	Plans in place	Established	Mature	Exemplary
<p>Discharge and social care teams assess and organise care during office hours 5 days a week</p> <p>OHs emergency teams provide non office hours and weekend support</p> <p>Care services only assess and start new care Monday – Friday</p> <p>Diagnostics ,pharmacy and patient transport only available Mon-Fri</p>	<p>Plan to move to 7 day working being drawn up</p> <p>New contracts and rotas for health and social care staff being drawn up and negotiated</p> <p>Negotiations with care providers to assess and restart care at weekends</p> <p>Hospital departments have plans in place to open in the evenings and at weekends</p>	<p>Health and social care teams working to new 7 day working patterns</p> <p>New contracts agreed and in place</p> <p>Staff ask and expect care providers to assess at weekends</p> <p>Hospital departments open 24/7 whenever possible</p>	<p>Health and social care teams providing 7 day working</p> <p>New staffing rotas and contracts in place across all disciplines</p> <p>Most care providers assess and restart care at weekends</p> <p>Whole system commitment usually enabling care to restart within 24hrs 7 days a week</p>	<p>Seamless provision of care regardless of time of day or week</p> <p>New staffing rotas and contracts in place and working seamlessly</p> <p>All care providers assess and restart care 24/7</p> <p>Whole system commitment enabling care always to restart within 24hrs 7 days a week</p>

Changes

Change 6 : Trusted Assessors. Using trusted assessors to carry out a holistic assessment of need avoids duplication and speeds up response times so that people can be discharged in a safe and timely way.

Not yet established	Plans in place	Established	Mature	Exemplary
Assessments done separately by health and social care	Plan for training of health and social care staff	Assessments done by different organisations accepted and resources committed	Discharge and social care teams assessing on behalf of health and social care	Integrated assessment teams committing joint pooled resources
Multiple assessments requested from different professionals	One assessment form /system being discussed	One assessment format agreed between organisations /professions	Single assessment in place	Resources from pooled budget accessed by single assessment without separate organisational sign off
Care providers insist on assessing for the service or home	Care providers discussing joint approach of assessing on each others behalf	Care providers share responsibility of assessment	Some care providers assess on each others behalf and commit to care provision	Single assessment for care accepted and done by all care providers in system

Changes

Change 7 : Focus on Choice. Early engagement with patients, families and carers is vital. A robust protocol, underpinned by a fair and transparent escalation process, is essential so that people can consider their options, the voluntary sector can be a real help to patients in considering their choices and reaching decisions about their future care.

Not yet established	Plans in place	Established	Mature	Exemplary
No advice or information available at admission	Draft pre admission leaflet and information being prepared	Admission advice and information leaflets in place and being used	Patients and relatives aware that they need to make arrangements for discharge quickly	Patients and relatives planning for discharge from point of admission
No choice protocol in place	Choice protocol being written or updated to reduce < 7 days	New choice protocol implemented and understood by staff	Choice protocol used proactively to challenge people	All staff understand choice and can discuss discharge proactively
No voluntary sector provision in place to support self funders	Health and social care commissioners co designing contracts with voluntary sectors	Voluntary sector provision in place In the Trust proving advice and information	Voluntary sector provision integrated in discharge teams to support people home from hospital	Voluntary sector fully integrated as part of health and social care team both in the trust and the community

Changes

Change 8 : Enhancing Health in Care Homes. Offering people joined-up, co-ordinated health and care services, for example by aligning community nurse teams and GP practices with care homes, can help reduce unnecessary admissions to hospital as well as improve hospital discharge.

Not yet established	Plans in place	Established	Mature	Exemplary
<p>Care homes unsupported by local community and primary care</p> <p>High numbers of referrals to A+E from care homes especially in evenings and at weekends</p> <p>Evidence of poor health indicators in CQC inspections</p>	<p>CCG and ASC commissioners working with care providers to identify need</p> <p>Specific high referring care homes identified and plans in place to address</p> <p>Analysis of poor care identifies homes where extra support and training needed</p>	<p>Community and primary care support provided to care homes on request</p> <p>Dedicated intensive support to high referring homes in place</p> <p>Quality and safeguarding plans in place to support care homes</p>	<p>Care homes manage the increased acuity in the care home</p> <p>No unnecessary admissions from care homes at weekends</p> <p>Community health and social care teams working proactively to improve quality in care homes</p>	<p>Care homes integrated into the whole health and social care community and primary care support</p> <p>No variation in the flow of people from care homes into hospital during the week</p> <p>Care homes CQC rates reflect high quality care</p>

