

HEALTH & WELLBEING BOARD

Date of Meeting: 24 11 2021

Subject: Better Care Fund (BCF)

Presented by: Emma Overton

Status of Report (auto check relevant box):

For Information ☐
For Discussion ☒
Report Exempt from Public Disclosure ☒ No ☐ Yes

Executive Summary:

The Better Care Fund (BCF) is designed to promote integration between health and social care, and to create a local single pooled budget to incentivise the NHS and local government to work more closely together. BCF has not been the driver for integration in North East Lincolnshire (NEL), where an agreement under s75 of the NHS Act 2006, and pooled budget arrangements, have been in place since 2007.

Each area is required to produce a BCF plan annually, evidencing its progress towards integration since the last plan, and its focus during the coming year. Plans are expected to be a continuation of previous plans, and must be produced in accordance with each year's BCF guidance issued by the Department of Health and Social Care (DHSC).

No plan was requested by DHSC (acting via NHS England - NHSE) last year due to covid. This year areas were advised on 4th October that a draft plan was to be submitted to regional NHSE on 19th October, and the final plan on 16th November (incorporating comments received from regional NHSE). The current year's guidance, i.e., relating to the period 1st April 2021 to 31st March 2022, was published on 1st October. National approval of plans is expected 31st January 2022.

Contribution to the Union's Priorities:

The BCF is intended to support NHS organisations and councils in their endeavours to create an integrated health and care system locally. Integrated working promotes a system-wide approach to improving health and wellbeing, which contributes to the outcomes framework. It also contributes to the creation of a sustainable health and care service in the local area.

Recommendations:

1. Approve the BCF plan, submitted nationally on 16th November

2. Note the quarter four/ end of year reporting submission (2020/21) (submitted via the delegated authority of the portfolio holder, Cllr Cracknell).

BCF plans/ reports must be signed off via the Health and Wellbeing Board. Due to the requirement to submit the BCF plan nationally by 16th November, the Union Board was asked to support the plan in principle at its meeting of 16th November. The plan is submitted to the Health and Wellbeing Board on 24th November, post national submission. It is acceptable to submit the plan nationally, on the basis that a date to secure formal local sign off via the Health and Wellbeing Board is secured.

Reasons for Decision:

It is a requirement of the BCF that local plans (comprising the narrative and planning templates) are agreed by Health and Wellbeing Boards.

Risks and Opportunities:

Risks

The national conditions and metrics associated with the BCF have been amended (there is some change at condition 4, and at metrics 2 and 3).

The national conditions are:

1. Plans jointly agreed by CCG/ NELC
2. NHS contribution to adult social care to be maintained in line with the uplift to CCG Minimum Contribution
3. invest in NHS-commissioned out-of-hospital services
4. a plan for improving outcomes for people being discharged from hospital (this includes implementation of the hospital discharge policy, and continued implementation of the High Impact Change Model for Managing Transfers of Care. Reporting of delayed transfers of care (DToCs) was suspended in March 2020 and replaced with a situation report that reflects the revised hospital discharge policy).

Whilst it is considered that these conditions are currently met in NEL, managing hospital discharges remains challenging given the ongoing difficulties associated with covid-related impacts.

The metrics are:

1. Avoidable admissions: unplanned admissions for chronic ambulatory care sensitive conditions
2. Length of stay: reducing length of stay in hospital, measured through the percentage of hospital inpatients who have been in hospital for longer than 14 and 21 days*
3. Discharge to normal place of residence: improving the proportion of people discharged home using data on discharge to their usual place of residence*
4. Residential care admissions: annual rate of older people whose long term support needs are best met by admission to residential and nursing care homes
5. Effectiveness of reablement: people over 65 still at home 91 days after discharge from hospital with reablement.

The metrics marked with * are new, in replacement of previous DToCs metrics. Areas are required to set their own targets on the metrics (see tab 6 on attached planning template). There have been significant national difficulties with the data supplied by DHSE and therefore targets may need to be revised.

Opportunities

Supported and enhanced joint working within the place of North East Lincolnshire.

Finance Implications:

The BCF requires CCGs to continue to pool a mandated minimum amount of funding, and local authorities to continue to pool grant funding from the iBCF, winter pressures funding and the Disabled Facilities Grant (paid directly by government to NELC). Allocations are as follows:

NELC Allocation (2021/22)	
Disability Facilities Grant	£3.2m
iBCF (Adult Social Care includes previous Winter Funding grant)	£7.8m
	£11.0m
CCG Allocation	
BCF	£13.3m
Total	£24.3m

The way in which BCF monies are utilised is set out within the attached planning template (tab 5a).

Legal Implications:

The Care Act 2014 introduced the BCF. Compliance with its annual and quarterly reporting regime is mandatory. The reporting focus for the current year has been on production of the annual plan i.e. no quarterly reports have been requested. Quarterly reporting was partly suspended for 2020/21; a year end/ quarter four report was required for submission in May 2021 (see attached).

Quality Implications:

Many BCF 'badged' schemes have a quality element; for example, the Single Point of Access (SPA) is designed to provide a first telephone point of contact for adults 24 hours a day 365 days per year. To date in 2021/22, calls have averaged at 13, 851 per month across all disciplines: an increase of approximately 11% from 2019/20. Feedback from callers remains consistently good. The SPA's multi-disciplinary teams (staff from social care, health care, mental health and therapies) offer advice and information on self-care and independence. They also refer callers for more in-depth assessments, and offer crisis response, where necessary. Another example of a BCF 'badged' scheme is the 'Just Checking' scheme, which offers additional flexibility to our care at home model. It supports people who have multiple health and care needs when most in need of temporary support and who don't have alternative support available. This responsive service provides improved qualitative benefits for service users by being personally centred to their immediate needs. Support at home staff also benefit from the flexibility of being able to respond effectively to support the individual.

Engagement Implications:

The previous years' BCF plans approved to date are available on the CCG's website: <https://www.northeastlincolnshireccg.nhs.uk/supporting-communities/better-care-fund/> Once the latest BCF plan has been endorsed by the Health and Wellbeing Board, the narrative will be added to the CCG's BCF page.

The DRAFT narrative was shared with the ICP leadership group, winter planning group, Healthwatch, Community Forum, Sector Support and Centre4.

Whilst there has been no further direct engagement on the content of this year's BCF plan, it has been informed by areas of work which have previously been subject to engagement, or are currently subject to engagement. For example, the outcome of the Adult Services Review (and resulting Adult

Strategy) was subject to engagement, and the review of day opportunities is subject to a current programme of engagement; both are relevant to delivery of our BCF plan.

Environmental and Climate Change Implications:

There are no known environmental or climate change implications associated with this report.

Other Options Considered:

No specific alternative options are considered in the context of this report, though in developing plans, there is scope for considering a range of alternative service delivery options; these are identified and evaluated as part of the process of creating specific schemes.

Supporting Papers:

- DRAFT BCF narrative plan 2021/22
- DRAFT BCF planning template 2021/22
- Quarter four/ end of year reporting template 2020/21.

Better Care Fund 2021-22 Template

1. Guidance

Overview

Note on entering information into this template

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

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

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

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

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

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be completed before sending to the Better Care Fund Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'
3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submission.

2. Cover (click to go to sheet)

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to the Better Care Fund Team:
england.bettercarefundteam@nhs.net
(please also copy in your respective Better Care Manager)

4. Income (click to go to sheet)

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's (HWB) Better Care Fund (BCF) plan and pooled budget for 2021-22. It will be pre-populated with the minimum CCG contributions to the BCF, Disabled Facilities Grant (DFG) and improved Better Care Fund (IBCF). These cannot be edited.
2. Please select whether any additional contributions to the BCF pool are being made from local authorities or the CCGs and as applicable enter the amounts in the fields highlighted in 'yellow'. These will appear as funding sources when planning expenditure. The fields for Additional contributions can be used to include any relevant carry-overs from the previous year.
3. Please use the comment boxes alongside to add any specific detail around this additional contribution including any relevant carry-overs assigned from previous years. All allocations are rounded to the nearest pound.
4. For any questions regarding the BCF funding allocations, please contact england.bettercarefundteam@nhs.net

5. Expenditure (click to go to sheet)

This sheet should be used to set out the schemes that constitute the BCF plan for the HWB including the planned expenditure and the attributes to describe the scheme. This information is then aggregated and used to analyse the BCF plans nationally and sets the basis for future reporting and to particularly demonstrate that National Conditions 2 and 3 are met.

The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme or where a scheme is funded by multiple funding streams (eg: iBCF and CCG minimum). In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this sheet please enter the following information:

1. Scheme ID:

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

2. Scheme Name:

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

3. Brief Description of Scheme

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

4. Scheme Type and Sub Type:

- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available in tab 5b.

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

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

- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside. Please try to use pre-populated scheme types and sub types where possible, as this data is important to our understanding of how BCF funding is being used and levels of investment against different priorities.

- The template includes a field that will inform you when more than 5% of mandatory spend is classed as other.

5. Area of Spend:

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

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

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

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

6. Commissioner:

- Identify the commissioning body for the scheme based on who is responsible for commissioning the scheme from the provider.

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

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

7. Provider:

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

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

8. Source of Funding:

- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop down list. This includes additional, voluntarily pooled contributions from either the CCG or Local authority

- If the scheme is funding across multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.

9. Expenditure (£) 2021-22:

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

10. New/Existing Scheme

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

This is the only detailed information on BCF schemes being collected centrally for 2021-22 and will inform the understanding of planned spend for the iBCF grant and spend from BCF sources on discharge.

6. Metrics (click to go to sheet)

This sheet should be used to set out the HWB's performance plans for each of the BCF metrics in 2021-22. The BCF requires trajectories and plans agreed for the fund's metrics. Systems should review current performance and set realistic, but stretching ambitions for the last two quarters of 2021-22.

The previous measure of Non Elective Admissions is being replaced with a measure of Unplanned Admissions for Chronic Ambulatory Care Sensitive Conditions. Performance data on this indicator up to 2019-20, by local authority can be found at:

<https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/february-2021/domain-2-enhancing-quality-of-life-for-people-with-long-term-conditions-nof/2.3.i-unplanned-hospitalisation-for-chronic-ambulatory-care-sensitive-conditions>

A data pack showing breakdowns of data for new metrics (discharge and avoidable admissions) is available on the Better Care Exchange.

For each metric, systems should include a narrative that describes:

- a rationale for the ambition set, based on current and recent data, planned activity and expected demand

- how BCF funded schemes and integrated care will support performance against this metric, including any new or amended services.

1. Unplanned admissions for chronic ambulatory sensitive conditions:

- This section requires the area to input a planned rate for these admissions, per hundred thousand people for the year. This is the current NHS Outcomes Framework indicator 2.3i.
- The numerator is calculated based on the expected number of unplanned admissions for ambulatory sensitive conditions during the year.
- The denominator is the local population based on Census mid year population estimates for the HWB.
- Technical definitions for the guidance can be found here:
https://files.digital.nhs.uk/A0/76B7F6/NHSOF_Domain_2_S.pdf

2. Length of Stay.

- Areas should agree ambitions for minimising the proportion of patients in acute hospital who have been an inpatient for 14 days or more and the number that have been an inpatient for 21 days or more. This metric should be expressed as a percentage of overall patients.
- The ambition should be set for the HWB area. The data for this metric is obtained from the Secondary Uses Service (SUS) database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has been made available on the Better Care Exchange to assist areas to set ambitions. Ambitions should be set as the average percentage of inpatient beds occupied by patients with a length of stay of 14 days and over and 21 days and over for Q3 2021-22 and for Q4 2021-22 for people resident in the HWB.
- Plans should be agreed between CCGs, Local Authorities and Hospital Trusts and areas should ensure that ambitions agreed for 21 days or more are consistent across Local Trusts and BCF plans.
- The narrative should set out the approach that has been taken to agreeing and aligning plans for this metric

3. Discharge to normal place of residence.

- Areas should agree ambitions for the percentage of people who are discharged to their normal place of residence following an inpatient stay.
- The ambition should be set for the health and wellbeing board area. The data for this metric is obtained from the Secondary Uses Service database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has been made available on the Better Care Exchange to assist areas to set ambitions. Ambitions should be set as the percentage of all discharges where the destination of discharge is the person's usual place of residence.

4. Residential Admissions (RES) planning:

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

5. Reablement planning:

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

7. Planning Requirements (click to go to sheet)

This sheet requires the Health & Wellbeing Board to confirm whether the National Conditions and other Planning Requirements detailed in the BCF Policy Framework and the BCF Requirements document are met. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for 2021-22 for further details.

The sheet also sets out where evidence for each Key Line of Enquiry (KLOE) will be taken from.

The KLOEs underpinning the Planning Requirements are also provided for reference as they will be utilised to assure plans by the regional assurance panel.

1. For each Planning Requirement please select 'Yes' or 'No' to confirm whether the requirement is met for the BCF Plan.

2. Where the confirmation selected is 'No', please use the comments boxes to include the actions in place towards meeting the requirement and the target timeframes.

Better Care Fund 2021-22 Template

2. Cover

Version 1.0



HM Government



Please Note:

- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.
- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".
- Please note that national data for plans is intended for release in aggregate form once plans have been assured, agreed and baselined as per the due process outlined in the BCF Planning Requirements for 2021-22.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board: North East Lincolnshire

Completed by: Emma Overton

E-mail: emmaoverton@nhs.net

Contact number: 0300 3000 662

Please indicate who is signing off the plan for submission on behalf of the HWB (delegated authority is also accepted):

Job Title: board chair/ portfolio holder for health and wellbeing

Name: Cllr Margaret Cracknell

Has this plan been signed off by the HWB at the time of submission? Delegated authority pending full HWB meeting

If no, or if sign-off is under delegated authority, please indicate when the HWB is expected to sign off the plan:

Mon 22/11/2021

<< Please enter using the format, DD/MM/YYYY

Please note that plans cannot be formally approved and Section 75 agreements cannot be finalised until a plan, signed off by the HWB has been submitted.

	Role:	Professional Title (where applicable)	First-name:	Surname:	E-mail:
*Area Assurance Contact Details:	Health and Wellbeing Board Chair	Cllr	Margaret	Cracknell	margaret.cracknell@nelincs.gov.uk
	Clinical Commissioning Group Accountable Officer (Lead)	Mr	Peter	Melton	peter.melton@nhs.net
	Additional Clinical Commissioning Group(s) Accountable Officers	-	-	-	-
	Local Authority Chief Executive	Mr	Rob	Walsh	rob.walsh@nelincs.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)	Ms	Bev	Compton	beverley.compton@nhs.net
	Better Care Fund Lead Official	Ms	Emma	Overton	emmaoverton@nhs.net
	LA Section 151 Officer	Ms	Sharon	Wroot	sharon.wroot@nelincs.gov.uk
Please add further area contacts that you would wish to be included in official correspondence -->					

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

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Please see the Checklist below for further details on incomplete fields	
	Complete:
2. Cover	No
4. Income	Yes
5a. Expenditure	Yes
6. Metrics	Yes
7. Planning Requirements	Yes
<< Link to the Guidance sheet	

^^ [Link back to top](#)

Better Care Fund 2021-22 Template

3. Summary

Selected Health and Wellbeing Board:

North East Lincolnshire

Income & Expenditure

[Income >>](#)

Funding Sources	Income	Expenditure	Difference
DFG	£3,220,832	£3,220,832	£0
Minimum CCG Contribution	£13,244,447	£13,244,447	£0
iBCF	£7,821,632	£7,821,632	£0
Additional LA Contribution	£0	£0	£0
Additional CCG Contribution	£0	£0	£0
Total	£24,286,911	£24,286,911	£0

[Expenditure >>](#)

NHS Commissioned Out of Hospital spend from the minimum CCG allocation

Minimum required spend	£3,763,696
Planned spend	£8,455,464

Adult Social Care services spend from the minimum CCG allocations

Minimum required spend	£1,942,732
Planned spend	£4,788,983

Scheme Types

Assistive Technologies and Equipment	£848,769	(3.5%)
Care Act Implementation Related Duties	£841,644	(3.5%)
Carers Services	£0	(0.0%)
Community Based Schemes	£4,641,787	(19.1%)
DFG Related Schemes	£3,220,832	(13.3%)
Enablers for Integration	£669,989	(2.8%)
High Impact Change Model for Managing Transfer of	£0	(0.0%)
Home Care or Domiciliary Care	£121,000	(0.5%)
Housing Related Schemes	£0	(0.0%)
Integrated Care Planning and Navigation	£5,568,871	(22.9%)
Bed based intermediate Care Services	£2,036,676	(8.4%)
Reablement in a persons own home	£4,047,199	(16.7%)
Personalised Budgeting and Commissioning	£0	(0.0%)
Personalised Care at Home	£0	(0.0%)
Prevention / Early Intervention	£106,034	(0.4%)
Residential Placements	£1,000,000	(4.1%)
Other	£1,184,110	(4.9%)
Total	£24,286,911	

[Metrics >>](#)

Avoidable admissions

20-21
Actual

21-22
Plan

Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	740.7	854.5
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Length of Stay

		21-22 Q3 Plan	21-22 Q4 Plan
Percentage of inpatients, resident in the HwB, who have been an inpatient in an acute hospital for: i) 14 days or more ii) 21 days or more As a percentage of all inpatients (SUS data - available on the Better Care Exchange)	LOS 14+	10.6%	10.5%
	LOS 21+	4.3%	5.1%

Discharge to normal place of residence

		0	21-22 Plan
Percentage of people, resident in the HwB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)		0.0%	92.3%

Residential Admissions

		20-21 Actual	21-22 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	634	627

Reablement

		21-22 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	80.0%

[Planning Requirements >>](#)

Theme	Code	Response
NC1: Jointly agreed plan	PR1	Yes
	PR2	Yes
	PR3	Yes
NC2: Social Care Maintenance	PR4	Yes
NC3: NHS commissioned Out of Hospital Services	PR5	Yes
NC4: Plan for improving outcomes for people being discharged from hospital	PR6	Yes

Agreed expenditure plan for all elements of the BCF	PR7	Yes
Metrics	PR8	Yes

Better Care Fund 2021-22 Template

4. Income

Selected Health and Wellbeing Board:

North East Lincolnshire

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
North East Lincolnshire	£3,220,832
DFG breakdown for two-tier areas only (where applicable)	
Total Minimum LA Contribution (exc iBCF)	£3,220,832

iBCF Contribution	Contribution
North East Lincolnshire	£7,821,632
Total iBCF Contribution	£7,821,632

Are any additional LA Contributions being made in 2021-22? If yes, please detail below	No
--	----

Local Authority Additional Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Total Additional Local Authority Contribution	£0	

CCG Minimum Contribution	Contribution
NHS North East Lincolnshire CCG	£13,244,447
Total Minimum CCG Contribution	£13,244,447

Are any additional CCG Contributions being made in 2021-22? If yes, please detail below	No
---	----

Additional CCG Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Total Additional CCG Contribution	£0	
Total CCG Contribution	£13,244,447	

	2021-22
Total BCF Pooled Budget	£24,286,911

Funding Contributions Comments
Optional for any useful detail e.g. Carry over
Plans are in development for new DFG schemes in 2021/22 and beyond to further support people within their own homes, any year end underspend against the 21/22 DFG allocation will be carried forward to support this ongoing programme of work.

Better Care Fund 2021-22 Template

5. Expenditure

Selected Health and Wellbeing Board: North East Lincolnshire

<< Link to summary sheet

Running Balances	Income	Expenditure	Balance
DFG	£3,220,832	£3,220,832	£0
Minimum CCG Contribution	£13,244,447	£13,244,447	£0
iBCF	£7,821,632	£7,821,632	£0
Additional LA Contribution	£0	£0	£0
Additional CCG Contribution	£0	£0	£0
Total	£24,286,911	£24,286,911	£0

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum CCG Contribution (on row 31 above).

