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Date: Monday, 16 May 2016

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Dear Member

HEALTH AND WELLBEING BOARD - THURSDAY, 19 MAY 2016

I am now able to enclose, for consideration at the Thursday, 19 May 2016 meeting of the Health and Wellbeing Board, the following reports that were unavailable when the agenda was printed.

Agenda No	Item	Page
8.	Joint Health and Wellbeing Board Assurance Framework	(Page 15)
9.	Better Care Fund 2016/2017	(Pages 16 - 67)

Yours sincerely

Lisa Antrobus
Clerk



10 May 2016

Dear Health and Wellbeing Board members,

I am writing following the last Ageing Well Programme Board (3 May 2016).

At that meeting the Programme Board discussed the legacy for the Ageing Well Torbay programme, and the fact that currently Ageing Well is operating without a locally agreed wider strategy. That is to say there is no current strategy for Torbay older people nor the local response to our ageing population.

In particular the Programme Board noted and agreed the following:

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- ❖ *For Ageing Well to sit within a strategic framework is important. There is currently no active strategic document responding to the needs and opportunities of an ageing population in Torbay, despite the fact that we are where the rest of the country is expected to be in 30 years time, with 1 retiree to 2 working age people, with just under 50% of our population over 50. This kind of strategy should sit with the auspices of a strategic partnership to ensure buy in from a wide range of partners, but in its absence fits most suitably with the Health and Wellbeing Board.*
 - ❖ *In its approach to the work of the Ageing Well Torbay programme the Programme Board has articulated key principles:*
 - ❖ ***Model way of working for others to follow***
 - ❖ ***Champion sustainable change***
 - ❖ ***Ensure there is a clear strategy***
 - ❖ *In the light of the above, the Programme Board agreed to make an offer to the Health and Wellbeing Board to lead the development of an Ageing Strategy for Torbay, in an engaging way, modelling good practice strategy development. Our approach will be informed by a partnership health check, which again models a reflective way of working.*
 - ❖ *Recommendation: Under the auspices of the Health and Wellbeing Board, Ageing Well Torbay would like to propose taking the lead in developing a five-year Ageing Strategy for Torbay, for consideration by the Health and Wellbeing Board in March 2017.*

The Health and Wellbeing Board is asked to consider its response to the proposal.

Simon Sherbersky
Lead Officer, Torbay CDT

Title: Better Care Fund (BCF) 2016/17

Wards Affected: All

To: Health & Wellbeing Board **On:** 19 May 2016

Contact: John Bryant
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1. Better Care Fund (BCF) 2016/17

- 1.1 The Better Care Fund (BCF) provides financial support for the integration of health and social care. It requires Clinical Commissioning Groups (CCGs) and local authorities in every single area to pool budgets and to agree an integrated spending plan for how they will use their BCF allocation. This paper is brought to the HWBB following the submission of the return on Friday 13 May 2016 by the CCG, as required by NHS England.
- 1.2 The Comprehensive Spending Review (25 November 2015), confirmed that the BCF will continue into 2016/17 – with a mandated minimum of £3.9 billion (nationally) to be deployed locally on health and social care. In 2015/16 the CCG's contribution exceeded the local minimum CCG contribution for 2016/17 which has been set at a national level at £10,305,000 and which is met within these proposals.
- 1.3 To meet the timescales laid down by NHS England the return that was submitted to NHSE in advance of the Health Wellbeing Board included the following narrative in respect of the Torbay financial position. 'This submission is made on the basis that both parties are committed to the BCF total being the same as in 15/16'. The local system is such that this is a tri-partite agreement including the CCG, the Integrated Care Organisation and the Council. This will be part of the risk share agreement that is being finalised.
- 1.4 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.

- 1.5 The vision for integrated health and care extends beyond the local authority boundary of Torbay into the whole area covered by the South Devon and Torbay CCG, which is also within the scope of Devon County Council. The BCF sits within this longstanding programme of integration through the creation of the ICO and the development of a new model of care.
- 1.6 The integrated nature of the arrangements within Torbay means that the ability to distinguish specific protection for Adult Social Care initiatives can be challenging. Never the less, clear identification and articulation of the benefits of BCF funded services and projects is key to driving preventative care and demand management in which social care plays an essential part.

2. Recommendation

- 2.1 That the Health & Wellbeing Board endorses the contents of the BCF submission for 2016/17, as attached to the submitted report.

3. Supporting Information

- 3.1 The submission – Narrative and financial template are appended.

4. Relationship to Joint Strategic Needs Assessment

- 4.1 The ICO business case and both the council and CCG strategic plans which underpin the BCF are informed by the JSNA.

5. Relationship to Joint Health and Wellbeing Strategy

- 5.1 The BCF lines up with the existing priorities set out in the Health and Wellbeing strategy, which takes the life course approach and identifies priorities which support a system of self-care for people with long term conditions, and promote both independence and mental health.

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

No.

Appendices

- Appendix 1 Narrative Submission for Better Care Fund Final 2016/17
- Appendix 2 Planning Template Submission Better Care Fund 2016/17

BCF Narrative South Devon and Torbay CCG and Torbay Council:

Signatories

Local Authority	Torbay Council
Clinical Commissioning Group	NHS South Devon and Torbay Clinical Commissioning Group
Boundary Differences	NHS South Devon and Torbay CCG will also contribute to Devon County Council BCF submission. Arrangements have been put in place to ensure clarity of schemes and plans for each BCF submission.
Date agreed at Health and Well-Being Board:	19/05/16
Date submitted:	13/05/16

Signed on behalf of the Clinical Commissioning Group	South Devon and Torbay Clinical Commissioning Group
By	Simon Tapley
Position	Director of Commissioning
Date	13/05/16
	

Signed on behalf of the Council	Torbay Council
By	Caroline Taylor
Position	Director of Adult Social Care
Date	13/05/16

Signed on behalf of the Integrated Care Organisation	Torbay and South Devon NHS Foundation Trust
By	Paul Cooper
Position	Chief Finance Officer
Date	13/05/16

Signed on behalf of the Health and Wellbeing Board	Torbay Health and Wellbeing Board
Signature	
By Chair of Health and Wellbeing Board	Derek Mills
Date	19/05/16

Engaging with Local Providers

Our Pioneer programme, Integrated Care Organisation business case, Vanguard programme and proposed new model of care have been developed with the active support, involvement and engagement of South Devon Healthcare NHS Foundation Trust, Torbay and Southern Devon Health and Care NHS Trust, Devon Partnership NHS Trust, South Western Ambulance Services NHS Foundation Trust, Virgin Care, Torbay Council, Devon County Council, NHS England, Torbay Community Development Trust, the five General Practice localities and our public.

In 2013/14 we began CCG wide engagement with a range of statutory, private sector, voluntary and community sector organisations as well as the public to help us to shape our new model of care. Further engagements with all sectors will be based on new models of care and payment mechanisms to ensure the right care is delivered at the right time in the right place at the right cost. New models of financing will be achieved with the support of local authority and health partners to bring about investment in the system.

Multi-provider forums are held which are interactive; these disseminate and collect information, challenge and solutions with the market.

Local Agreement on Funding Arrangements

The parties to the BCF recognise the need to ensure that the quantum applied to the development of initiatives is sufficient to maintain the momentum in Torbay's integrated care journey. The particular, if not unique position of Torbay's system is such that the funding may not easily be distinguished for specific projects to set against social care as it contributes to the pooled budget for an integrated way of working which has an overall system benefit. The upstream advantage of early social care interventions is well recognised.

Consequently the funding will be part of the Risk Share that is being finalised. This submission is made on the basis that both parties are committed to the BCF total being the same as in 15/16.

Our Vision for Health and Care Services

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 ageing 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, independent sector 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.

Our Vanguard approach integrates seamlessly with the planning footprint identified in line with NHS England's 16/17 planning guidance and the requirement for a 'Place based', system wide 'Sustainability and Transformation Plan' (STP) responsive to our communities.

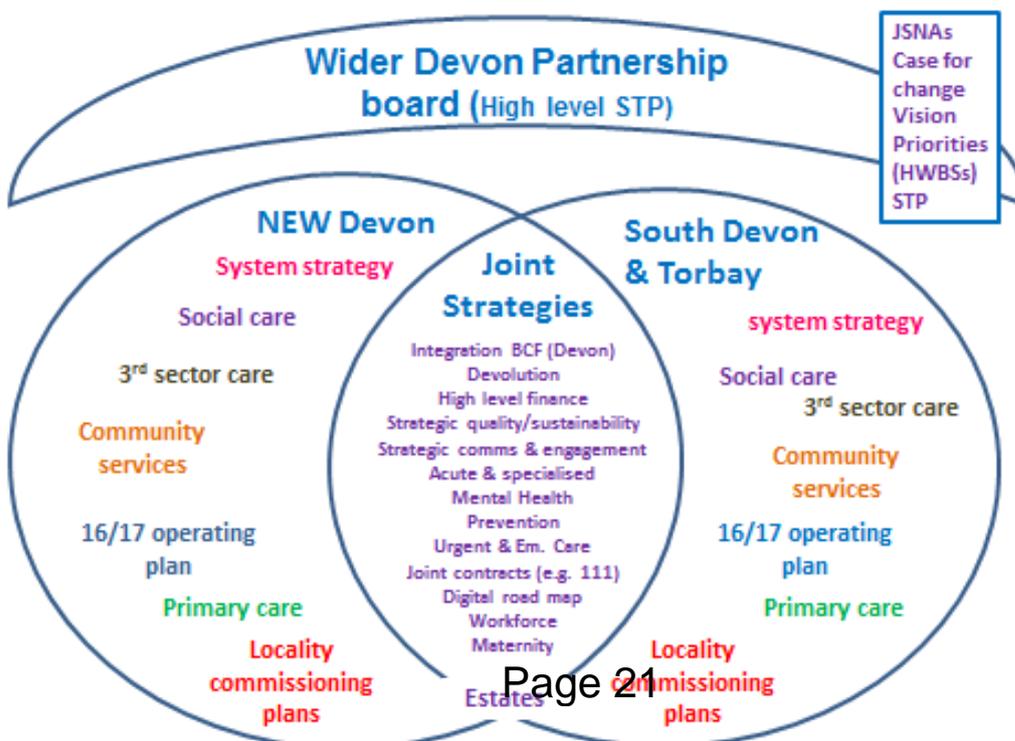
- Strategic direction – the creation of the integrated care organization (ICO), with a high

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 as an integral component of our STP
- 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 including addressing low level mental health
- 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.

Assistive Technologies – using the latest developments to increase independence and safeguards for people with fast response mechanisms and light touch approaches to ensure minimal but timely interventions

The diagram below demonstrates the inter-dependencies driving our STP



The key inter dependency of the successful implementation of the Better Care Fund has been the creation of the Integrated Care Organisation and the implementation of the new model of care reflected within risk share and contractual arrangements agreed between all partners as well as being progressed at a pace to deliver on outcomes.

Whilst the BCF plan in 14/15 focused in detail on four schemes:

- Single point of contact (SPOC)
- Frailty services
- Multiple Long Term Conditions
- Community Care (Locality Teams and Community Hospitals)

There are also a number of other population groups such as carers and children as well as preventative public health interventions and mental health that have detailed programmes of work associated with them which play a significant part in the whole system change across the health and care sector.

All of this is supported by the work of Integrated Personal Commissioning for which we are a pilot area. This is putting even greater control in the hands of the clients and patients. As a joined up system the opportunity is greater for us to be able to support them in identifying, accessing and benefitting from a wider range of options which will increase their wellbeing and support their reduced reliance on the system.

Key Principles

At the core of our vision for integrated health and care are these principles:

- People will direct their own care and support, receiving the care they need in their homes or their local community
- Key services will be available when and where they are needed, seven days a week
- Joined up IT and data sharing across the entire health and care system will enable seamless care
- We will promote self-care, prevention, early help and personalised care
- We will have a flexible and responsive care workforce across the community

Programmes of work across organisations are aligned to help deliver these core aims, and form the basis of this BCF plan are already underway within the Integrated Care Organisation and by our five Locality Commissioning Groups:

- Single Point of Contact (SPOC)
- Community care
- Wellbeing Co-ordination
- Long Term Conditions Management

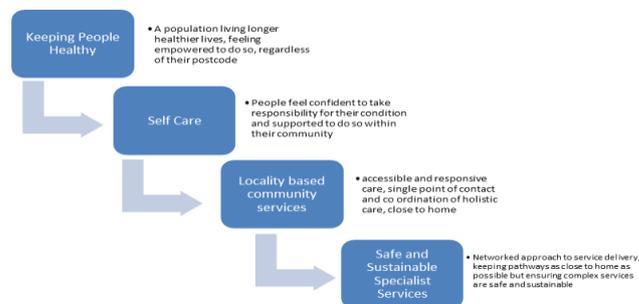
The CCG’s five year strategic commissioning plan is based on the Joint Strategic Needs Assessment. Close links between CCG and public health specialists, who are integral to CCG commissioning, ensure the alignment of priorities and focus between health and local authority plans. This includes the Children and Young People’s plan and early help strategy, and joint commissioning strategies for dementia, carers, learning disability, mental health and housing-related support.

The **Joint Strategic Needs Assessment (JSNA)** has developed from a reference document into an interactive tool, available to partners to interrogate the data according to service need. The JSNA has highlighted those areas that needed priority attention. For learning disability, suicides, and alcohol, we have segmented and condition-specific in depth profiles at a geographical ward and neighbourhood level. A joint information intelligence virtual team has been established among health, local authority (including education) and police to facilitate information sharing that can then be translated into strategy.

The Better Care Fund lines up with the existing priorities set out in the **Health and Wellbeing strategy** which takes the life course approach and identifies priorities which support a system of self-care for people with long term conditions, and promote both independence and mental health.

We have also defined how we will review our services to understand further the direction for our transformational change. **This will form four phases of care:**

1. Keeping people healthy
2. Self-Care
3. Locality based Community Services
4. Safe and Sustainable specialist service



Case for Change and Evidence Base

As with other areas in the UK, we face a number of health and wellbeing issues in South Devon and Torbay. The statistics show that two out of every three adults are overweight, with one in four being deemed obese. In primary schools one in five children is obese by the time they reach Year 6. We also have an ageing population with one in four adults aged over 65 and this statistic is increasing. Torbay in particular also has a high number of households which fall into the poverty

category and there are high rates of alcohol related admissions to hospitals and mortality due to corresponding liver disease.

But far outweighing the long term public health challenges we face, our very immediate challenge is that of financial balance and creating a sustainable financial position to enable the delivery of our Sustainability and Transformation Plan covering an extended footprint. Through the STP we will work with NEW Devon CCG, Torbay Council and Devon County Council to meet the national challenges of:

- Closing the health and wellbeing gap
- Closing the care and quality gap
- Closing the finance and efficiency gap

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.

We believe that services should be based on populations in local communities and centred on the individual's needs within those communities. Services should be built on people's needs not organisational imperatives; this serves as a mantra for the formation of Local Multi- Agency Teams (LMATs) as centres of wellbeing where our population can receive co-ordinated support in relation to prevention, self-care, social care and medical support from primary and community care. All our partners, including our neighbouring CCG, NEW Devon, are in agreement that we need to retain the locality focus of our integrated, multi provider community to enable us to take on these 'national challenges'.

Delivery of the Torbay Better Care Fund Plan in 2016/17

In 2015/16 we started to develop and test a new model of care in Teignmouth and Dawlish, and in Dartmouth. In these towns, input from the League of Friends, town councils, Patient Participation Groups, the voluntary sector and others has helped to shape an emerging model of care. We have also had meetings with stakeholders in towns in each of our localities to discuss the principles of this new approach.

During 2015/16 we developed our emerging model of care which sees GPs, community health and social care teams and the voluntary sector working together to provide for the vast majority of people's health and wellbeing needs. It is founded on joined-up care across the whole community. We want to be able to provide care as close to home as possible, supporting people to remain independent and in their own homes, reducing reliance on bed-based services, with local communities actively helping to support the wellbeing needs of the local population.

The development process throughout 2015/16 has encompassed the clinical case for change underpinned by a financial evaluation of several options for the most sustainable model which have been developed with stakeholder feedback at every stage.

We recognise that one size will not fit all, that there will be differences in health, demography and geography, as well as variation in the availability of other services such as residential and nursing care. The proposed model of care will reflect these differences while being able to deliver consistent, high-quality care.

The emerging model is evolving in the light of comments received. We will consult formally across our whole area in 2016/17 so that people have the opportunity to have their say on the proposed model of care, reflecting on what it will mean for health and care in their own area.