Impact Change	Where are you	What do you need to do	When will it be done by	How will you know it is successful
Early Discharge Planning	Exemplary Robust pre assessment in place for elective care with a link to community services and night sitting.	Developing systems to measure compliance against % of patients that go home on the date agreed at admission	Q4	Measurement in place and actions in place to improve compliance
Systems to Monitor Patient flow Page 107	Mature We have a good of process and information for acute services, community services dom. care and Rapid response/reablement services.	Improve capacity within the domiciliary care market and develop our short term offer	Ongoing	Short term offer in place which matches demand and sufficient domiciliary care to pick up all packages when requested
Multi-Disciplinary Multi-Agency Discharge Teams (Including Voluntary and Community sector)	Established We have joint teams and discharge to assess processes in place alongside MDTs	Ensure complex assessments and CHC assessments are done outside hospital and link to our short term offer. We aspire to be exemplary as part of the delivery of our care model	Q4	Care model dashboard reporting delivery
Home First Discharge to Assess	Established Pathway in place for hospital discharges, meeting target of	Develop and implement short term offer & care home assessments within 24 hours	Ongoing	Weekly measurements on discharge review dashboard. 6-weekly meetings across acute

Contact details

Sarah Mitchell

Director Towards Excellence in Adult Social Care Programme(TEASC), Local Government Association

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Better Care Exchange website

<https://bettercare.tibbr.com/tibbr/web/login>

Emergency Care Improvement Programme website

<http://www.ecip.nhs.uk/>

Title: Highlight Report: Healthy Torbay Framework

Wards Affected: All

To: Health and Wellbeing Board **On:** 7 September 2017

Contact: Paul Iggulden/Mark Richards

Telephone: 01803 207350

Email: paul.iggulden@torbay.gov.uk / mark.richards@torbay.gov.uk

What has been achieved in the past six months?

Background

The Healthy Torbay Framework was established (2016) to tackle the socio-economic and wider determinants of health in Torbay:

- **Raise awareness of determinants within council departments** - lifestyle choice, income, housing, environment and social isolation & capture related work already underway.
- **Agree new cross-department work** and monitor through new Steering Group, Action Plan and performance measures
- **Various Work Areas:** Planning & Transport, Housing, Workplace, Children and Young People, Economy & Lifestyle.

In the autumn of 2016 / early 2017 we reviewed the progress to date. Key questions guiding the review were:

- Does the framework maximise contributor's impacts on health and wellbeing?
- Does the current approach energise and support contributors to innovate?
- Are there additional contributors who could be engaged in this agenda and if so, how best to involve them?
- How visible is the framework / would greater visibility increase impacts?
- Are current governance arrangements robust and maximising opportunities to engage local key stakeholders, both internal and external to Torbay Council?

Key findings of the review:

- The framework provides a wrap around much that has been going on in the Council
- Ambitious around measures but light on implementation / innovation
- A Steering Group made of up almost exclusively of Council officers with some onward reporting to H&WB Board

- Extensive action plans and sub-plans
- Challenges in bringing colleagues to the table
- Profile of framework low amongst wider council colleagues and beyond.

As a result of this review the programme will progress through a combination of:

- **‘Business as usual’ areas**
 - Need to refresh performance monitoring
 - Actions – intermediate outputs / outcomes – PHOF measures
- Identifying a limited number of **focus areas**
 - ‘Community of Practice’ Groups
 - Aiming for small number of ‘flagship’ innovative, high impact projects for each focus area – where we can go ‘further, faster’
 - With the intention that In all three focus areas, projects will be considered and decided by the ‘communities of practice’
- **Brand/identity**
 - Initial work suggests low level of understanding of the PH role overall
 - Need general Public Health awareness raising to give Healthy Torbay a ‘soft landing.’