	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum CCG allocation	£3,763,696	£8,455,464	£0
Adult Social Care services spend from the minimum CCG allocations	£1,942,732	£4,788,983	£0

Checklist

Column complete:

Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
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Sheet complete

						Planned Expenditure								
Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
1	prevention	prevention	Prevention / Early Intervention	Other	Falls prevention	Community Health		CCG			Private Sector	Minimum CCG Contribution	£106,034	Existing
2	Dementia	Dementia	Community Based Schemes	Other	Community Dementia support	Social Care		LA			Private Sector	Minimum CCG Contribution	£200,000	Existing
3	7 day working	7 day working	Integrated Care Planning and Navigation	Assessment teams/joint assessment		Social Care		LA			Private Sector	Minimum CCG Contribution	£213,086	Existing
4	Safeguarding	Safeguarding	Integrated Care Planning and Navigation	Assessment teams/joint assessment		Community Health		CCG			Private Sector	Minimum CCG Contribution	£40,782	Existing
5	Sustainability of capacity within Care market	Supporting providers with Workforce capacity including recruitment and retention	Other	Workforce development	Supporting Home care and residential care workforce	Social Care		LA			Private Sector	Minimum CCG Contribution	£463,110	new
6	Intermediate tier	Intermediate tier	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)		Community Health		CCG			Private Sector	Minimum CCG Contribution	£1,253,178	Existing

7	Intermediate tier	Intermediate tier	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)		Social Care		LA			Private Sector	Minimum CCG Contribution	£783,498	Existing
8	Single point of access	Single point of access	Integrated Care Planning and Navigation	Care navigation and planning		Community Health		CCG			Private Sector	Minimum CCG Contribution	£1,119,507	Existing
9	single point of access	single point of access	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Private Sector	Minimum CCG Contribution	£635,580	Existing
10	Community Equipment	Community Equipment	Assistive Technologies and Equipment	Community Based Equipment		Community Health		CCG			NHS Acute Provider	Minimum CCG Contribution	£720,525	Existing
11	Alliance Hospital discharge team	Alliance Hospital discharge team	Integrated Care Planning and Navigation	Care navigation and planning		Community Health		CCG			Private Sector	Minimum CCG Contribution	£206,969	Existing
12	Community equipment	Community equipment	Assistive Technologies and Equipment	Community Based Equipment		Social Care		LA			NHS Acute Provider	Minimum CCG Contribution	£128,244	Existing
13	Care act duties	Care act duties	Care Act Implementation Related Duties	Other	Includes support for deferred payments	Social Care		LA			Private Sector	Minimum CCG Contribution	£524,394	Existing
14	Care Act Duties	Care Act Duties	Care Act Implementation Related Duties	Carer advice and support		Social Care		LA			Private Sector	Minimum CCG Contribution	£317,250	Existing
15	Care at home	Care at home	Home Care or Domiciliary Care	Domiciliary care packages		Social Care		LA			Private Sector	Minimum CCG Contribution	£121,000	Existing
16	Dementia	Dementia	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care		Community Health		CCG			Private Sector	Minimum CCG Contribution	£758,155	Existing
17	Ensuring the local social care market is supported.	Ensuring the local social care market is supported.	Other		Supporting local care market	Social Care		LA			Private Sector	iBCF	£721,000	Existing
18	7 day working	7 day working	Integrated Care Planning and Navigation	Assessment teams/joint assessment		Community Health		CCG			Private Sector	Minimum CCG Contribution	£935,947	Existing
19	wider system support	wider system support	Enablers for Integration	Integrated models of provision		Social Care		LA			Private Sector	Minimum CCG Contribution	£447,770	Existing
20	DFG	DFG	DFG Related Schemes	Adaptations, including statutory DFG grants		Social Care		LA			Private Sector	DFG	£3,220,832	Existing
21	Meeting adult Social Care needs	Meeting adult social care needs	Integrated Care Planning and Navigation	Other	Meeting adult social care needs	Social Care		LA			Private Sector	iBCF	£2,417,000	Existing
22	Reducing pressures on the NHS, supporting	Reducing pressures on the NHS, supporting more people to be	Community Based Schemes	Other	Reducing pressures on the NHS, supporting	Social Care		LA			Private Sector	iBCF	£3,683,632	Existing
23	ICP development	ICP development - transformation funding	Enablers for Integration	Other	Transformation Funding	Community Health		CCG			Private Sector	Minimum CCG Contribution	£222,219	New
24	Intermediate tier	Intermediate tier	Reablement in a persons own home	Reablement service accepting community and discharge referrals		Community Health		CCG			Private Sector	Minimum CCG Contribution	£3,092,148	Existing
25	Intermediate tier	Intermediate tier	Reablement in a persons own home	Reablement service accepting community and discharge referrals		Social Care		LA			Private Sector	Minimum CCG Contribution	£955,051	Existing

[illegible]

2021-22 Revised Scheme types

Number	Scheme type/ services	Sub type	Description
1	Assistive Technologies and Equipment	<ol style="list-style-type: none"> 1. Telecare 2. Wellness services 3. Digital participation services 4. Community based equipment 5. Other 	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
2	Care Act Implementation Related Duties	<ol style="list-style-type: none"> 1. Carer advice and support 2. Independent Mental Health Advocacy 3. Other 	Funding planned towards the implementation of Care Act related duties. The specific scheme sub types reflect specific duties that are funded via the CCG minimum contribution to the BCF.
3	Carers Services	<ol style="list-style-type: none"> 1. Respite services 2. Other 	<p>Supporting people to sustain their role as carers and reduce the likelihood of crisis.</p> <p>This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.</p>
4	Community Based Schemes	<ol style="list-style-type: none"> 1. Integrated neighbourhood services 2. Multidisciplinary teams that are supporting independence, such as anticipatory care 3. Low level support for simple hospital discharges (Discharge to Assess pathway 0) 4. Other 	<p>Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg: Integrated Neighbourhood Teams)</p> <p>Reablement services should be recorded under the specific scheme type 'Reablement in a person's own home'</p>
5	DFG Related Schemes	<ol style="list-style-type: none"> 1. Adaptations, including statutory DFG grants 2. Discretionary use of DFG - including small adaptations 3. Handyperson services 4. Other 	<p>The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes.</p> <p>The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place. Schemes using this flexibility can be recorded under 'discretionary use of DFG' or 'handyperson services' as appropriate</p>
6	Enablers for Integration	<ol style="list-style-type: none"> 1. Data Integration 2. System IT Interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. Community asset mapping 7. New governance arrangements 8. Voluntary Sector Business Development 9. Employment services 10. Joint commissioning infrastructure 11. Integrated models of provision 12. Other 	<p>Schemes that build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes.</p> <p>Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.</p>

7	High Impact Change Model for Managing Transfer of Care	<ol style="list-style-type: none"> 1. Early Discharge Planning 2. Monitoring and responding to system demand and capacity 3. Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge 4. Home First/Discharge to Assess - process support/core costs 5. Flexible working patterns (including 7 day working) 6. Trusted Assessment 7. Engagement and Choice 8. Improved discharge to Care Homes 9. Housing and related services 10. Red Bag scheme 11. Other 	The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM, is included in this section.
8	Home Care or Domiciliary Care	<ol style="list-style-type: none"> 1. Domiciliary care packages 2. Domiciliary care to support hospital discharge (Discharge to Assess pathway 1) 3. Domiciliary care workforce development 4. Other 	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.
9	Housing Related Schemes		This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.
10	Integrated Care Planning and Navigation	<ol style="list-style-type: none"> 1. Care navigation and planning 2. Assessment teams/joint assessment 3. Support for implementation of anticipatory care 4. Other 	<p>Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches such as Anticipatory Care, which aims to provide holistic, co-ordinated care for complex individuals.</p> <p>Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams.</p> <p>Note: For Multi-Disciplinary Discharge Teams related specifically to discharge, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.</p>
11	Bed based intermediate Care Services	<ol style="list-style-type: none"> 1. Step down (discharge to assess pathway-2) 2. Step up 3. Rapid/Crisis Response 4. Other 	Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups. Four service models of intermediate care are: bed-based intermediate care, crisis or rapid response (including falls), home-based intermediate care, and reablement or rehabilitation. Home-based intermediate care is covered in Scheme-A and the other three models are available on the sub-types.

12	Reablement in a persons own home	1. Preventing admissions to acute setting 2. Reablement to support discharge -step down (Discharge to Assess pathway 1) 3. Rapid/Crisis Response - step up (2 hr response) 4. Reablement service accepting community and discharge referrals 5. Other	Provides support in your own home to improve your confidence and ability to live as independently as possible
13	Personalised Budgeting and Commissioning		Various person centred approaches to commissioning and budgeting, including direct payments.
14	Personalised Care at Home	1. Mental health /wellbeing 2. Physical health/wellbeing 3. Other	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.
15	Prevention / Early Intervention	1. Social Prescribing 2. Risk Stratification 3. Choice Policy 4. Other	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.
16	Residential Placements	1. Supported living 2. Supported accommodation 3. Learning disability 4. Extra care 5. Care home 6. Nursing home 7. Discharge from hospital (with reablement) to long term residential care (Discharge to Assess Pathway 3) 8. Other	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.
17	Other		Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.

Better Care Fund 2021-22 Template

6. Metrics

Selected Health and Wellbeing Board:

North East Lincolnshire

8.1 Avoidable admissions

	19-20 Actual	20-21 Actual	21-22 Plan	Overview Narrative
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	Available from NHS Digital (link below) at local authority level. Please use as guideline only	740.7	854.5	This metric has been determined using local SUS data and is based on CCG registered populations but follows the technical specification for this measure. Plans have been set in line with current statistical forecasting.

Please set out the overall plan in the HWB area for reducing rates of unplanned hospitalisation for chronic ambulatory sensitive conditions, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

[>> link to NHS Digital webpage](#)

8.2 Length of Stay

		21-22 Q3 Plan	21-22 Q4 Plan	Comments
Percentage of in patients, resident in the HWB, who have been an inpatient in an acute hospital for: i) 14 days or more ii) 21 days or more As a percentage of all inpatients (SUS data - available on the Better Care Exchange)	Proportion of inpatients resident for 14 days or more	10.6%	10.5%	This metric has been determined using local SUS data and is based on CCG registered populations but follows the technical specification for this measure. Although not fully funded through BCF, we are looking to work proactively in the Hospital Discharge Team to identify people on admission who will require health and social care support on discharge, to ensure those with complex needs are support to discharge on the same day – thus reducing LOS.
	Proportion of inpatients resident for 21 days or more	4.3%	5.1%	

Please set out the overall plan in the HWB area for reducing the percentage of hospital inpatients with a long length of stay (14 days or over and 21 days and over) including a rationale for the ambitions that sets out how these have been reached in partnership with local hospital trusts, and an assessment of how the schemes and enabling activity in the BCF are expected to impact on the metric. See the main planning requirements document for more information.

8.3 Discharge to normal place of residence

	21-22 Plan	Comments
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	92.3%	This metric has been determined using local SUS data and is based on CCG registered populations but follows the technical specification for this measure. Plans have been set in line with current statistical forecasting.

Please set out the overall plan in the HWB area for improving the percentage of people who return to their normal place of residence on discharge from acute hospital, including a rationale for how the ambition was reached and an assessment of how the schemes and enabling activity in the BCF are expected to impact on the metric. See the main planning requirements document for more information.

8.4 Residential Admissions

		19-20 Plan	19-20 Actual	20-21 Actual	21-22 Plan	Comments
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	760	767	634	627	The target for 2021/22 reflects an improvement on the 2019/20 position and inline with the 2020/21 outturn despite the increasingly ageing population of North East Lincolnshire and increased care and health needs as a result of COVID-19.
	Numerator	248	252	211	212	
	Denominator	32,639	32,871	33,258	33,823	

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

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2018 based Sub-National Population Projections for Local Authorities in England:

<https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based>

8.5 Reablement

		19-20 Plan	19-20 Actual	21-22 Plan	Comments
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	88.6%	83.3%	80.0%	This is an improvement trajectory based on the actual performance in 2020-21 of 77.3%. We are working to develop Cambridge Park and IC@home services which should improve the position of where people are 91 days after discharge. We are also aiming to improve re-ablement outcomes and levels of independence.
	Numerator	93	105	100	
	Denominator	105	126	125	

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

Please note that due to the splitting of Northamptonshire, information from previous years will not reflect the present geographies. As such, all pre-populated figures above for Northamptonshire have been combined.

For North Northamptonshire HWB and West Northamptonshire HWB, please comment on individual HWBs rather than Northamptonshire as a whole.

Better Care Fund 2021-22 Template

7. Confirmation of Planning Requirements

Selected Health and Wellbeing Board:

North East Lincolnshire

Theme	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Confirmed through	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframe for meeting it
NC1: Jointly agreed plan	PR1	A jointly developed and agreed plan that all parties sign up to	Has a plan; jointly developed and agreed between CCG(s) and LA; been submitted? Has the HWB approved the plan/delegated approval pending its next meeting? Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan? Where the narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure and metric sections of the plan been submitted for each HWB concerned?	Cover sheet Cover sheet Narrative plan Validation of submitted plans	Yes			
	PR2	A clear narrative for the integration of health and social care	Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that describes: • How the area will continue to implement a joined-up approach to integrated, person-centred services across health, care, housing and wider public services locally. • The approach to collaborative commissioning • The overarching approach to support people to remain independent at home, and how BCF funding will be used to support this. • How the plan will contribute to reducing health inequalities and inequalities for people with protected characteristics? This should include - How equality impacts of the local BCF plan have been considered, - Changes to local priorities related to health inequality and equality, including as a result of the COVID 19 pandemic, and how activities in the BCF plan will address these	Narrative plan assurance	Yes			
	PR3	A strategic, joined up plan for DFG spending	Is there confirmation that use of DFG has been agreed with housing authorities? • Does the narrative set out a strategic approach to using housing support, including use of DFG funding that supports independence at home? • In two tier areas, has: - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory Disabled Facilities Grants? or - The funding been passed in its entirety to district councils?	Narrative plan Confirmation sheet	Yes			
NC2: Social Care Maintenance	PR4	A demonstration of how the area will maintain the level of spending on social care services from the CCG minimum contribution to the fund in line with the uplift in the overall contribution	Does the total spend from the CCG minimum contribution on social care match or exceed the minimum required contribution (auto-validated on the planning template)?	Auto-validated on the planning template	Yes			
NC3: NHS commissioned Out of Hospital Services	PR5	Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the CCG minimum BCF contribution?	Does the total spend from the CCG minimum contribution on non-acute, NHS commissioned care exceed the minimum ringfence (auto-validated on the planning template)?	Auto-validated on the planning template	Yes			
NC4: Plan for improving outcomes for people being discharged from hospital	PR6	Is there an agreed approach to support safe and timely discharge from hospital and continuing to embed a home first approach?	• Does the BCF plan demonstrate an agreed approach to commissioning services to support discharge and home first including: - support for safe and timely discharge, and - implementation of home first? • Does the expenditure plan detail how expenditure from BCF funding sources supports this approach through the financial year? • Is there confirmation that plans for discharge have been developed and agreed with Hospital Trusts?	Narrative plan assurance Expenditure tab Narrative plan	Yes			

Agreed expenditure plan for all elements of the BCF	PR7	Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?	<ul style="list-style-type: none"> • Do expenditure plans for each element of the BCF pool match the funding inputs? (auto-validated) • Is there confirmation that the use of grant funding is in line with the relevant grant conditions? (see paragraphs 32 – 43 of Planning Requirements) (tick-box) • Has funding for the following from the CCG contribution been identified for the area: <ul style="list-style-type: none"> - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement? 	Expenditure tab Expenditure plans and confirmation sheet Narrative plans and confirmation sheet	Yes				
Metrics	PR8	Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?	<ul style="list-style-type: none"> • Have stretching metrics been agreed locally for all BCF metrics? • Is there a clear narrative for each metric describing the approach locally to meeting the ambition set for that metric, including how BCF expenditure will support performance against each metric? • Are ambitions across hospital trusts and HWBs for reducing the proportion of inpatients that have been in hospital for 21 days aligned, and is this set out in the rationale? • Have hospital trusts and HWBs developed and agreed plans jointly for reducing the proportion of inpatients that have been in hospital for 14 days or more and 21 days or more? 	Metrics tab	Yes				

BCF narrative plan template

This is an optional template for local areas to use to submit narrative plans for the Better Care Fund (BCF). These plans should complement the agreed spending plans and ambitions for BCF national metrics in your area's BCF Planning Template (excel).

Although the template is optional, we encourage BCF planning leads to ensure that narrative plans cover the headings and topics in this narrative template.

There are no word limits for narrative plans, but you should expect your local narrative plans to be no longer than 15-20 pages in length.

Although each Health and Wellbeing Board (HWB) will need to agree a separate excel planning template, a narrative plan covering more than one HWB can be submitted, where this reflects local arrangements for integrated working. Each HWB covered by the plan will need to agree the narrative as well as their excel planning template.

Cover

Health and Wellbeing Boards

North East Lincolnshire

1 Bodies involved in preparing the plan (including NHS Trusts, social care provider representatives, VCS organisations, district councils)

How have you gone about involving these stakeholders?

in addition to sharing the draft plan with key individuals across health, care and housing, the plan has also been shared with:

- the integrated Care Partnership (ICP) leadership group
- Sector Support
- Centre4
- Community Forum
- Healthwatch
- Multi-agency winter planning group.

The plan was supported in principle by the Union Board on 16th November 2021. Sign off via the Health and Wellbeing Board is expected on 22nd November 2021.

Executive Summary

This should include:

- Priorities for 2021-22
- key changes since previous BCF plan

North East Lincolnshire's (NEL) approach to health and wellbeing, focusing on prevention, putting the community at the centre of service re-design, and supporting people to take more responsibility for their wellbeing, is represented in the 'funnel of transformation' depicted in previous BCF plans. This focus on community-based prevention remains key to current and future planning.

The Adult Strategy (applicable to all adult health and care services) referenced in our 2019/20 plan remains in place and sets out our person-centred, enabling, approach. By focusing on individual and community assets and strengths, we aim to increase the likelihood that we will create a resilient population able to thrive on independence and self-care, and reach their maximum potential. However, this aspiration has been particularly challenging during the pandemic. The priorities set out within the Strategy continue in the current year, although it has not been possible to progress in all areas at the speed or in exactly the same way as envisaged before the pandemic.

Across the system, it has been necessary to re-prioritise, and spend a great deal of time on:

- Ensuring those most in need continue to be appropriately supported, including by mobilising volunteer services to support those defined as most vulnerable
- keeping oversight of quality across the health and care marketplace, ensuring continuity of and access to services
- Overseeing workforce issues (training, isolation, cohorting, absence/ low capacity) and ensuring access to PPE and other necessary equipment
- Developing and implementing business continuity plans and seeking assurance in relation to providers' plans
- Implementing financial market support mechanisms to avoid market failure, and administering grant funding to around 70 providers
- Responding to, and implementing a raft of regularly changing government guidance (infection control, support to care homes, winter plans, PPE, care home visiting, day care, Care Act easements, hospital discharge)
- Developing new systems of reporting (e.g., capacity tracker), reporting on implementation of the raft of guidance, monitoring and reporting on grant spend.

This has meant that although they remain priorities, to date plans in the following areas are not as well progressed as intended:

- Our information and advice framework/No Wrong Front Door approach has somewhat stalled (though a new single point of information is complete)
- Our work on considering the interface between services and coordination of assessments has not progressed at an equal pace in all areas (though there is some improvement in the link between children and adult services, and between housing and wider adult services)
- Our reablement review has not had the desired scope or attention (though pandemic exigency has created improved step up/ down provision as part of the intermediate tier)
- Work to ensure targeted data collection across the Union has taken longer than anticipated (though it is now renamed 'insights NEL' and being led by a designated group)
- Mechanisms for oversight of the Adult Strategy have not yet been formalised (though the action plan has continued to be refreshed)

Governance

2 Please briefly outline the governance for the BCF plan and its implementation in your area.

As noted in our previous plan, individual schemes are subject to regular monitoring and/ or are monitored by a scheme board or steering group, comprising professionals and community members. This means evaluation is on-going as part of 'business as usual', rather than a one-off activity for the benefit of our BCF plan. Any underperformance is addressed via the relevant board/ steering group or contract monitoring meetings. BCF programme governance is part of overall partnership governance that exists to support the Union. Pooled budget managers are the CCG's Chief Finance Officer and the Council's Director of Resources and Governance. The overall lead for the plan is the director of adult services - a joint post across the Council and CCG. On-going high-level oversight of BCF schemes, and development of BCF plans, is undertaken by the BCF steering group (comprising CCG and Council staff) which reports to the Union's joint senior team and the Union Board. The Union Board in turn reports to the Health and Wellbeing Board.