Figure 1.0 The New Model of Care will deliver:

Theme	Objective	How will this be achieved? (throughout 2016/17)	Measures of success
<p>Improved patient and carer experience</p>	<p>To ensure that frail elderly patients are supported to live well in the community, managed at the level of care appropriate to their needs, and to reduce reliance on statutory agencies</p> <p>To enable patients and carers to better navigate the health and care system in order that the local health and social care systems work as a whole to respond to and meet the needs of people who use health and care services</p> <p>Single point of access – patients with complex or long-term conditions will be able to access care through one route and telephone number, delivered by local multi-agency teams.</p>	<p>Local Multi Agency Teams – one per locality, seeing community teams co-located and working with primary care, with secondary care outreach services delivered as close to home as possible.</p> <p>Wellbeing co-ordinators, appointed from the voluntary sector under an SLA with the Wellbeing Partnership in Devon and the CVS in Torbay, with honorary contracts with the ICO will help patients and carers navigate the system, ensuring they need tell their story only once.</p> <p>This SPOA is already being successfully piloted in Torquay, and it will further develop in line with the newly-commissioned 111 service.</p>	<p>Increase in number of ASC users who have as much social contact as they would like (national measure)</p> <p>Increase in number of carers who have as much contact as they would like (national measure)</p> <p>70% calls dealt with at first point of contact, 30% passed on correctly</p>
<p>Maximised Independence</p>	<p>To enable people to take control of their own health and wellbeing by leveraging the prevention strategy, maximising use of the voluntary and community sector for signposting and support, with a focus on wellbeing and health promotion. This will result in a reduced reliance on statutory services</p>	<p>Wellbeing coordinators will help patients and carers navigate the system, utilising their extensive knowledge of community support.</p> <p>GPs will be funded to provide medical cover to support the LMAT functions,</p>	

	<p>LMATs will enable multiple organisations to work together with local communities, to provide exceptional standards of care and support that will ensure elderly patients are able to remain healthy and receive care in their own home to a far greater extent.</p>	<p>and in particular the intermediate care placements. We will begin conversations with end of life care providers to encourage new ways of working between the LMATs and End of Life Care Providers to ensure seamless pathways of care.</p> <p>District councils will be fully involved, in particular housing and leisure services to allow truly holistic care and support.</p>	
<p>Minimised hospital admissions</p>	<p>To build on our proactive risk stratification process - identifying those most in need and ensuring they are able to be appropriately managed in community settings, thereby reducing the number of avoidable admissions to an acute hospital bed.</p>	<p>The LMATs will link with primary care, with shared records supporting our existing MDT proactive case management</p> <p>The Intermediate Care service will merge with the rapid response and crisis response teams, providing one co-ordinated community response team at the heart of the LMAT in every locality. This includes embedded nursing and therapy services.</p> <p>We will contract with the private care home market to maximise intermediate care bed availability, linking closely with both LAs to ensure market stability and resilience.</p> <p>We will work in partnership with care home</p>	<p>Increase in patients supported by intermediate care, either as step up or step down support.</p> <p><45% bed based care provision</p> <p>>50% reduction in community bed days</p> <p>Significant increase in support in South Devon, to bring it in line with numbers supported in Torbay</p> <p>One care home one practice</p> <p>Increase in care home patients with advanced care plans recorded (TEPs)</p>

		<p>providers and local authority social care to develop new shared models of care and support, including medical reviews, medication reviews and rehabilitation services.</p> <p>Increased skills sets within the workforce to focus on activities to be undertaken versus role based/silo working</p>	
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Prevention:

In response to some of the challenges we face as a population, the CCG in 2015-16, 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 preferences. This will give us 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 for us. The successful urgent care Vanguard bid provides us with the opportunity to use the learning from our 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; and
- Working with the voluntary sector to create and maintain vibrant social network for health at both local community and system level.

Workforce:

An integrated workforce planning group has been established across the local health and care community and a workforce planning day took place in February 2016. This has been the first step towards creating an integrated workforce plan for South Devon and Torbay. This work will both seek to address current workforce concerns locally as well as constructing a strategic vision and a plan for an integrated workforce. Links have also been made with social care at a regional level to look at opportunities for standardising approaches to workforce development and maximise the interactions by all health and care staff in developing good outcomes for the individual being cared for.

To support the event work is also underway to create a local health community 'workforce infographic' which will provide us with a baseline level of understanding of our current workforce landscape and provide a summary picture of where our individual organisational workforce plans will take us in the future. We also hope to take an innovative approach to our workforce planning offering flexibility across our entire health and care system.

The outputs of the workforce planning group will form part of our STP deliverables with phase leads aligning service objectives to those described as part of the integrated workforce strategy.

Carers:

Torbay operates 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. We anticipate this will also lead to a reduction in readmissions.

We are in contact with 28% of the population of Carers based on the 2011 Census data. The refreshed Carers Strategy 'Measure Up' 2015-2017 encompasses previously piloted programmes such as the work done pre discharge and follow up 48 hours after discharge from community hospitals to identify early on problems and reassurance to patients and carers; Carer awareness training for community staff to assist in the early identification of Carers; Health and Wellbeing Checks carried out in GP practices by Carers support workers to identify what early support is needed and signposting or systematic referral on for more complex cases; specific focus on vulnerable groups with support worker focus on substance misuse problems and mental health problems.

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 to develop projects for older Carers - Circles of Support and Mutual Caring.

Torbay has an interagency strategy for Young Carers under 25 (2013 – 16) with a 3 year Action Plan and a joint agency Steering Group. It is in the process of being refreshed with almost all of the targets having been achieved well ahead of schedule. This Strategy is based on whole family working and there are specific requirements and targets for adult services teams to identify Young carers and address their needs. There is significant attention to raising staff awareness across the health and social care system about the needs of young carers and their needs are promoted across Health and Social Care with the Carers Policy and Action Plan.

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.

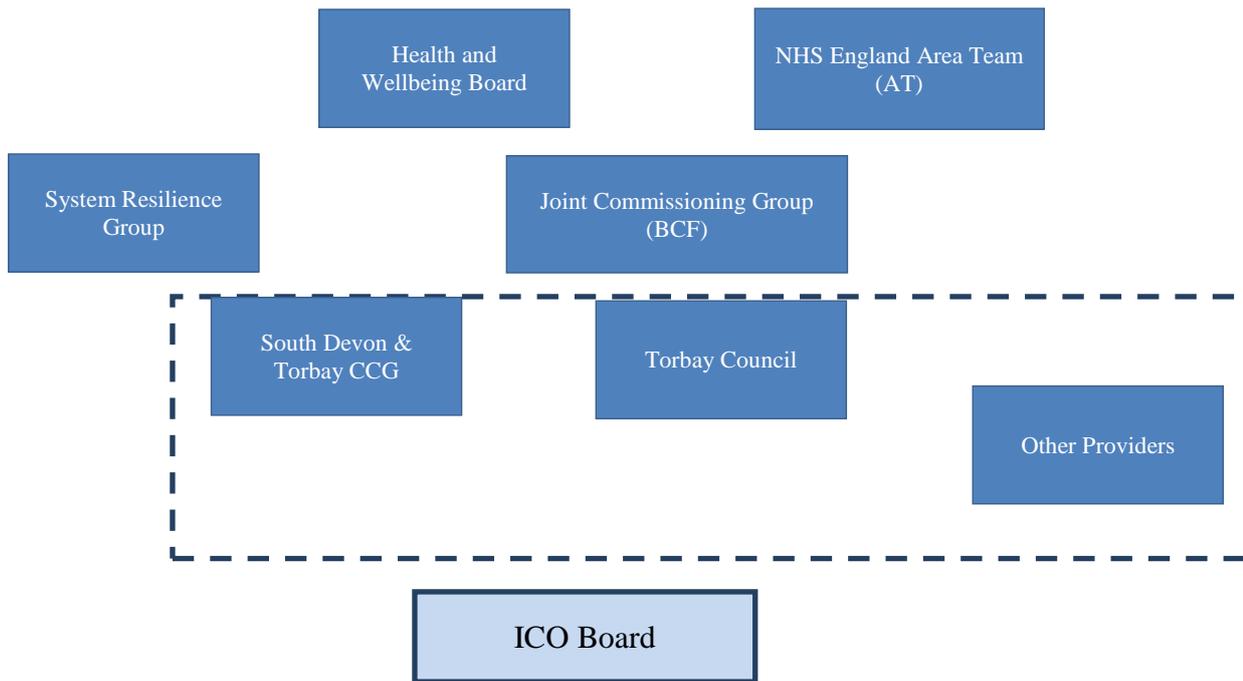
The Care Act also promotes support to Carers who are in employment or wish to return to employment and this will be an area of focus over the coming year. Working together with our partners in Devon, an employment event for Carers is being organised. This will include employment rights for Carers, building confidence and skills promotion of Carers wishing to begin employment and advice about becoming self-employed / running a small business, which often gives flexible working opportunities for Carers. Carers Services will also be ensuring that its services are more accessible to working Carers.

Overarching Governance Arrangements

Governance structures for integration have a firm grounding in the existing health and social care pooled arrangements.

There are already existing structures such as the Torbay Joint Commissioning Group, System Resilience Group (SRG) and ICO Board where agreements have been brokered around risk-sharing, changes to financial flows and other significant 'unblocking' changes to the way in which care is delivered in South Devon and Torbay. Through this collective debate full consideration has been given to the risks as well as the benefits of commissioning from one integrated organisation with all partners in agreement as to supporting the model and in deed the interface that further opportunities present with other providers in the future such as mental health and children social care as well as improved effectiveness and improved efficiency.

The Health and Wellbeing Board has a key role in integration and provides the strategic oversight with responsibility for sign off of relevant plans and scrutiny of implementation. The governance arrangements for the BCF will fit in to the strategic and operational monitoring framework established for the Joint Commissioning Group and SRG to ensure escalation is timely and ability to respond is assured across the relevant organisation or area of work.



Management and oversight of the delivery of the BCF Plan

Each of the BCF work streams are linked to the development of the new model of care and reports on progress are made through the Torbay Joint Commissioning Group made up of Director of Adult Social Care; Director of Children Services; Director of Public Health; CCG Director of Commissioning and supporting senior members of staff. This group which has helped to develop a shared set of commissioning strategies and a joint work plan to deliver intent for further service developments and improvements across the health and social care system including mental health and children services.

Performance reports have already been developed so that metrics can be monitored on a regular basis. This reporting is continually being refined so that it can be used as a key source of assurance for progress against the BCF plan and brings together not only the BCF metrics but the three outcome frameworks (Adult Social Care, NHS and Public Health).

Meeting the National Conditions :

Maintaining Provision of Social Care Services:

The creation of an Integrated Care Organisation for acute as well as community health and social care services will increase our ability to deliver better care through pooled funding.

The local schemes identified in this plan are supported by integrated delivery and commissioning across health and social care. They are focused on preventing admission to acute and higher levels of care and reducing reliance on statutory services by increasing resilience through building on the assets of communities improving access to early advice and information to support people to manage their own conditions and remain independent for longer. These schemes sit alongside other initiatives promoting and supporting the independence including, our community equipment

service, a home improvement agency, use of adaptations and assistive technology and a new care and support 'Living Well @ Home' service.

Additionally, the Community Development Trust has secured £6 million of Big Lottery to enable the Ageing Well Initiative which will play a pivotal role in our new model of care.

Torbay compares favourably with other authorities in terms of the rate of people in and entering residential/nursing care (see section below: admissions to residential and care homes).

We will be working with providers to support shifting care into the community and people's homes, by offering a broader range of care options, primarily provided within neighbourhood settings. Part of this work will involve us engaging with existing care home owners and potential investors in the sector to design what residential and nursing homes might look like in the future, to better fulfil the needs of our ageing population. This approach will be facilitated by implementation of the recently approved Torbay Housing Strategy 2015 - 2020.

It is likely there will be a continued reduction in long-term placements in residential care and later admission to long-term nursing care. However, by working in partnership with providers we can help people stay healthy and reduce social isolation and loneliness.

Torbay's figures for self-directed support are also better than the regional and England averages. In 2014/15 the proportion of people using social care who receive self-directed support (adults aged over 18 receiving self-directed support) was 90.1% (compared with a SW average of 79.2% and an England average of 83.7%).

Needs are recognised to incorporate not only the care provided by existing system partners such as domiciliary care agencies and care homes but also housing, support functions. Early identification and addressing low level mental health are keys to the success in reducing and managing system demand on more complex and acute end services.

The integrated nature of the Torbay system enables a whole system approach which provides the ability to view patients and clients across the pathway of their care in total. In line with the Care Act, projects locally work to ensure that the determinants of wellbeing are addressed using national eligibility criteria, to ensure that there is support for people to maintain meaningful relationships and purpose. A system approach to guide-ed and enablement conversations structures the interactions at the multiple touch points for patients across the system.

Torbay has a sound record in reducing the numbers of people going into long term care whilst it is also able to demonstrate the use of the community assets within these homes in contributing to its enviable DToC figures because of the development and use of intermediate care beds in these settings. The use of this approach is to be further expanded through the development of LMATs across the CCG footprint.

The Living Well@Home programme of work, increased skills sets within frontline care delivery staff and increased data gathering and reporting will all contribute to early intervention and prevention. The strategic partnership arrangement with a prime contract for community care enables coordinated connectivity with the projects in Ageing Well programme. It also progresses the community development led by organisations such as the British Red Cross which is accelerating new ways of working to create links within communities and reduce reliance on long term care interventions from both health and social care.

In 15/16 we have a risk share which contains- acute, community, placed people and adult social care. We are working with the ICO and Torbay Council to agree the same risk share for 16/17 subject to affordability.

Delivery of 7 Day Services to Support Discharge:

We consider that seven day services are a key driver of quality and we are committed to providing seven-day health and social care services, with the optimal pathway of care available for the patient regardless of the day of the week to support patients to be safely discharged and to prevent unnecessary admissions at weekends.

We recognise that not all services are necessary to be delivered seven days a week, and in 15/16 the ICO has piloted seven day working within some areas of care to help inform which additional services would be needed both to meet the needs of the population and to facilitate flow through the whole health and care system seven days a week. Early findings have evidenced the value of therapy staff working in community hospitals at weekends, and shift patterns are being examined to see how best to achieve this. These pilots will ensure we will see a continued roll out of six/seven day provision across key services and through on-going evaluation, with fully joined-up services across the health and care system providing continuity of care and support seven days a week.

Through the formation of the Integrated Care Organisation in 15/16 and the development of the new model of care in 16/17 resources will shift from inpatient beds to high quality, value-for-money care provided in people's homes. The broad model of the workforce will be one of joined up professional practice, integrated team working and the flexible delivery of care in the most appropriate settings. We will see a shift in the current workforce configuration to more community-based teams, delivering seven-days-a-week services.

Our new model of care includes working towards fully joined up seven day provision, of which Primary Care is a key element. Key to delivering this will be the creation of federated of General Practice so that care will be provided to a population rather than to the registered Practice list. Federation will enable practices to work together to provide different care models, including extension of existing services into periods of the week where General Practice is currently restricted or unavailable. As part of this collaborative approach we will optimise the current workforce capacity by exploring technology based solutions that complement traditional face to face consultations, so that not only is access extended in terms of timings but also in terms of styles. To allow federated working and improve quality of patient interactions with other health and social care providers we will extend the ability to share patient records (where consent to do so exists) across providers, thus delivering better informed consultations and improved outcomes.

Data Sharing and the Use of the NHS Number:

All our health and social care services use the NHS number as the primary identifier. The further development of ICO will see the delivery of improved outcomes in an integrated Information Management and Technology (IM&T) infrastructure.

Across the new care model shared records and interoperability of systems are essential at all stages of the pathway to avoid duplication of work, errors and inefficiencies to enable and align to the four phases of care for our STP development. 2015/16 saw the establishment of a working group across NEW Devon SD&T, Kernow and Somerset CCGs to develop the vision of the 'Five Year Forward View'

in a consistent way. This will include our submission of the digital roadmap implementation plan in 2016/17 to take us to a paperless state by 2020.

Shared health records that interoperate with other provider systems will improve patient care as they move from one part of the system to another. Clear, consistent information, with the ability to access past medical history, medications and allergies together with the more detailed information in the GP record, will improve clinical decision making. This will result in more personalised, timely care and a reduction in admissions and re-admissions. Real time access to high quality information reduces the risk of clinical decision making. This has the benefit of reducing unnecessary admissions due to the lack of useful clinical information such as blood results, clinic letters and care plans. Technology and on-line services are increasingly being used in all aspects of life. Using the same approaches and giving on-line access to patients for their own health and care records will help them to manage their care, strengthening their ability to self-care and giving them more control. In 2015/16 an 'information sharing toolkit' has been established as a platform to support the Vanguard and LMAT work initially but will have wider benefit. This toolkit has been nationally recognised and is utilised by the Information Governance Alliance.

Enabling patients and health professionals to easily navigate relevant services digitally either on the internet or from a mobile device will allow users a better-informed choice of service and increase the potential for efficient resource usage. It will give them information in 'real time' and would enable them to make choices before having to rely on emergency services.

Through the use of the patient held record, patients and carers will be more engaged in their own care plan, with a record of their own wishes and wellbeing objectives supported by the ability to update their own information when required, ensuring its relevance.

By ensuring systems used within our community and by our neighbours work to the same standards, we will increase choice. Organisations will be able to work with systems that suit them whilst relying on the interoperability standards to enable information to be available as and when necessary to the right people at the point of care.

