



Dorset Health and Wellbeing Board

Date: Wednesday, 30 October 2019
Time: 1.00 pm
Venue: Committee Room 1, County Hall, Dorchester, DT1 1XJ

Membership: (Quorum 5)

Rebecca Knox (Chairman), Forbes Watson (Vice-Chairman), Craig Baker, Louise Bate, Alan Clevett, Sam Crowe, Spencer Flower, Tim Goodson, David Haines, Mathew Kendall, Laura Miller, Patricia Miller, Sarah Parker, John Sellgren, Tanya Stead, James Vaughan and Simone Yule

Chief Executive: Matt Prosser, South Walks House, South Walks Road, Dorchester, Dorset DT1 1UZ (Sat Nav DT1 1EE)

For more information about this agenda please contact Helen Whitby 01305 224187 - helen.whitby@dorsetcouncil.gov.uk



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1 APOLOGIES

To receive any apologies for absence.

2 DECLARATIONS OF INTEREST

To receive any declarations of interest.

3 MINUTES

5 - 12

To confirm the minutes of the meeting held on 26 June 2019.

4 PUBLIC PARTICIPATION

To receive questions or statements on the business of the committee from town and parish councils and members of the public.

5 URGENT ITEMS

To consider any items of business which the Chairman has had prior notification and considers to be urgent pursuant to section 100B (4) b) of the Local Government Act 1972. The reason for the urgency shall be recorded in the minutes.

6 ITEM WITHDRAWN

7 2019 /20 BETTER CARE FUND PLAN APPROVAL

13 - 60

To consider a report by the Head of Commissioning – Adult Social Care, Dorset Council.

8 SUSTAINABILITY TRANSFORMATION PLAN - UPDATE WITH A FOCUS ON PREVENTION AT SCALE

61 - 66

To consider a report by the Consultant in Public Health.

9 PHYSICAL ACTIVITY STRATEGY

67 - 76

To consider a report by Active Dorset.

10 PHARMACY APPLICATION PROCESS 77 - 80

To consider a report by the Director of Public Health.

11 WORK PROGRAMME 81 - 82

To consider the Board's Work Programme.

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DORSET COUNCIL - HEALTH AND WELLBEING BOARD

MINUTES OF MEETING HELD ON WEDNESDAY 26 JUNE 2019

Present: *Rebecca Knox (Chairman), Forbes Watson (Vice-Chairman), Craig Baker, Sam Crowe, Spencer Flower, Tim Goodson, Helen Horsley, Mathew Kendall, Laura Miller, Andy Reid, Tanya Stead and Eugene Yafele*

Officers present (for all or part of the meeting):

Marc Harris (Evidence Research Lead, Intelligent Health), Kirsty Hillier (Public Health Communications Manager), Jane Horne (Consultant in Public Health), Elaine Hurl (Principal Programme Lead Mental Health, Dorset Clinical Commissioning Group), Rachel Partridge (Assistant Director of Public Health) and Helen Whitby (Senior Democratic Services Officer)

1. **Election of Chairman**

Resolved

That Councillor Rebecca Knox be elected Chairman for the year 2019/20.

2. **Appointment of Vice-Chairman**

Resolved

That Forbes Watson be appointed Vice-Chairman for the year 2019/20.

3. **Apologies**

Apologies for absence were received from Ben Ansell, Louise Bate, Julie Fielding, David Haines, Karen Kirkham, Patricia Miller, Sarah Parker, John Sellgren, Claire Shiels and James Vaughan.

The Chairman welcomed Councillors Spencer Flower and Laura Miller, Mathew Kendal as Executive Director of People - Adults at Dorset Council, and Eugene Yafele, NHS Provider, to their first meeting of the Board.

Members were also reminded of the importance of them completing a register of interest form in order to take a full part at Board meetings.

4. **Terms of Reference and Membership**

It was explained that the Board's terms of reference had been embraced in the review of the new Dorset Council and it had received strong support for its way of working in the future. The Council could make minor tweaks to the terms of reference but it was suggested that the current arrangements be given time to bed in. Any suggested changes could be made via the minutes and would be dealt with in due course. It was suggested and agreed that in

view of the Board's statutory role in promoting integration and prevention that (a)(iii) be amended to reflect this.

Reference was made to changes to locality arrangements and whether clinical directors and the new primary care networks needed to be part of the Board's membership. The Board could consider this once the new arrangements were in place.

Recommended

That the Board's terms of reference be amended to reflect its statutory role in promoting integration and prevention as set out above.

5. Declarations of Interest

No declarations of disclosable pecuniary interests were made at the meeting.

6. Public Participation

No statements or questions had been received from Town and Parish Councils or members of the public.

7. Better Care Fund - Report for Q4 2018/19 and Update on planning for 19/20

The Board considered a report by the Executive Director for People - Adults, Dorset Council, which set out the performance of the previous Dorset Health and Wellbeing Board area against the 2018/19 Better Care Fund (BCF) Plan and provided an update on planning for 2019/20 although final detailed national policy requirements had not yet been published.

Significant progress had been made last year in a number of areas - development of a joint brokerage function, alignment of budgets, joint quality approaches, successful implementation of two joint frameworks with a spend of approximately £650m over five years and joint provider market management. Plans for an integrated approach to place shaping had also been progressed but further integration of commissioning functions and the pooling of budgets had provided more of a challenge. For 2019/20 there were opportunities to take forward integration through the refresh of the Integrated Care System and the Sustainability and Transformation Plan (STP). In summary, although improvements had been made in all areas targets had not been met and work needed to continue to improve performance.

With regard to whether performance was going in the right direction, it was explained that performance fluctuated over the year and final end of year figures are not yet available.. Once they are it would be possible to compare Dorset's performance to that of other areas and see whether Dorset mirrored national trends.

As the timetable for completion of the BCF plan 2019/20 does not fit with Board meetings, a delegation was sought to sign off the BCF plan outside of Board meetings. The Chairman added that, because of the funding involved,

she had previously consulted the appropriate Cabinet member as part of the signing off process and intended to do the same this year.

The Chief Operating Officer of the Dorset Clinical Commissioning Group welcomed improved performance with regard to delayed transfers of care. The investment in primary care had improved patient flow, but peaks created pressure in the system and every part of the health and care system had a part to play in trying to prevent pressure building.

Members noted that work was continuing to prevent people being admitted to hospital in the first place, one of the key aspects being housing and the need for more suitable housing to be provided in order to prevent hospital admissions. Partners had a role to play in this.

There was a brief discussion about the need to be able to measure levels of activity and ongoing work in primary care was noted. The refresh of the STP also provided an opportunity to develop outcome measures beyond the BCF metrics.

Resolved

1. That authority is delegated by the Health and Wellbeing Board to the Chair of the Board and the Executive Director for People - Adults to agree Dorset's 19/20 Better Care Fund plan update. This is in order to ensure plans can be submitted in line with the national timetable if the deadlines, once published, do not align with scheduled Health and Wellbeing Board meetings.
2. Members of the Health and Wellbeing Board will be briefed in between scheduled Board meetings if the delegation needs to be used.
3. The work to update the 19/20 plan should include refreshing the associated risks in the new Dorset Council's corporate risk register.

8. Suicide Prevention

The Board considered a report by the Public Health Senior Registrar which provided an update on progress with the pan-Dorset Suicide Prevention Plan.

The National Suicide Prevention Plan had been refreshed in 2017. In 2018 the Dorset Clinical Commissioning Group had brought partners together to agree a way forward and develop their own action plans and this work had resulted in greater progress being made since April 2019. The plan included six key areas - reduce suicide in high risk groups, tailor approaches to improve mental health in specific groups, reduce access to means, postvention support, zero suicide ambition for mental health inpatient settings which was linked to the national strategy, and leadership. These areas would be addressed over the period of a year.

Members noted that national data was now available and this would provide an opportunity to look at the micro level in Dorset. By September 2019 there would be a better understanding of Dorset's suicide rate and where resources should be focused. It was suggested that a further report on progress and future planning be provided in March 2020.

In discussion the importance of links between education, health, children and young people and mental health services was highlighted as was the need for clarity about who had the lead role. It was hoped that putting mental health teams into schools would help linkages in future but there was a need for a more joined up approach across the whole system. In Dorset rurality and the large ex-military population provided a higher risk of suicide so early identification of risk and early access to support was important.

One member drew particular attention to concerns in Weymouth and Portland about the lack of mental health service provision.

Resolved

That a further report on progress and future planning be provided in March 2020.