To facilitate informed governance and support us in identifying outcomes and user experience (including in respect of BCF schemes), we continue to work to create a comprehensive view of adult services performance. Our ongoing performance review is running in tandem with wider Union work to create a performance framework which measures against the five place-based outcomes (adult services' performance feeds into the health and wellbeing outcome), seeking to evidence the Union's added value for the entire local population- including those living in disadvantaged areas. Data collection in some service areas has improved significantly as a result of the pandemic, but wider place-based data collation and analysis work is not yet concluded. This is needed to ensure that governance mechanisms are supported by accurate evidence.

SIGN OFF OF PLAN: the draft plan was supported by the Union Board on 16th November 2021, pending final sign off by the Health and Wellbeing Board on 22nd November 2021.

Overall approach to integration

3 Brief outline of approach to embedding integrated, person-centred health, social care and housing services including

- a) Joint priorities for 2021-22**
- b) Approaches to joint/collaborative commissioning**
- c) Overarching approach to supporting people to remain independent at home, including strengths-based approaches and person-centred care.**
- d) How BCF funded services are supporting your approach to integration. Briefly describe any changes to the services you are commissioning through the BCF from 2020-21**

a) Joint Priorities

This section of the plan sets out priorities and notes changes when compared with narrative offered in previous BCF plans.

The Adult Strategy, which focuses on health and care services but seeks to influence wider services which support wellbeing, remains the backdrop for local prioritisation. It sets out how the ambitions

of the local outcomes framework, and place-based vision for health and wellbeing (also referenced in our previous BCF plans), can be delivered by adult services.

Information and advice and the Single Point of Access (SPA)

The launch of the Livewell site last year, which replaces services for me and now acts as our single point of information (referenced in our previous plan), enables professionals and local people to access low level support to help themselves. The Livewell site - <https://livewell.nelincs.gov.uk/> - will continue to be developed during this year. To date it includes a self-assessment tool which offers specific tailored advice or enables results to be sent to the SPA for telephone contact to be made. In addition, there are specific portals of information relating to dementia, sensory impairment and carers. The Livewell site is integrated with another digital platform, Simply Connect - <https://nelincs.simplyconnect.uk/> - offering advice and information on community resources and activities such as 'knit and natter'.

Our 'front door' is a focus for continuous improvement, building on efforts to assess the impact from engagement at the SPA. The SPA continues to offer integrated health, mental health, social care and therapy access for professionals and the public within NEL. It has been pivotal during the pandemic, working collaboratively with the Council's contact centre, enabling co-ordinated multi-disciplinary responses to callers. To date in 2021/22, calls have averaged at 13, 851 per month across all disciplines: an increase of approximately 11% from 2019/20.

Priority: ensure our integrated information and advice offer (Live Well), and engagement via the 'front door' (SPA), is person-centred, and focused on promoting independence.

Housing based help

Care home provision and support to care homes

As a result of the fall in demand for residential care during the pandemic our local market has weakened. Two care homes have closed, and one has temporarily closed in the interim, reducing the number of bedspaces by 96. However, this still represents more places that are needed by commissioners. We recognise the need to change our approach to care home commissioning and contracting. We will begin this process following the update of the market position statement.

We have made progress in a number of areas. All residential providers met the required contractual standards and are on the new rate i.e., the rate agreed via our cost of care exercise. The capacity tracker and adult care dashboard provides up to date monitoring information and weekly webinars provide a discussion forum to clarify practice issues. Weekly and sometimes daily contact is made with providers regarding on going assurance and advice via the contracts team.

Processes are established for regular review and assurance regarding all elements of support to care homes. A working group is focused on ensuring that multi-disciplinary support teams are engaging, via linked primary care networks and GPs, to ensure the best quality health and care delivery within settings. Part of this work will help homes to support people with more complex needs following discharge from hospital, and some of the work will aim to prevent hospital admissions.

We provide an enhanced nursing support offer to care homes, as well as providing each home with training in infection control and use of PPE, followed up by regular contacts to maintain those skills. Care homes have been provided with equipment and training to undertake basic observations. We are also training care home staff to recognise deterioration in residents' health, supported by a clear process for raising these concerns with the GP. The CCG director of nursing leads on an area of the public health outbreak plan which focuses on the enhanced nursing offer to care homes and on nursing leadership in and out of hospital, as well as leading for the health and care executive across

the whole system on workforce response during escalated COVID19 cases and how we support the system, including care homes.

It remains our intention, as set out in previous BCF plans, to progress extra care housing (ECH) schemes as part of our accommodation with care offer. Our plans to develop such schemes have generally been behind schedule, but are making progress, as follows:

- Burchester Court (Winchester Avenue) was completed during the pandemic and we successfully moved people in under COVID restrictions, offering 60 further modern, adapted self-contained units. This means that we now have two fully functioning ECH schemes (the other scheme being Strang Court, previously reported on)
- Davenport Drive (former Matthew Humberstone school site) – we are now grappling with the shape of the site and negotiations regarding the land value. This scheme should offer between 70-90 further units
- Cambridge Road (former Western School site) – site evaluation is starting. It is hoped this scheme will also offer between 70-90 further units.

Both Davenport Drive and Cambridge Road form part of wider housing development schemes by the Council. Agreement from Sports England has been granted (as these were both old school sites, with playing pitches) to use the land for ECH, and we are now seeking interested registered providers to act as housing provider; the providers will form part of the team that designs more detailed plans of the buildings themselves.

Priority: ensure our housing-based help offer is a) sustainable, b) supported by appropriate professional input, c) sufficiently diverse to meet the needs of local people and enable independence.

Care at home

We implemented our new support at home model based on “teams not times” and are developing the impact/ user outcome measures as part of the planned work that followed the tendering process.

Evidence suggests that the just checking scheme – which offers additional flexibility to our care at home model - continues to offer cost avoidance by avoiding attendance at hospital, respite admission and unnecessary use of other community services. This responsive service provides improved qualitative benefits for service users by being personally centred to their immediate needs. Support at home staff benefit from the flexibility of being able to respond effectively to support the individual. This service supports people who have multiple health and care needs when most in need of temporary support and don't have alternative support available. Building on the learning from just checking continues to inform ongoing development of our support at home model. Through working differently with our support at home providers we make better use of the care and support staff working within the community and ensure that the service overall is more productive, focusing effort on outcomes rather than the traditional time and task model.

During the pandemic, we were not successful in recruiting therapy support to enable us to progress our accompanying single-handed care initiative. This is designed to improve the efficiency and effectiveness of care at home services, by reducing the number of calls reliant on two or more care workers. This enables more agile care rostering and improves services capacity and responsiveness. We have recently recruited to the posts that are needed and will now be able to progress this work.

The care at home market is currently experiencing multiple, nationally well-rehearsed challenges. However, our intention remains to deliver an enhanced service as well as additional capacity in our

care at home service to ensure a 'home first' approach, reduce the reliance on short stay residential placements and protect and preserve the more limited reablement bed-based capacity.

Priority: appropriately resource and embed new support at home model to ensure personalisation and promotion of independence is maximised (evaluated using Making it Real Framework).

Reablement

Creating additional reablement capacity (step up/step down) remains a focus of activity during 2021/22. Plans to bolster bed availability at Cambridge Park and intermediate care at home are especially challenging, as both services have lacked staff capacity for a prolonged period.

Cambridge Park enhanced recovery unit was commissioned during the pandemic in 2020 to provide 52 beds to replace the smaller and outdated facilities at the Beacons (intermediate care/ discharge to assess setting). We intend to widen the scope of services to accommodate new needs such as plus size care and improve stroke recovery. Cambridge Park has not yet operated at full capacity and due to limitations during the pandemic in being able to recruit and retain a number of suitably qualified staff, building suitability, outbreaks and most recently a CQC report requiring further improvements to be made. The site is currently offering 32 rehab beds.

The reablement improvement programme will run over several years; the priorities include;

- Increasing the capacity within our intermediate care bed-based facility (Cambridge Park, as above)
- Enhancing the offer within intermediate care to include enhanced nursing functions for e.g., intravenous therapy
- Block booking additional enhanced recovery beds to support discharge and avoidable admissions
- Reviewing the demand and complexity of need for intermediate care at home provision compared with capacity and developing a model fit for the future
- Creating a re-ablement culture across NEL
- Launching the singlehanded care initiative (see care at home section above).

Community re-ablement support is also an ICP priority. An early discussion has been held to identify project management arrangements and agree support to deliver the programme of work.

The Council and CCG have been working with the Assisted Living Centre (ALC) to improve the performance dashboard and financial monitoring of the service. The service has moved onto a new version of the BEST system which will allow for easier reporting and monitoring of the service. Work has progressed to explore the equipment required to support the single-handed care agenda and provision has been made available within the service to support this. The ALC continued to deliver aids for daily living and wheelchairs to meet need throughout the pandemic. Work recently commenced to improve the out of hours repairs service, and a new provider has been commissioned. Work will continue during this year to ensure the specification is fit for purpose and that the KPIS demonstrate the service quality and delivery of user outcomes.

Priority: ensure effective delivery of reablement provision and wider services which support it (e.g., the ALC), whilst working to embed a 'reablement culture' across all levels and types of support.

VCSE (voluntary, community and social enterprise)

Joint working with the voluntary sector has been crucial in meeting local need throughout the pandemic. Building on that, we are working closely with the sector to ensure that the wellbeing hub (Connect NEL) development is part of our preventative offer. The wellbeing hub will enable

signposting to sources of support and will focus on stimulating community action and involvement to prevent loneliness and social isolation. There is scope for this to be an all-age approach. We estimate that for every £1 spent, £12 in costs to the system can be avoided.

This year the Preventative Services Market Development Board (PSMDB) has continued to develop an approach to the development of community-based initiatives that can impact health and social care issues, based on the success of previously funded projects. The PSMDB has assessed the projects that have delivered the most impact for the investment provided and used Social Return on Investment to undertake cost/benefit analysis. The Board concluded that investment into community hubs provided an optimum return. These are located across the borough in carefully targeted community settings, offering a wide range of activities and services. The PSMDB has also created added-value projects to existing services, including a community handyman service, gardening service and enhanced meals on wheels service.

Although Covid-19 has had a significant impact on the Board's work, and progress has been hampered, work has continued as follows:

- | | |
|--|-------------|
| ○ Total value of Awards | £35,000.00 |
| ○ Additional Funds levered into the health and social care sector | £202,700.00 |
| ○ For £10 spent by PSMDB, it has attracted a further | £57.91 |
| (in organisations' own contributions and external funding attracted) | |

Priority: work with VCSE colleagues to ensure coordinated and accessible preventative opportunities, and use existing mechanisms to support projects designed to achieve the same.

Workforce development, assessments and interface between services

NEL has been promoting and embedding an asset-based approach to practice for some years. All staff micro-commissioning placements (social work, mental health, continuing health care and community nurse practitioners) are expected to work under the local ethical and pragmatic decision-making policy. This is our micro-commissioning framework which advocates an asset-based approach, and is reflective of the national ethical framework published during the pandemic. The asset-based approach is also embedded in the SPA. The framework has recently been updated, and an accompanying programme of public engagement and practice development work will be rolled out this year. This will complement existing programmes of engagement and practice development noted in previous plans. Practice development events this year (offered to all commissioner and provider staff across health and care) include sessions on:

- the Mental Capacity Act 2005 (MCA) and its implications for people of faith, and none
- the MCA and its implications for people with learning disabilities
- the MCA and working with those who refuse, or object to, health and care
- the interface between the MCA and Mental Health Act 1983.

This programme of events also supports us in work to address inequalities (see section 6 below).

A number of work programmes are in place to improve practice at the interface between services, such as that between children and adult services (both health and care). The preparation for adulthood working group has supported the refresh of the preparation for adulthood protocol, the launch event for which is intended to take place later this year. The protocol is accompanied by an action plan against which some progress has been made, although there is much more to do.

The working group, drawing on evidence from transition audits referenced in our previous plan, has highlighted the need for a more effective strategy for managing younger adults. This includes the need to foster consistency of assessment and care planning practice across children and adult

services – including in particular, securing greater value from review processes, to ensure that individual outcomes are clear and focused on promoting independence across the life course. We are also working to develop a joint commissioning strategy for complex younger people with long term care needs.

With regard to housing, there is significant engagement and improved methods of working, that pull together both the strategic, enforcement and home options teams in the Council as well as teams in the CCG. This positive interface between services is beginning to deliver a pathway to address previous weaknesses. Work will continue to shape the pathway, supported by agreed principles for shared working. Housing plays a key role in complementing the delivery of the BCF.

The Strategic Housing Action Plan provides clarity around key housing challenges. It sets out four key interdependent themes including housing's contribution to improving health/ wellbeing. The Plan includes building closer working relationships with adult services and other appropriate adult care agencies, promoting health and welfare, building independence and resilience and opportunity related to housing, and sharing resources to deliver positive housing outcomes for adults.

Priority: continue with the programme of work focused on ensuring staff identify individual outcomes and the progress towards meeting those outcomes, across the life course and across services.

Collecting information

The multi-disciplinary Insights Group (core project group) has clarified the purpose of this work:

- To ensure we know what data and information we hold, (and gather) where it is, who is responsible for it and what we can do with it
- If we bring together the right information (all of it) at the right time, we can define the insights we need to make a positive impact on our planning. This, in turn, will improve the lives of people within NEL
- We will use this information to understand key issues. Listening to local people will put us in a better position to help them and to deliver messages to them in the right way.

Over the summer we have been working to fully assess the current picture of how we hold, engage and receive qualitative and quantitative information in NEL focusing first on Council and CCG processes. The work has already linked with ICP development. During autumn, we are working in partnership to theme and draw insights from the information we have gathered and hope to prove some of our early assumptions. We will identify opportunities and potential solutions, and then reach out more widely with VCSE and partners across NEL to test ideas. As we move into winter, we hope to be able to pilot some of our shared solutions across the Council/ CCG. Whilst some change may be quick, the overall programme of work will be ongoing; for example, testing ways of gathering staff and community voices will take time.

Priority: develop a comprehensive Union approach to insights which allows effective targeting of resources and greater benefits for the residents of NEL.

b) Approaches to joint/ collaborative commissioning

All service areas in this plan are commissioned by the CCG on behalf of itself and the Council, or vice versa.

c) Approach to maintaining independence

The Adult Strategy is about how health and care services/ support will work together to help local adults to enjoy our vision for health and wellbeing. The vision is: "Adults in North East Lincolnshire have healthy and independent lives with easy access to joined up advice and support which help them to help themselves". This vision can be described as a 'promoting independence model'. This

means that our support offer is designed to work alongside the person, to find ways of helping them that maximises opportunities for greater health and independence, and minimises the need for help. Support for adults will be reablement based, challenging people to do more for themselves, and consistently reassessing their ability to maintain, gain or regain skills wherever possible. We define our success by how far people have been re-abled (helped to maintain, gain or regain their health and independence, as much as this is possible for them).

Recent input from Impower (which helps public services to produce lasting, positive change in complex systems) has highlighted that there is more work to do in our areas of priority, if we are to make progress greater on promoting independence. The narrative above in respect of priorities is guided by our approach to promoting independence; two further examples are given below of on-going work designed to improve the promotion of independence:

- Direct payments: following public and professional consultation in autumn 2020, our direct payment offer is being revitalised. Our integrated offer applies to adult social care, continuing health care and provision under s117 of the Mental Health Act 1983. We have invested in a direct payment card account system and are in the process of transferring (where possible and appropriate) existing direct payment accounts to that system. It is anticipated that this will make direct payments easier for service users and professionals to manage, and so more attractive as a means of promoting greater independence. Our direct payment policy has been relaunched. This is accompanied by a programme of practice development to ensure that clear operational processes are in place to support practitioners to promote direct payments as a tool for independence, where appropriate
- We are undertaking a review of our day opportunities offer. Engagement with users of day services and service provider organisations will enable us to gather information about current services, and assess the degree to which such delivers on the Adult Strategy's vision. The review is essential to ensure that people's needs are being met through the opportunities provided; services should provide access to social activities, help individuals build skills and confidence, develop relationships, and maintain their independence. The review will include consideration of equality and diversity issues. Findings will be published early in 2022, and will be utilised to inform next steps.

During 2021/22, the offer of extended access to general practice Monday to Friday 8am to 8pm and weekend opening has been reinstated, following the initial pandemic response which necessitated use of those resources to support covid services. The service is now back up and running and continues to be delivered on a collaborative basis by local practices working together with Primary Care Network (PCN) groups. This is currently in place until the end of March 2022, when it is anticipated that there will be a new service specification issued by NHS England (NHSE) which will form part of the PCN national enhanced service contract requirements.

NEL continues to work collaboratively with local VCSE organisations to deliver a successful social prescribing programme. This has been further expanded during 2021/22 through the existing service and the PCNs working together to integrate the PCN social prescribers, recruited through the national PCN funding, to work alongside the existing staff but with a named lead for the PCN population. To date, numerous patients have benefitted from activities to help them manage their long-term conditions more effectively.

d) BCF and integration

So far as legally possible, the CCG and Council have achieved integration via a Union, and this has been reflected in further updates to the s75 agreement which has been in place since 2007. The CCG and Council continue to be co-located so that health, care and public health commissioning

teams work in the same building and are led by a joint management team and chief executive. A single Union commissioning plan has been developed, underpinned by a set of shared core commissioning principles designed to reflect the findings of the Adult Services Review (referenced in our previous plan), aligned with our Adult Strategy. The Union has been supported to develop further by FutureGov, via an integration road map which sets the standard for decision making, culture, and organisational design. Local teams are taking this work forward, to ensure the Union's vision is realised: "to grow and enhance the place of NEL to improve the health, care and life experiences of our population".

Digital enablers of integration

As well as continuing the digital work outlined in our previous plan, including the NHS Digital Roadmap, the following IT-related work has been concluded:

Building on our success of the Summary Care Record deployment, and our SystemOne and EMIS integration we have continued to develop our record sharing technology and ethos with the maturing of our Yorkshire and Humber Care Record (YHCR) and Electronic Palliative Care Coordination Systems (EPaCCS) solution. Four local ICS Trusts are onboarding live data connections into the YHCR with:

- York currently live
- Harrogate onboarding now
- HUTHT onboarding now
- NLaG onboarding in November

We are also providing GP data into the system allowing partner organisations, including local authorities, to receive the latest updates through a Single Point of Truth Record, as we obtain the NHSX MVS 1.0 standard.

The YHCR system will also support improved Population Health Management toolsets.

End of life record sharing has also matured with a single ICS wide EPaCCS solution now in place. End of life preferences are shared in real time between all partners included in a patient's care; this includes:

- Primary Care
- Community Care
- GP OOH
- Single Point of Access
- Secondary Care
- Hospices
- 111
- 999 ambulance services

This system ensures that professionals have access to the very latest patient preferences and are fully empowered to make decisions.

We are now working on maturing our patient held record facility to provide for primary and secondary care records being made available via the NHS App.

We have bolstered our primary care digital offering by providing online and video consultation facilities, along with working directly with PCNs to ensure that digital maturity of staff and patients is understood, we have also deployed smart patient messaging systems to improve patient knowledge sharing and improve 'did not attend' rates.

We continue the work to support the unplanned and emergency care position by ensuring that appropriate logistics and booking enabling tools are in place. We have provided the ability to:

- Allow 111 to book into emergency departments with a timed slot
- Allow 111 to book into urgent treatment centres
- Allow 111 to book into primary care
- Allow the NEL SPA to book into emergency departments with a timed slot
- Allow the NEL SPA to book into primary care.