Integration between the relevant systems will allow professionals to work with the patient to achieve objectives that are important to them and ultimately their plan of care will become more meaningful, impacting more effectively on their quality of life.

As part of the Vanguard workstream in 2016/17 home technologies and signposts to advice and support will become more substantial. Monitoring of outputs from these systems will allow proactive intervention to reduce ill health and potential admissions especially of those at the highest risk.

Joint Assessments and Accountable Lead Professional:

Torbay 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.

These teams work in partnership with primary care and include representation from the voluntary and community sector.

We have a strong track record of proactively seeking to identify those patients at risk of hospital admission, and working jointly to reduce this risk through an integrated and personal approach to care. We use a risk stratification tool, the Devon Predictive Model, to identify patients at risk of hospital admission in the next 12 months. The top 0.5% of our population are pro-actively case-managed on our monthly community virtual wards. The virtual ward teams use the predictive tool to objectively identify patients who are then pro-actively and holistically case-managed by a multi-disciplinary team, including primary care, community and rehab teams, palliative care, mental health, social care and the voluntary sector. Each patient is allocated a named case-manager who then co-ordinates their care and support. We have built on this highly-successful model to incorporate the features of the Unplanned Admissions Enhanced Service for primary care with 2% of our population then being proactively case-managed.

We will continue to work to integrate mental health with other clinical services so that mental health is a core part of this assessment.

Through the development of the new model of care we are working with the five GP localities to establish ways of working to ensure that medical cover is available to support Local Multi-Agency Teams and community hospitals.

Agreement on the Consequential Impact on Providers

Statutory agencies are not able to deliver our vision for integration alone. To set out the opportunities and to encourage a diverse market we have developed a market position statement for Torbay focusing on adult provision and with the development of the inclusion of children's services to facilitate market innovation and development in line with the Care Act.. The statement provides an analysis of how well current service supply will meet future demand. It provides clear messages to the market on the vision for seven-day integrated care services in Torbay with reduced reliance on long term bed based care. It outlines how provision needs to change to create a diverse and vibrant market in Torbay, increasing choice and innovation in services, supporting the vision of reablement and early help, and focusing on personal outcomes and choice.

Agreement to Invest in NHS Commissioned Out-of-Hospital Services

In 15/16 we have a risk share which contains- acute, community, placed people and adult social care- our new model of care. We are working with the ICO and Torbay Council to agree the same risk share for 16/17 subject to affordability.

Agreement on Local Action Plan to Reduce Delayed Transfers Of Care

In 15/16 we have a risk share which contains- acute, community, placed people and adult social care- our new model of care. We are working with the ICO and Torbay Council to agree the same risk share for 16/17 subject to affordability. The section below on DTOC provides more detail on performance.

Non-elective Admissions (General and Acute)

Within Torbay, non-elective admission rates of non-elective admission are above national and regional averages.

There has been extensive work between commissioners and providers in the development of the risk share agreement and business case for the ICO which is consistent with this BCF plan. And therefore there has been agreement in terms of modelling the impact of the schemes on non-elective admissions as well as across a number of other areas of activity both across the acute, community and social care providers.

The BCF plan and schemes that are focused on reduction of Non-elective admissions are developed, implemented and monitored via the Systems Resilience Group which include the progress of our urgent and emergency care Vanguard.

Admissions to residential and care homes

The rate of permanent admissions to care homes in older age groups is below regional and national averages and is falling over time. In 2014/15 permanent admissions to residential and nursing care homes, per 100,000 population in Torbay was 606.3 (compared to averages of 678.2 in the SW and 668.8 in England). The forecasted figure for 2015/16 is predicted to fall further to 600.

As part of the new model of care we will be working in partnership with care homes on a range of initiatives. These include:

- Asking care homes to notify the GP when a 999 call has been made, also linking with the ambulance service to try to prevent unnecessary conveyances to hospital as part of their “Right Care, Right Time, Right Place” strategy;
- Changing working arrangement in practices to enable visits to be made earlier in the day, to try to prevent overnight admissions occurring simply because of the time of day; and
- Working towards ‘one care home, one practice’; extending the medication review pilot already underway
- A focus on falls prevention, training provided to care home staff by the Fall Prevention Lead
- The expansion of the use of the care homes to support intermediate and respite care as a feature of the new model of care

In addition to this the CCG, ICO, Torbay Council and Devon County Council are working with care homes to develop a future fees model, which will refocus the health and care system around enabling individuals to achieve their personal outcomes and goals. This includes greater use of outcomes-based contracts to drive greater partnership working between commissioners, the ICO and care homes.

Whilst the care homes fees are a live issue in Torbay as they are across the country, work is in progress to move towards outcomes based working with the homes. The engagement of Torbay homes and willingness to contribute to system improvement has been previously evidenced by their response to a social care CQUIN where such indicators as Essence of Care, nutrition and hydration, safeguarding, and resident feedback/innovation were included.

The success of our neighbouring authority Devon County Council in its work with its care home partners is being learned from, adapted and adopted.

The focus on outcomes based working and new models of care will ensure that the correct funding flows so that the delivery contributes positively to the Sustainability and Transformation Plan. This commitment will enable investment by homes to produce a community asset both physical and workforce that is flexible and fit for future.

Effectiveness of Reablement

In 2014-15, reablement services were effective for 77.2% of older people who received the service in Torbay, compared to 83.0% in the South West, 84.0% in the local authority comparator group, and 82.1% for England. Rates are lower than other areas of Devon.

In 2014-15 3.5% of older people discharged from hospital in Torbay were offered reablement services this was in line with the South West (3.5%), and slightly above the local authority comparator group (3.3%) and England (3.1%) rates. Coverage rates increased on 2014-15 levels.

Reablement service effectiveness at 91 days is currently broadly in line with regional and national rates.

Our new model of care will deliver community-based services as described in figure 1.0 to manage more people in a proactive way to prevent hospital admission, reduce delayed discharges and reduce admissions to long term care.

Delayed Transfers of Care (DTC)

Torbay had an average of 97.0 days of delayed transfers of care 100,000 population aged 18 and over per month compared with 315.4 in the South West, 172.9 in the local authority comparator group and 270.4 in England for the latest available full year (2014/15). The rate increased from 85.6 in 2012/13 to 97.0 in 2014/15. For the period April to November 2015 delayed transfers of care continued to be a challenge to the local health and care system, however whilst performance has declined Torbay is the second lowest authority in the South West and much lower than the regional and England average for delayed discharges. Similarly, for this period Torbay is the best rated in the South West and much lower than regional and England averages for DTC.

Delayed transfers of care are more likely affect groups who are more frequently hospitalised, with higher rates in older age groups, and a greater number of females affected. Persons living alone and those who are socially isolated are more likely to be affected by delayed, as are those with more complex support needs. Our new model of care will deliver community-based services as described in figure 1.0 to manage more people in a proactive way to prevent hospital admission, reduce delayed discharges and reduce admissions to long term care.

This will include the adoption of a 'Discharge at home to assess' model of care whereby patients leave hospital as soon as they are medically fit to have their support needs assessed on arrival at home by members of the community intermediate care and social care teams, enabling them to access the right level of home care and support in real time.

This includes the enhancement of the current primary care service to provide a single multi-disciplinary assessment service. The model builds on the integration experience in Torbay with 'zone' teams and care provided in Torbay and Southern Devon. The experience of Pioneer enabled us to undertake small tests of change in the form of a 'hubs' for frailty and children's services which have contributed to the development of the model of care. All GP practices within the CCG are signed up to the proactive care locally enhanced service which means that 5% of the population have a personalised care plan and a named care coordinator.

We provide intermediate care, both home based and in care homes – and these services will expand as part of our model of care. Through the merging of rapid response and crisis response teams, that provide personal care services for a limited period of time, admissions will be prevented and to prompt discharge will be supported. Social care reablement and intensive home support services – personal care with a reablement focus, for up to six weeks to enable a return to full independence.

The service model will offer an enhanced single point of contact primarily developed to reduce reliance on the statutory sector to local MDTs which will be enhanced by support from primary care, the voluntary sector, mental health and hospital consultants to deliver more preventative care and support within the community.

In 16/17 we will be exploring the opportunities for risk sharing arrangements for the provision of community equipment and minor adaptations which are an integral aspect of delivering effective care in the community – preventing DTOC and supporting reablement.

Our vision for health and care has been informed and shaped by the development of locality plans via engagement with GP localities and their local public which have recommended that system wide resources should be deployed in the best way, including community investment, in order to provide and maximise alternatives to hospital admission through health and social care activities.

We have also developed proposals to address the function of our community hospitals and MIU's as part of the new model of care e.g. for the provision of community services, intermediate care and step up/step down beds in order to provide solutions to our system wide pressures. In the spring of 2016/17 we hope to launch public consultation on our proposals.

Template for BCF submission 3: due on 03 May 2016

Better Care Fund 2016-17 Planning Template

Sheet: Guidance

Overview

The purpose of this template is to collect information from CCGs, local authorities, and Health and Wellbeing Boards (HWBs) in relation to Better Care Fund (BCF) plans for 2016-17. The focus of the collection is on finance and activity information, as well as the national conditions. The template represents the minimum collection required to provide assurance that plans meet the requirements of the Better Care Fund policy framework set out by the Department of Health and the Department of Communities and Local Government (www.gov.uk/government/publications/better-care-fund-how-it-will-work-in-2016-to-2017). This information will be used during the regionally led assurance process in order to ensure that BCF plans being recommended for sign-off meet technical requirements of the fund.

The information collected within this template is therefore not intended to function as a 'plan' but rather as a submission of data relating to a plan. A narrative plan will also need to be provided separately to regional teams. but there will be no centrally submitted template for 2016-17. CCGs, local authorities, and HWBs will

Timetable

The submission and assurance process will follow the following timetable:

- NHS Planning Guidance for 2016-17 released – 22 December 2015
- BCF Allocations published following release of CCG allocations – 09 February 2016
- Annex 4 - BCF Planning Requirements 2016-17 released - 22 February 2016
- BCF Planning Return template, released – 24 February 2016
- First BCF submission by 2pm on 02 March 2016, agreed by CCGs and local authorities, to consist of:
 - o BCF planning return template

All submissions will need to be sent to DCO teams and copied to the National Team (england.bettercaresupport@nhs.net)

- First stage assurance of planning return template and initial feedback to local areas - 02 to 16 March 2016
- Second version of the BCF Planning Return template, released (with updated NEA plans) – 9th March
- Second submission following assurance and feedback by 2pm on 21 March 2016, to consist of:
 - o High level narrative plan
 - o Updated BCF planning return template
- Second stage assurance of full plans and feedback to local areas - 21 March to 13 April 2016
- **BCF plans finalised and signed off by Health and Wellbeing Boards and submitted by 2pm on 03 May**

Introduction

populated have a blue background, as below:

Data needs inputting in the cell

Pre-populated cell

1,000,000,000.

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

Checklist

This is a checklist in relation to cells that need data inputting in the each of the sheets within this file. It is sectioned out by sheet name and contains the question, cell reference (hyperlinked) for the question and two separate checks

- the 'tick-box' column (D) is populated by the user for their own reference (not mandatory), and
- the 'checker' column (E) which updates as questions within each sheet are completed.

Red and contain the word 'No' - once completed the cell will change to Green and contain the word 'Yes'. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (B7) will change to 'Complete'

Please ensure that all boxes on the checklist tab are green before submission.

1. Cover

and sign off. The selection of your Health and Wellbeing Board (HWB) on this sheet also then ensures that the correct data is prepopulated through the rest of the template.

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

On the cover sheet please **enter the following information:**

- The Health and Wellbeing Board;
- The name of the lead contact who has completed the report, with their email address and contact number for

section completion tracks the number of questions that have been completed, when all the questions in each section of the template have been completed the cell will turn green. Only when all 6 cells are green should the template be sent to england.bettercaresupport@nhs.net

2. Summary and confirmations

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

On this tab please **enter the following information:**

- In cell E37 ,please confirm the amount allocated for ongoing support for adult social care. This may differ from the summary of HWB expenditure on social care which has been calculated from information provided in the 'HWB Expenditure Plan' tab. If this is the case then cell F37 will turn yellow. Please use this to indicate the reason for any variance;
- In cell F47 please indicate the total value of funding held as a contingency as part of local risk share, if one is

a useful printable summary of the return.

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

On this tab please **enter the following information:**

- Please use cell E43 to confirm if you are planning on any additional quarterly reductions (Yes/No)
- If you have answered Yes in cell E43 then in cells G45, I45, K45 and M45 please enter the quarterly additional reduction figures for Q1 to Q4.
- In cell E49 please confirm whether you are putting in place a local risk sharing agreement (Yes/No)
- In cell E54 please confirm or amend the cost of a non elective admission. This is used to calculate a risk
- In cell G69 please enter your forecasted level of residential admissions for 2015-16. In cell H69 please enter your planned level of residential admissions for 2016-17. The actual rate for 14-15 and the planned rate for 15-16 are provided for comparison. Please add a commentary in column I to provide any useful information in
- Please use cells G82-83 (forecast for 15-16) and H82-83 (planned 16-17) to set out the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services. By entering the denominator figure in cell G83/H83 (the planned total number of older people (65 and over) discharged from hospital into reablement / rehabilitation services) and the numerator figure in cell G82/H82 (the number from within that group still at home after 91 days) the proportion will be
- Please use rows 93-95 (column L for Q4 15-16 forecasts and columns M-P for 16-17 plans) to set out the Delayed Transfers Of Care (delayed days) from hospital per 100,000 population (aged 18+). The denominator figure in row 95 is pre-populated (population - aged 18+). The numerator figures in cells L94-P94 (the Delayed Transfers Of Care (delayed days) from hospital) needs entering. The rate will be calculated for you in cells L93
- Please use rows 105-107 to update information relating to your locally selected performance metric. The local performance metric set out in cell C105 has been taken from your BCF 16-17 planning submission 2 template - these local metrics can be amended, as required.
- You may also use rows 117-119 to update information relating to your locally selected patient experience metric. The local patient experience metric set out in cell C117 has been taken from your BCF 16-17 planning

5b. HWB Metrics Tool

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

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

6. National Conditions

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

On this tab please **enter the following information:**

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

Please use column C to indicate when it is expected that the condition will be met / agreed if it is not being

CCG - HWB Mapping

The final tab provides details of the CCG to HWB mapping used to calculate contributions to Health and

Template for BCF submission 3: due on 03 May 2016

Better Care Fund 2016-17 Planning Template

Sheet: Checklist

This is a checklist in relation to cells that need data inputting in the each of the sheets within this file. It is sectioned out by sheet name and contains the question, cell reference (hyperlinked) for the question and two separate checks
 - the 'tick-box' column (D) is populated by the user for their own reference (not mandatory), and
 - the 'checker' column (E) which updates as questions within each sheet are completed. The checker column has been coloured so that if a value is missing from the sheet it refers to, the cell will be Red and contain the word 'No' - once completed the cell will change to Green and contain the word 'Yes'. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (B7) will change to 'Complete Template'. Please ensure that all boxes on the checklist tab are green before submission.