Business as usual - Delivery of Action Plan and Performance Metrics

Work has begun to revise the monitoring of the action plan, both to review the planned actions with leads and to make explicit for the actions local ‘proxy’ output / outcome measures alongside (longer term) Public Health Outcome Framework indicators.

Examples of achievement from Phase 1 ‘Business as Usual’ Work Areas:

Housing

Consolidating ‘Safe & Well’ fire safety scheme between Torbay Council and Devon Fire and Rescue Service (DFRS) to enable cross referrals and training opportunities to reduce fire risk within the home. This scheme was then extended out to cover the vulnerable population groups included within the living well at home agenda via DFRS and Mears Care Services.

Alcohol Control and Awareness

Sign off of an Alcohol Strategy for Torbay. This strategy and partnership steering group will look to deliver a suite of evidence based interventions focusing on alcohol harm reduction, making every contact count (brief intervention across numerous public facing spheres) and role of the night time economy.

Adult Emotional Health and Wellbeing

Design and delivery of a multi-agency Suicide Prevention Strategy - including an audit of current need and projects such as a review of current AMPH workers caseloads and roll-out of the innovative ‘Barber’s Talk’ scheme.

Planning and the Environment

The Healthy Torbay Supplementary Planning Document (SPD) has been approved by the Council following public consultation. This sets out details of how policies in the Torbay Local Plan which relate to health and well-being issues should be applied, and had regard to, in decision-making in the preparation of planning applications. Topics include the role of the environment in determining health outcomes, health in Torbay, healthy food environments, community investment areas, healthy design and health impact assessment.

Healthy Children (also Healthy Food/Physical Activity)

Healthy Schools Programme due for launch summer 2017. A dedicated internal project team and external steering group have worked over the past 6 months to develop the programme which will be launched in July 2017. Components include improved nutrition, physical activity and emotional health and wellbeing.

Holiday Hunger: many children go without a square meal during school holiday periods in the absence of free school meals. Local primary schools, social enterprises (Real Junk Food Project), charities and Public Health have partnered to create pilot models to combat this issue. The first of these has been planned and will be delivered through a once a week for four weeks in July 'community picnic' for 20 St Marychurch School families identified as being at risk of holiday hunger.

Healthy Food

Establishment of a Real Junk Food Project in Torbay. This innovative collaboration brings together local businesses, schools, charities and Public Health together in creating a new project where waste and end of life food is donated by local food outlets including supermarkets and other outlets so that healthy meals can be provided for community events and families in need. During Phase 2 the Real Junk Food Project has already catered for the Social Connections Focus Area 'community of practice' initial meeting as well as agreeing to cater for the initial 'community picnic' under the Holiday Hunger banner.

Focus Areas and potential Flagship Projects

We have highlighted the following three focus areas:

- **Social connection**: reducing isolation, social and community connections, sense of belonging and empowerment in neighbourhoods – building community resilience
- **Economy and enterprise**: Wellbeing at work initiatives, promoting social enterprise
- **Environment**: Place based projects focused on the living environment

Examples of achievement from (Phase 2) Focus Areas:

Bringing together the first 'community of practice' – Social Connection

Initial meeting was held with group of community organisations (25th April 2017, Paignton Library)

- Energetic and engaging evening meeting
- Food by *Real Food Junk Food Project*

- Participants didn't warm to the notion of a 'community of practice' though the behaviour and feedback on what worked suggested what was in essence a community of practice
- Two go 'further faster' projects identified
 - Children and Young People peer support based on recovery college model
 - Pop-up cultural events
- With both of these, Public Health to monitor progress and support as requested.

2. What are the blockages?

- **Clear plans against which we can monitor and report progress**
 - Need to demonstrate work is adding value, build momentum and for participants to get a sense of achievement
 - Still early doors with this - crystallising ideas may challenge principle of co-production
- **Communication**
 - Currently working with Communications Team to evidence levels of awareness of PH amongst Council staff and the wider audience to inform a general awareness raising campaign (as required)
- **Governance arrangements**
 - Phase I Steering Group will need to evolve to reflect changes in the programme detailed above
- **Capacity**
 - Rather than initiating new work, there might be scope for co-opting other initiatives where PH input could assist

3. What is the planned activity for the next six months?

Review work and engagement with stakeholders has generated a considerable long list of potential projects across the three focus areas from which a priority list has been identified. The immediate next step is to develop plans for the following:

- 'Run for your life' – physical activity campaign based on Golden Mile
- 5 Ways to Wellbeing
- Workplace wellbeing within Torbay Council
- Workplace wellbeing offer to local organisations and businesses
- Active workplace.