We are now working on providing the ability to book unheralded emergency department walk-ins into the most appropriate location.

We have worked with care home partners to increase the digital maturity of care homes, and ensured that every care home has access to:

- Secure Wifi
- NHS Mail
- A NHS Laptop
- A 4G enabled tablet for direct remote clinical consultations

We are working with Barclays Digital Eagles to put in place a plan to continue helping care homes with their digital maturity. We are also working with NHSE to produce a Care Homes IT Operating Model to define a baseline level of digital maturity which every care home should aspire to with the support of the wider system.

Workforce enablers of integration

It is self-evident that integration cannot progress, and services cannot be delivered, without staff to do so. NEL has long had challenges in recruiting and retaining health and care professionals; these challenges have been exacerbated over the last year. Whilst BCF monies are not directly funding recruitment activity, workforce capacity concerns are of relevance to BCF in so far as BCF schemes require staff to deliver them.

We have worked with local Ethical Recruitment Agency (ERA) to develop plans for it to hold a number of key staff for deployment across the health/ care system as required. Which area of the system staff are deployed to depends on need. ERA is available to all providers and settings across NEL. Local partners have been asked to drive leads through to the agency with the ultimate goal of increasing workforce capacity within the local system. A marketing campaign was carried out earlier in the year to build awareness of ERA and attract agency staff. The campaign had modest success. Further work to improve the resilience and expansion of the workforce is ongoing, and forms a key part of planning in other areas (for example, via our winter plan). Workforce capacity remains one of the biggest risks to the local health and care system. For that reason, we continue to work with partners – most notably DWP - to explore mechanisms to improve recruitment and retention of staff at all levels (including domiciliary care). This includes monthly recruitment fairs and exploration of packages to incentivise potential workers.

Supporting Discharge (national condition four)

4 What is the approach in your area to improving outcomes for people being discharged from hospital? How is BCF funded activity supporting safe, timely and affective discharge?

A significant amount of work by all ICP partners (including the hospital trust) has gone into improving the local discharge arrangements and ensuring that we are compliant with the initial national hospital discharge guidance, subsequent policy and policy refresh in July 2021.

We aligned to the discharge policy and ensured all discharges were nurse led. Twenty-four hours after discharge each individual is followed up by an appropriate professional to undertake a full review of the person's needs and follow them through their recovery, recuperation and re-ablement journey. A full needs assessment is then undertaken if longer term needs are identified. BCF funding has funded additional capacity within the hospital discharge team (nurse led) and the community discharge team (social work) to ensure discharge to assess processes can be followed.

A daily community hub meeting has been established to ensure there is oversight of each person discharging on pathways 1-3 (circa 55 people/ week), following them through their onward care journey to ensure their needs are met.

In NEL we are working wherever possible to the principle of 'home first', supporting individuals with voluntary sector support via the British Red Cross which has seen its operating hours and range of service offer extended to cover 8am-8pm, 7 days a week, which has been funded from exiting budgets. Plus, the provision of commissioned services via pathway one where necessary. The support at home offer (domiciliary care) has been increased to support timely discharges and to meet increased demand via the just checking service (funded by BCF) and the establishment of a dedicated system pressures supernumerary team (COVID-19 funding). On average 95% of people discharging are going home first.

In addition, BCF funding has been used to contribute to the opening of our new enhanced recovery unit within the old Cambridge Park care home. As noted above, this service is currently going through a phased implementation. The service - once it has reached capacity - will be 52 beds, which will include provision of two plus sized rooms. In time, the service will grow to deliver an enhanced community offer including intravenous therapy and a range of complex nursing functions to support a timely discharge from hospital and to prevent a hospital admission. Further to this, we are currently looking to increase our intermediate care/ discharge to assess bed-based offer to support with current demand. An expression of interest and specification is in development, which will go to all care homes in NEL.

A discharge system improvement group has been established for Northern Lincolnshire to ensure performance is monitored, areas for further improvement identified, and actions delivered (this includes the hospital trust). The discharge executive lead oversees the discharge system across Northern Lincolnshire working with neighbouring authorities as required to ensure blockages/ issues are identified and addressed in a timely manner.

In 2021/22 the areas for development are the full operation of the enhanced recovery unit, a review of intermediate care at home provision (BCF funding is used to contribute towards the intermediate care at home offer), launch of a discharge SOP (standard operating procedure) for all ICP partners to sign up to clearly articulating roles and responsibilities, develop an NEL discharge and onward care performance dashboard and work to further develop the home first pathway with the launch of the enhanced support at home offer.

The BCF has funded many elements of the discharge and onward care process including developments in intermediate care to support a timely discharge from hospital for those without a criteria to reside who require a period of rehabilitation and reablement. The service is already seeing improved outcomes for individuals, with 21% of individuals returning home with no on-going support required.

The BCF also funds additional staff to support with the delivery of 7 day working to facilitate discharges 8am-8pm 7 days a week, meaning that individuals are supported to discharge on the same day wherever possible. The additional staff include increased nursing staff to bolster capacity within the hospital discharge team, additional social workers to support holistic needs assessments within the home environment, additional care staff to support within intermediate care services and support at home provision.

Disabled Facilities Grant (DFG) and wider services

5 What is your approach to bringing together health, care and housing services together to support people to remain in their own home through adaptations and other activity to meet the housing needs of older and disabled people?

DFG progress has been severely challenged in the last year, resulting in increased waiting times; lockdown restricted access to people's homes and a reduced supply chain effected the delivery of materials.

However, despite these challenges, in 2021/2022 there has been an even greater focus on the DFG agenda. Operationally, occupational therapy (OT), technical team and commissioners have met on a monthly basis to ensure the delivery of the DFG agenda and support the launch of the local Housing Assistance and Disabled Adaptations Policy (launched late 2019). This arrangement has been bolstered with the launch of a DFG strategic meeting which now meets monthly with partners from social care, housing, health and finance from across the local authority and CCG. The group monitors spend, has an oversight of the delivery of mandatory and discretionary DFGs and plans the delivery of the wider innovative projects under the Council's discretionary powers to support the people of NEL with their housing needs. Several schemes are currently being reviewed, including increasing the surveying and OT capacity on site, which includes the recruitment of 5 new employees, focused purely on reducing waiting times, which is now being actioned. The DFG contractor framework has been re-engineered, ensuring there is readily available and appropriate contractors to deliver the major DFG works in a timely way. Telecare, equipment, minor adaptation and major adaptation teams also work much closer together to ensure the individual has the support they need to remain in their own homes for longer and are able to regain or maintain their wellbeing.

As indicated in our last plan, we continue to foster an innovative approach to ensuring the DFG is used to support people to live as independently as possible in their own homes, including:

- Working to support those who have waited for suitable adapted housing on our home choice links register by acquiring stock from social landlords
- Improving the thermal comfort of those who have health conditions which are exacerbated by damp and cold environments
- Specifying our new build supported living facility to meet a range of complex needs
- Developing a trusted assessor approach to minor adaptations, delivering a more direct service and reduced waiting times.

DFG work is undertaken by the Council, CCG and wider partners.

Equality and health inequalities.

6 Briefly outline the priorities for addressing health inequalities and equality for people with protected characteristics under the Equality Act 2010 within integrated health and social care services. This should include

- **Changes from previous BCF plan.**
- **How these inequalities are being addressed through the BCF plan and services funded through this.**
- **Inequality of outcomes related to the BCF national metrics**

In relation to BCF schemes, NEL's approach to tackling health inequalities remains broadly as set out in our BCF plan 2017/19 (pages 14/15), and reiterated in our 2019/20 submission. All schemes continue to be funded and are intended to contribute to tackling health inequalities. The exception is the Pause Programme, which is no longer funded. Very broadly put, schemes are intended to address inequalities by being accessible to/ reaching out to local people in their communities in a way more likely to tackle disadvantage and increase resilience.

The pandemic has amplified existing health inequalities in the borough and represents the biggest change since creation of the last BCF plan. The 2020 Director of Public Health's annual report, focused on tackling health inequalities, was published during the pandemic. Where possible the report incorporated our developing understanding of the impact of the virus on the factors which result in inequalities, based on the information available. The report highlights, for example, that deprivation may be more likely to result in avoidable admissions for physical and/ or mental health needs, both of which are exacerbated by the pandemic. Further work is needed to improve our level of intelligence, whether from data or from community insight, to understand the evolving challenges and resources for health and wellbeing in local communities.

Latest understanding on the changes arising from the pandemic can be found in the impact assessment <https://democracy.nelincs.gov.uk/wp-content/uploads/2021/05/9.-Covid-19-Impact-Assessment.pdf> (health and wellbeing narrative begins on page 10, and adult social care on page 20).

The public health annual report can be found here:

<https://www.nelincs.gov.uk/assets/uploads/2021/03/Director-of-Public-Health-Annual-Report-2020.pdf> It is accompanied by recommendations (for example, see page 8) and gives an update on recommendations from the previous year's report (see page 55). Whilst action to address the recommendations is on-going, progress has been made in some areas, notably in respect of exploring a methodology for measuring equity of access to services and in building social connectivity (by increasing digital skills, sustaining and building on well-used community assets (physical and virtual), and by reviewing the commissioning of the voluntary and community sector including the use of social prescribing).

CCG and public health colleagues continue to work with the ICS in a range of ways to tackle inequalities in the broadest sense; some examples include:

- People with severe mental illness are often living in the most deprived areas, and have limited access to technology which enables them to access services. This has contributed to previously acknowledged poor health issues. We are re-focussing and re-asserting annual physical health checks for this population
- Similarly, people with learning disabilities have been adversely affected by both corona virus and the social restrictions imposed in the management of it. Annual Health Checks are vital in improving the quality of people's lives, and an active campaign to ensure these are done effectively across NEL is seeing significantly improved numbers

of people having their check. The support of the Learning Disability Wellbeing Team is key to enabling access to physical health care. We are about to start a bowel cancer screening programme, reasonably adjusted to people with learning disability needs

- Access to mental health support has been challenging to many. Primary Care and VCSE sectors have highlighted a disproportionate number of people who are, or were, Looked After Children seeking assistance or support following being declined service from the statutory sector. We are working with Primary Care and VCSE to enable a more Trauma Informed approach to supporting people's lives
- More children, young people and adults with eating disorders have sought more help and at a more complex level than previously. The CCG has secured a short term provision to support people in the community whilst a longer term solution is sought
- Dementia – people have not been forwarded to GPs and diagnosis rates have fallen. Residential care has seen significant loss of people with dementia from the sector as many have sadly died due to vulnerability to the virus. Information and support campaigns are being activated.

A Union Equality and Diversity Core Group has been established to ensure that the Council and CCG (the Union):

- meets the duties under the Equality Act 2010 in our direct service delivery and commissioned activities
- works with other partners to contribute to reduce health inequalities across NEL
- promotes equality, diversity and inclusion across our workforce and communities

The Core Group's objectives include creation of a targeted E&D (equality and diversity) plan, aligned where relevant, with the recommendations in the public health annual report and drawing on the findings of the impact assessment. Work to ensure that equality impact assessments are mandated as part of the commissioning cycle has concluded, although further work is needed to promote routine E&D considerations as part of contract monitoring.

Better Care Fund 2020-21 Year-end Template

1. Guidance

Overview

This template is for Health and Wellbeing Boards (HWBs) to provide end of year reporting on their Better Care Fund (BCF) plans. The template should be submitted to the BCF team by 24 May 2021. Since BCF plans were not collected in 2020-21, the end of year reporting will collect information and data on scheme level expenditure that would normally be collected during planning. This is to provide effective accountability for the funding, information and input for national partners and into national datasets.

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

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

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

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

Checklist (all sheets)

1. On each sheet, there is a section that helps identify the data fields that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF team.
2. The checker column will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'.
3. The 'sheet completed' cell will update when all 'checker' values for the sheet are 'Green' containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Complete'.
5. Please ensure that all boxes on the checklist tab are green before submission.

Cover

1. The cover sheet provides essential information on: the area for which the template is being completed; contacts; and sign off.
2. 'Question completion' tracks the number of questions that have been completed. When all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to **england.bettercarefundteam@nhs.net**
3. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

National Conditions

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2020-21 (link below) continue to be met through the year, at the time of the template's sign off.

<https://www.gov.uk/government/publications/better-care-fund-policy-statement-2020-to-2021/better-care-fund-policy-statement-2020-to-2021>

This sheet sets out the four conditions and requires the HWB to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met during the year and how this is being addressed. Please note that where a national condition is not being met, the HWB is expected to contact their Better Care Manager in the first instance.

The four national conditions are as below:

- **National condition 1:** Plans covering all mandatory funding contributions have been agreed by HWB areas and minimum contributions are pooled in a section 75 agreement (an agreement made under section 75 of the NHS Act 2006).
- **National condition 2:** The contribution to social care from the CCG via the BCF is agreed and meets or exceeds the minimum expectation.
- **National condition 3:** Spend on CCG commissioned out of hospital services meets or exceeds the minimum ringfence.
- **National condition 4:** The CCG and LA have confirmed compliance with these conditions to the HWB.

Income and Expenditure Actuals

The Better Care Fund 2020-21 pool constitutes mandatory funding sources and any voluntary additional pooling from LAs (Local Authorities) and CCGs. The mandatory funding sources are the Disabled Facilities Grant (DFG), the improved Better Care Fund (iBCF) grant, and the minimum CCG contribution.

Income section:

- Please confirm the total HWB level actual BCF pooled income for 2020-21. Please include income from additional CCG and LA contributions in 2020-21 in the yellow boxes provided.
- Please provide any comments that may be useful for local context for the reported actual income in 2020-21.

Expenditure section:

- Please enter the total HWB level actual BCF expenditure for 2020-21 in the yellow box provided.
- Please share any comments that may provide a useful local context to the reported actual expenditure in 2020-21.

Year End Feedback

This section provides an opportunity to feedback on delivering the BCF in 2020-21 through a set of survey questions which are, overall, consistent with those from previous years.

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of the BCF. Covid-19 had a significant impact on services and schemes delivered on the ground which may have changed the context. However, national BCF partners would value and appreciate local area feedback to understand views and reflections of the progress and challenges faced during 2020-21.

There is a total of 5 questions. These are set out below.

Delivery of the Better Care Fund

There are a total of 3 questions in this section. Each is set out as a statement, for which you are asked to select one of the following responses:

- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

The questions are:

1. The overall delivery of the BCF has improved joint working between health and social care in our locality
2. Our BCF schemes were implemented as planned in 2020-21
3. The delivery of our BCF plan in 2020-21 had a positive impact on the integration of health and social care in our locality

Part - Successes and Challenges

This part of the survey utilises the SCIE (Social Care Institute for Excellence) Integration Logic Model published on this link below to capture two key challenges and successes against the 'Enablers for integration' expressed in the Logic Model.

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2020-21.
5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2020-21?

As noted above, these are free text responses to be assigned to one of the following categories from the SCIE Integration Logic Model - Enablers summarised below. Please see link below for fuller details:

[SCIE - Integrated care Logic Model](#)

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care

Social care fees

This section collects data on average fees paid by the local authority for social care. This is similar to data collected in Q2 reporting in previous years.

The questions have been updated for 2020-21 to distinguish long term fee rates from temporary uplifts related to the additional costs and pressures on care providers resulting from the COVID-19 pandemic

Specific guidance on individual questions can be found on the relevant tab.

CCG-HWB Mapping

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

Better Care Fund 2020-21 Year-end Template

2. Cover

Version 1.0

Please Note:

- The BCF end of year reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. Narrative sections of the reports will not be published. However as with all information collected and stored by public bodies, all BCF information including any narrative is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information, including that provided on local authority fee rates, will be supplied to BCF partners to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	North East Lincolnshire
Completed by:	Emma Overton
E-mail:	emmaoverton@nhs.net
Contact number:	0300 3000 662
Is the template being submitted subject to HWB / delegated sign-off?	No, sign-off has been received
Where a sign-off has been received, please indicate who signed off the report on behalf of the HWB?	
Job Title:	Chair of Health and Wellbeing Board/ Portfolio Holder for Health and Wellbeing
Name:	Cllr Margaret Cracknell

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

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

Complete

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Income	Yes
5. Expenditure	Yes
6. Income and Expenditure actual	Yes
7. Year-End Feedback	Yes
8. IBCF	Yes

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

Better Care Fund 2020-21 Year-end Template

3. National Conditions

Selected Health and Wellbeing Board:

North East Lincolnshire

Confirmation of Nation Conditions		
National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in 2020-21:
1) A Plan has been agreed for the Health and Wellbeing Board area that includes all mandatory funding and this is included in a pooled fund governed under section 75 of the NHS Act 2006? (This should include engagement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes	
2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the BCF policy?	Yes	
3) Agreement to invest in NHS commissioned out of hospital services?	Yes	
4) The CCG and LA have confirmed compliance with these conditions to the HWB?	Yes	

Checklist

Complete:

Yes

Yes

Yes

Yes

Better Care Fund 2020-21 Year-end Template

4. Income

Selected Health and Wellbeing Board:

North East Lincolnshire

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
North East Lincolnshire	£3,220,832
DFG breakdown for two-tier areas only (where applicable)	
Total Minimum LA Contribution (exc iBCF)	£3,220,832

iBCF Contribution	Contribution
North East Lincolnshire	£7,821,632
Total iBCF Contribution	£7,821,632

Are any additional LA Contributions being made in 2020-21? If yes, please detail below	Yes
--	-----

Local Authority Additional Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
North East Lincolnshire	£441,000	Additional contribution to support specific scheme
Total Additional Local Authority Contribution	£441,000	

CCG Minimum Contribution	Contribution
NHS North East Lincolnshire CCG	£12,624,603
Total Minimum CCG Contribution	£12,624,603

Are any additional CCG Contributions being made in 2020-21? If yes, please detail below	No
---	----

Additional CCG Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding. If you are including funding made available to support the Hospital Discharge Service Policy in 2020-21, you should record this here
Total Additional CCG Contribution	£0	
Total CCG Contribution	£12,624,603	

	2020-21
Total BCF Pooled Budget	£24,108,067

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

Better Care Fund 2020-21 Year-end Template

5. Expenditure

Selected Health and Wellbeing Board:

North East Lincolnshire

Running Balances	Income	Expenditure	Balance
DFG	£3,220,832	£2,514,000	£706,832
Minimum CCG Contribution	£12,624,603	£12,624,603	£0
iBCF	£7,821,632	£7,821,632	£0
Additional LA Contribution	£441,000	£441,000	£0
Additional CCG Contribution	£0	£0	£0
Total	£24,108,067	£23,401,235	£706,832

Required Spend	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum CCG allocation	£3,587,554	£8,075,371	£0
Adult Social Care services spend from the minimum CCG allocations	£1,851,812	£4,549,232	£0

Checklist

Complete:

Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes
-----	-----	-----	-----	-----	-----	-----	-----	-----	--	-----	-----	-----	-----

Link to Scheme Type description					Expenditure								
Scheme ID	Scheme Name	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
19	prevention	Prevention / Early Intervention	Other	Falls prevention	Community Health		CCG			Private Sector	Minimum CCG Contribution	£104,000	Existing
20	Dementia	Community Based Schemes			Social Care		LA			Private Sector	Minimum CCG Contribution	£200,000	Existing
21	7 day working	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Social Care		LA			Private Sector	Minimum CCG Contribution	£209,000	Existing
22	Safeguarding	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Community Health		CCG			Private Sector	Minimum CCG Contribution	£40,000	Existing
23	Service transformation reserve	Other		Service transformation	Social Care		LA			Local Authority	iBCF	£412,632	New
6	Intermediate tier	Intermediate Care Services	Reablement/Rehabilitation Services		Community Health		CCG			Private Sector	Minimum CCG Contribution	£4,262,004	Existing

6	Intermediate tier	Intermediate Care Services	Reablement/Rehabilitation Services		Social Care		LA			Private Sector	Minimum CCG Contribution	£1,705,212	Existing
7	Single point of access	Integrated Care Planning and Navigation	Single Point of Access		Community Health		CCG			Private Sector	Minimum CCG Contribution	£1,098,041	Existing
7	single point of access	Integrated Care Planning and Navigation	Single Point of Access		Social Care		LA			Private Sector	Minimum CCG Contribution	£623,392	Existing
8	Community Equipment	Assistive Technologies and Equipment	Community Based Equipment		Community Health		CCG			NHS Acute Provider	Minimum CCG Contribution	£706,709	Existing
18	Alliance Hospital discharge team	Integrated Care Planning and Navigation	Care Coordination		Community Health		CCG			Private Sector	Minimum CCG Contribution	£203,000	Existing
8	Community equipment	Assistive Technologies and Equipment	Community Based Equipment		Social Care		LA			NHS Acute Provider	Minimum CCG Contribution	£428,000	Existing
9	Care act duties	Care Act Implementation Related Duties	Other	Includes support for deferred payments	Social Care		LA			Private Sector	Minimum CCG Contribution	£498,000	Existing
9	Care Act Duties	Care Act Implementation Related Duties	Other	Carers	Social Care		LA			Private Sector	Minimum CCG Contribution	£306,000	Existing
10	Care at home	Home Care or Domiciliary Care			Social Care		LA			Private Sector	Minimum CCG Contribution	£141,000	Existing
11	Dementia	Community Based Schemes			Community Health		CCG			Private Sector	Minimum CCG Contribution	£743,617	Existing
17	Ensuring the local social care market is supported.	Other			Social Care		LA			Private Sector	iBCF	£1,721,000	Existing
12	7 day working	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Community Health		CCG			Private Sector	Minimum CCG Contribution	£918,000	Existing
13	wider system support	Enablers for Integration	Implementation & Change Mgt capacity		Social Care		LA			Private Sector	Minimum CCG Contribution	£438,628	Existing
14	DFG	DFG Related Schemes	Adaptations		Social Care		LA			Private Sector	DFG	£2,514,000	Existing
15	Meting adult Social Care needs	Integrated Care Planning and Navigation	Other	Integrated personalised commissioning	Social Care		LA			Private Sector	iBCF	£2,417,000	Existing
16	Reducing pressures on the NHS, supporting	Community Based Schemes			Social Care		LA			Private Sector	iBCF	£3,271,000	Existing
17	Reducing pressures on the NHS, supporting	Community Based Schemes			Social Care		LA			Private Sector	Additional LA Contribution	£441,000	New

[^^ Link back up](#)

Scheme Type	Description	
Assistive Technologies and Equipment	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Digital participation services).	
Care Act Implementation Related Duties	Funding planned towards the implementation of Care Act related duties.	
Carers Services	Supporting people to sustain their role as carers and reduce the likelihood of crisis. Advice, advocacy, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence. This also includes the implementation of the Care Act as a sub-type.	
Community Based Schemes	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood level (eg: Integrated Neighbourhood Teams)	
DFG Related Schemes	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes.	