Complete Template

1. Cover

	Cell Reference	Complete?	Checker
Health and Well Being Board completed by:	C10	<input type="checkbox"/>	Yes
e-mail:	C13	<input type="checkbox"/>	Yes
contact number:	C15	<input type="checkbox"/>	Yes
Who has signed off the report on behalf of the Health and Well Being Board:	C17	<input type="checkbox"/>	Yes
	C19	<input type="checkbox"/>	Yes

Sheet Completed:	Yes
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2. Summary and confirmations

	Cell Reference	Complete?	Checker
Summary of BCF Expenditure - Please confirm the amount allocated for the protection of adult social care : Expenditure (£000's)	E37	<input type="checkbox"/>	Yes
Summary of BCF Expenditure : If the figure in cell D29 differs to the figure in cell C29, please indicate the reason for the variance.	F37	<input type="checkbox"/>	Yes
Total value of funding held as contingency as part of local risk share to ensure value to the NHS	F47	<input type="checkbox"/>	Yes

Sheet Completed:	Yes
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3. HWB Funding Sources

	Cell Reference	Complete?	Checker
Local authority Social Services: <Please Select Local Authority>	B16 : B25	<input type="checkbox"/>	Yes
Gross Contribution: £000's	C16 : C25	<input type="checkbox"/>	Yes
Comments (if required)	E16 : E25	<input type="checkbox"/>	N/A
Are any additional CCG Contributions being made? If yes please detail below:	C42	<input type="checkbox"/>	Yes
Additional CCG Contribution: <Please Select CCG>	B45 : B54	<input type="checkbox"/>	Yes
Gross Contribution: £000's	C45 : C54	<input type="checkbox"/>	Yes
Comments (if required)	E45 : E54	<input type="checkbox"/>	N/A
Funding Sources Narrative	B61	<input type="checkbox"/>	N/A
1. Is there agreement about the use of the Disabled Facilities Grant, and arrangements in place for the transfer of funds to the local housing authority?	C70	<input type="checkbox"/>	Yes
2. Is there agreement that at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified?	C71	<input type="checkbox"/>	Yes
3. Is there agreement on the amount of funding that will be dedicated to carer-specific support from within the BCF pool?	C72	<input type="checkbox"/>	Yes
4. Is there agreement on how funding for reablement included within the CCG contribution to the fund is being used?	C73	<input type="checkbox"/>	Yes
1. Is there agreement about the use of the Disabled Facilities Grant, and arrangements in place for the transfer of funds to the local housing authority? Comments	D70	<input type="checkbox"/>	Yes
2. Is there agreement that at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified? Comments	D71	<input type="checkbox"/>	Yes
3. Is there agreement on the amount of funding that will be dedicated to carer-specific support from within the BCF pool? Comments	D72	<input type="checkbox"/>	Yes
4. Is there agreement on how funding for reablement included within the CCG contribution to the fund is being used? Comments	D73	<input type="checkbox"/>	Yes

Sheet Completed:	Yes
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4. HWB Expenditure Plan

	Cell Reference	Complete?	Checker
Scheme Name	B17 : B266	<input type="checkbox"/>	Yes
Scheme Type (see table below for descriptions)	C17 : C266	<input type="checkbox"/>	Yes
Please specify if 'Scheme Type' is 'other'	D17 : D266	<input type="checkbox"/>	Yes
Area of Spend	E17 : E266	<input type="checkbox"/>	Yes
Please specify if 'Area of Spend' is 'other'	F17 : F266	<input type="checkbox"/>	Yes
Commissioner	G17 : G266	<input type="checkbox"/>	Yes
if Joint % NHS	H17 : H266	<input type="checkbox"/>	Yes
if Joint % LA	I17 : I266	<input type="checkbox"/>	Yes
Provider	J17 : J266	<input type="checkbox"/>	Yes
Source of Funding	K17 : K266	<input type="checkbox"/>	Yes
2016/17 (£000's)	L17 : L266	<input type="checkbox"/>	Yes
New or Existing Scheme	M17 : M266	<input type="checkbox"/>	Yes
Total 15-16 Expenditure (£) (if existing scheme)	N17 : N266	<input type="checkbox"/>	Yes

Sheet Completed:	Yes
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5. HWB Metrics

	Cell Reference	Complete?	Checker
5.1 - Are you planning on any additional quarterly reductions?	E43	<input type="checkbox"/>	Yes
5.1 - HWB Quarterly Additional Reduction Figure - Q1	G45	<input type="checkbox"/>	Yes
5.1 - HWB Quarterly Additional Reduction Figure - Q2	I45	<input type="checkbox"/>	Yes
5.1 - HWB Quarterly Additional Reduction Figure - Q3	K45	<input type="checkbox"/>	Yes
5.1 - HWB Quarterly Additional Reduction Figure - Q4	M45	<input type="checkbox"/>	Yes
5.1 - Are you putting in place a local risk sharing agreement on NEA?	E49	<input type="checkbox"/>	Yes
5.1 - Cost of NEA	E54	<input type="checkbox"/>	Yes
5.1 - Comments (if required)	F54	<input type="checkbox"/>	Yes
5.2 - Residential Admissions : Numerator : Forecast 15/16	G69	<input type="checkbox"/>	Yes
5.2 - Residential Admissions : Numerator : Planned 16/17	H69	<input type="checkbox"/>	Yes
5.2 - Comments (if required)	I68	<input type="checkbox"/>	N/A
5.3 - Reablement : Numerator : Forecast 15/16	G82	<input type="checkbox"/>	Yes
5.3 - Reablement : Denominator : Forecast 15/16	G83	<input type="checkbox"/>	Yes
5.3 - Reablement : Numerator : Planned 16/17	H82	<input type="checkbox"/>	Yes
5.3 - Reablement : Denominator : Planned 16/17	H83	<input type="checkbox"/>	Yes
5.3 - Comments (if required)	I81	<input type="checkbox"/>	N/A
5.4 - Delayed Transfers of Care : 15/16 Forecast : Q3	K94	<input type="checkbox"/>	Yes
5.4 - Delayed Transfers of Care : 15/16 Forecast : Q4	L94	<input type="checkbox"/>	Yes
5.4 - Delayed Transfers of Care : 16/17 Plans : Q1	M94	<input type="checkbox"/>	Yes
5.4 - Delayed Transfers of Care : 16/17 Plans : Q2	N94	<input type="checkbox"/>	Yes
5.4 - Delayed Transfers of Care : 16/17 Plans : Q3	O94	<input type="checkbox"/>	Yes
5.4 - Delayed Transfers of Care : 16/17 Plans : Q4	P94	<input type="checkbox"/>	Yes
5.4 - Comments (if required)	Q93	<input type="checkbox"/>	N/A
5.5 - Local Performance Metric	C105	<input type="checkbox"/>	Yes
5.5 - Local Performance Metric : Planned 15/16 : Metric Value	E105	<input type="checkbox"/>	Yes
5.5 - Local Performance Metric : Planned 15/16 : Numerator	E106	<input type="checkbox"/>	Yes
5.5 - Local Performance Metric : Planned 15/16 : Denominator	E107	<input type="checkbox"/>	Yes
5.5 - Local Performance Metric : Planned 16/17 : Metric Value	F105	<input type="checkbox"/>	Yes
5.5 - Local Performance Metric : Planned 16/17 : Numerator	F106	<input type="checkbox"/>	Yes
5.5 - Local Performance Metric : Planned 16/17 : Denominator	F107	<input type="checkbox"/>	Yes
5.5 - Comments (if required)	G105	<input type="checkbox"/>	N/A
5.6 - Local defined patient experience metric	C117	<input type="checkbox"/>	Yes
5.6 - Local defined patient experience metric : Planned 15/16 : Metric Value	E117	<input type="checkbox"/>	Yes
5.6 - Local defined patient experience metric : Planned 15/16 : Numerator	E118	<input type="checkbox"/>	Yes
5.6 - Local defined patient experience metric : Planned 15/16 : Denominator	E119	<input type="checkbox"/>	Yes
5.6 - Local defined patient experience metric : Planned 16/17 : Metric Value	F117	<input type="checkbox"/>	Yes
5.6 - Local defined patient experience metric : Planned 16/17 : Numerator	F118	<input type="checkbox"/>	Yes
5.6 - Local defined patient experience metric : Planned 16/17 : Denominator	F119	<input type="checkbox"/>	Yes
5.6 - Comments (if required)	G117	<input type="checkbox"/>	N/A

Sheet Completed:	Yes
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6. National Conditions

	Cell Reference	Complete?	Checker
1) Plans to be jointly agreed	C14	<input type="checkbox"/>	Yes
2) Maintain provision of social care services (not spending)	C15	<input type="checkbox"/>	Yes
3) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate	C16	<input type="checkbox"/>	Yes
4) Better data sharing between health and social care, based on the NHS number	C17	<input type="checkbox"/>	Yes
5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional	C18	<input type="checkbox"/>	Yes
6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans	C19	<input type="checkbox"/>	Yes
7) Agreement to invest in NHS commissioned out-of-hospital services	C20	<input type="checkbox"/>	Yes
8) Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan	C21	<input type="checkbox"/>	Yes
1) Plans to be jointly agreed, Comments	D14	<input type="checkbox"/>	Yes
2) Maintain provision of social care services (not spending), Comments	D15	<input type="checkbox"/>	Yes
3) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate, Comments	D16	<input type="checkbox"/>	Yes
4) Better data sharing between health and social care, based on the NHS number, Comments	D17	<input type="checkbox"/>	Yes
5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional, Comments	D18	<input type="checkbox"/>	Yes
6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans, Comments	D19	<input type="checkbox"/>	Yes
7) Agreement to invest in NHS commissioned out-of-hospital services, Comments	D20	<input type="checkbox"/>	Yes
8) Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan, Comments	D21	<input type="checkbox"/>	Yes

Sheet Completed:	Yes
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Template for BCF submission 3: due on 03 May 2016

Submission 3 Template Changes - Updates from Submission 2 template

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

Template for BCF submission 3: due on 03 May 2016

Better Care Fund 2016-17 Planning Template

Sheet: 1. Cover Sheet

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

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

On the cover sheet please enter the following information:

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

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

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

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

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

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Health and Well Being Board	Torbay
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completed by:	Simon Taylor
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E-Mail:	simon.taylor5@nhs.net
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Contact Number:	01803 652494
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Who has signed off the report on behalf of the Health and Well Being Board:	Health & Well Being Board
-----------------------------------------------------------------------------	---------------------------

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

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

Selected Health and Well Being Board:

Torbay

Data Submission Period:

2016/17

2. Summary and confirmations

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

On this tab please enter the following information:

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

3. HWB Funding Sources

	Gross Contribution
Total Local Authority Contribution	£1,524,090
Total Minimum CCG Contribution	£10,305,028
Total Additional CCG Contribution	£0
Total BCF pooled budget for 2016-17	£11,829,119

Specific funding requirements for 2016-17	Select a response to the questions in column B
1. Is there agreement about the use of the Disabled Facilities Grant, and arrangements in place for the transfer of funds to the local housing authority?	No - in development
2. Is there agreement that at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified?	No - in development
3. Is there agreement on the amount of funding that will be dedicated to carer-specific support from within the BCF pool?	No - in development
4. Is there agreement on how funding for reablement included within the CCG contribution to the fund is being used?	No - in development

4. HWB Expenditure Plan

Summary of BCF Expenditure (*)

	Expenditure
Acute	£0
Mental Health	£0
Community Health	£8,655,029
Continuing Care	£0
Primary Care	£0
Social Care	£3,174,090
Other	£0
Total	£11,829,119

Please confirm the amount allocated for the protection of adult social care	If the figure in cell E37 differs to the figure in cell C37, please indicate the reason for the variance.
Expenditure	
£1,650,000	DFG's & Carers Act Support Funding

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

	Expenditure
Mental Health	£0
Community Health	£8,655,029
Continuing Care	£0
Primary Care	£0
Social Care	£1,650,000
Other	£0
Total	£10,305,029

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

	Fund
Local share of ring-fenced funding	£2,928,397
Total value of NHS commissioned out of hospital services spend from minimum pool	£10,305,029
Total value of funding held as contingency as part of local risk share to ensure value to the NHS	£0
Balance (+/-)	£7,376,632

5. HWB Metrics

5.1 HWB NEA Activity Plan

	Q1	Q2	Q3	Q4	Total
Total HWB Planned Non-Elective Admissions	4,787	4,836	4,312	4,246	18,182
HWB Quarterly Additional Reduction Figure	130	132	117	115	494
HWB NEA Plan (after reduction)	4,657	4,704	4,195	4,131	17,688
Additional NEA reduction delivered through the BCF	£234,000	£237,600	£210,600	£207,000	£889,200

5.2 Residential Admissions

	Planned 16/17
Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual rate 563.2

5.3 Reablement

	Planned 16/17
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	Annual % 79.7%

5.4 Delayed Transfers of Care

	Quarterly rate	Q1 (Apr 16 - Jun 16)	Q2 (Jul 16 - Sep 16)	Q3 (Oct 16 - Dec 16)	Q4 (Jan 17 - Mar 17)
Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)		508.3	447.4	689.1	815.5

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

	Metric Value
	Planned 16/17
Dementia diagnosis rate	0.7

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

	Metric Value
	Planned 16/17
The proportion of people who use services who reported they had as much social contact as they would like	47.1

6. National Conditions

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

Footnotes

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

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

Template for BCF submission 3: due on 03 May 2016

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

Selected Health and Well Being Board:

Torbay

Data Submission Period:

2016/17

3. HWB Funding Sources

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

These cannot be changed. The sheet also requests a number of confirmations in regard to the funding that is made available through the BCF for specific purposes.

On this tab please enter the following information:

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

Local Authority Contribution(s)	Gross Contribution
Torbay	£1,524,090
<Please Select Local Authority>	
Total Local Authority Contribution	£1,524,090

Comments - please use this box clarify any specific uses or sources of funding
Disabled Facilities Grant (DFG) funding

CCG Minimum Contribution	Gross Contribution
NHS South Devon and Torbay CCG	£10,305,028
Total Minimum CCG Contribution	£10,305,028

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

Additional CCG Contribution	Gross Contribution
<Please Select CCG>	
Total Additional CCG Contribution	£0

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

Total BCF pooled budget for 2016-17 £11,829,119

Funding Contributions Narrative

The final section on this sheet then sets out four specific funding requirements and requests confirmation as to the progress made in agreeing how these are being met locally - by selecting either 'Yes', 'No' or 'No - in development' in response to each question. 'Yes' should be used when the funding requirement has been met. 'No - in development' should be used when the requirement is not currently agreed but a plan is in development to meet this through the development of your BCF plan for 2016-17. 'No' should be used to indicate that there is currently no agreement in place for meeting this funding requirement and this is unlikely to be agreed before the plan is finalised.

- Please use column C to respond to the question from the dropdown options;
- Please detail in the comments box in row D issues and/or actions that are being taken to meet the funding requirement, or any other relevant information.

Specific funding requirements for 2016-17	Select a response to the questions in column B	Please detail in the comments box issues and/or actions that are being taken to meet the condition, or any other relevant information.
1. Is there agreement about the use of the Disabled Facilities Grant, and arrangements in place for the transfer of funds to the local housing authority?	No - in development	Draft
2. Is there agreement that at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified?	No - in development	Draft
3. Is there agreement on the amount of funding that will be dedicated to carer-specific support from within the BCF pool?	No - in development	Draft
4. Is there agreement on how funding for reablement included within the CCG contribution to the fund is being used?	No - in development	Draft

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

		Actual 14/15****	Planned 15/16	Forecast 15/16	Planned 16/17	Comments
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual %	77.2%	88.7%	79.7%	79.7%	Please add comments, if required
	Numerator	130	125	184	184	
	Denominator	165	141	231	231	

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

5.4 Delayed Transfers of Care

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

		15-16 plans				15-16 actual (Q1, Q2 & Q3) and forecast (Q4) figures				16-17 plans				Comments
		Q1 (Apr 15 - Jun 15)	Q2 (Jul 15 - Sep 15)	Q3 (Oct 15 - Dec 15)	Q4 (Jan 16 - Mar 16)	Q1 (Apr 15 - Jun 15)	Q2 (Jul 15 - Sep 15)	Q3 (Oct 15 - Dec 15)	Q4 (Jan 16 - Mar 16)	Q1 (Apr 16 - Jun 16)	Q2 (Jul 16 - Sep 16)	Q3 (Oct 16 - Dec 16)	Q4 (Jan 17 - Mar 17)	
Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+).	Quarterly rate	236.3	356.8	239.1	346.9	523.6	460.6	710.8	821.1	508.3	447.4	689.1	815.5	further analysis required due to data validation issues
	Numerator	255	385	258	376	565	497	767	890	551	485	747	888	
	Denominator	107,903	107,903	107,903	108,396	107,903	107,903	107,903	108,396	108,396	108,396	108,396	108,885	

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

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

		Planned 15/16	Planned 16/17	Comments
Dementia diagnosis rate	Metric Value	0.6	0.7	Target is 66.71% for 2016/17 but template is rounding the metric value
	Numerator	1,646.0	1,755.0	
	Denominator	2,628.0	2,628.0	

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

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

		Planned 15/16	Planned 16/17	Comments
The proportion of people who use services who reported they had as much social contact as they would like	Metric Value	47.1	47.1	As part of the evaluation for the LMATs we are developing a patient experience questionnaire
	Numerator	0.0	0.0	
	Denominator	0.0	0.0	

Template for BCF submission 3: due on 03 May 2016

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

Selected Health and Well Being Board:

Torbay

Data Submission Period:

2016/17

Metrics Tool

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

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

<https://www.england.nhs.uk/ourwork/futurehns/deliver-forward-view/>

5.1 HWB NEA Activity

Torbay Data Source Used - 15/16	SUS				
	Q1	Q2	Q3	Q4	Total
Torbay 14/15 Baseline (outturn)	3,490	3,500	3,616	3,513	14,119
Torbay 15/16 Plan	3,490	3,500	3,616	3,513	14,119
Torbay 15/16 Actual	2,888	3,429	3,665		9,982