Creating a new, streamlined and meaningful Action Plan for the Focus Areas and the 'Business as Usual' Work Areas. The latter will be supported by a new performance metrics system to evidence the impact of what is being delivered. An example of these new Phase 2 metrics (Physical Activity) is included under Background Papers below. The new structure will outline local projects (including their description, aspiration, targets and performance) and the national indicators that they will potentially impact upon. The aim will be to replicate this system for each of the Business as Usual Work Areas included in Phase 2 in one document.

Incorporating a strong peer support element into all Steering Groups that fall under the banner of the Healthy Torbay Framework. This is already up and running within the Healthy

Weight Steering Group whereby internal and external partners present on their service areas before leading a constructive workshop session where challenges and opportunities are discussed with the aim of improving outcomes, increasing partner contribution and extending best practice.

Further examples of 'on the ground' planned activity for Phase 2:

- *Healthy Children* (including Healthy Food and Physical Activity) – LAUNCH of the Healthy Learning Programme and Holiday Hunger Pilot
- *Physical Activity*: delivery of Active Mums, Street Games, Park Run schemes as well as the design and delivery of 'Run for Your Life' – a local equivalent of the Golden Mile for all Torbay Primary Schools
- *Planning and Environment*: delivery of the Torbay Green Spaces Project - a project bring together Torbay Council and Groundwork South to increase participation in Torbay's Parks
- *Transport*: design of a Cycling and Walking Infrastructure Plan for Torbay including technical resource and support from Dept of Transport.

Background Papers:

The following documents/files were used to compile this report:

Healthy Torbay Action Plan 2015-2018

Development of the Healthy Torbay Monitoring Framework

Physical Activity Action Plan

Title: Highlight Report –Promoting Active Ageing

To: Health and Wellbeing Board **On:** July 2017

Contact: Sue McDermott TCDT

Email: suemcdermott@torbaycdt.org.uk

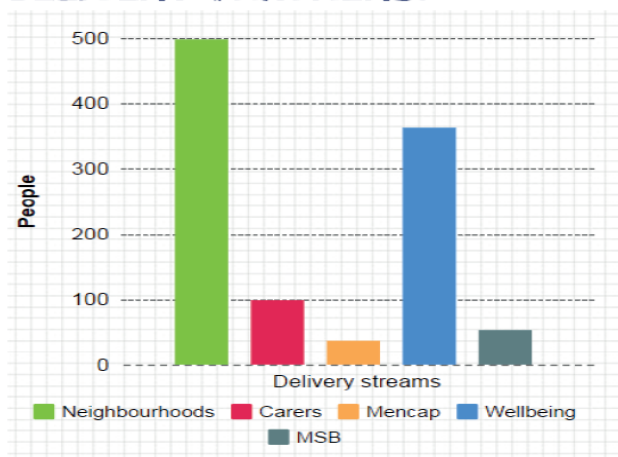
1. What has been achieved in the past six months?



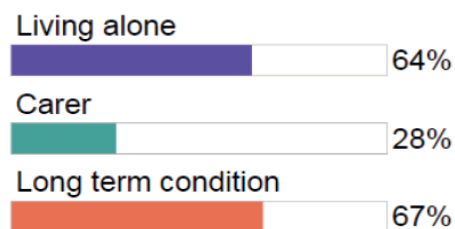
AGEING WELL TORBAY



DELIVERY PARTNERS:



BACKGROUND:



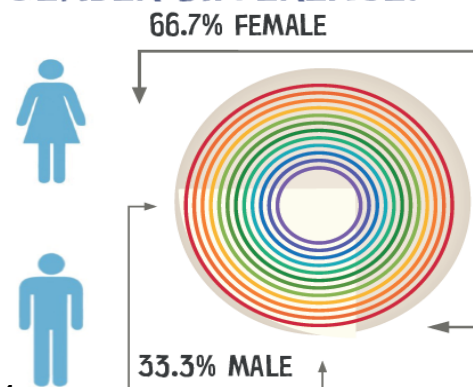
POSITIVE AGEING:



HEADLINE STATS:



GENDER DIFFERENCE:



1.1 AWT projects all on line and programme has now reached the end of year two – Circles of Support (Carers Aid Torbay) and Growing Older Together completed in May and June 2017 and met all targets. So far the programme has worked with over 2000 older people across the Bay.