Enablers for Integration	Schemes that build and develop the enabling foundations of health and social care integration encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.	
High Impact Change Model for Managing Transfer of Care	The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM as such, is included in this section.	
Home Care or Domiciliary Care	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.	
Housing Related Schemes	This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.	

Integrated Care Planning and Navigation	<p>Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches like Single Point of Access (SPoA) and linking people to community assets.</p> <p>Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams.</p> <p>Note: For Multi-Disciplinary Discharge Teams and the HICM for managing discharges, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.</p>	
Intermediate Care Services	<p>Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups. Four service models of intermediate care are: bed-based intermediate care, crisis or rapid response (including falls), home-based intermediate care, and reablement or rehabilitation. Home-based intermediate care is covered in Scheme-A and the other three models are available on the sub-types.</p>	

Personalised Budgeting and Commissioning	Various person centred approaches to commissioning and budgeting.	
Personalised Care at Home	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of ‘home ward’ for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.	
Prevention / Early Intervention	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.	
Residential Placements	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.	
Other	Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.	

[^^ Link back up](#)

Better Care Fund 2020-21 Year-end Template

6. Income and Expenditure actual

Selected Health and Wellbeing Board:

North East Lincolnshire

Income

	2020-21	
Disabled Facilities Grant	£3,220,832	
Improved Better Care Fund	£7,821,632	
CCG Minimum Fund	£12,624,603	
Minimum Sub Total		£23,667,067
	Planned	
CCG Additional Funding	£0	
LA Additional Funding	£441,000	
Additional Sub Total		£441,000
		£441,000
	Planned 20-21	Actual 20-21
Total BCF Pooled Fund	£24,108,067	£24,108,067

Actual		
Do you wish to change your additional actual CCG funding?	No	
Do you wish to change your additional actual LA funding?	Yes	£441,000
		£441,000

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2020-21

Additional local contribution to DFG for specific scheme.

Expenditure

	2020-21
Plan	£23,401,235

Do you wish to change your actual BCF expenditure? Yes

Actual	£23,401,235
--------	-------------

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2020-21

Adjustment to year end outturn for spend on DFG

Yes

Better Care Fund 2020-21 Year-end Template

7. Year-End Feedback

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of the BCF. Covid-19 had a significant impact on services and schemes delivered on the ground which may have changed the context. However, national BCF partners would value and appreciate local area feedback to understand views and reflections of the progress and challenges faced during 2020-21. There is a total of 5 questions. These are set out below.

Selected Health and Wellbeing Board:

North East Lincolnshire

Part 1: Delivery of the Better Care Fund

Please use the below form to indicate what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Neither agree nor disagree	BCF is part of North East Lincolnshire's existing direction of travel.
2. Our BCF schemes were implemented as planned in 2020-21	Disagree	Development of extra care housing units remains behind schedule for the reasons set out in previous returns. However, the unit now known as Burchester Court is open
3. The delivery of our BCF plan in 2020-21 had a positive impact on the integration of health and social care in our locality	Neither agree nor disagree	BCF is part of North East Lincolnshire's existing direction of travel.

Part 2: Successes and Challenges

Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing.

Please provide a brief description alongside.

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2020-21	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	8. Pooled or aligned resources	The whole of adult social care and health benefits from pooled and aligned resources
Success 2	9. Joint commissioning of health and social care	All commissioning from adult social care and health is an integrated function
5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2020-21	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Challenge 1	5. Integrated workforce: joint approach to training and upskilling of workforce	Workforce capacity and capability within the care sector impacts adversely on the stability of the care market.
Challenge 2	7. Joined-up regulatory approach	The differing legislative and financial frameworks for health and social care, combined with a fractured provider market place, remain challenging.

Yes
Yes

Footnotes:

Question 4 and 5 are should be assigned to one of the following categories:

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
 2. Strong, system-wide governance and systems leadership
 3. Integrated electronic records and sharing across the system with service users
 4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
 5. Integrated workforce: joint approach to training and upskilling of workforce
 6. Good quality and sustainable provider market that can meet demand
 7. Joined-up regulatory approach
 8. Pooled or aligned resources
 9. Joint commissioning of health and social care
- Other

Better Care Fund 2020-21 Year-end Template

8. improved Better Care Fund

Selected Health and Wellbeing Board:

North East Lincolnshire

These questions cover average fees paid by your local authority (including client contributions/user charges) to external care providers for your local authority's eligible clients.

The averages will likely need to be calculated from records of payments paid to social care providers and the number of client weeks they relate to, unless you already have suitable management information.

We are interested ONLY in the average fees actually received by external care providers for your local authority's eligible supported clients (including client contributions/user charges). Specifically the averages SHOULD EXCLUDE:

- Any amounts that you usually include in reported fee rates but are not paid to care providers e.g. your local authority's own staff costs in managing the commissioning of places.
- Any amounts that are paid from sources other than eligible local authority funding and client contributions/user charges, i.e. you should EXCLUDE third party top-ups, NHS Funded Nursing Care and full cost paying clients.

Respecting these exclusions, the average fees SHOULD INCLUDE:

- Client contributions /user charges.
- Fees paid under spot and block contracts, fees paid under a dynamic purchasing system, payments for travel time in home care, any allowances for external provider staff training, fees directly commissioned by your local authority and fees commissioned by your local authority as part of a Managed Personal Budget.
- Fees that did not change as a result of the additional IBCF allocation, as well as those that did. We are interested in the whole picture, not just fees that were specifically increased using additional IBCF funding.

If you only have average fees at a more detailed breakdown level than the three service types of home care, 65+ residential and 65+ nursing requested below (e.g. you have the more detailed categories of 65+ residential without dementia, 65+ residential with dementia) **please calculate for each of the three service types an average weighted by the proportion of clients that receive each detailed category:**

1. Take the number of clients receiving the service for each detailed category.
2. Divide the number of clients receiving the service for each detailed category (e.g. age 65+ residential without dementia, age 65+ residential with dementia) by the total number of clients receiving the relevant service (e.g. age 65+ residential).
3. Multiply the resultant proportions from Step 2 by the corresponding fee paid for each detailed category.
4. For each service type, sum the resultant detailed category figures from Step 3.

Please leave any missing data cells as blank e.g. do not attempt to enter '0' or 'N/A'.

	For information - your 2019-20 fee as reported in Q2 2019-20	Average 2019-20 fee. If you have newer/better data than at Q2 2019-20, enter it below and explain why it differs in the comments. Otherwise enter the Q2 2019-20 value from the previous column	What was your anticipated average fee rate for 2020-21, if COVID-19 had not occurred?	What was your actual average fee rate per actual user for 2020-21?	Implied uplift: anticipated 2020-21 rates compared to 2019-20 rates.	Implied uplift: actual 2020-21 rates compared to 2019-20 rates.
1. Please provide the average amount that you paid to external providers for home care, calculated on a consistent basis. (£ per contact hour, following the exclusions as in the instructions above)	£14.64	£14.64	£15.24	£15.78	4.1%	7.8%
2. Please provide the average amount that you paid for external provider care homes without nursing for clients aged 65+, calculated on a consistent basis. (£ per client per week, following the exclusions as in the instructions above)	£476.00	£499.96	£517.37	£539.47	3.5%	7.9%
3. Please provide the average amount that you paid for external provider care homes with nursing for clients aged 65+, calculated on a consistent basis. (£ per client per week, following the exclusions in the instructions above)	£486.00	£505.97	£517.37	£550.25	2.3%	8.8%
4. Please provide additional commentary if your 2019-20 fee is different from that reported at Q2 2019-20. Please do not use more than 250 characters.		Variance due to in year change to fee rates following cost of care exercise and change in mix of clients.				

145 characters remaining

Checklist

Complete:

Yes

Yes

Yes

Yes

5. Please briefly list the covid-19 support measures that have most increased your average fees for 2020-21. Please do not use more than 250 characters.		Residential and community Providers were supported during Q1 of 2020/21 via a contingency payment and a minimum income guarantee scheme.
---	--	--

113 characters remaining

Yes

Footnotes:

* "." in the column C lookup means that no 2019-20 fee was reported by your council in Q2 2019-20

** For column F, please calculate your fee rate as the expenditure during the year divided by the number of actual client weeks during the year. This will pick up any support that you have provided in terms of occupancy guarantees.
(Occupancy guarantees should result in a higher rate per actual user.)

CCG to Health and Well-Being Board Mapping for 2020-21

HWB Code	LA Name	CCG Code	CCG Name	% CCG in HWB	% HWB in CCG
E09000002	Barking and Dagenham	07L	NHS Barking and Dagenham CCG	90.4%	87.2%
E09000002	Barking and Dagenham	08C	NHS Hammersmith and Fulham CCG	0.1%	0.2%
E09000002	Barking and Dagenham	08F	NHS Havering CCG	6.8%	8.0%
E09000002	Barking and Dagenham	08M	NHS Newham CCG	0.4%	0.7%
E09000002	Barking and Dagenham	08N	NHS Redbridge CCG	2.7%	3.7%
E09000002	Barking and Dagenham	08W	NHS Waltham Forest CCG	0.1%	0.2%
E09000003	Barnet	06N	NHS Herts Valleys CCG	0.0%	0.1%
E09000003	Barnet	07P	NHS Brent CCG	2.1%	2.0%
E09000003	Barnet	08C	NHS Hammersmith and Fulham CCG	0.8%	0.5%
E09000003	Barnet	08E	NHS Harrow CCG	1.3%	0.8%
E09000003	Barnet	08Y	NHS West London CCG	0.2%	0.1%
E09000003	Barnet	09A	NHS Central London (Westminster) CCG	0.3%	0.2%
E09000003	Barnet	93C	NHS North Central London CCG	25.0%	96.3%
E08000016	Barnsley	02P	NHS Barnsley CCG	94.6%	98.1%
E08000016	Barnsley	02X	NHS Doncaster CCG	0.3%	0.4%
E08000016	Barnsley	03A	NHS Greater Huddersfield CCG	0.2%	0.2%
E08000016	Barnsley	03L	NHS Rotherham CCG	0.3%	0.3%
E08000016	Barnsley	03N	NHS Sheffield CCG	0.2%	0.5%
E08000016	Barnsley	03R	NHS Wakefield CCG	0.4%	0.6%
E06000022	Bath and North East Somerset	11X	NHS Somerset CCG	0.2%	0.5%
E06000022	Bath and North East Somerset	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	0.2%	1.1%
E06000022	Bath and North East Somerset	92G	NHS Bath and North East Somerset, Swindon and Wiltshire CCG	21.0%	98.4%
E06000055	Bedford	06F	NHS Bedfordshire CCG	37.7%	97.4%
E06000055	Bedford	06H	NHS Cambridgeshire and Peterborough CCG	0.4%	1.9%
E06000055	Bedford	78H	NHS Northamptonshire CCG	0.2%	0.6%
E09000004	Bexley	08C	NHS Hammersmith and Fulham CCG	0.0%	0.1%
E09000004	Bexley	72Q	NHS South East London CCG	12.5%	98.4%
E09000004	Bexley	91Q	NHS Kent and Medway CCG	0.2%	1.5%
E08000025	Birmingham	05C	NHS Dudley CCG	0.2%	0.0%
E08000025	Birmingham	05L	NHS Sandwell and West Birmingham CCG	38.7%	17.5%
E08000025	Birmingham	05Y	NHS Walsall CCG	0.5%	0.1%
E08000025	Birmingham	08C	NHS Hammersmith and Fulham CCG	0.6%	0.2%
E08000025	Birmingham	15E	NHS Birmingham and Solihull CCG	78.5%	81.8%
E08000025	Birmingham	18C	NHS Herefordshire and Worcestershire CCG	0.7%	0.4%
E06000008	Blackburn with Darwen	00Q	NHS Blackburn with Darwen CCG	88.9%	95.7%
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	0.8%	1.8%
E06000009	Blackpool	00R	NHS Blackpool CCG	86.0%	97.7%
E06000009	Blackpool	02M	NHS Fylde and Wyre CCG	2.0%	2.3%
E08000001	Bolton	00T	NHS Bolton CCG	97.3%	97.5%
E08000001	Bolton	00V	NHS Bury CCG	1.5%	1.0%
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%
E06000058	Bournemouth, Christchurch and Poole	11A	NHS West Hampshire CCG	0.2%	0.3%
E06000058	Bournemouth, Christchurch and Poole	11J	NHS Dorset CCG	52.7%	99.7%
E06000036	Bracknell Forest	10C	NHS Surrey Heath CCG	0.2%	0.1%
E06000036	Bracknell Forest	15A	NHS Berkshire West CCG	0.5%	2.1%
E06000036	Bracknell Forest	15D	NHS East Berkshire CCG	26.0%	96.7%
E06000036	Bracknell Forest	99M	NHS North East Hampshire and Farnham CCG	0.6%	1.0%
E08000032	Bradford	02T	NHS Calderdale CCG	0.3%	0.1%
E08000032	Bradford	03J	NHS North Kirklees CCG	0.2%	0.0%
E08000032	Bradford	15F	NHS Leeds CCG	0.9%	1.4%
E08000032	Bradford	36J	NHS Bradford District and Craven CCG	90.5%	98.5%
E09000005	Brent	07P	NHS Brent CCG	89.1%	85.8%
E09000005	Brent	07W	NHS Ealing CCG	0.5%	0.6%
E09000005	Brent	08C	NHS Hammersmith and Fulham CCG	1.0%	0.7%
E09000005	Brent	08E	NHS Harrow CCG	6.0%	4.0%
E09000005	Brent	08Y	NHS West London CCG	4.1%	2.5%
E09000005	Brent	09A	NHS Central London (Westminster) CCG	1.4%	0.8%
E09000005	Brent	93C	NHS North Central London CCG	1.4%	5.6%
E06000043	Brighton and Hove	09D	NHS Brighton and Hove CCG	97.8%	99.7%
E06000043	Brighton and Hove	70F	NHS West Sussex CCG	0.0%	0.2%
E06000043	Brighton and Hove	97R	NHS East Sussex CCG	0.0%	0.1%
E06000023	Bristol, City of	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	49.6%	100.0%
E09000006	Bromley	08C	NHS Hammersmith and Fulham CCG	0.2%	0.2%
E09000006	Bromley	36L	NHS South West London CCG	0.3%	1.5%
E09000006	Bromley	72Q	NHS South East London CCG	17.2%	98.1%
E09000006	Bromley	91Q	NHS Kent and Medway CCG	0.0%	0.2%
E06000060	Buckinghamshire	04F	NHS Milton Keynes CCG	1.3%	0.7%
E06000060	Buckinghamshire	06F	NHS Bedfordshire CCG	0.5%	0.4%
E06000060	Buckinghamshire	06N	NHS Herts Valleys CCG	1.2%	1.4%
E06000060	Buckinghamshire	08G	NHS Hillingdon CCG	0.7%	0.4%
E06000060	Buckinghamshire	10Q	NHS Oxfordshire CCG	0.5%	0.7%
E06000060	Buckinghamshire	14Y	NHS Buckinghamshire CCG	94.5%	94.9%
E06000060	Buckinghamshire	15D	NHS East Berkshire CCG	1.4%	1.2%
E06000060	Buckinghamshire	78H	NHS Northamptonshire CCG	0.1%	0.2%
E08000002	Bury	00T	NHS Bolton CCG	0.7%	1.1%
E08000002	Bury	00V	NHS Bury CCG	94.0%	94.4%
E08000002	Bury	01A	NHS East Lancashire CCG	0.0%	0.1%
E08000002	Bury	01D	NHS Heywood, Middleton and Rochdale CCG	0.4%	0.5%
E08000002	Bury	01G	NHS Salford CCG	1.4%	1.9%
E08000002	Bury	14L	NHS Manchester CCG	0.6%	1.9%
E08000033	Calderdale	01D	NHS Heywood, Middleton and Rochdale CCG	0.1%	0.1%
E08000033	Calderdale	02T	NHS Calderdale CCG	98.4%	98.8%
E08000033	Calderdale	03A	NHS Greater Huddersfield CCG	0.3%	0.3%
E08000033	Calderdale	36J	NHS Bradford District and Craven CCG	0.2%	0.7%
E10000003	Cambridgeshire	06F	NHS Bedfordshire CCG	1.1%	0.7%
E10000003	Cambridgeshire	06H	NHS Cambridgeshire and Peterborough CCG	71.7%	96.8%