9. **Sustainability Transformation Plans with a focus on Prevention at Scale**

The Board considered a report by the Consultant in Public Health which provided an update on key highlights from across the Sustainability and Transformation Plan as a whole and progress on prevention at scale since the Board meeting held on 13 March 2019.

The future importance of the Primary Care Network in the delivery of prevention at scale work was highlighted as were opportunities the two new councils might provide and progress with regard to the four programme areas (starting well, living well, ageing well and healthy places).

In discussion members welcomed the fifty registered nurse degree apprenticeships as a means of growing our own workforce; highlighted the need for the Fire Service to be included in conversations relating to vulnerable people in communities; the need for prevention at scale outcomes to be measured; and social care opportunities to make linkages across the system. Reference was also made to the fact that over 25,000 people had now used the Livewell Dorset service. A reminder was given that not everyone had digital access or was digitally capable, however there is a Dorset Council digital inclusion project supporting people to build these skills, and it is less of a barrier than people believe and not necessarily age related.

Resolved

1. That the update on STP highlights and highlighted progress on prevention at scale be noted.
2. That the ongoing work be supported, within the Board and back in their respective organisations and communities.

10. **Our Dorset and the Long-Term Plan**

The Board received a presentation from the Consultant in Public Health on Our Dorset and the Long Term Plan.

All Integrated Care Systems and Sustainability and Transformation Partnerships in England were required to develop a five-year plan to respond to the NHS Long Term Plan which was published in January 2019. This provided a unique opportunity to integrate the Corporate Plans of the two new Councils and Health and Wellbeing Strategies so as to focus on addressing the wider determinants of health, reduce inequalities and improve outcomes for Dorset residents. The Sustainability and Transformation Plan's (STP) key features, aims and vision were explained. Engagement with staff, stakeholders and the public would take place over the Summer 2019 with the finalised plan being submitted in October 2019.

Members noted that national template guidance was still awaited but this would not change the timeline for submission of the STP. The first plan had been good but could be improved so it was important for all partner organisations to consider, contribute to and support the draft STP prior to its submission. A large engagement exercise was planned and members were encouraged to look out for it.

Noted

11. Annual Director of Public Health Report

The Board received a presentation from the Interim Director of Public Health on the Annual Report 2018/19.

The Annual Report focused on children and identified a number of measures to give every child the best start in life - smoking cessation in pregnancy, early help focus on the whole family, doubling the number of schools signed up to the Daily Mile, the sharing of intelligence to prevent exploitation and building on the mental health first aid training approach. Members were encouraged to read the report when it was published.

Members commented that the Annual Report's message was simple and made sense. It was suggested that the daily mile should be promoted by communications to encourage more schools to take part. It was also noted that many schools were doing similar activities but these were not necessarily recorded.

Noted

12. Dorset Young Researchers Findings and Recommendations

The Board considered a report by the Executive Director for People - Children, Dorset Council, which provided a summary of key findings and recommendations of the work of the Dorset Young Researchers which were relevant to the work of the Board.

The Assistant Director Schools and Learning explained that Dorset Young Researchers had undertaken a survey of a large number of young people. The survey showed that 8% of those surveyed felt they had mental health issues, that a lack of confidence seemed to underpin everything and young

people thought there was a lack of safe places. The findings would inform Children's Services future actions and decisions. The Board were then shown a video of the results of the survey.

Members were interested to see the results and in particular that young people did not want emotional wellbeing support through schools but rather from their families.

The Chairman asked that the video be presented to Dorset Council's People Overview Committee.

Resolved

That the video be presentation to Dorset Council's People Overview Committee.

13. **Beat the Street**

The Board received a presentation from Marc Harris of Intelligent Health on Beat the Street, a programme held in Purbeck and Poole and Weymouth and Portland with the aim of improving health and wellbeing by getting people of all ages moving.

The presentation showed the Beat the Street methodology, how it addressed health inequalities, results with regard to adult behaviour change post game and after six months, participation by children, their behaviour change, reducing anxiety levels and qualitative insight information. A further survey would be undertaken after 12 months and members were invited to submit questions to be included in this.

One member explained that schools in the Purbeck area had very limited time in which to take part and this may have been reflected in the results.

The Assistant Director of Public Health added that Public Health had wanted to be part of Sport England's evaluation of whether Beat the Street was successful. The programme focussed on the South West of England and the East Midlands. It had created a lot of competition between schools and parents at the time. The follow up reports after the game had been particularly interesting as were the experiences reported by the participants at the presentation evenings.

Mr Harris explained that a further survey of participants would be undertaken after 12 months and this would show any significant shifts in physical activity. In areas of deprivation, a stronger shift in physical activity might be seen. He was happy to share anonymous data and help with analysis. The slides would be circulated to Board members.

Noted

14. **Work Programme**

The Board considered its work programme.

Noted

Duration of meeting: 2.00 - 4.00 pm

Chairman

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Date of Meeting: 30/10/2019

Lead Member: Laura Miller – Lead Member for Adult Social Care and Health

Lead Officer: Tony Meadows – Head of Commissioning – Adult Social Care

Executive Summary:

The Better Care Fund (BCF) is the current national policy approach for integrating health and adult social care. It has been running since 2014/15. The BCF spans both the NHS and local government and seeks to join-up health and care services, so that people can manage their own health and wellbeing and live independently in their communities for as long as possible. The policy brings together resources from the NHS and local government and requires local plans to be produced and overseen by each Health and Wellbeing Board across England.

During 2018/19 significant progress was made against the plan including the development of a joint brokerage function, alignment of budgets, joint quality approaches, the successful implementation of 2 joint frameworks with circa £650m planned spend over 5 years, joint provider market management etc. We have also made further progress in our plans for an integrated approach to place shaping with several developments being actively worked on. There have been challenges in terms of progressing further integration of commissioning functions and the pooling of budgets however this remains a key strategic opportunity.

Planning guidance for 2019/20 was not released until July 2019 with the submission date for national assurance by NHS England for 27th September 2019. The guidance sought to simplify the previous planning approach and bring in the Winter Planning Grant to BCF Plan. A strategic narrative for the BCF Plan has been developed to reflect the strategic context of STP and ICS and address a number of key lines of enquiry set out within the planning guidance.

The 2019/20 BCF plan has largely been a rollover of 'as is' from 18/19. The schemes have built upon the success from the plan and include:

1. Support for carers;
2. Maintaining independence;
3. High impact changes/supported hospital discharge/ Home First;
4. Integrated health & social care locality team;
5. Strong & sustainable care markets.

In July, the Dorset Health & Well-Being Board delegated authority for BCF Plan sign off to Director of People - Adults & Chair of the HWBB Board for submission. The Plan was submitted to NHS regional teams in September and has since received a regional recommendation for approval and been sent to the national team for moderation. Approval letters issued from NHS England giving formal permission to spend (CCG minimum contribution) are expected in mid-November.

The Plan has now come to the HWBB for approval.

Equalities Impact Assessment:

Equalities Impact Assessment (EqIA): N/A

Budget:

The overall income from the BCF is summarised below with the winter pressures grant being included this year:

Funding Sources	Income
DFG	£3,659,664
Minimum CCG Contribution	£26,761,222
i-BCF	£10,375,745
Winter Pressures Grant	£1,708,771
Additional LA Contribution	£57,990,500
Additional CCG Contribution	£31,642,000
Total Pooled Budget	£132,137,902

Risk Assessment:

There were a number of risks attached to the BCF. These included the delay in publication of the national planning guidance and uncertainty about the 19/20 uplift and its affordability for the Clinical Commissioning Group, however these issues have been addressed.

All the commissioning partners involved in the BCF are under significant financial pressure in the face of growing demand and complexity of need.

The top two risks previously reported within Dorset County Council's Corporate Risk Register were:

- Capacity, capability and financial pressures on partner organisations impact negatively on the delivery of the Better Care Fund objectives
- Better Care Fund performance targets are not met placing funding at risk

Other Implications:

Performance associated with the Better Care Fund is a joint priority for health and social care and feed into the delivery of the aims of the Sustainability and Transformation Plan.

Recommendations:

It is recommended that:

Health & Well-being Board approve the 2019/20 BCF Plan

Reason for Recommendation:

The BCF Plan has been developed jointly by Dorset Council and Dorset CCG and builds upon the work achieved within the previous Plan.