1.2 'Food for Thought' Visioning events with over 400 older people, culminating in a report on findings to the HWB 16.03.17 and to be used as the basis for an Ageing Positively Strategy for Torbay.

1.3 Ageing Well Symposium – 370 older people attended this event which included talks on astronomy, local geology, laughing for health, and taster sessions on IT, art, chair-based exercise, craft, etc.



- 1.4 Innovation Fund pot (£100 – 200k) was launched on 22nd May 2017, for tenders between £5k - £. Organisations and groups can apply if they are co-designing innovative responses with older people to one of the 3 key aims of the fund;
- increase the range of affordable activities available,
 - increase the opportunities for people to benefit from the skills of older people
 - Better access to affordable technology for information and social connection, and increased opportunities between generations to connect.

Ageing Well Torbay has recruited a panel of older people who will be responsible for assessing the tenders and making recommendations as to which projects or activity should receive funding.

- 1.5 In April 2017, TCDT was successful in becoming a delivery partner for one of the Design Council's four Transform Ageing pilots in the Southwest. Transform Ageing is a pioneering programme, taking a design-led approach to develop and deliver innovative new solutions that better support the needs and aspirations of our ageing communities. The pilot was launched at the end of April and two of the four design workshops (which include people in later life, health and social care professionals, and social entrepreneurs) have already taken place.
- 1.6 Ageing Well's research into transport needs demonstrated that transport links across Torbay are absolutely critical. Without access to transport, many of the most vulnerable members of the community say they feel lonely and isolated, which has a negative impact on their wellbeing. TCDT, together with the council and volunteers began operating the new 60 bus service, which is a real triumph of community action and shows what can be done by dedicated local volunteers working to solve issues within their communities.

2. What are the blockages?

- 2.1 Capacity – availability of staff and resources.

3. What is the planned activity for the next six months?

- 3.1. In mid-July, AWT will launch the commissioning process for an innovative financial resilience & advocacy service for people over 50. People in later life told us they are not seeking advice because they often do not where to go, or cannot get to advice sessions, or have so little knowledge of welfare benefits and financial issues, they have assumed they are not eligible. The need for better communication and assistance – especially after bereavement or changes in life courses (retirement, redundancy, disability, caring, and ill-health) was also noted. We would like to commission a service which is co-designed with older people, not necessarily extending centre-provided advice but projects that will reach into existing groups/communities of older people,

increase knowledge and understanding about entitlements, scams, increasing financial security. This may also include Peer Learning – People over 50 becoming trained advisers or advocates.

Additionally there may also be a further new Commission around the ‘increasing personal and service aspirations’ outcome – Commissions October 2017

- 3.2 Ageing Well Torbay’s impact report, covering the first 2 year ‘test and learn’ will be published on 7th August 2017. Successful Innovation Fund tenders confirmed.
- 3.3 Mid-August, a ‘Big Event’ bringing together interested members of the HWB, and local older people for a facilitated workshop, using the AWT Visioning Report to co-curate the Positive Ageing Strategy for Torbay, and coalesce the ‘task and finish’ group.
- 3.4 The third ‘Ageing Well’ annual festival, taking place on 30 September & 1 October at Lupton House. The focus this year is ‘Health & Wellbeing’ and there is also a concurrent sixties theme.