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

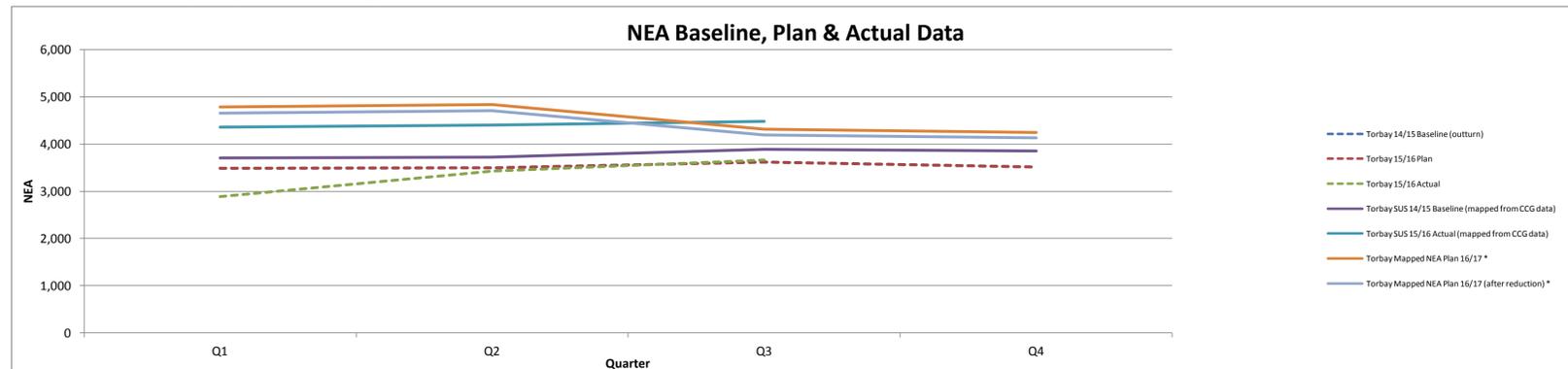
Torbay SUS 14/15 Baseline (mapped from CCG data)	3,703	3,725	3,887	3,850	15,165
Torbay SUS 15/16 Actual (mapped from CCG data)	4,354	4,397	4,479		13,230
Torbay SUS 15/16 FOT (mapped from CCG data)					17,687

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

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

Torbay Mapped NEA Plan 16/17 *	4,787	4,836	4,312	4,246	18,182
Torbay Mapped NEA Plan 16/17 (after reduction) *	4,657	4,704	4,195	4,131	17,688

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



Template for BCF submission 3: due on 03 May 2016

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

Selected Health and Well Being Board:

Torbay

Data Submission Period:

2016/17

Metrics Tool

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

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

<https://www.england.nhs.uk/ourwork/futurehns/deliver-forward-view/>

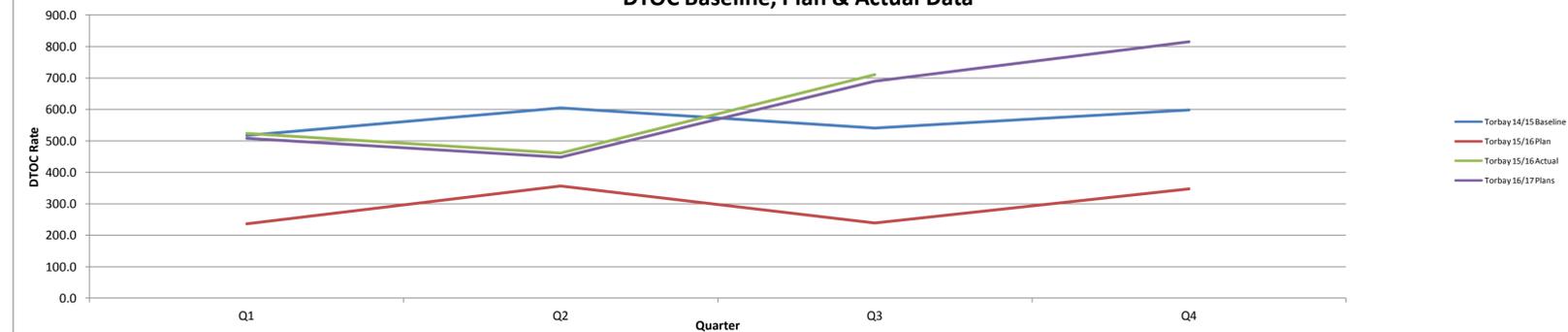
5.4 Delayed Transfers of Care

	Q1	Q2	Q3	Q4
Torbay 14/15 Baseline	517.1	605.1	541.2	597.8
Torbay 15/16 Plan	236.3	356.8	239.1	346.9
Torbay 15/16 Actual	523.6	460.6	710.8	

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

Torbay 16/17 Plans	508.3	447.4	689.1	815.5
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DTOC Baseline, Plan & Actual Data



Template for BCF submission 3: due on 03 May 2016

Sheet: 6. National Conditions

Selected Health and Well Being Board:

Torbay

Data Submission Period:

2016/17

6. National Conditions

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

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

National Conditions For The Better Care Fund 2016-17	Does your BCF plan for 2016-17 set out a clear plan to meet this condition?	Please detail in the comments box issues and/or actions that are being taken to meet the condition, or any other relevant information.
1) Plans to be jointly agreed	Yes	
2) Maintain provision of social care services (not spending)	No - in development	Negotiation in progress
3) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate	Yes	
4) Better data sharing between health and social care, based on the NHS number	Yes	
5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional	Yes	
6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans	Yes	
7) Agreement to invest in NHS commissioned out-of-hospital services	Yes	
8) Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan	No - in development	More specific local plan in development

CCG to Health and Well-Being Board Mapping

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

E08000002	Bury	00T	NHS Bolton CCG	0.8%	1.2%
E08000002	Bury	00V	NHS Bury CCG	94.3%	94.3%
E08000002	Bury	01A	NHS East Lancashire CCG	0.1%	0.2%
E08000002	Bury	01D	NHS Heywood, Middleton and Rochdale CCG	0.4%	0.5%
E08000002	Bury	01M	NHS North Manchester CCG	2.0%	2.0%
E08000002	Bury	01G	NHS Salford CCG	1.4%	1.8%
E08000033	Calderdale	02R	NHS Bradford Districts CCG	0.4%	0.7%
E08000033	Calderdale	02T	NHS Calderdale CCG	98.6%	98.8%
E08000033	Calderdale	03A	NHS Greater Huddersfield CCG	0.4%	0.4%
E08000033	Calderdale	01D	NHS Heywood, Middleton and Rochdale CCG	0.1%	0.1%
E10000003	Cambridgeshire	06F	NHS Bedfordshire CCG	1.1%	0.8%
E10000003	Cambridgeshire	06H	NHS Cambridgeshire and Peterborough CCG	72.1%	96.6%
E10000003	Cambridgeshire	06K	NHS East and North Hertfordshire CCG	0.9%	0.7%
E10000003	Cambridgeshire	99D	NHS South Lincolnshire CCG	0.4%	0.0%
E10000003	Cambridgeshire	07H	NHS West Essex CCG	0.2%	0.1%
E10000003	Cambridgeshire	07J	NHS West Norfolk CCG	1.5%	0.4%
E10000003	Cambridgeshire	07K	NHS West Suffolk CCG	4.0%	1.4%
E09000007	Camden	07M	NHS Barnet CCG	0.1%	0.2%
E09000007	Camden	07P	NHS Brent CCG	1.5%	2.2%
E09000007	Camden	07R	NHS Camden CCG	84.6%	88.4%
E09000007	Camden	09A	NHS Central London (Westminster) CCG	6.0%	5.1%
E09000007	Camden	08D	NHS Haringey CCG	0.5%	0.6%
E09000007	Camden	08H	NHS Islington CCG	3.4%	3.2%
E09000007	Camden	08Y	NHS West London (K&C & QPP) CCG	0.2%	0.2%
E06000056	Central Bedfordshire	10Y	NHS Aylesbury Vale CCG	2.1%	1.5%
E06000056	Central Bedfordshire	06F	NHS Bedfordshire CCG	56.8%	95.1%
E06000056	Central Bedfordshire	06K	NHS East and North Hertfordshire CCG	0.2%	0.5%
E06000056	Central Bedfordshire	06N	NHS Herts Valleys CCG	0.4%	0.8%
E06000056	Central Bedfordshire	06P	NHS Luton CCG	2.4%	2.0%
E06000049	Cheshire East	01C	NHS Eastern Cheshire CCG	96.3%	50.6%
E06000049	Cheshire East	04J	NHS North Derbyshire CCG	0.4%	0.3%
E06000049	Cheshire East	05G	NHS North Staffordshire CCG	1.1%	0.6%
E06000049	Cheshire East	05N	NHS Shropshire CCG	0.1%	0.0%
E06000049	Cheshire East	01R	NHS South Cheshire CCG	98.6%	45.3%
E06000049	Cheshire East	01W	NHS Stockport CCG	1.6%	1.3%
E06000049	Cheshire East	02A	NHS Trafford CCG	0.2%	0.1%
E06000049	Cheshire East	02D	NHS Vale Royal CCG	0.7%	0.2%
E06000049	Cheshire East	02E	NHS Warrington CCG	0.7%	0.4%
E06000049	Cheshire East	02F	NHS West Cheshire CCG	2.0%	1.3%
E06000050	Cheshire West and Chester	01C	NHS Eastern Cheshire CCG	1.1%	0.7%
E06000050	Cheshire West and Chester	01F	NHS Halton CCG	0.2%	0.0%
E06000050	Cheshire West and Chester	01R	NHS South Cheshire CCG	0.5%	0.2%
E06000050	Cheshire West and Chester	02D	NHS Vale Royal CCG	99.3%	29.3%
E06000050	Cheshire West and Chester	02E	NHS Warrington CCG	0.4%	0.3%
E06000050	Cheshire West and Chester	02F	NHS West Cheshire CCG	96.8%	69.4%
E06000050	Cheshire West and Chester	12F	NHS Wirral CCG	0.3%	0.2%
E09000001	City of London	07R	NHS Camden CCG	0.2%	6.0%
E09000001	City of London	09A	NHS Central London (Westminster) CCG	0.0%	0.8%
E09000001	City of London	07T	NHS City and Hackney CCG	1.9%	74.1%
E09000001	City of London	08H	NHS Islington CCG	0.1%	3.1%
E09000001	City of London	08Q	NHS Southwark CCG	0.0%	0.1%
E09000001	City of London	08V	NHS Tower Hamlets CCG	0.4%	15.8%
E06000052	Cornwall & Scilly	11N	NHS Kernow CCG	99.7%	99.4%
E06000052	Cornwall & Scilly	99P	NHS North, East, West Devon CCG	0.4%	0.6%
E06000047	County Durham	00D	NHS Durham Dales, Easington and Sedgefield CCG	97.4%	53.0%
E06000047	County Durham	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.1%	0.0%
E06000047	County Durham	13T	NHS Newcastle Gateshead CCG	0.7%	0.7%
E06000047	County Durham	00J	NHS North Durham CCG	96.6%	45.7%
E06000047	County Durham	00P	NHS Sunderland CCG	1.2%	0.6%
E08000026	Coventry	05A	NHS Coventry and Rugby CCG	74.0%	99.9%
E08000026	Coventry	05H	NHS Warwickshire North CCG	0.3%	0.1%
E09000008	Croydon	07Q	NHS Bromley CCG	1.5%	1.3%
E09000008	Croydon	07V	NHS Croydon CCG	95.6%	93.7%
E09000008	Croydon	09L	NHS East Surrey CCG	3.0%	1.3%
E09000008	Croydon	08K	NHS Lambeth CCG	2.7%	2.6%
E09000008	Croydon	08R	NHS Merton CCG	0.8%	0.4%
E09000008	Croydon	08T	NHS Sutton CCG	0.8%	0.4%
E09000008	Croydon	08X	NHS Wandsworth CCG	0.4%	0.4%
E10000006	Cumbria	01H	NHS Cumbria CCG	97.4%	100.0%
E10000006	Cumbria	01K	NHS Lancashire North CCG	0.2%	0.0%
E06000005	Darlington	00C	NHS Darlington CCG	98.2%	96.3%
E06000005	Darlington	00D	NHS Durham Dales, Easington and Sedgefield CCG	1.2%	3.1%
E06000005	Darlington	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.0%	0.1%
E06000005	Darlington	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.5%
E06000015	Derby	04R	NHS Southern Derbyshire CCG	50.1%	100.0%
E10000007	Derbyshire	02Q	NHS Bassetlaw CCG	0.2%	0.0%
E10000007	Derbyshire	05D	NHS East Staffordshire CCG	8.1%	1.4%
E10000007	Derbyshire	01C	NHS Eastern Cheshire CCG	0.3%	0.0%
E10000007	Derbyshire	03X	NHS Erewash CCG	92.2%	11.3%
E10000007	Derbyshire	03Y	NHS Hardwick CCG	94.6%	12.2%
E10000007	Derbyshire	04E	NHS Mansfield and Ashfield CCG	1.9%	0.5%
E10000007	Derbyshire	04J	NHS North Derbyshire CCG	98.3%	36.0%
E10000007	Derbyshire	04L	NHS Nottingham North and East CCG	0.2%	0.0%
E10000007	Derbyshire	04M	NHS Nottingham West CCG	5.0%	0.6%
E10000007	Derbyshire	03N	NHS Sheffield CCG	0.5%	0.4%
E10000007	Derbyshire	04R	NHS Southern Derbyshire CCG	48.2%	33.0%
E10000007	Derbyshire	01W	NHS Stockport CCG	0.1%	0.0%
E10000007	Derbyshire	01Y	NHS Tameside and Glossop CCG	14.1%	4.3%
E10000007	Derbyshire	04V	NHS West Leicestershire CCG	0.5%	0.2%
E10000008	Devon	11J	NHS Dorset CCG	0.3%	0.3%
E10000008	Devon	11N	NHS Kernow CCG	0.3%	0.2%
E10000008	Devon	99P	NHS North, East, West Devon CCG	70.0%	80.5%
E10000008	Devon	11X	NHS Somerset CCG	0.4%	0.3%
E10000008	Devon	99Q	NHS South Devon and Torbay CCG	51.1%	18.7%
E08000017	Doncaster	02P	NHS Barnsley CCG	0.4%	0.3%
E08000017	Doncaster	02Q	NHS Bassetlaw CCG	1.2%	0.5%
E08000017	Doncaster	02X	NHS Doncaster CCG	96.7%	97.8%