Appendices:

2019/20 BCF return to NHS England

Background Papers:

2019/20 BCF Policy Framework

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/821676/Better_Care_Fund_2019-20_Policy_Framework.pdf

2019/20 BCF Planning Guidance

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/821675/BCF_Planning_Requirements_2019-20_DHSC_1.pdf

Officer Contact

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1. Guidance

Overview

Note on entering information into this template

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

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

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

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

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

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

2. Cover (click to go to sheet)

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and
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.bettercaresupport@nhs.net
3. Please note that in line with fair processing of personal data we collect email addresses to communicate with key individuals from the local areas for various purposes relating to the delivery of the BCF plans including plan development, assurance, approval and provision of support.
We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

4. Strategic Narrative (click to go to sheet)

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

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

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

5. Income (click to go to sheet)

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

6. Expenditure (click to go to sheet)

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

On this sheet please enter the following information:

1. Scheme ID:

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

2. Scheme Name:

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

3. Brief Description of Scheme

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

4. Scheme Type and Sub Type:

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

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

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

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

5. Planned Outputs

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

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

6. Metric Impact

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

- For the schemes being planned please select from the drop-down options of 'High-Medium-Low-n/a' to provide an indicative level of impact on the four BCF metrics. Where the scheme impacts multiple metrics, this can be expressed by selecting the appropriate level from the drop down for each of the metrics. For example, a discharge to assess scheme might have a medium impact on Delayed Transfers of Care and permanent admissions to residential care. Where the

7. Area of Spend:

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

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

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

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

8. Commissioner:

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

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

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

9. Provider:

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

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

10. Source of Funding:

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

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

11. Expenditure (£) 2019/20:

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

12. 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 2019/20 and will inform the understanding of planned spend for the iBCF and Winter Funding grants.

7. HICM (click to go to sheet)

National condition four of the BCF requires that areas continue to make progress in implementing the High Impact Change model for managing transfers of care and continue to work towards the centrally set expectations for reducing DToc. In the planning template, you should provide:

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

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

8. Metrics (click to go to sheet)

This sheet should be used to set out the Health and Wellbeing Board's performance plans for each of the Better Care Fund metrics in 2019/20. The BCF requires plans to be agreed for the four metrics. This should build on planned and

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

- BCF plans as in previous years mirror the latest CCG Operating Plans for the NEA metric. Therefore, this metric is not collected via this template.

2. Residential Admissions (RES) planning:

- This section requires inputting the information for the numerator of the measure.

- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care) for the Residential Admissions numerator measure.

- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from ONS subnational population projections.

- The annual rate is then calculated and populated based on the entered information.

- Please include a brief narrative associated with this metric plan

3. Reablement (REA) planning:

- This section requires inputting the information for the numerator and denominator of the measure.

- Please enter the planned denominator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home).

- Please then enter the planned numerator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (from within the denominator) that will still be at home 91 days after discharge.

- The annual proportion (%) Reablement measure will then be calculated and populated based on this information.

- Please include a brief narrative associated with this metric plan

4. Delayed Transfers of Care (DToc) planning:

- The expectations for this metric from 2018/19 are retained for 2019/20 and these are prepopulated.

- Please include a brief narrative associated with this metric plan.

- This narrative should include details of the plan, agreed between the local authority and the CCG for using the Winter Pressures grant to manage pressures on the system over Winter.

9. Planning Requirements (click to go to sheet)

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

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

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

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

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

Please Note:

- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.
- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".
- Please note that national data for plans is intended for release in aggregate form once plans have been assured, agreed and baselined as per the due process outlined in the BCF Planning Requirements for 2019/20.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board: Dorset

Completed by: Johnny Pigott

E-mail: Jonathan.pigott@dorsetcouncil.gov.uk

Contact number: 01305 224227

Who signed off the report on behalf of the Health and Wellbeing Board: Tony Meadows

Will the HWB sign-off the plan after the submission date? Yes

If yes, please indicate the date when the HWB meeting is scheduled: 27/11/19

	Role:	Professional Title (where applicable)	First-name:	Surname:	E-mail:
*Area Assurance Contact Details:	Health and Wellbeing Board Chair	Cllr	Rebecca	Knox	cllrrebecca.knox@m.dorsetcouncil.gov.uk
	Clinical Commissioning Group Accountable Officer (Lead)		Tim	Goodson	tim.goodson@dorsetccg.nhs.uk
	Additional Clinical Commissioning Group(s) Accountable Officers		Sally	Sandcraft	Sally.Sandcraft@dorsetccg.nhs.uk
	Local Authority Chief Executive		Matt	Prosser	matt.prosser@dorsetcouncil.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)		Vivienne	Broadhurst	vivienne.broadhurst@dorsetcc.gov.uk
	Better Care Fund Lead Official		Tony	Meadows	Tony.Meadows@dorsetcc.gov.uk
	LA Section 151 Officer		Aidan	Dunn	aidan.dunn@dorsetcouncil.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 you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

Complete

	Complete:
2. Cover	Yes
4. Strategic Narrative	Yes
5. Income	Yes
6. Expenditure	Yes
7. HICM	Yes
8. Metrics	Yes
9. Planning Requirements	Yes

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

Checklist

2. Cover

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

4. Strategic Narrative

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	Cell Reference	Checker
A) Person-centred outcomes:	B20	Yes
B) (i) Your approach to integrated services at HWB level (and neighbourhood where applicable):	B31	Yes
B) (ii) Your approach to integration with wider services (e.g. Housing):	B37	Yes
C) System level alignment:	B44	Yes
Sheet Complete		Yes

5. Income

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

6. Expenditure

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

7. HCM

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

8. Metrics

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

Sheet Complete	Yes
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9. Planning Requirements

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

Sheet Complete	Yes
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Better Care Fund 2019/20 Template

3. Summary

Selected Health and Wellbeing Board:

Dorset

Income & Expenditure

[Income >>](#)

Funding Sources	Income	Expenditure	Difference
DFG	£3,659,664	£3,659,664	£0
Minimum CCG Contribution	£26,761,222	£26,761,222	£0
iBCF	£10,375,745	£10,375,745	£0
Winter Pressures Grant	£1,708,771	£1,708,771	£0
Additional LA Contribution	£57,990,500	£57,990,500	£0
Additional CCG Contribution	£31,642,000	£31,642,000	£0
Total	£132,137,902	£132,137,902	£0

[Expenditure >>](#)

NHS Commissioned Out of Hospital spend from the minimum CCG allocation

Minimum required spend	£7,565,804
Planned spend	£16,135,915

Adult Social Care services spend from the minimum CCG allocations

Minimum required spend	£10,625,307
Planned spend	£10,625,307

Scheme Types

Assistive Technologies and Equipment	£3,171,838
Care Act Implementation Related Duties	£0
Carers Services	£1,056,924
Community Based Schemes	£0
DFG Related Schemes	£3,659,664
Enablers for Integration	£0
HICM for Managing Transfer of Care	£6,488,650
Home Care or Domiciliary Care	£834,000
Housing Related Schemes	£0
Integrated Care Planning and Navigation	£0
Intermediate Care Services	£3,616,828
Personalised Budgeting and Commissioning	£0
Personalised Care at Home	£0
Prevention / Early Intervention	£0
Residential Placements	£60,676,208
Other	£52,633,790
Total	£132,137,902

[HICM >>](#)

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

[Metrics >>](#)

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

Residential Admissions

		19/20 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	550.1845299

Reablement

		19/20 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	0.84

[Planning Requirements >>](#)

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

Better Care Fund 2019/20 Template

4. Strategic Narrative

Selected Health and Wellbeing Board:

Dorset

Please outline your approach towards integration of health & social care:

When providing your responses to the below sections, please highlight any learning from the previous planning round (2017-2019) and cover any priorities for reducing health inequalities under the Equality Act 2010.

Please note that there are 4 responses required below, for questions: A), B(i), B(ii) and C)

[Link to B\) \(i\)](#)

[Link to B\) \(ii\)](#)

[Link to C\)](#)

A) Person-centred outcomes

Your approach to integrating care around the person, this may include (but is not limited to):

- Prevention and self-care

- Promoting choice and independence

Remaining Word Limit:

146

Jointly agreed plans, establishing new care models to deliver better outcomes and building on our learning so far

Joining up health and social care provides opportunities to improve health & wellbeing (tackling health inequalities), improve quality of care and to enhance efficiency and productivity.

These outcomes sit at the heart of our existing Sustainability & Transformation Plan (STP). Our Integrated Care System's (ICS) new long-term plan builds on the STP, strengthening the focus on 'place' to ensure a person-centred and community-based approach to health improvement and care delivery.