E1000003	Cambridgeshire	06K	NHS East and North Hertfordshire CCG	0.8%	0.7%
E1000003	Cambridgeshire	07H	NHS West Essex CCG	0.2%	0.1%
E1000003	Cambridgeshire	07K	NHS West Suffolk CCG	3.9%	1.4%
E1000003	Cambridgeshire	26A	NHS Norfolk and Waveney CCG	0.3%	0.4%
E0900007	Camden	07P	NHS Brent CCG	1.2%	1.7%
E0900007	Camden	08C	NHS Hammersmith and Fulham CCG	1.1%	1.2%
E0900007	Camden	08Y	NHS West London CCG	0.3%	0.3%
E0900007	Camden	09A	NHS Central London (Westminster) CCG	5.4%	4.7%
E0900007	Camden	93C	NHS North Central London CCG	15.4%	92.1%
E06000056	Central Bedfordshire	04F	NHS Milton Keynes CCG	0.1%	0.1%
E06000056	Central Bedfordshire	06F	NHS Bedfordshire CCG	56.7%	94.9%
E06000056	Central Bedfordshire	06K	NHS East and North Hertfordshire CCG	0.3%	0.7%
E06000056	Central Bedfordshire	06N	NHS Herts Valleys CCG	0.4%	0.9%
E06000056	Central Bedfordshire	06P	NHS Luton CCG	2.1%	1.7%
E06000056	Central Bedfordshire	14Y	NHS Buckinghamshire CCG	0.8%	1.6%
E06000049	Cheshire East	01W	NHS Stockport CCG	1.6%	1.2%
E06000049	Cheshire East	02A	NHS Trafford CCG	0.2%	0.1%
E06000049	Cheshire East	02E	NHS Warrington CCG	0.7%	0.4%
E06000049	Cheshire East	05G	NHS North Staffordshire CCG	1.2%	0.6%
E06000049	Cheshire East	15M	NHS Derby and Derbyshire CCG	0.1%	0.2%
E06000049	Cheshire East	27D	NHS Cheshire CCG	51.6%	97.4%
E06000050	Cheshire West and Chester	01F	NHS Halton CCG	0.2%	0.0%
E06000050	Cheshire West and Chester	02E	NHS Warrington CCG	0.4%	0.3%
E06000050	Cheshire West and Chester	12F	NHS Wirral CCG	0.3%	0.3%
E06000050	Cheshire West and Chester	27D	NHS Cheshire CCG	47.3%	99.5%
E09000001	City of London	07T	NHS City and Hackney CCG	1.8%	66.3%
E09000001	City of London	08C	NHS Hammersmith and Fulham CCG	0.1%	4.3%
E09000001	City of London	08V	NHS Tower Hamlets CCG	0.3%	12.8%
E09000001	City of London	08Y	NHS West London CCG	0.0%	0.2%
E09000001	City of London	09A	NHS Central London (Westminster) CCG	0.1%	3.4%
E09000001	City of London	72Q	NHS South East London CCG	0.0%	0.3%
E09000001	City of London	93C	NHS North Central London CCG	0.0%	12.7%
E06000052	Cornwall & Scilly	11N	NHS Kernow CCG	99.7%	99.4%
E06000052	Cornwall & Scilly	15N	NHS Devon CCG	0.3%	0.6%
E06000047	County Durham	00P	NHS Sunderland CCG	1.1%	0.6%
E06000047	County Durham	13T	NHS Newcastle Gateshead CCG	0.7%	0.7%
E06000047	County Durham	16C	NHS Tees Valley CCG	0.1%	0.1%
E06000047	County Durham	84H	NHS County Durham CCG	96.8%	98.6%
E08000026	Coventry	05A	NHS Coventry and Rugby CCG	74.6%	99.8%
E08000026	Coventry	05H	NHS Warwickshire North CCG	0.4%	0.2%
E08000026	Coventry	05R	NHS South Warwickshire CCG	0.1%	0.0%
E09000008	Croydon	08C	NHS Hammersmith and Fulham CCG	0.3%	0.2%
E09000008	Croydon	36L	NHS South West London CCG	23.9%	93.7%
E09000008	Croydon	72Q	NHS South East London CCG	1.0%	4.7%
E09000008	Croydon	92A	NHS Surrey Heartlands CCG	0.6%	1.4%
E10000006	Cumbria	01H	NHS North Cumbria CCG	99.9%	63.5%
E10000006	Cumbria	01K	NHS Morecambe Bay CCG	53.2%	36.5%
E06000005	Darlington	16C	NHS Tees Valley CCG	15.2%	96.6%
E06000005	Darlington	42D	NHS North Yorkshire CCG	0.0%	0.1%
E06000005	Darlington	84H	NHS County Durham CCG	0.7%	3.3%
E06000015	Derby	15M	NHS Derby and Derbyshire CCG	26.6%	100.0%
E10000007	Derbyshire	01W	NHS Stockport CCG	0.1%	0.0%
E10000007	Derbyshire	01Y	NHS Tameside and Glossop CCG	13.9%	4.3%
E10000007	Derbyshire	02Q	NHS Bassetlaw CCG	0.2%	0.0%
E10000007	Derbyshire	03N	NHS Sheffield CCG	0.5%	0.3%
E10000007	Derbyshire	04V	NHS West Leicestershire CCG	0.6%	0.3%
E10000007	Derbyshire	05D	NHS East Staffordshire CCG	7.9%	1.4%
E10000007	Derbyshire	15M	NHS Derby and Derbyshire CCG	70.9%	92.5%
E10000007	Derbyshire	52R	NHS Nottingham and Nottinghamshire CCG	0.9%	1.2%
E10000008	Devon	11J	NHS Dorset CCG	0.3%	0.3%
E10000008	Devon	11N	NHS Kernow CCG	0.3%	0.2%
E10000008	Devon	11X	NHS Somerset CCG	0.4%	0.3%
E10000008	Devon	15N	NHS Devon CCG	66.0%	99.2%
E08000017	Doncaster	02P	NHS Barnsley CCG	0.3%	0.3%
E08000017	Doncaster	02Q	NHS Bassetlaw CCG	1.7%	0.6%
E08000017	Doncaster	02X	NHS Doncaster CCG	97.0%	97.7%
E08000017	Doncaster	03L	NHS Rotherham CCG	1.5%	1.2%
E08000017	Doncaster	03R	NHS Wakefield CCG	0.1%	0.2%
E06000059	Dorset	11A	NHS West Hampshire CCG	1.7%	2.5%
E06000059	Dorset	11J	NHS Dorset CCG	45.9%	95.7%
E06000059	Dorset	11X	NHS Somerset CCG	0.6%	0.9%
E06000059	Dorset	92G	NHS Bath and North East Somerset, Swindon and Wiltshire CCG	0.4%	0.9%
E08000027	Dudley	05C	NHS Dudley CCG	91.9%	90.6%
E08000027	Dudley	05L	NHS Sandwell and West Birmingham CCG	4.0%	7.0%
E08000027	Dudley	06A	NHS Wolverhampton CCG	1.7%	1.5%
E08000027	Dudley	15E	NHS Birmingham and Solihull CCG	0.1%	0.6%
E08000027	Dudley	18C	NHS Herefordshire and Worcestershire CCG	0.1%	0.3%
E09000009	Ealing	07P	NHS Brent CCG	2.1%	1.9%
E09000009	Ealing	07W	NHS Ealing CCG	87.0%	89.7%
E09000009	Ealing	07Y	NHS Hounslow CCG	4.4%	3.3%
E09000009	Ealing	08C	NHS Hammersmith and Fulham CCG	5.1%	3.5%
E09000009	Ealing	08E	NHS Harrow CCG	0.4%	0.3%
E09000009	Ealing	08G	NHS Hillingdon CCG	0.7%	0.5%
E09000009	Ealing	08Y	NHS West London CCG	0.8%	0.5%
E09000009	Ealing	09A	NHS Central London (Westminster) CCG	0.4%	0.2%
E09000009	Ealing	93C	NHS North Central London CCG	0.0%	0.1%
E06000011	East Riding of Yorkshire	02Y	NHS East Riding of Yorkshire CCG	97.2%	85.1%
E06000011	East Riding of Yorkshire	03F	NHS Hull CCG	8.7%	7.5%
E06000011	East Riding of Yorkshire	03Q	NHS Vale of York CCG	6.8%	7.1%
E06000011	East Riding of Yorkshire	42D	NHS North Yorkshire CCG	0.2%	0.2%
E10000011	East Sussex	09D	NHS Brighton and Hove CCG	1.1%	0.6%
E10000011	East Sussex	70F	NHS West Sussex CCG	0.7%	1.2%
E10000011	East Sussex	91Q	NHS Kent and Medway CCG	0.2%	0.7%
E10000011	East Sussex	97R	NHS East Sussex CCG	99.4%	97.5%
E09000010	Enfield	06K	NHS East and North Hertfordshire CCG	0.3%	0.6%
E09000010	Enfield	06N	NHS Herts Valleys CCG	0.1%	0.2%

E09000010	Enfield	07T	NHS City and Hackney CCG	0.1%	0.1%
E09000010	Enfield	08C	NHS Hammersmith and Fulham CCG	0.2%	0.2%
E09000010	Enfield	93C	NHS North Central London CCG	21.6%	98.9%
E10000012	Essex	06H	NHS Cambridgeshire and Peterborough CCG	0.1%	0.0%
E10000012	Essex	06K	NHS East and North Hertfordshire CCG	1.5%	0.6%
E10000012	Essex	06L	NHS Ipswich and East Suffolk CCG	0.2%	0.0%
E10000012	Essex	06Q	NHS Mid Essex CCG	100.0%	25.5%
E10000012	Essex	06T	NHS North East Essex CCG	98.6%	22.7%
E10000012	Essex	07G	NHS Thurrock CCG	1.5%	0.2%
E10000012	Essex	07H	NHS West Essex CCG	97.2%	19.9%
E10000012	Essex	07K	NHS West Suffolk CCG	3.0%	0.5%
E10000012	Essex	07L	NHS Barking and Dagenham CCG	0.2%	0.0%
E10000012	Essex	08C	NHS Hammersmith and Fulham CCG	0.1%	0.0%
E10000012	Essex	08F	NHS Havering CCG	0.4%	0.0%
E10000012	Essex	08N	NHS Redbridge CCG	2.9%	0.6%
E10000012	Essex	08W	NHS Waltham Forest CCG	0.5%	0.1%
E10000012	Essex	99E	NHS Basildon and Brentwood CCG	99.8%	18.1%
E10000012	Essex	99F	NHS Castle Point and Rochford CCG	95.3%	11.4%
E10000012	Essex	99G	NHS Southend CCG	3.4%	0.4%
E08000037	Gateshead	00L	NHS Northumberland CCG	0.5%	0.8%
E08000037	Gateshead	00N	NHS South Tyneside CCG	0.3%	0.2%
E08000037	Gateshead	00P	NHS Sunderland CCG	0.0%	0.1%
E08000037	Gateshead	13T	NHS Newcastle Gateshead CCG	38.1%	97.7%
E08000037	Gateshead	84H	NHS County Durham CCG	0.5%	1.2%
E10000013	Gloucestershire	05R	NHS South Warwickshire CCG	0.6%	0.3%
E10000013	Gloucestershire	10Q	NHS Oxfordshire CCG	0.2%	0.2%
E10000013	Gloucestershire	11M	NHS Gloucestershire CCG	97.5%	98.6%
E10000013	Gloucestershire	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	0.1%	0.1%
E10000013	Gloucestershire	18C	NHS Herefordshire and Worcestershire CCG	0.5%	0.6%
E10000013	Gloucestershire	92G	NHS Bath and North East Somerset, Swindon and Wiltshire CCG	0.1%	0.2%
E09000011	Greenwich	08C	NHS Hammersmith and Fulham CCG	0.8%	0.8%
E09000011	Greenwich	09A	NHS Central London (Westminster) CCG	0.1%	0.0%
E09000011	Greenwich	72Q	NHS South East London CCG	15.2%	99.2%
E09000011	Greenwich	93C	NHS North Central London CCG	0.0%	0.1%
E09000012	Hackney	07T	NHS City and Hackney CCG	90.1%	92.2%
E09000012	Hackney	08C	NHS Hammersmith and Fulham CCG	1.4%	1.3%
E09000012	Hackney	08V	NHS Tower Hamlets CCG	0.7%	0.7%
E09000012	Hackney	08W	NHS Waltham Forest CCG	0.1%	0.1%
E09000012	Hackney	09A	NHS Central London (Westminster) CCG	0.3%	0.2%
E09000012	Hackney	93C	NHS North Central London CCG	1.0%	5.5%
E06000006	Halton	01F	NHS Halton CCG	98.2%	96.5%
E06000006	Halton	01J	NHS Knowsley CCG	0.2%	0.3%
E06000006	Halton	02E	NHS Warrington CCG	0.7%	1.2%
E06000006	Halton	27D	NHS Cheshire CCG	0.2%	1.0%
E06000006	Halton	99A	NHS Liverpool CCG	0.3%	1.1%
E09000013	Hammersmith and Fulham	07P	NHS Brent CCG	0.3%	0.5%
E09000013	Hammersmith and Fulham	07W	NHS Ealing CCG	0.5%	1.0%
E09000013	Hammersmith and Fulham	07Y	NHS Hounslow CCG	0.5%	0.6%
E09000013	Hammersmith and Fulham	08C	NHS Hammersmith and Fulham CCG	67.9%	87.0%
E09000013	Hammersmith and Fulham	08Y	NHS West London CCG	7.0%	7.6%
E09000013	Hammersmith and Fulham	09A	NHS Central London (Westminster) CCG	2.5%	2.6%
E09000013	Hammersmith and Fulham	36L	NHS South West London CCG	0.0%	0.4%
E09000013	Hammersmith and Fulham	72Q	NHS South East London CCG	0.0%	0.1%
E09000013	Hammersmith and Fulham	93C	NHS North Central London CCG	0.0%	0.2%
E10000014	Hampshire	10C	NHS Surrey Heath CCG	0.9%	0.0%
E10000014	Hampshire	10J	NHS North Hampshire CCG	99.3%	16.0%
E10000014	Hampshire	10K	NHS Fareham and Gosport CCG	98.4%	14.1%
E10000014	Hampshire	10R	NHS Portsmouth CCG	4.5%	0.7%
E10000014	Hampshire	10V	NHS South Eastern Hampshire CCG	95.7%	14.6%
E10000014	Hampshire	10X	NHS Southampton CCG	4.9%	1.0%
E10000014	Hampshire	11A	NHS West Hampshire CCG	97.7%	39.2%
E10000014	Hampshire	11J	NHS Dorset CCG	0.5%	0.3%
E10000014	Hampshire	15A	NHS Berkshire West CCG	1.6%	0.6%
E10000014	Hampshire	15D	NHS East Berkshire CCG	0.2%	0.0%
E10000014	Hampshire	70F	NHS West Sussex CCG	0.2%	0.1%
E10000014	Hampshire	92A	NHS Surrey Heartlands CCG	0.6%	0.5%
E10000014	Hampshire	92G	NHS Bath and North East Somerset, Swindon and Wiltshire CCG	0.6%	0.4%
E10000014	Hampshire	99M	NHS North East Hampshire and Farnham CCG	76.6%	12.4%
E09000014	Haringey	07T	NHS City and Hackney CCG	3.0%	3.1%
E09000014	Haringey	08C	NHS Hammersmith and Fulham CCG	0.9%	0.9%
E09000014	Haringey	09A	NHS Central London (Westminster) CCG	0.2%	0.2%
E09000014	Haringey	93C	NHS North Central London CCG	18.3%	95.9%
E09000015	Harrow	06N	NHS Herts Valleys CCG	0.2%	0.5%
E09000015	Harrow	07P	NHS Brent CCG	3.8%	5.1%
E09000015	Harrow	07W	NHS Ealing CCG	1.3%	2.0%
E09000015	Harrow	08C	NHS Hammersmith and Fulham CCG	0.2%	0.2%
E09000015	Harrow	08E	NHS Harrow CCG	89.6%	83.9%
E09000015	Harrow	08G	NHS Hillingdon CCG	1.8%	1.9%
E09000015	Harrow	08Y	NHS West London CCG	0.1%	0.1%
E09000015	Harrow	93C	NHS North Central London CCG	1.1%	6.2%
E06000001	Hartlepool	16C	NHS Tees Valley CCG	13.6%	99.2%
E06000001	Hartlepool	84H	NHS County Durham CCG	0.1%	0.8%
E09000016	Havering	07G	NHS Thurrock CCG	0.1%	0.0%
E09000016	Havering	07L	NHS Barking and Dagenham CCG	3.7%	3.1%
E09000016	Havering	08C	NHS Hammersmith and Fulham CCG	0.1%	0.1%
E09000016	Havering	08F	NHS Havering CCG	91.6%	95.6%
E09000016	Havering	08M	NHS Newham CCG	0.1%	0.2%
E09000016	Havering	08N	NHS Redbridge CCG	0.7%	0.8%
E09000016	Havering	08W	NHS Waltham Forest CCG	0.1%	0.1%
E06000019	Herefordshire, County of	05N	NHS Shropshire CCG	0.3%	0.5%
E06000019	Herefordshire, County of	11M	NHS Gloucestershire CCG	0.3%	1.0%
E06000019	Herefordshire, County of	18C	NHS Herefordshire and Worcestershire CCG	23.2%	98.6%
E10000015	Hertfordshire	06F	NHS Bedfordshire CCG	0.1%	0.0%
E10000015	Hertfordshire	06H	NHS Cambridgeshire and Peterborough CCG	2.1%	1.6%
E10000015	Hertfordshire	06K	NHS East and North Hertfordshire CCG	97.0%	46.5%
E10000015	Hertfordshire	06N	NHS Herts Valleys CCG	98.0%	50.8%