Appendices

Title: Highlight Report – shifting the focus to prevention and early intervention
Wards Affected: All
To: Health and Wellbeing Board
On: 7 September 2017
Contact: Bruce Bell
Telephone: (01803) 207315
Email: bruce.bell@torbay.gov.uk

1. What has been achieved in the past six months?

- 1.1 The prevention, self-care and wellbeing programme covers the Torbay and South Devon Footprint. Different workstreams, vary in their focus with some being across the whole geography, some kickstarting in Torbay and others starting in South Devon.
- 1.2 The key achievements in the past six months have been:
- Workforce training within TSDFT on the strengths based approach has commenced
 - The development of a web-based information portal.
 - Community contacts in place to support navigation of local community resources.
 - Implementation of a community-grants model to support communities to develop prevention, self-care and wellbeing
 - A volunteer-led lifestyle screening programme within Torbay hospital to identify and respond to lifestyle behaviours has commenced.
 - The first Making Every Contact Count training session delivered on 23/06/2017.
 - Quality standards for community offers framework developed and consulted on.
 - GP lead for Prevention, Self-care and Wellbeing recruited.
 - Draft evaluation framework developed with PENCLAHRC
 - Newton Abbot Locality identified as an implementation site for rollout of the new ways of working.
 - Presenting the work and model to the Devon STP prevention workshop

2. What are the blockages?

- 2.1 An effective and trusted directory of service in Torbay is not in place.

- 2.2 Insufficient capacity to progress the implementation phase at the scale and pace required. This is due to either difficulties in releasing requested resources, where available or not having the resource available. The primary resource deficit is
- 2.3 There is insufficient tangible organisational commitment in providing the necessary leadership to support the implementation of the 'prevention, wellbeing and self-care model' into specific settings and pathways. In particular a common approach to implementing a communication plan to support staff and population engagement as well as behaviour change consistent with the new model of care's prevention focus.
- 2.4 As yet, no Torbay locality has been identified to develop and stress test the new prevention model.
- 2.5 A request for investment business case for additional resource to support implementation of the above is being submitted for consideration by the Executive Team in TSDFT.

3. What is the planned activity for the next six months?

- 3.1 The following is a summary of the upcoming activities:
- Development of a community-led response to mental health in Brixham. Being led by Cllr Jackie Stockman and supported by Public Health, CCG, TSDFT and DPT.
 - GP lead will be in post in September 2017.
 - Social Marketing campaign to reduce A&E admissions.
 - Finalised evaluation framework
 - Development and stress testing of the Newton Abbot locality prevention, self-care and wellbeing work.
 - Review of the new Lifestyles offer commissioned by Torbay Public Health to inform future commissioning.
 - Review of the Torbay ORB to inform future commissioning.

Appendices

None.

Background Papers:

The following documents/files were used to compile this report:

None.



Title: Highlight Report –Mental Health prevention and early intervention

Wards Affected:

To: Health and Wellbeing Board **On:** 06 July 2017

Contact: Derek O'Toole, SDT CCG

Telephone: 01803 652500

1. What has been achieved in the past six months?

1.1 Dartington Social Research Unit (Vanguard project)

South Devon and Torbay CCG commissioned Dartington Social Research Unit to develop an innovative systems thinking approach to identify opportunities and simulations of what a variety of reforms to the system may look like and the impact that they have.

Dartington Social Research Unit has worked with the CCG over the last 12 months to:

- Conduct extensive engagement activities the local child and adult mental health systems
- Map the child and adult mental health systems and build a series of stimulation models to inform system reform efforts
- Undertake a review of relevant system reform literature
- Undertake a comprehensive survey of children's mental health and well-being across the community to inform prevention efforts.

Engagement

Dartington were able to engage with a wide range of professionals working across the local mental health system as well as those who have had experience of using the system, including young people and adults with mental health difficulties and their carers.

Interviews with numerous stakeholders from across the system were conducted and a two day engagement event took place with over 70 people in attendance.

Building the maps

System maps were designed to provide an overview of the structure of the mental health system. The maps highlighted the complexities within the mental health system and the challenges that not only a service user would be faced with but mental health professionals also.

Children Count Survey

The Children Count Well-being survey measures mental health and well-being alongside risk and protective factors in relation to children family life, school, peer groups and community.

The participating schools receive a tailored individual report comparing the profile of need in that school with that of the wider area.