Dorset's journey as a first wave integrated care system is seeing real change in how partners work. This is being accompanied by significant structural and organisational change. Local Government reorganisation has led to the creation of two new Unitary Councils from 1st April 2019. Dorset Council and Bournemouth, Christchurch and Poole (BCP) Council. The two Councils match the Dorset CCG's catchment area.

Each Council has established a new Health and Wellbeing Board and each Board has produced new, jointly agreed BCF plans for 19/20 involving a range of partners. The two plans align strategically whilst also responding to local needs, priorities and opportunities. The plans build on previous experience and learning within the health and care system but also seek to capitalise on the opportunities offered by the changes e.g. bringing housing and adult social care together in one directorate in the new Dorset Council. See sections B & C below for more information.

Dorset Health and Wellbeing Board's jointly developed and agreed Better Care Fund Plan 2019/20 sets out our updated operational objectives for joint services for adults, helping to deliver our system's strategic plans.

Examples of how we are using our Better Care Fund to improve outcomes include:

Health & wellbeing

-tackling inequalities in health experienced by carers through the provision of support, including short breaks

-promoting and maintaining independence through the provision of community equipment, assistive technology and adaptations to people's homes

Quality

-investing in a range of services that enable people to be discharged from hospital in a safe and timely way. This includes skilled reablement at home, ensuring advice for those seeking to make their own arrangements for care following a stay in hospital, working with the voluntary sector to enable low-level practical support as people return home such as making sure the heating is on and that basic groceries are available

-the CCG and Councils working together to further improve the quality of care provided at home and in care homes

Efficiency & productivity

-integrated commissioning for services such as the Integrated Community Equipment Service, seeking to squeeze the maximum benefit from our collective investment

-building on the existing jointly commissioned care services for older people and adults with physical disabilities and extending to new shared framework contracts to secure good quality, efficient care for adults with complex learning disabilities

B) HWB level

(i) Your approach to integrated services at HWB level (and neighbourhood where applicable), this may include (but is not limited to):

- Joint commissioning arrangements
- Alignment with primary care services (including PCNs (Primary Care Networks))
- Alignment of services and the approach to partnership with the VCS (Voluntary and Community Sector)

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Remaining Word Limit:

Delivery of our BCF at Health & Wellbeing Board (HWB) level, through localities/Primary Care Networks

Implementing our focus on 'place' we are building new Primary Care Networks - general practice coming together, in partnership with community services, social care and other providers of health and social care. The PCNs will provide proactive, personalised and coordinated out of hospital care within geographically defined areas. Networks are forming around natural communities, serving populations of around 30,000 to 50,000. This focus enables us to link better to local community resources and voluntary and community sector organisations.

The Dorset HWB ensures the BCF plays a strong role in delivery of our strategic plans at locality/emerging Primary Care Network-level.

How our BCF Schemes deliver on priorities and help to meet our challenges

Our BCF plan is constructed around 5 themes – Carers, Maximising Independence, Integrated Locality Teams, Home First and Strong and Sustainable Care Markets. The activity within each theme aims to respond to key delivery challenges in our area such as: inequalities in health, ensuring joint assessment practice uses a strengths-based approach to help promote independence and choice, improving health outcomes by reducing emergency admissions to hospital and delayed transfers of care, and finally reducing long-term admissions to residential care and strengthening care markets.

Following review and consideration of impact and value for money, we are maintaining existing BCF schemes, concentrating on consolidating joint service offers and continuing to improve how we work together.

Consolidation is a priority in 19/20 as the new Dorset Council finds its feet and as our previous locality arrangements realign with the new PCNs. The organisational and relationship changes involved in creating the new structures could risk disrupting existing practice and performance in the short-term. Consolidation means we can focus on identifying and taking the opportunities that are offered by the new arrangements. Some of these are highlighted in Section B2 below.

We reviewed our performance metrics for 19/20 and aligned our level of ambition with the approach to consolidation. Given the changes in the Local Authority's arrangements, maintaining good performance on reablement, seeking to stabilise DTOC performance and seeking to deliver some improvement in residential admissions was agreed as suitably ambitious yet realistic for the new Council's first year.

***Joint commissioning for strong and sustainable community care ***

The BCF operationalises much of our joint commissioning activity. Strong and sustainable care markets have been a theme within our BCF plans since 2017. The Council and CCG took the opportunity to add significant additional funds in to the BCF to better influence shared markets.

Although the quality of registered health and social care remains better than the national average in our area, access to care supply to meet demand remains challenging particularly in respect of home care and nursing home capacity.

(ii) Your approach to integration with wider services (e.g. Housing), this should include:

- Your approach to using the DFG to support the housing needs of people with disabilities or care needs. This should include any arrangements for strategic planning for the use of adaptations and technologies to support independent living in line with the

[^^ Link back to top](#)

Remaining Word Limit: 198

Integration with Housing and joining up our plans

Since 2015 considerable improvements have been made to how older and disabled residents are supported to remain at home safely and independent through integrated plans within BCF. The additional DFG allocation has allowed a greater flexibility to provide more responsive and tailored outcomes for people. This includes the provision of the nationally prescribed DFG, minor adaptations, assistive technology and equipment.

The DFG is administered by the Dorset Accessible Homes Service (DAHS). This Home Improvement Agency (HIA) service was commissioned by DCC in partnership with the five original local housing authorities and Dorset CCG.

The Creation of Dorset Council on 1 April 2019 resulted in the 5 former District Council Housing services merging into 1 single Housing Service. The Housing Service is now part of the new Adults and Housing Directorate in Dorset Council. This change has provided the opportunity to improve communication and joint working across a number of areas including the delivery of DFGs.

The current DAHS contract finishes in 2021. Work is currently being undertaken to identify how the Council can maximise the part that housing adaptations, daily living aids, and assistive technology can play to prevent, delay or reduce hospital admissions through home first/reablement pathways and care home placements or demand for other social care services.

Dorset Council's Building Better Lives Programme is a strategic approach to ensuring there is appropriate and sufficient housing stock across Dorset to address a shortfall in affordable key worker and supported living accommodation. The aim is to maximise independent living and reduce admissions to long-term residential forms of care. This work is aligned with the CCG's estates strategy and our shared long-term plan to ensure that the development of housing solutions is centred around new locality hubs, enabling health and social care services to co-locate and provide care that meets the needs of the individual.

Integrated Community Equipment Service

As part of our BCF plans we continue to commission a pan Dorset Integrated Community Equipment Service through a single pooled budget with contributions from the CCG and both Councils.

Working with the Voluntary Sector

A wide range of work involving voluntary sector partners is underway as part of our new models of care.

The Council and CCG provide grants to the Council for Voluntary Service (CVS), which operates across the health and wellbeing area, to enable it to provide support and advice to the many voluntary sector organisations across the area. With the formation of the new Council there is the potential to work with the CVS to enhance our procurement services to enable the voluntary sector to be better placed to apply for work and tenders that we might be offering.

C) System level alignment, for example this may include (but is not limited to):

- How the BCF plan and other plans align to the wider integration landscape, such as STP/ICS plans
- A brief description of joint governance arrangements for the BCF plan

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Remaining Word Limit: 556

Aligning our strategy and plans and tackling inequalities in health

As noted in Section A, our Integrated Care System's new long-term plan builds on the existing STP, strengthening the focus on 'place' to ensure a person-centred and community-based approach to health improvement and care delivery. In summary:

- This plan sets out the system's aspiration which is for everyone to start well, live well and age well no matter where they live or what their circumstances.
- it reflects a life-course approach, focussing on wider factors that affect people's lives, so that people have brighter futures, living in communities which are safe, secure and people are engaged, and our local planning policies encourage people to be more physically active, make healthier choices through creating sustainable environments.
- it responds to variances in care provision with enhanced quality monitoring of commissioned services across health and social care, with the health and wellbeing area having a higher than the England average proportion of CQC rated good and outstanding health and social care provision.
- it is also responsive to the increasing pressure on resources and ways of managing increasing demand and complexity of health conditions within health and social care in order to maximise self-management and capitalise on community-based resources. It considers the workforce challenge and shortages in key roles and skills.

For 2019/20, Dorset has developed its second Dorset Integrated Care System Operating Plan that provides the vehicle for delivering the STP. This plan sets out the priority for integrated services and draws upon the success of the BCF in delivering this to date.

The Better Care Fund 19/20 aligns with the ICS Operating Plan 19/20 and provides the Health and Wellbeing area's annual operational plan for joint delivery for adults.