E08000017	Doncaster	03L	NHS Rotherham CCG	1.5%	1.3%
E08000017	Doncaster	03R	NHS Wakefield CCG	0.1%	0.1%
E10000009	Dorset	11J	NHS Dorset CCG	52.7%	95.9%
E10000009	Dorset	11X	NHS Somerset CCG	0.6%	0.7%
E10000009	Dorset	11A	NHS West Hampshire CCG	2.0%	2.5%
E10000009	Dorset	99N	NHS Wiltshire CCG	0.8%	0.9%
E08000027	Dudley	13P	NHS Birmingham Crosscity CCG	0.2%	0.5%
E08000027	Dudley	05C	NHS Dudley CCG	93.2%	90.9%
E08000027	Dudley	05L	NHS Sandwell and West Birmingham CCG	4.0%	6.9%
E08000027	Dudley	06A	NHS Wolverhampton CCG	1.8%	1.5%
E08000027	Dudley	06D	NHS Wyre Forest CCG	0.6%	0.2%
E09000009	Ealing	07P	NHS Brent CCG	1.7%	1.5%
E09000009	Ealing	09A	NHS Central London (Westminster) CCG	0.1%	0.0%
E09000009	Ealing	07W	NHS Ealing CCG	86.7%	90.8%
E09000009	Ealing	08C	NHS Hammersmith and Fulham CCG	5.7%	2.9%
E09000009	Ealing	08E	NHS Harrow CCG	0.3%	0.2%
E09000009	Ealing	08G	NHS Hillingdon CCG	0.6%	0.5%
E09000009	Ealing	07Y	NHS Hounslow CCG	5.0%	3.7%
E09000009	Ealing	08Y	NHS West London (K&C & QPP) CCG	0.6%	0.4%
E06000011	East Riding of Yorkshire	02Y	NHS East Riding of Yorkshire CCG	97.4%	85.2%
E06000011	East Riding of Yorkshire	03F	NHS Hull CCG	9.4%	8.0%
E06000011	East Riding of Yorkshire	03M	NHS Scarborough and Ryedale CCG	0.7%	0.2%
E06000011	East Riding of Yorkshire	03Q	NHS Vale of York CCG	6.4%	6.6%
E10000011	East Sussex	09D	NHS Brighton and Hove CCG	1.0%	0.6%
E10000011	East Sussex	09F	NHS Eastbourne, Hailsham and Seaford CCG	100.0%	34.5%
E10000011	East Sussex	09P	NHS Hastings and Rother CCG	99.7%	33.3%
E10000011	East Sussex	99K	NHS High Weald Lewes Havens CCG	98.1%	29.7%
E10000011	East Sussex	09X	NHS Horsham and Mid Sussex CCG	2.9%	1.2%
E10000011	East Sussex	99J	NHS West Kent CCG	0.8%	0.7%
E09000010	Enfield	07M	NHS Barnet CCG	1.1%	1.3%
E09000010	Enfield	07T	NHS City and Hackney CCG	0.1%	0.1%
E09000010	Enfield	06K	NHS East and North Hertfordshire CCG	0.3%	0.6%
E09000010	Enfield	07X	NHS Enfield CCG	95.5%	90.7%
E09000010	Enfield	08D	NHS Haringey CCG	7.8%	6.9%
E09000010	Enfield	06N	NHS Herts Valleys CCG	0.1%	0.2%
E09000010	Enfield	08H	NHS Islington CCG	0.2%	0.1%
E10000012	Essex	07L	NHS Barking and Dagenham CCG	0.1%	0.0%
E10000012	Essex	99E	NHS Basildon and Brentwood CCG	99.8%	18.3%
E10000012	Essex	06H	NHS Cambridgeshire and Peterborough CCG	0.1%	0.0%
E10000012	Essex	99F	NHS Castle Point and Rochford CCG	95.4%	11.7%
E10000012	Essex	06K	NHS East and North Hertfordshire CCG	1.8%	0.7%
E10000012	Essex	08F	NHS Havering CCG	0.2%	0.0%
E10000012	Essex	06L	NHS Ipswich and East Suffolk CCG	0.2%	0.0%
E10000012	Essex	06Q	NHS Mid Essex CCG	100.0%	25.4%
E10000012	Essex	06T	NHS North East Essex CCG	98.7%	22.4%
E10000012	Essex	08N	NHS Redbridge CCG	3.2%	0.6%
E10000012	Essex	99G	NHS Southend CCG	3.4%	0.4%
E10000012	Essex	07G	NHS Thurrock CCG	1.5%	0.2%
E10000012	Essex	08W	NHS Waltham Forest CCG	0.5%	0.1%
E10000012	Essex	07H	NHS West Essex CCG	97.3%	19.7%
E10000012	Essex	07K	NHS West Suffolk CCG	2.3%	0.4%
E08000037	Gateshead	13T	NHS Newcastle Gateshead CCG	39.6%	98.0%
E08000037	Gateshead	00J	NHS North Durham CCG	0.9%	1.1%
E08000037	Gateshead	00L	NHS Northumberland CCG	0.5%	0.7%
E08000037	Gateshead	00N	NHS South Tyneside CCG	0.3%	0.2%
E10000013	Gloucestershire	11M	NHS Gloucestershire CCG	97.6%	98.6%
E10000013	Gloucestershire	05F	NHS Herefordshire CCG	0.5%	0.1%
E10000013	Gloucestershire	10Q	NHS Oxfordshire CCG	0.2%	0.2%
E10000013	Gloucestershire	12A	NHS South Gloucestershire CCG	0.3%	0.1%
E10000013	Gloucestershire	05R	NHS South Warwickshire CCG	0.5%	0.2%
E10000013	Gloucestershire	05T	NHS South Worcestershire CCG	1.1%	0.5%
E10000013	Gloucestershire	99N	NHS Wiltshire CCG	0.2%	0.2%
E09000011	Greenwich	07N	NHS Bexley CCG	5.2%	4.3%
E09000011	Greenwich	07Q	NHS Bromley CCG	1.1%	1.3%
E09000011	Greenwich	08A	NHS Greenwich CCG	88.6%	89.9%
E09000011	Greenwich	08L	NHS Lewisham CCG	4.1%	4.5%
E09000012	Hackney	07R	NHS Camden CCG	0.8%	0.7%
E09000012	Hackney	09A	NHS Central London (Westminster) CCG	0.1%	0.1%
E09000012	Hackney	07T	NHS City and Hackney CCG	90.6%	94.6%
E09000012	Hackney	08D	NHS Haringey CCG	0.6%	0.7%
E09000012	Hackney	08H	NHS Islington CCG	4.1%	3.4%
E09000012	Hackney	08V	NHS Tower Hamlets CCG	0.5%	0.5%
E06000006	Halton	01F	NHS Halton CCG	98.2%	96.7%
E06000006	Halton	01J	NHS Knowsley CCG	0.1%	0.2%
E06000006	Halton	99A	NHS Liverpool CCG	0.3%	1.1%
E06000006	Halton	02E	NHS Warrington CCG	0.6%	0.9%
E06000006	Halton	02F	NHS West Cheshire CCG	0.6%	1.2%
E09000013	Hammersmith and Fulham	07P	NHS Brent CCG	0.3%	0.5%
E09000013	Hammersmith and Fulham	07R	NHS Camden CCG	0.0%	0.1%
E09000013	Hammersmith and Fulham	09A	NHS Central London (Westminster) CCG	2.4%	2.3%
E09000013	Hammersmith and Fulham	07W	NHS Ealing CCG	0.6%	1.2%
E09000013	Hammersmith and Fulham	08C	NHS Hammersmith and Fulham CCG	90.9%	88.0%
E09000013	Hammersmith and Fulham	07Y	NHS Hounslow CCG	0.5%	0.8%
E09000013	Hammersmith and Fulham	08Y	NHS West London (K&C & QPP) CCG	6.4%	7.2%
E10000014	Hampshire	10G	NHS Bracknell and Ascot CCG	0.6%	0.0%
E10000014	Hampshire	09G	NHS Coastal West Sussex CCG	0.2%	0.0%
E10000014	Hampshire	11J	NHS Dorset CCG	0.5%	0.3%
E10000014	Hampshire	10K	NHS Fareham and Gosport CCG	98.6%	14.5%
E10000014	Hampshire	09N	NHS Guildford and Waverley CCG	2.9%	0.5%
E10000014	Hampshire	10M	NHS Newbury and District CCG	5.9%	0.5%
E10000014	Hampshire	10N	NHS North & West Reading CCG	0.9%	0.0%
E10000014	Hampshire	99M	NHS North East Hampshire and Farnham CCG	76.4%	12.4%
E10000014	Hampshire	10J	NHS North Hampshire CCG	99.2%	15.9%
E10000014	Hampshire	10R	NHS Portsmouth CCG	4.5%	0.7%
E10000014	Hampshire	10V	NHS South Eastern Hampshire CCG	95.4%	14.6%
E10000014	Hampshire	10X	NHS Southampton CCG	5.5%	1.1%
E10000014	Hampshire	10C	NHS Surrey Heath CCG	0.7%	0.0%

E10000014	Hampshire	11A	NHS West Hampshire CCG	97.7%	39.0%
E10000014	Hampshire	99N	NHS Wiltshire CCG	1.3%	0.5%
E10000014	Hampshire	11D	NHS Wokingham CCG	0.6%	0.0%
E09000014	Haringey	07M	NHS Barnet CCG	1.1%	1.6%
E09000014	Haringey	07R	NHS Camden CCG	0.5%	0.5%
E09000014	Haringey	07T	NHS City and Hackney CCG	3.0%	3.1%
E09000014	Haringey	07X	NHS Enfield CCG	1.3%	1.4%
E09000014	Haringey	08D	NHS Haringey CCG	87.7%	91.6%
E09000014	Haringey	08H	NHS Islington CCG	2.3%	1.9%
E09000015	Harrow	07M	NHS Barnet CCG	4.3%	6.3%
E09000015	Harrow	07P	NHS Brent CCG	3.7%	5.0%
E09000015	Harrow	07W	NHS Ealing CCG	1.3%	1.9%
E09000015	Harrow	08E	NHS Harrow CCG	90.0%	84.3%
E09000015	Harrow	06N	NHS Herts Valleys CCG	0.2%	0.4%
E09000015	Harrow	08G	NHS Hillingdon CCG	1.7%	1.9%
E09000015	Harrow	08Y	NHS West London (K&C & QPP) CCG	0.1%	0.1%
E06000001	Hartlepool	00D	NHS Durham Dales, Easington and Sedgefield CCG	0.1%	0.4%
E06000001	Hartlepool	00K	NHS Hartlepool and Stockton-On-Tees CCG	32.6%	99.6%
E09000016	Havering	07L	NHS Barking and Dagenham CCG	4.0%	3.3%
E09000016	Havering	08F	NHS Havering CCG	92.0%	95.9%
E09000016	Havering	08M	NHS Newham CCG	0.0%	0.1%
E09000016	Havering	08N	NHS Redbridge CCG	0.5%	0.6%
E09000016	Havering	07G	NHS Thurrock CCG	0.1%	0.1%
E06000019	Herefordshire, County of	11M	NHS Gloucestershire CCG	0.3%	0.9%
E06000019	Herefordshire, County of	05F	NHS Herefordshire CCG	98.1%	97.3%
E06000019	Herefordshire, County of	05N	NHS Shropshire CCG	0.3%	0.5%
E06000019	Herefordshire, County of	05T	NHS South Worcestershire CCG	0.8%	1.3%
E10000015	Hertfordshire	10Y	NHS Aylesbury Vale CCG	0.4%	0.0%
E10000015	Hertfordshire	07M	NHS Barnet CCG	0.2%	0.0%
E10000015	Hertfordshire	06F	NHS Bedfordshire CCG	0.1%	0.0%
E10000015	Hertfordshire	06H	NHS Cambridgeshire and Peterborough CCG	2.1%	1.6%
E10000015	Hertfordshire	10H	NHS Chiltern CCG	0.1%	0.0%
E10000015	Hertfordshire	06K	NHS East and North Hertfordshire CCG	96.8%	46.6%
E10000015	Hertfordshire	07X	NHS Enfield CCG	0.3%	0.0%
E10000015	Hertfordshire	08E	NHS Harrow CCG	0.5%	0.1%
E10000015	Hertfordshire	06N	NHS Herts Valleys CCG	98.1%	50.9%
E10000015	Hertfordshire	08G	NHS Hillingdon CCG	2.3%	0.6%
E10000015	Hertfordshire	06P	NHS Luton CCG	0.4%	0.0%
E10000015	Hertfordshire	07H	NHS West Essex CCG	0.7%	0.2%
E09000017	Hillingdon	10H	NHS Chiltern CCG	0.1%	0.1%
E09000017	Hillingdon	07W	NHS Ealing CCG	5.2%	6.9%
E09000017	Hillingdon	08C	NHS Hammersmith and Fulham CCG	0.5%	0.3%
E09000017	Hillingdon	08E	NHS Harrow CCG	2.2%	1.8%
E09000017	Hillingdon	08G	NHS Hillingdon CCG	94.3%	90.0%
E09000017	Hillingdon	07Y	NHS Hounslow CCG	1.0%	0.9%
E09000018	Hounslow	07W	NHS Ealing CCG	5.8%	8.0%
E09000018	Hounslow	08C	NHS Hammersmith and Fulham CCG	1.0%	0.6%
E09000018	Hounslow	08G	NHS Hillingdon CCG	0.2%	0.2%
E09000018	Hounslow	07Y	NHS Hounslow CCG	88.0%	87.1%
E09000018	Hounslow	09Y	NHS North West Surrey CCG	0.3%	0.4%
E09000018	Hounslow	08P	NHS Richmond CCG	5.3%	3.6%
E09000018	Hounslow	08Y	NHS West London (K&C & QPP) CCG	0.1%	0.1%
E06000046	Isle of Wight	10L	NHS Isle of Wight CCG	100.0%	100.0%
E09000019	Islington	07R	NHS Camden CCG	4.4%	4.9%
E09000019	Islington	09A	NHS Central London (Westminster) CCG	0.4%	0.4%
E09000019	Islington	07T	NHS City and Hackney CCG	3.2%	4.1%
E09000019	Islington	08D	NHS Haringey CCG	1.3%	1.7%
E09000019	Islington	08H	NHS Islington CCG	89.8%	89.0%
E09000020	Kensington and Chelsea	07P	NHS Brent CCG	0.0%	0.1%
E09000020	Kensington and Chelsea	07R	NHS Camden CCG	0.2%	0.4%
E09000020	Kensington and Chelsea	09A	NHS Central London (Westminster) CCG	4.1%	5.1%
E09000020	Kensington and Chelsea	08C	NHS Hammersmith and Fulham CCG	0.9%	1.2%
E09000020	Kensington and Chelsea	08Y	NHS West London (K&C & QPP) CCG	64.1%	93.2%
E10000016	Kent	09C	NHS Ashford CCG	100.0%	8.3%
E10000016	Kent	07N	NHS Bexley CCG	1.1%	0.2%
E10000016	Kent	07Q	NHS Bromley CCG	0.8%	0.2%
E10000016	Kent	09E	NHS Canterbury and Coastal CCG	100.0%	14.1%
E10000016	Kent	09J	NHS Dartford, Gravesham and Swanley CCG	98.3%	16.5%
E10000016	Kent	09L	NHS East Surrey CCG	0.1%	0.0%
E10000016	Kent	08A	NHS Greenwich CCG	0.1%	0.0%
E10000016	Kent	09P	NHS Hastings and Rother CCG	0.3%	0.0%
E10000016	Kent	99K	NHS High Weald Lewes Havens CCG	0.6%	0.0%
E10000016	Kent	09W	NHS Medway CCG	6.0%	1.1%
E10000016	Kent	10A	NHS South Kent Coast CCG	100.0%	13.0%
E10000016	Kent	10D	NHS Swale CCG	99.9%	7.1%
E10000016	Kent	10E	NHS Thanet CCG	100.0%	9.3%
E10000016	Kent	99J	NHS West Kent CCG	98.7%	30.4%
E06000010	Kingston upon Hull, City of	02Y	NHS East Riding of Yorkshire CCG	1.3%	1.5%
E06000010	Kingston upon Hull, City of	03F	NHS Hull CCG	90.6%	98.5%
E09000021	Kingston upon Thames	08J	NHS Kingston CCG	87.1%	95.8%
E09000021	Kingston upon Thames	08R	NHS Merton CCG	1.0%	1.2%
E09000021	Kingston upon Thames	08P	NHS Richmond CCG	0.7%	0.8%
E09000021	Kingston upon Thames	99H	NHS Surrey Downs CCG	0.9%	1.5%
E09000021	Kingston upon Thames	08T	NHS Sutton CCG	0.1%	0.1%
E09000021	Kingston upon Thames	08X	NHS Wandsworth CCG	0.3%	0.5%
E08000034	Kirklees	02P	NHS Barnsley CCG	0.1%	0.0%
E08000034	Kirklees	02R	NHS Bradford Districts CCG	1.0%	0.8%
E08000034	Kirklees	02T	NHS Calderdale CCG	1.3%	0.6%
E08000034	Kirklees	03A	NHS Greater Huddersfield CCG	99.5%	54.8%
E08000034	Kirklees	03C	NHS Leeds West CCG	0.3%	0.2%
E08000034	Kirklees	03J	NHS North Kirklees CCG	99.0%	42.4%
E08000034	Kirklees	03R	NHS Wakefield CCG	1.5%	1.2%
E08000011	Knowsley	01F	NHS Halton CCG	1.1%	0.9%
E08000011	Knowsley	01J	NHS Knowsley CCG	86.9%	88.2%
E08000011	Knowsley	99A	NHS Liverpool CCG	2.5%	8.0%
E08000011	Knowsley	01T	NHS South Sefton CCG	0.2%	0.1%
E08000011	Knowsley	01X	NHS St Helens CCG	2.3%	2.9%