The children count survey collected data from nearly 6,000 children. There is still ongoing analysis of the findings from this report but the preliminary key findings are:

- Higher than average rates of poor mental health (symptoms of anxiety and depression)
- One in four young people worry about their appearance
- Elevated rates of antisocial and disruptive behaviour poor emotional regulation and bullying victimisation
- High rates of substance misuse
- High number of risk factors in the family/home environment that may be associated with risky behaviours
- High premise parental attitudes to substance misuse
- Few difference between the profile of need across Torbay and South Devon

Next steps from the Dartington work:

The final report is currently being reviewed. This conclusive report will aim to provide recommendations based on the work that has been undertaken over the last 12 months and the changes that are required in order to reform the mental health system.

2. What are the blockages?

2.1 Availability of funding to invest in the recommendations of the Dartington work.

3. What is the planned activity for the next six months?

3.1 Dartington Social Research Unit (Vanguard project)

Commissioners to continue to work with Dartington to further refine data from children count survey. Also, continued work with schools to learn from the outcomes of the report with engagement events being arranged.

Title: Highlight Report - Market Position Statement Adult Social Care

Wards Affected: All

To: Health and Wellbeing Board **On:** 7th September 2017

Contact: Rachel Carter

Telephone: 01803 207380

Email: rachel.carter@torbay.gov.uk

1. Summary

- 1.1 In 2017/8 Torbay is taking a revised approach to the next adult social care focused Market Position Statement (MPS), aligning with the approaches of adjacent authorities, as detailed in the Torbay Council [Corporate Plan](#) and the [Wider Devon Sustainability and Transformation Plan](#).
- 1.2 The Torbay Market Position Statement is one element of a series of actions intended to develop a sustainable independent sector market for adult social care and support for Torbay.
- 1.3 For 2017 to 2019 Torbay Council is developing a web-based MPS, aimed at adult social care and support providers.
- 1.4 One of the aims of the MPS is to raise awareness with providers of the upcoming changes likely in the local health and care system, given the New Model of Care that is being developed.
- 1.5 The new Market Position Statement website area has been built and is currently a beta site. It will shortly be live in the existing [care and support provider area](#) on the Torbay Council site.
- 1.6 The text has already been signed off by key Executive staff in Torbay Council, the South Devon and Torbay Clinical Commissioning Group and the Torbay and South Devon NHS Foundation Trust.
- 1.7 Colleagues in Devon County Council have also been kept apprised of the work we are doing and we are aligning with their approach as much as possible.

2. Background

- A Market Position Statement (MPS) is a document produced by local authorities, taking into account the views of providers, people who use services and other partners, and aimed at a wide range of care and support providers – both current and potential. It summarises supply and demand in a local authority area and signals business opportunities within the care and support market in that area.

- The main audience for the document is providers.
- The previous [MPS](#) (currently on the council's website) is a 60 page document, with a 30 page appendix. It is for one year and, although very informative, it is long.

3. Scope

- As noted above the audience for the next Torbay MPS is mainly adult social care and support providers in Torbay, or providers that would like to move into the area.
- However, adult social care and support providers are part of a broader integrated health and social care system and Torbay Council and NHS commissioners in Torbay have been working since 2005 to closely integrate services.
- As a result we will reference our local and regional work with the local CCG and others. The MPS also takes account of, and references, Torbay Council's wider strategic commissioning role and wellbeing duties including, public health, housing, children's services, community safety and planning.

4. Update

We have agreed to make the next MPS web-based so that it can develop over time and change as our commissioning intentions develop.

We are aligning our approach with Devon County Council as much as possible, as they are taking a similar web-based approach.

A summary of feedback from the providers consulted and from a Provider Reference Group set up as a task and finish group to consult about the MPS, is as follows:

- Make the document shorter – 'it's too long we don't have time to read it';
- Use plain English, 'stop using jargon';
- Make it web-based with links to other sites elsewhere to make it shorter and easier to access; and
- Link to the Knowledge and Intelligence Team website, holding the Joint Strategic Needs Assessment and other information.
- Ensure user and carers are mentioned early on in the web pages and there are links to user and care pages

The new Market Position Statement website area is now a beta site. It will shortly be live in the existing [care and support provider area](#) on the Torbay Council site.

Name of Head of Business Unit: Fran Mason

Title of Head of Business Unit: Head of Partnerships, People & Housing Torbay Council