The content of the BCF aligns well with new structural developments such as the Primary Care Networks.

As noted above, Local Government reorganisation created two new Unitary Authorities from 1st April 2019 replacing all the previous Unitary, County and District Councils in wider Dorset.

The new Councils are active partners in the production of the new long-term plan for the ICS.

The Councils are still working on their new Corporate Plans and Health and Wellbeing Strategies. The timetable for these has not matched the BCF planning process this year.

This BCF plan currently aligns to the Health and Wellbeing strategy for the former Dorset County Council area. This Strategy is being updated based on the new health and wellbeing area. Linked to this work, the Joint Strategic Needs assessment is also being updated to help us better understand need

Better Care Fund 2019/20 Template

5. Income

Selected Health and Wellbeing Board:

Dorset

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Dorset	£3,659,664
DFG breakdown for two-tier areas only (where applicable)	
East Dorset	£826,145
North Dorset	£471,750
Purbeck	£433,965
West Dorset	£992,920
Weymouth and Portland	£934,884
Total Minimum LA Contribution (exc iBCF)	£3,659,664

iBCF Contribution	Contribution
Dorset	£10,375,745
Total iBCF Contribution	£10,375,745

Winter Pressures Grant	Contribution
Dorset	£1,708,771
Total Winter Pressures Grant Contribution	£1,708,771

Are any additional LA Contributions being made in 2019/20? If yes, please detail below	Yes
--	-----

Local Authority Additional Contribution	Contribution	Comments - please use this box clarify any specific uses or sources of funding
Dorset	£57,990,500	This relates to the aligned budgets for the purchase of residential care, the pooled budget 'Moving on from Hospital Living', the pooled budget 'Intergrated Community Equipment Store' and Assistive Technology.
Total Additional Local Authority Contribution	£57,990,500	

CCG Minimum Contribution	Contribution
NHS Dorset CCG	£26,761,222
Total Minimum CCG Contribution	£26,761,222

Are any additional CCG Contributions being made in 2019/20? If yes, please detail below	Yes
---	-----

Additional CCG Contribution	Contribution	Comments - please use this box clarify any specific uses or sources of funding
NHS Dorset CCG	£31,642,000	CHC spend and district nursing provided by Dorset Healthcare, as per schemes detailed on expenditure tab.
Total Addition CCG Contribution	£31,642,000	
Total CCG Contribution	£58,403,222	

	2019/20
Total BCF Pooled Budget	£132,137,902

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

Better Care Fund 2019/20 Template

6. Expenditure

Selected Health and Wellbeing Board:

Dorset

<< Link to summary sheet

Running Balances	Income	Expenditure	Balance
DFG	£3,659,664	£3,659,664	£0
Minimum CCG Contribution	£26,761,222	£26,761,222	£0
iBCF	£10,375,745	£10,375,745	£0
Winter Pressures Grant	£1,708,771	£1,708,771	£0
Additional LA Contribution	£57,990,500	£57,990,500	£0
Additional CCG Contribution	£31,642,000	£31,642,000	£0
Total	£132,137,902	£132,137,902	£0

Required Spend	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum CCG allocation	£7,565,804	£16,135,915	£0
Adult Social Care services spend from the minimum CCG allocations	£10,625,307	£10,625,307	£0

Scheme ID	Scheme Name	Brief Description of Scheme	Link to Scheme Type description		Please specify if 'Scheme Type' is 'Other'	Planned Outputs		Metric Impact				Expenditure								
			Scheme Type	Sub Types		Planned Output Unit	Planned Output Estimate	NEA	DTOC	RES	REA	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	Maintaining independence	A combination of telecare, wellness and digital participation services	Assistive Technologies and Equipment	Other	A combination of telecare, wellness and digital participation			Medium	Not applicable	Medium	Medium	Social Care		LA			Private Sector	iBCF	£2,000,000	Existing
2	Strong and sustainable care markets	Funding of residential placements	Residential Placements	Other	A combination of all sub types	Placements	92.0	Medium	High	Medium	Low	Social Care		LA			Private Sector	iBCF	£3,567,724	Existing
3	Strong and sustainable care markets	Funding of domiciliary care	Home Care or Domiciliary Care			Hours of Care	41,368.0	Medium	High	Medium	Medium	Social Care		LA			Private Sector	iBCF	£834,000	Existing
4	Strong and sustainable care markets	Enabling service improvement	Other		Enabling service improvement			Medium	Medium	Low	Medium	Social Care		LA			Local Authority	iBCF	£946,500	Existing
5	High Impact Changes Implementation / Supported	Social Work staffing capacity to maintain DTOC performance	HICM for Managing Transfer of Care	Other approaches				Medium	High	Medium	Medium	Social Care		LA			Local Authority	iBCF	£1,909,500	Existing
6	Strong and sustainable care markets	Resource to manage and review care market	Other		Resources to manage and review care			Medium	Medium	Medium	Medium	Social Care		LA			Local Authority	iBCF	£180,000	Existing
7	High Impact Changes Implementation /	Manage the impact of the existing CCG reductions to the existing BCF	HICM for Managing Transfer of Care	Other approaches				Low	Medium	Low	Low	Social Care		LA			Local Authority	iBCF	£938,021	Existing
8	High Impact Changes Implementation /	Provision of reablement services	Intermediate Care Services	Reablement/Rehabilitation Services		Hours of Care	112,213.0	Medium	Medium	Medium	High	Social Care		LA			Private Sector	Minimum CCG Contribution	£2,979,879	Existing
9	Maintaining independence	Dorset Accessible Homes Service administering DFG	DFG Related Schemes	Adaptations				Medium	Medium	Medium	High	Social Care		LA			Private Sector	DFG	£3,659,664	Existing
10	Maintaining independence	Mental health & dementia support - nursing home placements	Residential Placements	Nursing Home		Placements	47.0	Medium	Medium	Low	Not applicable	Social Care		LA			Private Sector	Minimum CCG Contribution	£2,049,684	Existing
11	Maintaining independence	Dorset Accessible Home Service provision of AT & equipment	Assistive Technologies and Equipment	Telecare				High	Medium	Medium	Medium	Social Care		LA			Private Sector	Minimum CCG Contribution	£597,838	Existing
12	High Impact Changes Implementation / Supported	Integrated crisis and rapid response service	Intermediate Care Services	Rapid / Crisis Response				High	Not applicable	Medium	Medium	Social Care		LA			Private Sector	Minimum CCG Contribution	£636,949	Existing