E10000015	Hertfordshire	06P	NHS Luton CCG	0.4%	0.0%
E10000015	Hertfordshire	07H	NHS West Essex CCG	0.9%	0.2%
E10000015	Hertfordshire	08C	NHS Hammersmith and Fulham CCG	0.2%	0.0%
E10000015	Hertfordshire	08E	NHS Harrow CCG	0.5%	0.1%
E10000015	Hertfordshire	08G	NHS Hillingdon CCG	2.2%	0.6%
E10000015	Hertfordshire	14Y	NHS Buckinghamshire CCG	0.2%	0.0%
E10000015	Hertfordshire	93C	NHS North Central London CCG	0.2%	0.2%
E09000017	Hillingdon	07P	NHS Brent CCG	0.1%	0.1%
E09000017	Hillingdon	07W	NHS Ealing CCG	5.3%	7.0%
E09000017	Hillingdon	07Y	NHS Hounslow CCG	1.2%	1.2%
E09000017	Hillingdon	08C	NHS Hammersmith and Fulham CCG	0.5%	0.4%
E09000017	Hillingdon	08E	NHS Harrow CCG	2.1%	1.7%
E09000017	Hillingdon	08G	NHS Hillingdon CCG	94.4%	89.5%
E09000017	Hillingdon	08Y	NHS West London CCG	0.1%	0.0%
E09000017	Hillingdon	14Y	NHS Buckinghamshire CCG	0.0%	0.1%
E09000018	Hounslow	07W	NHS Ealing CCG	5.3%	7.2%
E09000018	Hounslow	07Y	NHS Hounslow CCG	88.5%	87.1%
E09000018	Hounslow	08C	NHS Hammersmith and Fulham CCG	1.2%	1.1%
E09000018	Hounslow	08G	NHS Hillingdon CCG	0.2%	0.2%
E09000018	Hounslow	08Y	NHS West London CCG	0.2%	0.2%
E09000018	Hounslow	09A	NHS Central London (Westminster) CCG	0.1%	0.0%
E09000018	Hounslow	36L	NHS South West London CCG	0.7%	3.8%
E09000018	Hounslow	92A	NHS Surrey Heartlands CCG	0.1%	0.4%
E06000046	Isle of Wight	10L	NHS Isle of Wight CCG	100.0%	100.0%
E09000019	Islington	07T	NHS City and Hackney CCG	3.3%	4.0%
E09000019	Islington	08C	NHS Hammersmith and Fulham CCG	1.5%	1.8%
E09000019	Islington	09A	NHS Central London (Westminster) CCG	0.6%	0.6%
E09000019	Islington	93C	NHS North Central London CCG	15.0%	93.7%
E09000020	Kensington and Chelsea	07P	NHS Brent CCG	0.0%	0.2%
E09000020	Kensington and Chelsea	08C	NHS Hammersmith and Fulham CCG	1.4%	2.3%
E09000020	Kensington and Chelsea	08Y	NHS West London CCG	63.8%	91.6%
E09000020	Kensington and Chelsea	09A	NHS Central London (Westminster) CCG	4.0%	5.4%
E09000020	Kensington and Chelsea	36L	NHS South West London CCG	0.0%	0.1%
E09000020	Kensington and Chelsea	93C	NHS North Central London CCG	0.0%	0.4%
E10000016	Kent	08C	NHS Hammersmith and Fulham CCG	0.1%	0.0%
E10000016	Kent	72Q	NHS South East London CCG	0.4%	0.5%
E10000016	Kent	91Q	NHS Kent and Medway CCG	84.6%	99.4%
E10000016	Kent	97R	NHS East Sussex CCG	0.3%	0.1%
E06000010	Kingston upon Hull, City of	02Y	NHS East Riding of Yorkshire CCG	1.3%	1.4%
E06000010	Kingston upon Hull, City of	03F	NHS Hull CCG	91.3%	98.6%
E09000021	Kingston upon Thames	08C	NHS Hammersmith and Fulham CCG	0.1%	0.2%
E09000021	Kingston upon Thames	36L	NHS South West London CCG	11.3%	98.8%
E09000021	Kingston upon Thames	92A	NHS Surrey Heartlands CCG	0.2%	1.1%
E08000034	Kirklees	02P	NHS Barnsley CCG	0.1%	0.0%
E08000034	Kirklees	02T	NHS Calderdale CCG	1.3%	0.7%
E08000034	Kirklees	03A	NHS Greater Huddersfield CCG	99.5%	54.6%
E08000034	Kirklees	03J	NHS North Kirklees CCG	98.9%	42.3%
E08000034	Kirklees	03R	NHS Wakefield CCG	1.6%	1.4%
E08000034	Kirklees	15F	NHS Leeds CCG	0.1%	0.3%
E08000034	Kirklees	36J	NHS Bradford District and Craven CCG	0.5%	0.7%
E08000011	Knowsley	01F	NHS Halton CCG	1.0%	0.8%
E08000011	Knowsley	01J	NHS Knowsley CCG	87.0%	88.1%
E08000011	Knowsley	01T	NHS South Sefton CCG	0.2%	0.2%
E08000011	Knowsley	01X	NHS St Helens CCG	2.3%	2.7%
E08000011	Knowsley	99A	NHS Liverpool CCG	2.4%	8.1%
E09000022	Lambeth	08C	NHS Hammersmith and Fulham CCG	1.6%	1.3%
E09000022	Lambeth	08Y	NHS West London CCG	0.1%	0.0%
E09000022	Lambeth	09A	NHS Central London (Westminster) CCG	1.5%	0.9%
E09000022	Lambeth	36L	NHS South West London CCG	1.2%	4.9%
E09000022	Lambeth	72Q	NHS South East London CCG	18.3%	92.6%
E09000022	Lambeth	93C	NHS North Central London CCG	0.0%	0.3%
E10000017	Lancashire	00Q	NHS Blackburn with Darwen CCG	11.1%	1.5%
E10000017	Lancashire	00R	NHS Blackpool CCG	14.0%	1.9%
E10000017	Lancashire	00T	NHS Bolton CCG	0.3%	0.0%
E10000017	Lancashire	00V	NHS Bury CCG	1.4%	0.2%
E10000017	Lancashire	00X	NHS Chorley and South Ribble CCG	99.8%	14.5%
E10000017	Lancashire	01A	NHS East Lancashire CCG	99.0%	29.9%
E10000017	Lancashire	01D	NHS Heywood, Middleton and Rochdale CCG	0.8%	0.2%
E10000017	Lancashire	01E	NHS Greater Preston CCG	100.0%	16.7%
E10000017	Lancashire	01J	NHS Knowsley CCG	0.1%	0.0%
E10000017	Lancashire	01K	NHS Morecambe Bay CCG	45.0%	12.3%
E10000017	Lancashire	01T	NHS South Sefton CCG	0.5%	0.0%
E10000017	Lancashire	01V	NHS Southport and Formby CCG	3.3%	0.3%
E10000017	Lancashire	01X	NHS St Helens CCG	0.4%	0.0%
E10000017	Lancashire	02G	NHS West Lancashire CCG	97.0%	8.6%
E10000017	Lancashire	02H	NHS Wigan Borough CCG	0.7%	0.2%
E10000017	Lancashire	02M	NHS Fylde and Wyre CCG	98.0%	13.7%
E08000035	Leeds	03J	NHS North Kirklees CCG	0.3%	0.0%
E08000035	Leeds	03Q	NHS Vale of York CCG	0.5%	0.2%
E08000035	Leeds	03R	NHS Wakefield CCG	1.4%	0.6%
E08000035	Leeds	15F	NHS Leeds CCG	97.6%	98.7%
E08000035	Leeds	36J	NHS Bradford District and Craven CCG	0.6%	0.5%
E06000016	Leicester	03W	NHS East Leicestershire and Rutland CCG	1.6%	1.3%
E06000016	Leicester	04C	NHS Leicester City CCG	93.0%	96.0%
E06000016	Leicester	04V	NHS West Leicestershire CCG	2.8%	2.7%
E10000018	Leicestershire	03W	NHS East Leicestershire and Rutland CCG	85.9%	39.8%
E10000018	Leicestershire	04C	NHS Leicester City CCG	7.0%	4.1%
E10000018	Leicestershire	04V	NHS West Leicestershire CCG	96.2%	53.1%
E10000018	Leicestershire	05H	NHS Warwickshire North CCG	1.6%	0.4%
E10000018	Leicestershire	15M	NHS Derby and Derbyshire CCG	0.4%	0.6%
E10000018	Leicestershire	52R	NHS Nottingham and Nottinghamshire CCG	0.6%	1.0%
E10000018	Leicestershire	71E	NHS Lincolnshire CCG	0.9%	1.0%
E09000023	Lewisham	08C	NHS Hammersmith and Fulham CCG	0.9%	0.8%
E09000023	Lewisham	09A	NHS Central London (Westminster) CCG	0.2%	0.2%
E09000023	Lewisham	36L	NHS South West London CCG	0.0%	0.2%
E09000023	Lewisham	72Q	NHS South East London CCG	16.6%	98.7%

E09000023	Lewisham	93C	NHS North Central London CCG	0.0%	0.1%
E10000019	Lincolnshire	03H	NHS North East Lincolnshire CCG	2.7%	0.6%
E10000019	Lincolnshire	03K	NHS North Lincolnshire CCG	5.0%	1.1%
E10000019	Lincolnshire	03W	NHS East Leicestershire and Rutland CCG	0.3%	0.1%
E10000019	Lincolnshire	06H	NHS Cambridgeshire and Peterborough CCG	0.2%	0.3%
E10000019	Lincolnshire	52R	NHS Nottingham and Nottinghamshire CCG	0.3%	0.4%
E10000019	Lincolnshire	71E	NHS Lincolnshire CCG	96.4%	97.5%
E08000012	Liverpool	01J	NHS Knowsley CCG	8.3%	2.6%
E08000012	Liverpool	01T	NHS South Sefton CCG	3.5%	1.0%
E08000012	Liverpool	99A	NHS Liverpool CCG	94.4%	96.4%
E06000032	Luton	06F	NHS Bedfordshire CCG	2.3%	4.7%
E06000032	Luton	06P	NHS Luton CCG	97.5%	95.3%
E08000003	Manchester	00V	NHS Bury CCG	0.4%	0.1%
E08000003	Manchester	00Y	NHS Oldham CCG	0.8%	0.3%
E08000003	Manchester	01D	NHS Heywood, Middleton and Rochdale CCG	0.5%	0.2%
E08000003	Manchester	01G	NHS Salford CCG	2.5%	1.1%
E08000003	Manchester	01W	NHS Stockport CCG	1.7%	0.9%
E08000003	Manchester	01Y	NHS Tameside and Glossop CCG	0.4%	0.2%
E08000003	Manchester	02A	NHS Trafford CCG	3.8%	1.4%
E08000003	Manchester	14L	NHS Manchester CCG	91.1%	95.8%
E06000035	Medway	91Q	NHS Kent and Medway CCG	15.0%	100.0%
E09000024	Merton	08C	NHS Hammersmith and Fulham CCG	0.4%	0.5%
E09000024	Merton	36L	NHS South West London CCG	14.5%	97.5%
E09000024	Merton	72Q	NHS South East London CCG	0.3%	2.0%
E06000002	Middlesbrough	16C	NHS Tees Valley CCG	22.4%	99.8%
E06000002	Middlesbrough	42D	NHS North Yorkshire CCG	0.0%	0.2%
E06000042	Milton Keynes	04F	NHS Milton Keynes CCG	95.5%	96.2%
E06000042	Milton Keynes	06F	NHS Bedfordshire CCG	1.5%	2.5%
E06000042	Milton Keynes	78H	NHS Northamptonshire CCG	0.5%	1.3%
E08000021	Newcastle upon Tyne	00L	NHS Northumberland CCG	0.9%	0.8%
E08000021	Newcastle upon Tyne	13T	NHS Newcastle Gateshead CCG	59.5%	95.2%
E08000021	Newcastle upon Tyne	99C	NHS North Tyneside CCG	5.9%	3.9%
E09000025	Newham	07L	NHS Barking and Dagenham CCG	0.6%	0.3%
E09000025	Newham	07T	NHS City and Hackney CCG	0.1%	0.1%
E09000025	Newham	08C	NHS Hammersmith and Fulham CCG	1.3%	0.9%
E09000025	Newham	08M	NHS Newham CCG	96.6%	96.1%
E09000025	Newham	08N	NHS Redbridge CCG	0.3%	0.2%
E09000025	Newham	08V	NHS Tower Hamlets CCG	0.3%	0.3%
E09000025	Newham	08W	NHS Waltham Forest CCG	1.7%	1.3%
E09000025	Newham	09A	NHS Central London (Westminster) CCG	0.7%	0.4%
E09000025	Newham	72Q	NHS South East London CCG	0.0%	0.1%
E09000025	Newham	93C	NHS North Central London CCG	0.0%	0.2%
E10000020	Norfolk	06H	NHS Cambridgeshire and Peterborough CCG	0.6%	0.7%
E10000020	Norfolk	06L	NHS Ipswich and East Suffolk CCG	0.2%	0.1%
E10000020	Norfolk	07K	NHS West Suffolk CCG	2.5%	0.7%
E10000020	Norfolk	26A	NHS Norfolk and Waveney CCG	87.7%	98.6%
E06000012	North East Lincolnshire	03H	NHS North East Lincolnshire CCG	95.9%	98.5%
E06000012	North East Lincolnshire	03K	NHS North Lincolnshire CCG	0.2%	0.2%
E06000012	North East Lincolnshire	71E	NHS Lincolnshire CCG	0.3%	1.3%
E06000013	North Lincolnshire	02Q	NHS Bassetlaw CCG	0.2%	0.2%
E06000013	North Lincolnshire	02X	NHS Doncaster CCG	0.0%	0.2%
E06000013	North Lincolnshire	02Y	NHS East Riding of Yorkshire CCG	0.0%	0.2%
E06000013	North Lincolnshire	03H	NHS North East Lincolnshire CCG	1.4%	1.4%
E06000013	North Lincolnshire	03K	NHS North Lincolnshire CCG	94.8%	96.8%
E06000013	North Lincolnshire	71E	NHS Lincolnshire CCG	0.3%	1.4%
E06000024	North Somerset	11X	NHS Somerset CCG	0.0%	0.2%
E06000024	North Somerset	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	21.5%	98.3%
E06000024	North Somerset	92G	NHS Bath and North East Somerset, Swindon and Wiltshire CCG	0.4%	1.5%
E08000022	North Tyneside	00L	NHS Northumberland CCG	0.7%	1.1%
E08000022	North Tyneside	13T	NHS Newcastle Gateshead CCG	1.0%	2.5%
E08000022	North Tyneside	99C	NHS North Tyneside CCG	93.3%	96.5%
E10000023	North Yorkshire	01A	NHS East Lancashire CCG	0.1%	0.0%
E10000023	North Yorkshire	01K	NHS Morecambe Bay CCG	1.8%	1.0%
E10000023	North Yorkshire	02X	NHS Doncaster CCG	0.2%	0.1%
E10000023	North Yorkshire	02Y	NHS East Riding of Yorkshire CCG	1.5%	0.7%
E10000023	North Yorkshire	03Q	NHS Vale of York CCG	32.8%	19.0%
E10000023	North Yorkshire	03R	NHS Wakefield CCG	1.9%	1.2%
E10000023	North Yorkshire	15F	NHS Leeds CCG	0.9%	1.3%
E10000023	North Yorkshire	16C	NHS Tees Valley CCG	0.3%	0.4%
E10000023	North Yorkshire	36J	NHS Bradford District and Craven CCG	8.1%	8.3%
E10000023	North Yorkshire	42D	NHS North Yorkshire CCG	99.4%	67.9%
E10000023	North Yorkshire	84H	NHS County Durham CCG	0.1%	0.1%
E10000021	Northamptonshire	03W	NHS East Leicestershire and Rutland CCG	2.0%	0.8%
E10000021	Northamptonshire	04F	NHS Milton Keynes CCG	3.1%	1.1%
E10000021	Northamptonshire	05A	NHS Coventry and Rugby CCG	0.3%	0.2%
E10000021	Northamptonshire	06F	NHS Bedfordshire CCG	0.1%	0.0%
E10000021	Northamptonshire	06H	NHS Cambridgeshire and Peterborough CCG	1.5%	1.9%
E10000021	Northamptonshire	10Q	NHS Oxfordshire CCG	1.0%	1.0%
E10000021	Northamptonshire	71E	NHS Lincolnshire CCG	0.2%	0.2%
E10000021	Northamptonshire	78H	NHS Northamptonshire CCG	99.0%	94.8%
E06000057	Northumberland	00L	NHS Northumberland CCG	97.9%	98.7%
E06000057	Northumberland	01H	NHS North Cumbria CCG	0.1%	0.1%
E06000057	Northumberland	13T	NHS Newcastle Gateshead CCG	0.3%	0.4%
E06000057	Northumberland	84H	NHS County Durham CCG	0.0%	0.2%
E06000057	Northumberland	99C	NHS North Tyneside CCG	0.8%	0.6%
E06000018	Nottingham	52R	NHS Nottingham and Nottinghamshire CCG	33.5%	100.0%
E10000024	Nottinghamshire	02Q	NHS Bassetlaw CCG	96.9%	13.5%
E10000024	Nottinghamshire	02X	NHS Doncaster CCG	1.6%	0.6%
E10000024	Nottinghamshire	03W	NHS East Leicestershire and Rutland CCG	0.3%	0.1%
E10000024	Nottinghamshire	15M	NHS Derby and Derbyshire CCG	1.4%	1.7%
E10000024	Nottinghamshire	52R	NHS Nottingham and Nottinghamshire CCG	64.7%	83.8%
E10000024	Nottinghamshire	71E	NHS Lincolnshire CCG	0.2%	0.2%
E08000004	Oldham	00Y	NHS Oldham CCG	94.6%	96.3%
E08000004	Oldham	01D	NHS Heywood, Middleton and Rochdale CCG	1.5%	1.4%
E08000004	Oldham	01Y	NHS Tameside and Glossop CCG	0.2%	0.2%
E08000004	Oldham	14L	NHS Manchester CCG	0.8%	2.1%

E10000025	Oxfordshire	05R	NHS South Warwickshire CCG	0.7%	0.3%
E10000025	Oxfordshire	10Q	NHS Oxfordshire CCG	97.4%	96.6%
E10000025	Oxfordshire	11M	NHS Gloucestershire CCG	0.2%	0.2%
E10000025	Oxfordshire	14Y	NHS Buckinghamshire CCG	2.5%	1.8%
E10000025	Oxfordshire	15A	NHS Berkshire West CCG	0.4%	0.3%
E10000025	Oxfordshire	78H	NHS Northamptonshire CCG	0.1%	0.1%
E10000025	Oxfordshire	92G	NHS Bath and North East Somerset, Swindon and Wiltshire CCG	0.7%	0.8%
E06000031	Peterborough	06H	NHS Cambridgeshire and Peterborough CCG	23.2%	96.4%
E06000031	Peterborough	71E	NHS Lincolnshire CCG	1.1%	3.6%
E06000026	Plymouth	15N	NHS Devon CCG	21.9%	100.0%
E06000044	Portsmouth	10K	NHS Fareham and Gosport CCG	1.6%	1.4%
E06000044	Portsmouth	10R	NHS Portsmouth CCG	95.5%	98.3%
E06000044	Portsmouth	10V	NHS South Eastern Hampshire CCG	0.2%	0.2%
E06000038	Reading	10Q	NHS Oxfordshire CCG	0.3%	1.0%
E06000038	Reading	15A	NHS Berkshire West CCG	35.3%	99.0%
E09000026	Redbridge	07H	NHS West Essex CCG	1.8%	1.6%
E09000026	Redbridge	07L	NHS Barking and Dagenham CCG	4.8%	3.2%
E09000026	Redbridge	08C	NHS Hammersmith and Fulham CCG	0.3%	0.3%
E09000026	Redbridge	08F	NHS Havering CCG	0.8%	0.7%
E09000026	Redbridge	08M	NHS Newham CCG	1.3%	1.6%
E09000026	Redbridge	08N	NHS Redbridge CCG	92.2%	89.5%
E09000026	Redbridge	08W	NHS Waltham Forest CCG	3.2%	3.0%
E09000026	Redbridge	93C	NHS North Central London CCG	0.0%	0.1%
E06000003	Redcar and Cleveland	16C	NHS Tees Valley CCG	19.9%	98.8%
E06000003	Redcar and Cleveland	42D	NHS North Yorkshire CCG	0.4%	1.2%
E09000027	Richmond upon Thames	07Y	NHS Hounslow CCG	4.7%	6.8%
E09000027	Richmond upon Thames	08C	NHS Hammersmith and Fulham CCG	0.6%	0.7%
E09000027	Richmond upon Thames	08Y	NHS West London CCG	0.0%	0.1%
E09000027	Richmond upon Thames	36L	NHS South West London CCG	12.3%	92.2%
E09000027	Richmond upon Thames	92A	NHS Surrey Heartlands CCG	0.0%	0.1%
E08000005	Rochdale	00V	NHS Bury CCG	0.7%	0.6%
E08000005	Rochdale	00Y	NHS Oldham CCG	0.9%	1.0%
E08000005	Rochdale	01A	NHS East Lancashire CCG	0.2%	0.3%
E08000005	Rochdale	01D	NHS Heywood, Middleton and Rochdale CCG	96.6%	96.5%
E08000005	Rochdale	14L	NHS Manchester CCG	0.6%	1.6%
E08000018	Rotherham	02P	NHS Barnsley CCG	3.2%	3.1%
E08000018	Rotherham	02Q	NHS Bassetlaw CCG	0.9%	0.4%
E08000018	Rotherham	02X	NHS Doncaster CCG	1.0%	1.1%
E08000018	Rotherham	03L	NHS Rotherham CCG	97.9%	93.5%
E08000018	Rotherham	03N	NHS Sheffield CCG	0.8%	1.9%
E06000017	Rutland	03W	NHS East Leicestershire and Rutland CCG	10.0%	86.6%
E06000017	Rutland	06H	NHS Cambridgeshire and Peterborough CCG	0.0%	0.4%
E06000017	Rutland	71E	NHS Lincolnshire CCG	0.6%	12.5%
E06000017	Rutland	78H	NHS Northamptonshire CCG	0.0%	0.5%
E08000006	Salford	00T	NHS Bolton CCG	0.3%	0.3%
E08000006	Salford	00V	NHS Bury CCG	1.8%	1.3%
E08000006	Salford	01G	NHS Salford CCG	94.1%	94.5%
E08000006	Salford	02A	NHS Trafford CCG	0.2%	0.2%
E08000006	Salford	02H	NHS Wigan Borough CCG	0.9%	1.1%
E08000006	Salford	14L	NHS Manchester CCG	1.1%	2.6%
E08000028	Sandwell	05C	NHS Dudley CCG	3.0%	2.7%
E08000028	Sandwell	05L	NHS Sandwell and West Birmingham CCG	55.5%	88.5%
E08000028	Sandwell	05Y	NHS Walsall CCG	1.7%	1.4%
E08000028	Sandwell	06A	NHS Wolverhampton CCG	0.3%	0.3%
E08000028	Sandwell	15E	NHS Birmingham and Solihull CCG	1.9%	7.2%
E08000014	Sefton	01J	NHS Knowsley CCG	1.9%	1.1%
E08000014	Sefton	01T	NHS South Sefton CCG	95.9%	51.6%
E08000014	Sefton	01V	NHS Southport and Formby CCG	96.7%	41.8%
E08000014	Sefton	02G	NHS West Lancashire CCG	0.2%	0.0%
E08000014	Sefton	99A	NHS Liverpool CCG	2.9%	5.4%
E08000019	Sheffield	02P	NHS Barnsley CCG	0.9%	0.4%
E08000019	Sheffield	03L	NHS Rotherham CCG	0.4%	0.2%
E08000019	Sheffield	03N	NHS Sheffield CCG	98.5%	99.1%
E08000019	Sheffield	15M	NHS Derby and Derbyshire CCG	0.2%	0.4%
E06000051	Shropshire	05G	NHS North Staffordshire CCG	0.5%	0.4%
E06000051	Shropshire	05N	NHS Shropshire CCG	96.7%	95.3%
E06000051	Shropshire	05Q	NHS South East Staffordshire and Seisdon Peninsula CCG	1.3%	0.9%
E06000051	Shropshire	05X	NHS Telford and Wrekin CCG	2.4%	1.5%
E06000051	Shropshire	18C	NHS Herefordshire and Worcestershire CCG	0.6%	1.6%
E06000051	Shropshire	27D	NHS Cheshire CCG	0.2%	0.4%
E06000039	Slough	07W	NHS Ealing CCG	0.0%	0.2%
E06000039	Slough	07Y	NHS Hounslow CCG	0.0%	0.2%
E06000039	Slough	08G	NHS Hillingdon CCG	0.0%	0.1%
E06000039	Slough	14Y	NHS Buckinghamshire CCG	1.7%	5.7%
E06000039	Slough	15D	NHS East Berkshire CCG	34.3%	93.7%
E06000039	Slough	92A	NHS Surrey Heartlands CCG	0.0%	0.1%
E08000029	Solihull	05A	NHS Coventry and Rugby CCG	0.0%	0.1%
E08000029	Solihull	05H	NHS Warwickshire North CCG	0.2%	0.2%
E08000029	Solihull	05R	NHS South Warwickshire CCG	0.3%	0.4%
E08000029	Solihull	15E	NHS Birmingham and Solihull CCG	16.9%	99.0%
E08000029	Solihull	18C	NHS Herefordshire and Worcestershire CCG	0.0%	0.3%
E10000027	Somerset	11J	NHS Dorset CCG	0.4%	0.6%
E10000027	Somerset	11X	NHS Somerset CCG	98.5%	97.4%
E10000027	Somerset	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	0.2%	0.3%
E10000027	Somerset	15N	NHS Devon CCG	0.2%	0.5%
E10000027	Somerset	92G	NHS Bath and North East Somerset, Swindon and Wiltshire CCG	0.8%	1.2%
E06000025	South Gloucestershire	11M	NHS Gloucestershire CCG	0.9%	1.9%
E06000025	South Gloucestershire	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	28.2%	97.6%
E06000025	South Gloucestershire	92G	NHS Bath and North East Somerset, Swindon and Wiltshire CCG	0.2%	0.6%
E08000023	South Tyneside	00N	NHS South Tyneside CCG	99.2%	99.2%
E08000023	South Tyneside	00P	NHS Sunderland CCG	0.3%	0.6%
E08000023	South Tyneside	13T	NHS Newcastle Gateshead CCG	0.0%	0.2%
E06000045	Southampton	10X	NHS Southampton CCG	95.1%	99.5%
E06000045	Southampton	11A	NHS West Hampshire CCG	0.2%	0.5%
E06000033	Southend-on-Sea	99F	NHS Castle Point and Rochford CCG	4.7%	4.5%
E06000033	Southend-on-Sea	99G	NHS Southend CCG	96.6%	95.5%