E09000022	Lambeth	09A	NHS Central London (Westminster) CCG	0.7%	0.4%
E09000022	Lambeth	07V	NHS Croydon CCG	0.7%	0.8%
E09000022	Lambeth	08K	NHS Lambeth CCG	86.8%	92.7%
E09000022	Lambeth	08R	NHS Merton CCG	1.2%	0.7%
E09000022	Lambeth	08Q	NHS Southwark CCG	1.8%	1.6%
E09000022	Lambeth	08X	NHS Wandsworth CCG	3.6%	3.8%
E10000017	Lancashire	02N	NHS Airedale, 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	13.0%	1.8%
E10000017	Lancashire	00T	NHS Bolton CCG	0.3%	0.0%
E10000017	Lancashire	00V	NHS Bury CCG	1.4%	0.2%
E10000017	Lancashire	00X	NHS Chorley and South Ribble CCG	99.8%	14.5%
E10000017	Lancashire	01H	NHS Cumbria CCG	1.4%	0.6%
E10000017	Lancashire	01A	NHS East Lancashire CCG	98.9%	30.0%
E10000017	Lancashire	02M	NHS Fylde & Wyre CCG	97.4%	11.9%
E10000017	Lancashire	01E	NHS Greater Preston CCG	100.0%	17.1%
E10000017	Lancashire	01D	NHS Heywood, Middleton and Rochdale CCG	0.9%	0.2%
E10000017	Lancashire	01J	NHS Knowsley CCG	0.1%	0.0%
E10000017	Lancashire	01K	NHS Lancashire North CCG	99.8%	12.8%
E10000017	Lancashire	01T	NHS South Sefton CCG	0.5%	0.0%
E10000017	Lancashire	01V	NHS Southport and Formby CCG	3.0%	0.3%
E10000017	Lancashire	01X	NHS St Helens CCG	0.5%	0.0%
E10000017	Lancashire	02G	NHS West Lancashire CCG	97.1%	8.8%
E10000017	Lancashire	02H	NHS Wigan Borough CCG	0.8%	0.2%
E08000035	Leeds	02W	NHS Bradford City CCG	0.6%	0.0%
E08000035	Leeds	02R	NHS Bradford Districts CCG	0.7%	0.3%
E08000035	Leeds	02V	NHS Leeds North CCG	96.4%	24.3%
E08000035	Leeds	03G	NHS Leeds South and East CCG	98.5%	31.9%
E08000035	Leeds	03C	NHS Leeds West CCG	97.9%	42.7%
E08000035	Leeds	03J	NHS North Kirklees CCG	0.3%	0.0%
E08000035	Leeds	03Q	NHS Vale of York CCG	0.6%	0.2%
E08000035	Leeds	03R	NHS Wakefield CCG	1.5%	0.6%
E06000016	Leicester	03W	NHS East Leicestershire and Rutland CCG	2.5%	2.2%
E06000016	Leicester	04C	NHS Leicester City CCG	92.5%	95.2%
E06000016	Leicester	04V	NHS West Leicestershire CCG	2.6%	2.6%
E10000018	Leicestershire	03V	NHS Corby CCG	0.6%	0.0%
E10000018	Leicestershire	03W	NHS East Leicestershire and Rutland CCG	85.3%	40.1%
E10000018	Leicestershire	04C	NHS Leicester City CCG	7.5%	4.2%
E10000018	Leicestershire	04N	NHS Rushcliffe CCG	5.4%	1.0%
E10000018	Leicestershire	04Q	NHS South West Lincolnshire CCG	5.7%	1.1%
E10000018	Leicestershire	04R	NHS Southern Derbyshire CCG	0.6%	0.5%
E10000018	Leicestershire	05H	NHS Warwickshire North CCG	1.6%	0.4%
E10000018	Leicestershire	04V	NHS West Leicestershire CCG	96.2%	52.7%
E09000023	Lewisham	07Q	NHS Bromley CCG	1.3%	1.5%
E09000023	Lewisham	09A	NHS Central London (Westminster) CCG	0.1%	0.1%
E09000023	Lewisham	08A	NHS Greenwich CCG	2.2%	2.0%
E09000023	Lewisham	08K	NHS Lambeth CCG	0.2%	0.3%
E09000023	Lewisham	08L	NHS Lewisham CCG	92.1%	92.5%
E09000023	Lewisham	08Q	NHS Southwark CCG	3.7%	3.7%
E10000019	Lincolnshire	06H	NHS Cambridgeshire and Peterborough CCG	0.2%	0.2%
E10000019	Lincolnshire	03W	NHS East Leicestershire and Rutland CCG	0.2%	0.0%
E10000019	Lincolnshire	03T	NHS Lincolnshire East CCG	99.2%	32.1%
E10000019	Lincolnshire	04D	NHS Lincolnshire West CCG	98.5%	30.4%
E10000019	Lincolnshire	04H	NHS Newark & Sherwood CCG	2.4%	0.4%
E10000019	Lincolnshire	03H	NHS North East Lincolnshire CCG	2.7%	0.6%
E10000019	Lincolnshire	03K	NHS North Lincolnshire CCG	2.6%	0.6%
E10000019	Lincolnshire	99D	NHS South Lincolnshire CCG	90.6%	19.5%
E10000019	Lincolnshire	04Q	NHS South West Lincolnshire CCG	93.2%	16.2%
E08000012	Liverpool	01J	NHS Knowsley CCG	8.5%	2.8%
E08000012	Liverpool	99A	NHS Liverpool CCG	94.3%	96.2%
E08000012	Liverpool	01T	NHS South Sefton CCG	3.3%	1.0%
E06000032	Luton	06F	NHS Bedfordshire CCG	2.3%	4.5%
E06000032	Luton	06P	NHS Luton CCG	97.2%	95.5%
E08000003	Manchester	00V	NHS Bury CCG	0.3%	0.1%
E08000003	Manchester	00W	NHS Central Manchester CCG	93.7%	36.9%
E08000003	Manchester	01D	NHS Heywood, Middleton and Rochdale CCG	0.5%	0.2%
E08000003	Manchester	01M	NHS North Manchester CCG	85.1%	30.3%
E08000003	Manchester	00Y	NHS Oldham CCG	0.9%	0.4%
E08000003	Manchester	01G	NHS Salford CCG	2.5%	1.1%
E08000003	Manchester	01N	NHS South Manchester CCG	93.9%	28.2%
E08000003	Manchester	01W	NHS Stockport CCG	1.5%	0.8%
E08000003	Manchester	01Y	NHS Tameside and Glossop CCG	0.4%	0.2%
E08000003	Manchester	02A	NHS Trafford CCG	4.3%	1.8%
E06000035	Medway	09J	NHS Dartford, Gravesham and Swanley CCG	0.2%	0.2%
E06000035	Medway	09W	NHS Medway CCG	94.0%	99.5%
E06000035	Medway	10D	NHS Swale CCG	0.1%	0.0%
E06000035	Medway	99J	NHS West Kent CCG	0.2%	0.3%
E09000024	Merton	07V	NHS Croydon CCG	0.5%	0.8%
E09000024	Merton	08J	NHS Kingston CCG	3.5%	3.0%
E09000024	Merton	08K	NHS Lambeth CCG	0.9%	1.4%
E09000024	Merton	08R	NHS Merton CCG	87.7%	81.5%
E09000024	Merton	08T	NHS Sutton CCG	3.4%	2.7%
E09000024	Merton	08X	NHS Wandsworth CCG	6.5%	10.5%
E06000002	Middlesbrough	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.2%	0.2%
E06000002	Middlesbrough	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.3%
E06000002	Middlesbrough	00M	NHS South Tees CCG	52.0%	99.5%
E06000042	Milton Keynes	06F	NHS Bedfordshire CCG	1.5%	2.5%
E06000042	Milton Keynes	04F	NHS Milton Keynes CCG	95.5%	96.1%
E06000042	Milton Keynes	04G	NHS Nene CCG	0.6%	1.4%
E08000021	Newcastle upon Tyne	13T	NHS Newcastle Gateshead CCG	58.0%	95.0%
E08000021	Newcastle upon Tyne	99C	NHS North Tyneside CCG	6.0%	4.2%
E08000021	Newcastle upon Tyne	00L	NHS Northumberland CCG	0.8%	0.8%
E09000025	Newham	07L	NHS Barking and Dagenham CCG	0.5%	0.3%
E09000025	Newham	09A	NHS Central London (Westminster) CCG	0.1%	0.0%
E09000025	Newham	07T	NHS City and Hackney CCG	0.1%	0.0%
E09000025	Newham	08M	NHS Newham CCG	96.9%	97.9%
E09000025	Newham	08N	NHS Redbridge CCG	0.2%	0.2%

E09000025	Newham	08V	NHS Tower Hamlets CCG	0.2%	0.2%
E09000025	Newham	08W	NHS Waltham Forest CCG	1.7%	1.4%
E10000020	Norfolk	06H	NHS Cambridgeshire and Peterborough CCG	0.7%	0.7%
E10000020	Norfolk	06M	NHS Great Yarmouth and Waveney CCG	47.5%	12.3%
E10000020	Norfolk	06L	NHS Ipswich and East Suffolk CCG	0.1%	0.0%
E10000020	Norfolk	06V	NHS North Norfolk CCG	100.0%	18.8%
E10000020	Norfolk	06W	NHS Norwich CCG	100.0%	23.7%
E10000020	Norfolk	99D	NHS South Lincolnshire CCG	0.2%	0.0%
E10000020	Norfolk	06Y	NHS South Norfolk CCG	98.8%	25.3%
E10000020	Norfolk	07J	NHS West Norfolk CCG	98.5%	18.5%
E10000020	Norfolk	07K	NHS West Suffolk CCG	2.6%	0.7%
E06000012	North East Lincolnshire	03T	NHS Lincolnshire East CCG	0.8%	1.2%
E06000012	North East Lincolnshire	03H	NHS North East Lincolnshire CCG	95.9%	98.7%
E06000012	North East Lincolnshire	03K	NHS North Lincolnshire CCG	0.1%	0.2%
E06000013	North Lincolnshire	02Q	NHS Bassetlaw CCG	0.2%	0.1%
E06000013	North Lincolnshire	02X	NHS Doncaster CCG	0.0%	0.1%
E06000013	North Lincolnshire	02Y	NHS East Riding of Yorkshire CCG	0.0%	0.1%
E06000013	North Lincolnshire	04D	NHS Lincolnshire West CCG	1.0%	1.4%
E06000013	North Lincolnshire	03H	NHS North East Lincolnshire CCG	1.4%	1.4%
E06000013	North Lincolnshire	03K	NHS North Lincolnshire CCG	97.2%	96.8%
E06000024	North Somerset	11E	NHS Bath and North East Somerset CCG	1.7%	1.6%
E06000024	North Somerset	11H	NHS Bristol CCG	0.3%	0.6%
E06000024	North Somerset	11T	NHS North Somerset CCG	99.1%	97.7%
E06000024	North Somerset	11X	NHS Somerset CCG	0.0%	0.2%
E08000022	North Tyneside	13T	NHS Newcastle Gateshead CCG	1.0%	2.5%
E08000022	North Tyneside	99C	NHS North Tyneside CCG	93.1%	96.4%
E08000022	North Tyneside	00L	NHS Northumberland CCG	0.7%	1.1%
E10000023	North Yorkshire	02N	NHS Airedale, 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	1.3%	0.7%
E10000023	North Yorkshire	03D	NHS Hambleton, Richmondshire and Whitby CCG	98.7%	22.9%
E10000023	North Yorkshire	03E	NHS Harrogate and Rural District CCG	99.9%	26.3%
E10000023	North Yorkshire	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.0%
E10000023	North Yorkshire	02V	NHS Leeds North CCG	3.0%	1.0%
E10000023	North Yorkshire	03G	NHS Leeds South and East CCG	0.5%	0.2%
E10000023	North Yorkshire	03M	NHS Scarborough and Ryedale CCG	99.3%	19.2%
E10000023	North Yorkshire	03Q	NHS Vale of York CCG	32.6%	18.7%
E10000023	North Yorkshire	03R	NHS Wakefield CCG	2.0%	1.2%
E10000021	Northamptonshire	10Y	NHS Aylesbury Vale CCG	0.1%	0.0%
E10000021	Northamptonshire	06F	NHS Bedfordshire CCG	0.1%	0.0%
E10000021	Northamptonshire	06H	NHS Cambridgeshire and Peterborough CCG	1.6%	1.9%
E10000021	Northamptonshire	03V	NHS Corby CCG	99.1%	9.6%
E10000021	Northamptonshire	05A	NHS Coventry and Rugby CCG	0.3%	0.2%
E10000021	Northamptonshire	03W	NHS East Leicestershire and Rutland CCG	1.9%	0.8%
E10000021	Northamptonshire	04F	NHS Milton Keynes CCG	3.2%	1.2%
E10000021	Northamptonshire	04G	NHS Nene CCG	98.8%	85.0%
E10000021	Northamptonshire	10Q	NHS Oxfordshire CCG	1.2%	1.1%
E10000021	Northamptonshire	99D	NHS South Lincolnshire CCG	0.9%	0.2%
E06000057	Northumberland	01H	NHS Cumbria CCG	0.0%	0.1%
E06000057	Northumberland	13T	NHS Newcastle Gateshead CCG	0.3%	0.4%
E06000057	Northumberland	00J	NHS North Durham CCG	0.2%	0.2%
E06000057	Northumberland	99C	NHS North Tyneside CCG	0.9%	0.6%
E06000057	Northumberland	00L	NHS Northumberland CCG	98.0%	98.7%
E06000018	Nottingham	04K	NHS Nottingham City CCG	89.7%	94.8%
E06000018	Nottingham	04L	NHS Nottingham North and East CCG	4.7%	2.1%
E06000018	Nottingham	04M	NHS Nottingham West CCG	5.7%	1.6%
E06000018	Nottingham	04N	NHS Rushcliffe CCG	4.1%	1.5%
E10000024	Nottinghamshire	02Q	NHS Bassetlaw CCG	97.5%	13.5%
E10000024	Nottinghamshire	02X	NHS Doncaster CCG	1.7%	0.6%
E10000024	Nottinghamshire	03W	NHS East Leicestershire and Rutland CCG	0.3%	0.1%
E10000024	Nottinghamshire	03X	NHS Erewash CCG	7.8%	0.9%
E10000024	Nottinghamshire	03Y	NHS Hardwick CCG	5.1%	0.6%
E10000024	Nottinghamshire	04D	NHS Lincolnshire West CCG	0.4%	0.1%
E10000024	Nottinghamshire	04E	NHS Mansfield and Ashfield CCG	98.1%	22.5%
E10000024	Nottinghamshire	04H	NHS Newark & Sherwood CCG	97.6%	15.5%
E10000024	Nottinghamshire	04K	NHS Nottingham City CCG	10.3%	4.4%
E10000024	Nottinghamshire	04L	NHS Nottingham North and East CCG	95.0%	17.3%
E10000024	Nottinghamshire	04M	NHS Nottingham West CCG	89.3%	10.2%
E10000024	Nottinghamshire	04N	NHS Rushcliffe CCG	90.5%	13.6%
E10000024	Nottinghamshire	04Q	NHS South West Lincolnshire CCG	0.7%	0.1%
E10000024	Nottinghamshire	04R	NHS Southern Derbyshire CCG	0.6%	0.4%
E10000024	Nottinghamshire	04V	NHS West Leicestershire CCG	0.1%	0.0%
E08000004	Oldham	01D	NHS Heywood, Middleton and Rochdale CCG	1.4%	1.3%
E08000004	Oldham	01M	NHS North Manchester CCG	2.6%	2.1%
E08000004	Oldham	00Y	NHS Oldham CCG	94.7%	96.3%
E08000004	Oldham	01Y	NHS Tameside and Glossop CCG	0.2%	0.2%
E10000025	Oxfordshire	10Y	NHS Aylesbury Vale CCG	6.2%	1.8%
E10000025	Oxfordshire	11M	NHS Gloucestershire CCG	0.2%	0.2%
E10000025	Oxfordshire	04G	NHS Nene CCG	0.1%	0.1%
E10000025	Oxfordshire	10M	NHS Newbury and District CCG	0.1%	0.0%
E10000025	Oxfordshire	10N	NHS North & West Reading CCG	2.0%	0.3%
E10000025	Oxfordshire	10Q	NHS Oxfordshire CCG	97.3%	96.6%
E10000025	Oxfordshire	05R	NHS South Warwickshire CCG	0.7%	0.3%
E10000025	Oxfordshire	12D	NHS Swindon CCG	2.6%	0.8%
E06000031	Peterborough	06H	NHS Cambridgeshire and Peterborough CCG	22.6%	96.1%
E06000031	Peterborough	99D	NHS South Lincolnshire CCG	5.2%	3.9%
E06000026	Plymouth	99P	NHS North, East, West Devon CCG	29.3%	100.0%
E06000044	Portsmouth	10K	NHS Fareham and Gosport CCG	1.4%	1.3%
E06000044	Portsmouth	10R	NHS Portsmouth CCG	95.5%	98.4%
E06000044	Portsmouth	10V	NHS South Eastern Hampshire CCG	0.3%	0.3%
E06000038	Reading	10N	NHS North & West Reading CCG	61.2%	36.6%
E06000038	Reading	10Q	NHS Oxfordshire CCG	0.2%	0.6%
E06000038	Reading	10W	NHS South Reading CCG	79.9%	60.1%