13	Maintaining independence	Occupational Therapy capacity to support minor aids and adaptations, maintain people living in their own home, and supporting reduction in double handed care costs	Other		OT service capacity			Medium	High	Medium	Medium	Social Care		LA			Local Authority	Minimum CCG Contribution	£1,371,675	Existing
14	High Impact Changes	Various funding arrangements	HICM for Managing	Chg 3. Multi-Disciplinary/Multi-				High	Medium	Medium	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£1,348,395	Existing
15	High Impact Changes Implementation / Supported Hospital Discharge	Various funding arrangements	HICM for Managing Transfer of Care	Other approaches				Low	Medium	Low	Low	Social Care		LA			NHS Acute Provider	Minimum CCG Contribution	£157,375	Existing
16	High Impact Changes Implementation / Supported	Various funding arrangements	HICM for Managing Transfer of Care	Other approaches				Low	Medium	Low	Low	Social Care		LA			NHS Community Provider	Minimum CCG Contribution	£426,588	Existing
17	Carers	Direct payment budget for carers	Carers Services	Other	Direct Payments			Low	Medium	Medium	Low	Social Care		LA			Private Sector	Minimum CCG Contribution	£110,255	Existing
18	Carers	Carer case workers	Carers Services	Carer Advice and Support				Low	Medium	Medium	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£255,357	Existing
19	Carers	Carer's support service to support those care for people with mental health conditions	Carers Services	Carer Advice and Support				Low	Medium	Medium	Low	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£111,745	Existing
20	Carers	Carer engagement	Carers Services	Carer Advice and Support				Low	Medium	Medium	Low	Social Care		LA			Private Sector	Minimum CCG Contribution	£7,378	Existing
21	Carers	Respite care, short breaks for carers	Carers Services	Respite Services				Low	Medium	Medium	Low	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£454,127	Existing
22	Carers	GP practice carers support accreditations scheme	Carers Services	Other	GP training			Low	Medium	Medium	Low	Social Care		LA			CCG	Minimum CCG Contribution	£7,969	Existing
23	Carers	Carers training programme	Carers Services	Other	Carers training / activities			Low	Medium	Medium	Low	Social Care		LA			Charity / Voluntary	Minimum CCG Contribution	£110,093	Existing
24	Maintaining independence	Dorset Integrated Community Equipment Service	Other		Integrated Community Equipment Service			Medium	High	Medium	Medium	Social Care		LA			Private Sector	Additional LA Contribution	£1,144,700	Existing
25	Strong and sustainable care markets	Joint purchasing of care	Residential Placements	Other	Joint purchasing of care	Placements	1,517.0	Medium	High	Medium	Medium	Social Care		LA			Private Sector	Additional LA Contribution	£55,058,800	Existing
26	Moving on from Hospital Living	Pooled budget to support LD cohort to live in community	Other		LD Campus re-provision			Low	Not applicable	Medium	Not applicable	Social Care		LA			Private Sector	Additional LA Contribution	£1,213,000	Existing
27	Maintaining independence	Dorset Integrated Community Equipment Service	Other		Integrated Community Equipment			Medium	High	Medium	Medium	Community Health		CCG			Private Sector	Minimum CCG Contribution	£2,779,000	Existing
28	Moving on from Hospital Living	Pooled budget to support LD cohort to live in community	Other		LD Campus re-provision			Low	Not applicable	Medium	Not applicable	Community Health		CCG			Private Sector	Minimum CCG Contribution	£3,441,000	Existing
29	Strong and sustainable care markets	Continuing Health Care placements	Other		Continuing Health Care placements			Not applicable	Medium	Low	Not applicable	Continuing Care		CCG			Private Sector	Additional CCG Contribution	£24,577,000	Existing
30	Integrated health and social care locality teams	District nursing capacity to support locality working	Other		Integrated health and social care locality teams			Medium	Medium	Medium	Medium	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£9,915,915	Existing
31	Integrated health and social care locality teams	Combination of community services and intermediate care services	Other		Integrated health and social care locality teams			High	Medium	Medium	Low	Community Health		CCG			NHS Community Provider	Additional CCG Contribution	£6,949,000	Existing
32	Maintaining independence	A combination of telecare, wellness and digital participation services	Assistive Technologies and Equipment	Other	A combination of telecare, wellness and digital			Medium	High	Medium	Medium	Social Care		LA			Private Sector	Additional LA Contribution	£574,000	Existing
33	Maintaining independence	Work with Citizen's Advice to support Information, advice & guidance	Other		Citizen's advice			Medium	Medium	Low	Low	Social Care		CCG			Charity / Voluntary Sector	Additional CCG Contribution	£66,000	Existing
34	Strong and sustainable care markets	Advocacy CHC appeals	Other		Advocacy CHC appeals			Not applicable	Medium	Low	Not applicable	Social Care		CCG			Charity / Voluntary Sector	Additional CCG Contribution	£50,000	Existing

[^^ Link back up](#)

<u>Scheme Type</u>	<u>Description</u>	<u>Sub Type</u>
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).	Telecare Wellness Services Digital Participation Services Community Based Equipment Other
Care Act Implementation Related Duties	Funding planned towards the implementation of Care Act related duties.	Deprivation of Liberty Safeguards (DoLS) Other
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.	Carer Advice and Support Respite Services Other
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.	Adaptations Other

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.	Chg 1. Early Discharge Planning Chg 2. Systems to Monitor Patient Flow Chg 3. Multi-Disciplinary/Multi-Agency Discharge Teams Chg 4. Home First / Discharge to Access Chg 5. Seven-Day Services Chg 6. Trusted Assessors Chg 7. Focus on Choice Chg 8. Enhancing Health in Care Homes Other - 'Red Bag' scheme Other approaches
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.	

<p>Integrated Care Planning and Navigation</p>	<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>	<p>Care Coordination Single Point of Access Care Planning, Assessment and Review Other</p>
<p>Intermediate Care Services</p>	<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>	<p>Bed Based - Step Up/Down Rapid / Crisis Response Reablement/Rehabilitation Services Other</p>

Personalised Budgeting and Commissioning	Various person centred approaches to commissioning and budgeting.	Personal Health Budgets Integrated Personalised Commissioning Direct Payments Other
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.	Social Prescribing Risk Stratification Choice Policy Other
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.	Supported Living Learning Disability Extra Care Care Home Nursing Home Other
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 2019/20 Template

7. High Impact Change Model

Selected Health and Wellbeing Board:

Dorset

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

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

There are a number of workstreams in place that make up the overall plan of delivering the improved management of transfers of care, through the High Impact Change Model (HICM). As noted in B1 of our strategic narrative, consolidation is a priority in 19/20 as the new Dorset Council finds its feet and as our previous locality arrangements realign with the new PCNs. In 19/20 we will consolidate and build on the existing activity to further establish the HICM. Winter pressures funding being incorporated into annual budget allocations as part of the iBCF has enabled one off schemes to be made permanent and year-round. DTOC performance has improved overall but remains volatile in respect of achieving our target. Our consolidation plans aim to help stabilise performance at target.

Early Discharge Planning- The pan Dorset Integrated Community Services programme of work has been established and work has begun on improving the

		Please enter current position of maturity	Please enter the maturity level planned to be reached by March 2020	If the planned maturity level for 2019/20 is below established, please state reasons behind that?
Chg 1	Early discharge planning	Established	Established	
Chg 2	Systems to monitor patient flow	Established	Established	
Chg 3	Multi-disciplinary/Multi-agency discharge teams	Established	Mature	
Chg 4	Home first / discharge to assess	Established	Established	
Chg 5	Seven-day service	Established	Established	
Chg 6	Trusted assessors	Established	Established	
Chg 7	Focus on choice	Established	Established	
Chg 8	Enhancing health in care homes	Established	Established	

Better Care Fund 2019/20 Template

8. Metrics

Selected Health and Wellbeing Board:

Dorset

8.1 Non-Elective Admissions

	19/20 Plan	Overview Narrative
Total number of specific acute non-elective spells per 100,000 population	Collection of the NEA metric plans via this template is not required as the BCF NEA metric plans are based on the NEA CCG Operating plans submitted via SDCS.	We will be continuing to build on our investment in developing new integrated care models within primary and community care to prevent unnecessary hospital attendances/admissions. One of Dorset's Urgent and Emergency Care priorities this year is on admission avoidance within Accident and Emergency Departments. Better Care Fund Schemes such as Early Supported Hospital Discharge, use of the Winter Pressure Grant and the High Impact Change Model will have an impact on the number of non-elective admissions by having a stronger presence at the hospital front

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

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

8.2 Delayed Transfers of Care

	19/20 Plan	Overview Narrative
Delayed Transfers of Care per day (daily delays) from hospital (aged 18+)	43.1	This target compares to a target of 45.78 for 2018/19 (actual performance 50.06) and a target of 52.81 in 2017/18 (actual performance 52.81). There have been continued improvements in system performance against DToC within the Dorset Council area, however, the challenge of managing increasing demand with minimal supply growth especially in the home care market has meant that this has been difficult to maintain at a consistent level. Further development of work under the Sustainable Care Market activity is planned to address this. The High Impact Change Model is established in Dorset and is an enabler for the

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

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

8.3 Residential Admissions

		18/19 Plan	19/20 Plan	Comments
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	580	550	* Please note that for 18/19 the numerator was 625 and denominator 123,644, not the 107,816 in cell E24, therefore the target was 505.5 not 580. The numerator in cell F27 has been adjusted to arrive at 550 target. Last year's target for Dorset was 505 which was not
	Numerator	625	603	
	Denominator	107,816	109,600	

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

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

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

8.4 Reablement

		18/19 Plan	19/20 Plan	Comments
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	80.0%	84.0%	Last year Dorset achieved the reablement target of 80%, in fact achieving 84.4% which is similar to the previous year. For 2019/20 84% has been set as the local target which is above both the regional and national average. Significant work is being undertaken with the provider
	Numerator	960	1008	
	Denominator	1,200	1200	

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

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

Better Care Fund 2019/20 Template

9. Confirmation of Planning Requirements

Selected Health and Wellbeing Board:

Dorset

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

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?	<p>Have the planned schemes been assigned to the metrics they are aiming to make an impact on? Expenditure plans for each element of the BCF pool match the funding inputs? (auto-validated)</p> <p>Is there confirmation that the use of grant funding is in line with the relevant grant conditions? (tick-box)</p> <p>Is there an agreed plan for use of the Winter Pressures grant that sets out how the money will be used to address expected demand pressures on the Health system over Winter?</p> <p>Has funding for the following from the CCG contribution been identified for the area?</p> <ul style="list-style-type: none"> - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement? 	Yes			
	PR8	Indication of outputs for specified scheme types	Has the area set out the outputs corresponding to the planned scheme types (Note that this is only for where any of the specified set of scheme types requiring outputs are planned)? (auto-validated)	Yes			
Metrics	PR9	Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?	<p>Is there a clear narrative for each metric describing the approach locally to meeting the ambition set for that metric?</p> <p>Is there a proportionate range of scheme types and spend included in the expenditure section of the plan to support delivery of the metric ambitions for each of the metrics?</p> <p>Do the narrative plans for each metric set out clear and ambitious approaches to delivering improvements?</p> <p>Have stretching metrics been agreed locally for:</p> <ul style="list-style-type: none"> - Metric 2: Long term admission to residential and nursing care homes - Metric 3: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement 	Yes			

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

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

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

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

E0800037	Gateshead	13T	NHS Newcastle Gateshead CCG	38.5%	97.7%
E0800037	Gateshead	00J	NHS North Durham CCG	0.9%	1.2%
E0800037	Gateshead	00L	NHS Northumberland CCG	0.5%	0.8%
E0800037	Gateshead	00N	NHS South Tyneside CCG	0.3%	0.2%
E0800037	Gateshead	00P	NHS Sunderland CCG	0.0%	0.1%
E1000013	Gloucestershire	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	0.1%	0.1%
E1000013	Gloucestershire	11M	NHS Gloucestershire CCG	97.6%	98.6%
E1000013	Gloucestershire	05F	NHS Herefordshire CCG	0.5%	0.1%
E1000013	Gloucestershire	10Q	NHS Oxfordshire CCG	0.2%	0.2%
E1000013	Gloucestershire	05R	NHS South Warwickshire CCG	0.6%	0.2%
E1000013	Gloucestershire	05T	NHS South Worcestershire CCG	1.1%	0.5%
E1000013	Gloucestershire	99N	NHS Wiltshire CCG	0.2%	0.2%
E0900011	Greenwich	07N	NHS Bexley CCG	5.1%	4.2%
E0900011	Greenwich	07Q	NHS Bromley CCG	1.1%	1.3%
E0900011	Greenwich	08A	NHS Greenwich CCG	89.2%	89.3%
E0900011	Greenwich	08C	NHS Hammersmith and Fulham CCG	0.2%	0.2%
E0900011	Greenwich	08L	NHS Lewisham CCG	4.4%	4.9%
E0900011	Greenwich	08Q	NHS Southwark CCG	0.1%	0.1%
E0900012	Hackney	07R	NHS Camden CCG	0.7%	0.7%
E0900012	Hackney	09A	NHS Central London (Westminster) CCG	0.2%	0.2%
E0900012	Hackney	07T	NHS City and Hackney CCG	90.2%	93.8%
E0900012	Hackney	08C	NHS Hammersmith and Fulham CCG	0.5%	0.4%
E0900012	Hackney	08D	NHS Haringey CCG	0.6%	0.7%
E0900012	Hackney	08H	NHS Islington CCG	4.6%	3.7%
E0900012	Hackney	08V	NHS Tower Hamlets CCG	0.5%	0.6%
E0600006	Halton	01F	NHS Halton CCG	98.2%	96.5%
E0600006	Halton	01J	NHS Knowsley CCG	0.2%	0.3%
E0600006	Halton	99A	NHS Liverpool CCG	0.3%	1.1%
E0600006	Halton	02E	NHS Warrington CCG	0.7%	1.1%
E0600006	Halton	02F	NHS West Cheshire CCG	0.6%	1.1%
E0900013	Hammersmith and Fulham	07P	NHS Brent CCG	0.3%	0.5%
E0900013	Hammersmith and Fulham	07R	NHS Camden CCG	0.1%	0.1%
E0900013	Hammersmith and Fulham	09A	NHS Central London (Westminster) CCG	2.5%	2.5%
E0900013	Hammersmith and Fulham	07W	NHS Ealing CCG	0.6%	1.1%
E0900013	Hammersmith and Fulham	08C	NHS Hammersmith and Fulham CCG	82.8%	87.6%
E0900013	Hammersmith and Fulham	07Y	NHS Hounslow CCG	0.5%	0.7%
E0900013	Hammersmith and Fulham	08X	NHS Wandsworth CCG	0.2%	0.3%
E0900013	Hammersmith and Fulham	08Y	NHS West London (K&C & QPP) CCG	6.5%	7.2%
E1000014	Hampshire	15A	NHS Berkshire West CCG	1.7%	0.6%
E1000014	Hampshire	09G	NHS Coastal West Sussex CCG	0.2%	0.1%
E1000014	Hampshire	11J	NHS Dorset CCG	0.5%	0.3%
E1000014	Hampshire	15D	NHS East Berkshire CCG	0.2%	0.0%
E1000014	Hampshire	10K	NHS Fareham and Gosport CCG	98.5%	14.3%
E1000014	Hampshire	09N	NHS Guildford and Waverley CCG	2.9%	0.5%
E1000014	Hampshire	99M	NHS North East Hampshire and Farnham CCG	76.5%	12.4%
E1000014	Hampshire	10J	NHS North Hampshire CCG	99.2%	15.9%
E1000014	Hampshire	10R	NHS Portsmouth CCG	4.4%	0.7%
E1000014	Hampshire	10V	NHS South Eastern Hampshire CCG	95.6%	14.6%
E1000014	Hampshire	10X	NHS Southampton CCG	5.1%	1.0%
E1000014	Hampshire	10C	NHS Surrey Heath CCG	0.8%	0.0%
E1000014	Hampshire	11A	NHS West Hampshire CCG	97.7%	39.1%
E1000014	Hampshire	99N	NHS Wiltshire CCG	1.3%	0.4%
E0900014	Haringey	07M	NHS Barnet CCG	1.0%	1.4%
E0900014	Haringey	07R	NHS Camden CCG	0.6%	0.6%
E0900014	Haringey	09A	NHS Central London (Westminster) CCG	0.1%	0.1%
E0900014	Haringey	07T	NHS City and Hackney CCG	3.1%	3.2%
E0900014	Haringey	07X	NHS Enfield CCG	1.3%	1.4%
E0900014	Haringey	08C	NHS Hammersmith and Fulham CCG	0.4%	0.3%
E0900014	Haringey	08D	NHS Haringey CCG	87.7%	91.0%
E0900014	Haringey	08H	NHS Islington CCG	2.5%	2.1%
E0900015	Harrow	07M	NHS Barnet CCG	4.3%	6.4%
E0900015	Harrow	07P	NHS Brent CCG	3.6%	4.8%
E0900015	Harrow	07W	NHS Ealing CCG	1.3%	2.1%
E0900015	Harrow	08C	NHS Hammersmith and Fulham CCG	0.1%	0.0%
E0900015	Harrow	08E	NHS Harrow CCG	89.7%	84.1%
E0900015	Harrow	06N	NHS Herts Valleys CCG	0.2%	0.5%
E0900015	Harrow	08G	NHS Hillingdon CCG	1.8%	2.0%
E0900015	Harrow	08Y	NHS West London (K&C & QPP) CCG	0.1%	0.1%