E09000028	Southwark	08C	NHS Hammersmith and Fulham CCG	1.9%	1.5%
E09000028	Southwark	09A	NHS Central London (Westminster) CCG	2.6%	1.7%
E09000028	Southwark	36L	NHS South West London CCG	0.0%	0.2%
E09000028	Southwark	72Q	NHS South East London CCG	17.7%	95.9%
E09000028	Southwark	93C	NHS North Central London CCG	0.1%	0.6%
E08000013	St. Helens	01F	NHS Halton CCG	0.2%	0.2%
E08000013	St. Helens	01J	NHS Knowsley CCG	2.4%	2.2%
E08000013	St. Helens	01X	NHS St Helens CCG	91.6%	96.3%
E08000013	St. Helens	02E	NHS Warrington CCG	0.1%	0.1%
E08000013	St. Helens	02H	NHS Wigan Borough CCG	0.7%	1.2%
E10000028	Staffordshire	04Y	NHS Cannock Chase CCG	99.4%	14.9%
E10000028	Staffordshire	05C	NHS Dudley CCG	2.9%	1.1%
E10000028	Staffordshire	05D	NHS East Staffordshire CCG	92.1%	14.9%
E10000028	Staffordshire	05G	NHS North Staffordshire CCG	94.9%	23.1%
E10000028	Staffordshire	05H	NHS Warwickshire North CCG	1.2%	0.3%
E10000028	Staffordshire	05N	NHS Shropshire CCG	0.9%	0.3%
E10000028	Staffordshire	05Q	NHS South East Staffordshire and Seisdon Peninsula CCG	96.1%	23.0%
E10000028	Staffordshire	05V	NHS Stafford and Surrounds CCG	99.7%	16.7%
E10000028	Staffordshire	05W	NHS Stoke on Trent CCG	9.2%	3.0%
E10000028	Staffordshire	05X	NHS Telford and Wrekin CCG	1.0%	0.2%
E10000028	Staffordshire	05Y	NHS Walsall CCG	1.7%	0.6%
E10000028	Staffordshire	06A	NHS Wolverhampton CCG	2.5%	0.8%
E10000028	Staffordshire	15E	NHS Birmingham and Solihull CCG	0.3%	0.4%
E10000028	Staffordshire	15M	NHS Derby and Derbyshire CCG	0.5%	0.6%
E10000028	Staffordshire	27D	NHS Cheshire CCG	0.3%	0.2%
E08000007	Stockport	01W	NHS Stockport CCG	94.7%	96.7%
E08000007	Stockport	01Y	NHS Tameside and Glossop CCG	0.2%	0.2%
E08000007	Stockport	14L	NHS Manchester CCG	1.0%	2.1%
E08000007	Stockport	27D	NHS Cheshire CCG	0.4%	1.0%
E06000004	Stockton-on-Tees	16C	NHS Tees Valley CCG	28.5%	99.3%
E06000004	Stockton-on-Tees	42D	NHS North Yorkshire CCG	0.0%	0.1%
E06000004	Stockton-on-Tees	84H	NHS County Durham CCG	0.2%	0.6%
E06000021	Stoke-on-Trent	05G	NHS North Staffordshire CCG	3.4%	2.7%
E06000021	Stoke-on-Trent	05V	NHS Stafford and Surrounds CCG	0.3%	0.1%
E06000021	Stoke-on-Trent	05W	NHS Stoke on Trent CCG	90.8%	97.2%
E10000029	Suffolk	06H	NHS Cambridgeshire and Peterborough CCG	0.1%	0.2%
E10000029	Suffolk	06L	NHS Ipswich and East Suffolk CCG	99.6%	52.9%
E10000029	Suffolk	06T	NHS North East Essex CCG	1.4%	0.7%
E10000029	Suffolk	07K	NHS West Suffolk CCG	90.5%	29.8%
E10000029	Suffolk	26A	NHS Norfolk and Waveney CCG	12.0%	16.4%
E08000024	Sunderland	00N	NHS South Tyneside CCG	0.5%	0.3%
E08000024	Sunderland	00P	NHS Sunderland CCG	98.5%	95.9%
E08000024	Sunderland	13T	NHS Newcastle Gateshead CCG	0.5%	0.9%
E08000024	Sunderland	84H	NHS County Durham CCG	1.6%	3.0%
E10000030	Surrey	07Y	NHS Hounslow CCG	0.8%	0.2%
E10000030	Surrey	08C	NHS Hammersmith and Fulham CCG	0.2%	0.0%
E10000030	Surrey	10C	NHS Surrey Heath CCG	98.7%	7.6%
E10000030	Surrey	10J	NHS North Hampshire CCG	0.1%	0.0%
E10000030	Surrey	10V	NHS South Eastern Hampshire CCG	0.1%	0.0%
E10000030	Surrey	15D	NHS East Berkshire CCG	3.4%	1.3%
E10000030	Surrey	36L	NHS South West London CCG	1.2%	1.6%
E10000030	Surrey	70F	NHS West Sussex CCG	1.4%	1.0%
E10000030	Surrey	72Q	NHS South East London CCG	0.0%	0.1%
E10000030	Surrey	92A	NHS Surrey Heartlands CCG	97.3%	84.1%
E10000030	Surrey	99M	NHS North East Hampshire and Farnham CCG	22.8%	4.1%
E09000029	Sutton	08C	NHS Hammersmith and Fulham CCG	0.0%	0.1%
E09000029	Sutton	36L	NHS South West London CCG	12.7%	97.8%
E09000029	Sutton	72Q	NHS South East London CCG	0.0%	0.3%
E09000029	Sutton	92A	NHS Surrey Heartlands CCG	0.4%	1.8%
E06000030	Swindon	11M	NHS Gloucestershire CCG	0.1%	0.2%
E06000030	Swindon	92G	NHS Bath and North East Somerset, Swindon and Wiltshire CCG	24.9%	99.8%
E08000008	Tameside	00Y	NHS Oldham CCG	3.6%	3.9%
E08000008	Tameside	01W	NHS Stockport CCG	1.8%	2.4%
E08000008	Tameside	01Y	NHS Tameside and Glossop CCG	85.2%	87.9%
E08000008	Tameside	14L	NHS Manchester CCG	2.1%	5.8%
E06000020	Telford and Wrekin	05N	NHS Shropshire CCG	1.8%	2.9%
E06000020	Telford and Wrekin	05X	NHS Telford and Wrekin CCG	96.6%	97.1%
E06000034	Thurrock	07G	NHS Thurrock CCG	98.4%	98.7%
E06000034	Thurrock	07L	NHS Barking and Dagenham CCG	0.4%	0.4%
E06000034	Thurrock	08F	NHS Havering CCG	0.3%	0.4%
E06000034	Thurrock	08M	NHS Newham CCG	0.0%	0.1%
E06000034	Thurrock	99E	NHS Basildon and Brentwood CCG	0.2%	0.3%
E06000027	Torbay	15N	NHS Devon CCG	11.6%	100.0%
E09000030	Tower Hamlets	07T	NHS City and Hackney CCG	1.2%	1.1%
E09000030	Tower Hamlets	08C	NHS Hammersmith and Fulham CCG	2.6%	2.2%
E09000030	Tower Hamlets	08M	NHS Newham CCG	0.2%	0.3%
E09000030	Tower Hamlets	08V	NHS Tower Hamlets CCG	98.6%	94.5%
E09000030	Tower Hamlets	09A	NHS Central London (Westminster) CCG	0.7%	0.5%
E09000030	Tower Hamlets	72Q	NHS South East London CCG	0.0%	0.2%
E09000030	Tower Hamlets	93C	NHS North Central London CCG	0.3%	1.3%
E08000009	Trafford	01G	NHS Salford CCG	0.1%	0.2%
E08000009	Trafford	02A	NHS Trafford CCG	95.9%	92.3%
E08000009	Trafford	02E	NHS Warrington CCG	0.1%	0.1%
E08000009	Trafford	14L	NHS Manchester CCG	2.8%	7.4%
E08000036	Wakefield	02P	NHS Barnsley CCG	0.8%	0.6%
E08000036	Wakefield	03J	NHS North Kirklees CCG	0.6%	0.3%
E08000036	Wakefield	03R	NHS Wakefield CCG	94.5%	98.0%
E08000036	Wakefield	15F	NHS Leeds CCG	0.4%	1.1%
E08000030	Walsall	04Y	NHS Cannock Chase CCG	0.6%	0.3%
E08000030	Walsall	05L	NHS Sandwell and West Birmingham CCG	1.7%	3.3%
E08000030	Walsall	05Y	NHS Walsall CCG	92.7%	90.4%
E08000030	Walsall	06A	NHS Wolverhampton CCG	1.5%	1.4%
E08000030	Walsall	15E	NHS Birmingham and Solihull CCG	1.0%	4.7%
E09000031	Waltham Forest	07T	NHS City and Hackney CCG	0.4%	0.4%
E09000031	Waltham Forest	08C	NHS Hammersmith and Fulham CCG	0.8%	0.8%
E09000031	Waltham Forest	08M	NHS Newham CCG	1.3%	1.7%

E09000031	Waltham Forest	08N	NHS Redbridge CCG	1.3%	1.4%
E09000031	Waltham Forest	08W	NHS Waltham Forest CCG	94.2%	95.3%
E09000031	Waltham Forest	93C	NHS North Central London CCG	0.0%	0.4%
E09000032	Wandsworth	08C	NHS Hammersmith and Fulham CCG	1.9%	1.4%
E09000032	Wandsworth	08Y	NHS West London CCG	0.9%	0.6%
E09000032	Wandsworth	09A	NHS Central London (Westminster) CCG	1.3%	0.8%
E09000032	Wandsworth	36L	NHS South West London CCG	22.0%	93.3%
E09000032	Wandsworth	72Q	NHS South East London CCG	0.8%	3.8%
E09000032	Wandsworth	93C	NHS North Central London CCG	0.0%	0.1%
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%	1.9%
E06000007	Warrington	02E	NHS Warrington CCG	97.5%	97.0%
E06000007	Warrington	02H	NHS Wigan Borough CCG	0.2%	0.2%
E10000031	Warwickshire	04V	NHS West Leicestershire CCG	0.5%	0.3%
E10000031	Warwickshire	05A	NHS Coventry and Rugby CCG	25.1%	21.6%
E10000031	Warwickshire	05H	NHS Warwickshire North CCG	96.6%	30.4%
E10000031	Warwickshire	05Q	NHS South East Staffordshire and Seisdon Peninsula CCG	0.8%	0.3%
E10000031	Warwickshire	05R	NHS South Warwickshire CCG	96.0%	46.0%
E10000031	Warwickshire	10Q	NHS Oxfordshire CCG	0.3%	0.3%
E10000031	Warwickshire	11M	NHS Gloucestershire CCG	0.2%	0.2%
E10000031	Warwickshire	15E	NHS Birmingham and Solihull CCG	0.2%	0.5%
E10000031	Warwickshire	18C	NHS Herefordshire and Worcestershire CCG	0.2%	0.2%
E10000031	Warwickshire	78H	NHS Northamptonshire CCG	0.2%	0.2%
E06000037	West Berkshire	10J	NHS North Hampshire CCG	0.6%	0.9%
E06000037	West Berkshire	10Q	NHS Oxfordshire CCG	0.2%	1.1%
E06000037	West Berkshire	15A	NHS Berkshire West CCG	29.7%	97.7%
E06000037	West Berkshire	92G	NHS Bath and North East Somerset, Swindon and Wiltshire CCG	0.0%	0.4%
E10000032	West Sussex	09D	NHS Brighton and Hove CCG	1.1%	0.4%
E10000032	West Sussex	10V	NHS South Eastern Hampshire CCG	4.0%	1.0%
E10000032	West Sussex	70F	NHS West Sussex CCG	97.7%	97.4%
E10000032	West Sussex	92A	NHS Surrey Heartlands CCG	0.8%	1.0%
E10000032	West Sussex	97R	NHS East Sussex CCG	0.3%	0.2%
E09000033	Westminster	07P	NHS Brent CCG	1.3%	2.0%
E09000033	Westminster	08C	NHS Hammersmith and Fulham CCG	1.5%	1.7%
E09000033	Westminster	08Y	NHS West London CCG	22.4%	21.6%
E09000033	Westminster	09A	NHS Central London (Westminster) CCG	77.6%	70.8%
E09000033	Westminster	72Q	NHS South East London CCG	0.0%	0.2%
E09000033	Westminster	93C	NHS North Central London CCG	0.6%	3.7%
E08000010	Wigan	00T	NHS Bolton CCG	0.2%	0.2%
E08000010	Wigan	01G	NHS Salford CCG	0.8%	0.7%
E08000010	Wigan	01X	NHS St Helens CCG	3.5%	2.1%
E08000010	Wigan	02E	NHS Warrington CCG	0.4%	0.3%
E08000010	Wigan	02G	NHS West Lancashire CCG	2.9%	1.0%
E08000010	Wigan	02H	NHS Wigan Borough CCG	96.7%	95.9%
E06000054	Wiltshire	11A	NHS West Hampshire CCG	0.1%	0.2%
E06000054	Wiltshire	11J	NHS Dorset CCG	0.2%	0.4%
E06000054	Wiltshire	11M	NHS Gloucestershire CCG	0.4%	0.5%
E06000054	Wiltshire	11X	NHS Somerset CCG	0.4%	0.4%
E06000054	Wiltshire	15A	NHS Berkshire West CCG	0.2%	0.2%
E06000054	Wiltshire	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	0.2%	0.5%
E06000054	Wiltshire	92G	NHS Bath and North East Somerset, Swindon and Wiltshire CCG	51.0%	97.8%
E06000040	Windsor and Maidenhead	10C	NHS Surrey Heath CCG	0.2%	0.1%
E06000040	Windsor and Maidenhead	10Q	NHS Oxfordshire CCG	0.0%	0.2%
E06000040	Windsor and Maidenhead	14Y	NHS Buckinghamshire CCG	0.3%	1.0%
E06000040	Windsor and Maidenhead	15A	NHS Berkshire West CCG	0.4%	1.3%
E06000040	Windsor and Maidenhead	15D	NHS East Berkshire CCG	33.7%	96.9%
E06000040	Windsor and Maidenhead	92A	NHS Surrey Heartlands CCG	0.0%	0.5%
E08000015	Wirral	12F	NHS Wirral CCG	99.7%	99.6%
E08000015	Wirral	27D	NHS Cheshire CCG	0.2%	0.4%
E06000041	Wokingham	10Q	NHS Oxfordshire CCG	0.1%	0.4%
E06000041	Wokingham	15A	NHS Berkshire West CCG	32.1%	97.0%
E06000041	Wokingham	15D	NHS East Berkshire CCG	1.0%	2.5%
E08000031	Wolverhampton	05C	NHS Dudley CCG	1.3%	1.4%
E08000031	Wolverhampton	05L	NHS Sandwell and West Birmingham CCG	0.2%	0.3%
E08000031	Wolverhampton	05Q	NHS South East Staffordshire and Seisdon Peninsula CCG	1.9%	1.4%
E08000031	Wolverhampton	05Y	NHS Walsall CCG	3.4%	3.4%
E08000031	Wolverhampton	06A	NHS Wolverhampton CCG	94.0%	93.4%
E10000034	Worcestershire	05C	NHS Dudley CCG	0.7%	0.4%
E10000034	Worcestershire	05N	NHS Shropshire CCG	0.3%	0.1%
E10000034	Worcestershire	05R	NHS South Warwickshire CCG	2.4%	1.1%
E10000034	Worcestershire	11M	NHS Gloucestershire CCG	0.5%	0.6%
E10000034	Worcestershire	15E	NHS Birmingham and Solihull CCG	0.9%	2.0%
E10000034	Worcestershire	18C	NHS Herefordshire and Worcestershire CCG	74.6%	95.8%
E06000014	York	03Q	NHS Vale of York CCG	59.8%	99.9%
E06000014	York	42D	NHS North Yorkshire CCG	0.0%	0.1%

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