E06000038	Reading	11D	NHS Wokingham CCG	3.1%	2.7%
E09000026	Redbridge	07L	NHS Barking and Dagenham CCG	5.6%	3.8%
E09000026	Redbridge	08F	NHS Havering CCG	0.9%	0.8%
E09000026	Redbridge	08M	NHS Newham CCG	1.5%	1.8%
E09000026	Redbridge	08N	NHS Redbridge CCG	92.6%	88.7%
E09000026	Redbridge	08W	NHS Waltham Forest CCG	3.4%	3.2%
E09000026	Redbridge	07H	NHS West Essex CCG	1.8%	1.7%
E06000003	Redcar and Cleveland	03D	NHS Hambleton, Richmondshire and Whitby CCG	1.0%	1.0%
E06000003	Redcar and Cleveland	00M	NHS South Tees CCG	47.7%	99.0%
E09000027	Richmond upon Thames	08C	NHS Hammersmith and Fulham CCG	0.4%	0.4%
E09000027	Richmond upon Thames	07Y	NHS Hounslow CCG	5.0%	7.1%
E09000027	Richmond upon Thames	08J	NHS Kingston CCG	1.6%	1.5%
E09000027	Richmond upon Thames	08P	NHS Richmond CCG	92.2%	90.3%
E09000027	Richmond upon Thames	99H	NHS Surrey Downs CCG	0.0%	0.1%
E09000027	Richmond upon Thames	08X	NHS Wandsworth CCG	0.3%	0.6%
E08000005	Rochdale	00V	NHS Bury CCG	0.6%	0.5%
E08000005	Rochdale	01A	NHS East Lancashire CCG	0.2%	0.3%
E08000005	Rochdale	01D	NHS Heywood, Middleton and Rochdale CCG	96.6%	96.6%
E08000005	Rochdale	01M	NHS North Manchester CCG	1.8%	1.6%
E08000005	Rochdale	00Y	NHS Oldham CCG	0.8%	0.9%
E08000018	Rotherham	02P	NHS Barnsley CCG	3.4%	3.2%
E08000018	Rotherham	02Q	NHS Bassetlaw CCG	0.9%	0.4%
E08000018	Rotherham	02X	NHS Doncaster CCG	1.1%	1.3%
E08000018	Rotherham	03L	NHS Rotherham CCG	97.9%	93.5%
E08000018	Rotherham	03N	NHS Sheffield CCG	0.7%	1.6%
E06000017	Rutland	06H	NHS Cambridgeshire and Peterborough CCG	0.0%	0.3%
E06000017	Rutland	03V	NHS Corby CCG	0.3%	0.6%
E06000017	Rutland	03W	NHS East Leicestershire and Rutland CCG	9.8%	85.6%
E06000017	Rutland	99D	NHS South Lincolnshire CCG	2.7%	12.0%
E06000017	Rutland	04Q	NHS South West Lincolnshire CCG	0.4%	1.5%
E08000006	Salford	00T	NHS Bolton CCG	0.2%	0.3%
E08000006	Salford	00V	NHS Bury CCG	1.8%	1.4%
E08000006	Salford	00W	NHS Central Manchester CCG	0.3%	0.3%
E08000006	Salford	01M	NHS North Manchester CCG	2.1%	1.7%
E08000006	Salford	01G	NHS Salford CCG	93.9%	95.1%
E08000006	Salford	02A	NHS Trafford CCG	0.2%	0.1%
E08000006	Salford	02H	NHS Wigan Borough CCG	0.9%	1.2%
E08000028	Sandwell	13P	NHS Birmingham Crosscity CCG	2.8%	6.2%
E08000028	Sandwell	04X	NHS Birmingham South and Central CCG	0.2%	0.2%
E08000028	Sandwell	05C	NHS Dudley CCG	3.0%	2.8%
E08000028	Sandwell	05L	NHS Sandwell and West Birmingham CCG	54.3%	89.2%
E08000028	Sandwell	05Y	NHS Walsall CCG	1.6%	1.3%
E08000028	Sandwell	06A	NHS Wolverhampton CCG	0.3%	0.3%
E08000014	Sefton	01J	NHS Knowsley CCG	1.8%	1.0%
E08000014	Sefton	99A	NHS Liverpool CCG	2.9%	5.2%
E08000014	Sefton	01T	NHS South Sefton CCG	96.1%	51.9%
E08000014	Sefton	01V	NHS Southport and Formby CCG	97.0%	41.9%
E08000014	Sefton	02G	NHS West Lancashire CCG	0.3%	0.1%
E08000019	Sheffield	02P	NHS Barnsley CCG	0.8%	0.4%
E08000019	Sheffield	03Y	NHS Hardwick CCG	0.4%	0.0%
E08000019	Sheffield	04J	NHS North Derbyshire CCG	0.7%	0.3%
E08000019	Sheffield	03L	NHS Rotherham CCG	0.3%	0.1%
E08000019	Sheffield	03N	NHS Sheffield CCG	98.6%	99.2%
E06000051	Shropshire	05F	NHS Herefordshire CCG	0.5%	0.3%
E06000051	Shropshire	05G	NHS North Staffordshire CCG	0.4%	0.3%
E06000051	Shropshire	05N	NHS Shropshire CCG	96.5%	95.4%
E06000051	Shropshire	01R	NHS South Cheshire CCG	0.5%	0.3%
E06000051	Shropshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	1.2%	0.9%
E06000051	Shropshire	05T	NHS South Worcestershire CCG	1.0%	1.0%
E06000051	Shropshire	05X	NHS Telford and Wrekin CCG	2.4%	1.4%
E06000051	Shropshire	02F	NHS West Cheshire CCG	0.2%	0.1%
E06000051	Shropshire	06D	NHS Wyre Forest CCG	0.7%	0.3%
E06000039	Slough	10H	NHS Chiltern CCG	3.2%	6.7%
E06000039	Slough	10T	NHS Slough CCG	96.6%	92.9%
E06000039	Slough	11C	NHS Windsor, Ascot and Maidenhead CCG	0.4%	0.4%
E08000029	Solihull	13P	NHS Birmingham Crosscity CCG	2.0%	6.8%
E08000029	Solihull	04X	NHS Birmingham South and Central CCG	0.3%	0.3%
E08000029	Solihull	05A	NHS Coventry and Rugby CCG	0.0%	0.1%
E08000029	Solihull	05J	NHS Redditch and Bromsgrove CCG	0.4%	0.3%
E08000029	Solihull	05P	NHS Solihull CCG	83.8%	91.7%
E08000029	Solihull	05R	NHS South Warwickshire CCG	0.4%	0.5%
E08000029	Solihull	05H	NHS Warwickshire North CCG	0.2%	0.2%
E10000027	Somerset	11E	NHS Bath and North East Somerset CCG	3.1%	1.1%
E10000027	Somerset	11J	NHS Dorset CCG	0.5%	0.7%
E10000027	Somerset	11T	NHS North Somerset CCG	0.9%	0.3%
E10000027	Somerset	99P	NHS North, East, West Devon CCG	0.3%	0.5%
E10000027	Somerset	11X	NHS Somerset CCG	98.5%	97.3%
E10000027	Somerset	99N	NHS Wiltshire CCG	0.1%	0.0%
E06000025	South Gloucestershire	11E	NHS Bath and North East Somerset CCG	0.6%	0.4%
E06000025	South Gloucestershire	11H	NHS Bristol CCG	4.7%	8.2%
E06000025	South Gloucestershire	11M	NHS Gloucestershire CCG	0.8%	1.8%
E06000025	South Gloucestershire	12A	NHS South Gloucestershire CCG	95.0%	89.4%
E06000025	South Gloucestershire	99N	NHS Wiltshire CCG	0.0%	0.1%
E08000023	South Tyneside	13T	NHS Newcastle Gateshead CCG	0.0%	0.1%
E08000023	South Tyneside	00N	NHS South Tyneside CCG	99.3%	99.2%
E08000023	South Tyneside	00P	NHS Sunderland CCG	0.3%	0.6%
E06000045	Southampton	10X	NHS Southampton CCG	94.5%	99.6%
E06000045	Southampton	11A	NHS West Hampshire CCG	0.2%	0.4%
E06000033	Southend-on-Sea	99F	NHS Castle Point and Rochford CCG	4.6%	4.5%
E06000033	Southend-on-Sea	99G	NHS Southend CCG	96.6%	95.5%
E09000028	Southwark	07R	NHS Camden CCG	0.5%	0.4%
E09000028	Southwark	09A	NHS Central London (Westminster) CCG	2.0%	1.3%
E09000028	Southwark	08K	NHS Lambeth CCG	6.6%	7.6%
E09000028	Southwark	08L	NHS Lewisham CCG	1.9%	1.8%
E09000028	Southwark	08Q	NHS Southwark CCG	94.5%	88.9%
E09000028	Southwark	08X	NHS Wandsworth CCG	0.0%	0.1%
E08000013	St. Helens	01F	NHS Halton CCG	0.2%	0.1%

E08000013	St. Helens	01J	NHS Knowsley CCG	2.6%	2.3%
E08000013	St. Helens	01X	NHS St Helens CCG	91.1%	96.5%
E08000013	St. Helens	02H	NHS Wigan Borough CCG	0.6%	1.1%
E10000028	Staffordshire	13P	NHS Birmingham Crosscity CCG	0.5%	0.4%
E10000028	Staffordshire	04Y	NHS Cannock Chase CCG	99.3%	14.9%
E10000028	Staffordshire	05C	NHS Dudley CCG	1.4%	0.5%
E10000028	Staffordshire	05D	NHS East Staffordshire CCG	91.9%	14.5%
E10000028	Staffordshire	01C	NHS Eastern Cheshire CCG	0.6%	0.1%
E10000028	Staffordshire	04J	NHS North Derbyshire CCG	0.7%	0.2%
E10000028	Staffordshire	05G	NHS North Staffordshire CCG	95.1%	23.5%
E10000028	Staffordshire	05N	NHS Shropshire CCG	1.1%	0.4%
E10000028	Staffordshire	01R	NHS South Cheshire CCG	0.5%	0.1%
E10000028	Staffordshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	96.2%	23.7%
E10000028	Staffordshire	04R	NHS Southern Derbyshire CCG	0.5%	0.3%
E10000028	Staffordshire	05V	NHS Stafford and Surrounds CCG	99.5%	16.6%
E10000028	Staffordshire	05W	NHS Stoke on Trent CCG	8.9%	2.9%
E10000028	Staffordshire	05X	NHS Telford and Wrekin CCG	1.0%	0.2%
E10000028	Staffordshire	05Y	NHS Walsall CCG	1.6%	0.5%
E10000028	Staffordshire	05H	NHS Warwickshire North CCG	1.2%	0.2%
E10000028	Staffordshire	06A	NHS Wolverhampton CCG	2.8%	0.9%
E10000028	Staffordshire	06D	NHS Wyre Forest CCG	0.2%	0.0%
E08000007	Stockport	00W	NHS Central Manchester CCG	0.7%	0.6%
E08000007	Stockport	01C	NHS Eastern Cheshire CCG	1.6%	1.1%
E08000007	Stockport	01N	NHS South Manchester CCG	2.9%	1.7%
E08000007	Stockport	01W	NHS Stockport CCG	95.2%	96.5%
E08000007	Stockport	01Y	NHS Tameside and Glossop CCG	0.2%	0.2%
E06000004	Stockton-on-Tees	00C	NHS Darlington CCG	0.4%	0.2%
E06000004	Stockton-on-Tees	00D	NHS Durham Dales, Easington and Sedgefield CCG	0.3%	0.5%
E06000004	Stockton-on-Tees	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.1%	0.1%
E06000004	Stockton-on-Tees	00K	NHS Hartlepool and Stockton-On-Tees CCG	66.8%	98.7%
E06000004	Stockton-on-Tees	00M	NHS South Tees CCG	0.3%	0.5%
E06000021	Stoke-on-Trent	05G	NHS North Staffordshire CCG	3.4%	2.7%
E06000021	Stoke-on-Trent	05V	NHS Stafford and Surrounds CCG	0.5%	0.3%
E06000021	Stoke-on-Trent	05W	NHS Stoke on Trent CCG	91.1%	97.0%
E10000029	Suffolk	06H	NHS Cambridgeshire and Peterborough CCG	0.1%	0.2%
E10000029	Suffolk	06M	NHS Great Yarmouth and Waveney CCG	52.5%	16.5%
E10000029	Suffolk	06L	NHS Ipswich and East Suffolk CCG	99.6%	52.8%
E10000029	Suffolk	06T	NHS North East Essex CCG	1.3%	0.6%
E10000029	Suffolk	06Y	NHS South Norfolk CCG	1.2%	0.4%
E10000029	Suffolk	07K	NHS West Suffolk CCG	91.0%	29.6%
E08000024	Sunderland	00D	NHS Durham Dales, Easington and Sedgefield CCG	0.7%	0.7%
E08000024	Sunderland	13T	NHS Newcastle Gateshead CCG	0.5%	0.8%
E08000024	Sunderland	00J	NHS North Durham CCG	2.3%	2.0%
E08000024	Sunderland	00N	NHS South Tyneside CCG	0.4%	0.2%
E08000024	Sunderland	00P	NHS Sunderland CCG	98.5%	96.2%
E10000030	Surrey	10G	NHS Bracknell and Ascot CCG	1.7%	0.2%
E10000030	Surrey	07Q	NHS Bromley CCG	0.4%	0.1%
E10000030	Surrey	09G	NHS Coastal West Sussex CCG	0.2%	0.0%
E10000030	Surrey	09H	NHS Crawley CCG	6.6%	0.7%
E10000030	Surrey	07V	NHS Croydon CCG	1.2%	0.4%
E10000030	Surrey	09L	NHS East Surrey CCG	96.6%	14.1%
E10000030	Surrey	09N	NHS Guildford and Waverley CCG	94.0%	16.9%
E10000030	Surrey	09X	NHS Horsham and Mid Sussex CCG	1.6%	0.3%
E10000030	Surrey	07Y	NHS Hounslow CCG	0.5%	0.1%
E10000030	Surrey	08J	NHS Kingston CCG	4.4%	0.7%
E10000030	Surrey	08R	NHS Merton CCG	0.2%	0.0%
E10000030	Surrey	99M	NHS North East Hampshire and Farnham CCG	23.0%	4.2%
E10000030	Surrey	10J	NHS North Hampshire CCG	0.1%	0.0%
E10000030	Surrey	09Y	NHS North West Surrey CCG	99.5%	29.6%
E10000030	Surrey	08P	NHS Richmond CCG	0.5%	0.0%
E10000030	Surrey	10V	NHS South Eastern Hampshire CCG	0.1%	0.0%
E10000030	Surrey	99H	NHS Surrey Downs CCG	97.1%	23.9%
E10000030	Surrey	10C	NHS Surrey Heath CCG	99.0%	7.6%
E10000030	Surrey	08T	NHS Sutton CCG	1.2%	0.2%
E10000030	Surrey	99J	NHS West Kent CCG	0.2%	0.0%
E10000030	Surrey	11C	NHS Windsor, Ascot and Maidenhead CCG	7.7%	1.0%
E09000029	Sutton	07V	NHS Croydon CCG	1.0%	1.9%
E09000029	Sutton	08J	NHS Kingston CCG	3.3%	3.2%
E09000029	Sutton	08K	NHS Lambeth CCG	0.1%	0.2%
E09000029	Sutton	08R	NHS Merton CCG	6.2%	6.5%
E09000029	Sutton	99H	NHS Surrey Downs CCG	1.4%	2.0%
E09000029	Sutton	08T	NHS Sutton CCG	94.5%	86.0%
E09000029	Sutton	08X	NHS Wandsworth CCG	0.1%	0.2%
E06000030	Swindon	11M	NHS Gloucestershire CCG	0.0%	0.2%
E06000030	Swindon	12D	NHS Swindon CCG	96.3%	98.4%
E06000030	Swindon	99N	NHS Wiltshire CCG	0.6%	1.4%
E08000008	Tameside	00W	NHS Central Manchester CCG	0.5%	0.5%
E08000008	Tameside	01M	NHS North Manchester CCG	6.4%	5.5%
E08000008	Tameside	00Y	NHS Oldham CCG	3.6%	3.8%
E08000008	Tameside	01W	NHS Stockport CCG	1.6%	2.1%
E08000008	Tameside	01Y	NHS Tameside and Glossop CCG	85.1%	88.1%
E06000020	Telford and Wrekin	05N	NHS Shropshire CCG	1.8%	3.0%
E06000020	Telford and Wrekin	05X	NHS Telford and Wrekin CCG	96.7%	97.0%
E06000034	Thurrock	07L	NHS Barking and Dagenham CCG	0.2%	0.2%
E06000034	Thurrock	99E	NHS Basildon and Brentwood CCG	0.2%	0.2%
E06000034	Thurrock	08F	NHS Havering CCG	0.1%	0.2%
E06000034	Thurrock	07G	NHS Thurrock CCG	98.4%	99.3%
E06000027	Torbay	99Q	NHS South Devon and Torbay CCG	48.9%	100.0%
E09000030	Tower Hamlets	07R	NHS Camden CCG	1.1%	0.9%
E09000030	Tower Hamlets	09A	NHS Central London (Westminster) CCG	0.3%	0.2%
E09000030	Tower Hamlets	07T	NHS City and Hackney CCG	0.8%	0.8%
E09000030	Tower Hamlets	08M	NHS Newham CCG	0.2%	0.3%
E09000030	Tower Hamlets	08V	NHS Tower Hamlets CCG	98.9%	97.7%
E08000009	Trafford	00W	NHS Central Manchester CCG	4.7%	4.3%
E08000009	Trafford	01G	NHS Salford CCG	0.1%	0.1%
E08000009	Trafford	01N	NHS South Manchester CCG	3.2%	2.2%
E08000009	Trafford	02A	NHS Trafford CCG	95.3%	93.2%

E08000009	Trafford	02E	NHS Warrington CCG	0.1%	0.1%
E08000036	Wakefield	02P	NHS Barnsley CCG	0.8%	0.6%
E08000036	Wakefield	03G	NHS Leeds South and East CCG	1.0%	0.8%
E08000036	Wakefield	03C	NHS Leeds West CCG	0.1%	0.2%
E08000036	Wakefield	03J	NHS North Kirklees CCG	0.6%	0.3%
E08000036	Wakefield	03R	NHS Wakefield CCG	94.6%	98.1%
E08000030	Walsall	13P	NHS Birmingham Crosscity CCG	1.8%	4.7%
E08000030	Walsall	04Y	NHS Cannock Chase CCG	0.7%	0.3%
E08000030	Walsall	05L	NHS Sandwell and West Birmingham CCG	1.6%	3.1%
E08000030	Walsall	05Y	NHS Walsall CCG	92.4%	90.7%
E08000030	Walsall	06A	NHS Wolverhampton CCG	1.3%	1.2%
E09000031	Waltham Forest	07T	NHS City and Hackney CCG	0.3%	0.3%
E09000031	Waltham Forest	08M	NHS Newham CCG	1.1%	1.5%
E09000031	Waltham Forest	08N	NHS Redbridge CCG	1.4%	1.4%
E09000031	Waltham Forest	08W	NHS Waltham Forest CCG	94.3%	96.8%

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