E0600001	Hartlepool	00D	NHS Durham Dales, Easington and Sedgfield CCG	0.2%	0.6%
E0600001	Hartlepool	00K	NHS Hartlepool and Stockton-On-Tees CCG	32.4%	99.4%
E0900016	Havering	07L	NHS Barking and Dagenham CCG	3.5%	2.9%
E0900016	Havering	08F	NHS Havering CCG	91.7%	96.2%
E0900016	Havering	08M	NHS Newham CCG	0.1%	0.2%
E0900016	Havering	08N	NHS Redbridge CCG	0.6%	0.7%
E0900016	Havering	07G	NHS Thurrock CCG	0.1%	0.0%
E0600019	Herefordshire, County of	11M	NHS Gloucestershire CCG	0.3%	0.9%
E0600019	Herefordshire, County of	05F	NHS Herefordshire CCG	98.2%	97.3%
E0600019	Herefordshire, County of	05N	NHS Shropshire CCG	0.3%	0.5%
E0600019	Herefordshire, County of	05T	NHS South Worcestershire CCG	0.8%	1.3%
E1000015	Hertfordshire	07M	NHS Barnet CCG	0.2%	0.0%
E1000015	Hertfordshire	06F	NHS Bedfordshire CCG	0.1%	0.0%
E1000015	Hertfordshire	14Y	NHS Buckinghamshire CCG	0.2%	0.1%
E1000015	Hertfordshire	06H	NHS Cambridgeshire and Peterborough CCG	2.1%	1.6%
E1000015	Hertfordshire	06K	NHS East and North Hertfordshire CCG	97.0%	46.5%
E1000015	Hertfordshire	07X	NHS Enfield CCG	0.5%	0.1%
E1000015	Hertfordshire	08E	NHS Harrow CCG	0.6%	0.1%
E1000015	Hertfordshire	06N	NHS Herts Valleys CCG	98.0%	50.7%
E1000015	Hertfordshire	08G	NHS Hillingdon CCG	2.2%	0.6%
E1000015	Hertfordshire	06P	NHS Luton CCG	0.4%	0.0%
E1000015	Hertfordshire	07H	NHS West Essex CCG	0.8%	0.2%
E0900017	Hillingdon	14Y	NHS Buckinghamshire CCG	0.0%	0.1%
E0900017	Hillingdon	07W	NHS Ealing CCG	5.2%	6.9%
E0900017	Hillingdon	08C	NHS Hammersmith and Fulham CCG	0.5%	0.3%
E0900017	Hillingdon	08E	NHS Harrow CCG	2.2%	1.8%
E0900017	Hillingdon	08G	NHS Hillingdon CCG	94.3%	89.8%
E0900017	Hillingdon	07Y	NHS Hounslow CCG	1.1%	1.0%
E0900018	Hounslow	07W	NHS Ealing CCG	5.4%	7.4%
E0900018	Hounslow	08C	NHS Hammersmith and Fulham CCG	1.2%	0.9%
E0900018	Hounslow	08G	NHS Hillingdon CCG	0.2%	0.2%
E0900018	Hounslow	07Y	NHS Hounslow CCG	88.2%	87.1%
E0900018	Hounslow	09Y	NHS North West Surrey CCG	0.3%	0.4%
E0900018	Hounslow	08P	NHS Richmond CCG	5.7%	3.8%
E0900018	Hounslow	08Y	NHS West London (K&C & QPP) CCG	0.2%	0.1%
E0600046	Isle of Wight	10L	NHS Isle of Wight CCG	100.0%	100.0%
E0900019	Islington	07R	NHS Camden CCG	4.9%	5.4%
E0900019	Islington	09A	NHS Central London (Westminster) CCG	0.5%	0.5%
E0900019	Islington	07T	NHS City and Hackney CCG	3.4%	4.2%
E0900019	Islington	08C	NHS Hammersmith and Fulham CCG	0.5%	0.5%
E0900019	Islington	08D	NHS Haringey CCG	1.2%	1.5%
E0900019	Islington	08H	NHS Islington CCG	89.1%	87.9%
E0900020	Kensington and Chelsea	07P	NHS Brent CCG	0.0%	0.1%
E0900020	Kensington and Chelsea	07R	NHS Camden CCG	0.2%	0.3%
E0900020	Kensington and Chelsea	09A	NHS Central London (Westminster) CCG	4.0%	5.4%
E0900020	Kensington and Chelsea	08C	NHS Hammersmith and Fulham CCG	1.2%	1.7%
E0900020	Kensington and Chelsea	08Y	NHS West London (K&C & QPP) CCG	63.9%	92.5%
E1000016	Kent	09C	NHS Ashford CCG	100.0%	8.3%
E1000016	Kent	07N	NHS Bexley CCG	1.3%	0.2%
E1000016	Kent	07Q	NHS Bromley CCG	0.9%	0.2%
E1000016	Kent	09E	NHS Canterbury and Coastal CCG	100.0%	14.1%
E1000016	Kent	09J	NHS Dartford, Gravesham and Swanley CCG	98.3%	16.5%
E1000016	Kent	09L	NHS East Surrey CCG	0.1%	0.0%
E1000016	Kent	08A	NHS Greenwich CCG	0.2%	0.0%
E1000016	Kent	09P	NHS Hastings and Rother CCG	0.3%	0.0%
E1000016	Kent	99K	NHS High Weald Lewes Havens CCG	0.6%	0.0%
E1000016	Kent	09W	NHS Medway CCG	6.1%	1.1%
E1000016	Kent	10A	NHS South Kent Coast CCG	100.0%	12.9%
E1000016	Kent	10D	NHS Swale CCG	99.8%	7.1%
E1000016	Kent	10E	NHS Thanet CCG	100.0%	9.1%
E1000016	Kent	99J	NHS West Kent CCG	98.7%	30.4%
E0600010	Kingston upon Hull, City of	02Y	NHS East Riding of Yorkshire CCG	1.3%	1.4%
E0600010	Kingston upon Hull, City of	03F	NHS Hull CCG	90.8%	98.6%
E0900021	Kingston upon Thames	08J	NHS Kingston CCG	86.9%	95.9%
E0900021	Kingston upon Thames	08R	NHS Merton CCG	1.1%	1.3%
E0900021	Kingston upon Thames	08P	NHS Richmond CCG	0.7%	0.8%
E0900021	Kingston upon Thames	99H	NHS Surrey Downs CCG	0.7%	1.2%
E0900021	Kingston upon Thames	08T	NHS Sutton CCG	0.1%	0.1%
E0900021	Kingston upon Thames	08X	NHS Wandsworth CCG	0.3%	0.7%
E0800034	Kirklees	02P	NHS Barnsley CCG	0.1%	0.0%
E0800034	Kirklees	02R	NHS Bradford Districts CCG	1.0%	0.7%
E0800034	Kirklees	02T	NHS Calderdale CCG	1.4%	0.7%
E0800034	Kirklees	03A	NHS Greater Huddersfield CCG	99.6%	54.7%
E0800034	Kirklees	15F	NHS Leeds CCG	0.1%	0.3%
E0800034	Kirklees	03J	NHS North Kirklees CCG	98.9%	42.4%
E0800034	Kirklees	03R	NHS Wakefield CCG	1.5%	1.3%

E0800011	Knowsley	01F	NHS Halton CCG	1.0%	0.8%
E0800011	Knowsley	01J	NHS Knowsley CCG	86.8%	88.2%
E0800011	Knowsley	99A	NHS Liverpool CCG	2.4%	8.0%
E0800011	Knowsley	01T	NHS South Sefton CCG	0.1%	0.1%
E0800011	Knowsley	01X	NHS St Helens CCG	2.3%	2.8%
E0900022	Lambeth	07R	NHS Camden CCG	0.2%	0.1%
E0900022	Lambeth	09A	NHS Central London (Westminster) CCG	0.9%	0.6%
E0900022	Lambeth	07V	NHS Croydon CCG	0.7%	0.8%
E0900022	Lambeth	08C	NHS Hammersmith and Fulham CCG	0.6%	0.4%
E0900022	Lambeth	08K	NHS Lambeth CCG	85.5%	92.2%
E0900022	Lambeth	08R	NHS Merton CCG	1.0%	0.6%
E0900022	Lambeth	08Q	NHS Southwark CCG	1.9%	1.6%
E0900022	Lambeth	08X	NHS Wandsworth CCG	3.5%	3.7%
E0900022	Lambeth	08Y	NHS West London (K&C & QPP) CCG	0.1%	0.0%
E1000017	Lancashire	02N	NHS Airedale, Wharfedale and Craven CCG	0.2%	0.0%
E1000017	Lancashire	00Q	NHS Blackburn with Darwen CCG	11.1%	1.5%
E1000017	Lancashire	00R	NHS Blackpool CCG	13.6%	1.9%
E1000017	Lancashire	00T	NHS Bolton CCG	0.3%	0.0%
E1000017	Lancashire	00V	NHS Bury CCG	1.4%	0.2%
E1000017	Lancashire	00X	NHS Chorley and South Ribble CCG	99.8%	14.5%
E1000017	Lancashire	01A	NHS East Lancashire CCG	99.0%	30.0%
E1000017	Lancashire	02M	NHS Fylde & Wyre CCG	97.9%	13.8%
E1000017	Lancashire	01E	NHS Greater Preston CCG	100.0%	16.6%
E1000017	Lancashire	01D	NHS Heywood, Middleton and Rochdale CCG	0.9%	0.2%
E1000017	Lancashire	01J	NHS Knowsley CCG	0.1%	0.0%
E1000017	Lancashire	01K	NHS Morecambe Bay CCG	44.1%	12.1%
E1000017	Lancashire	01T	NHS South Sefton CCG	0.5%	0.0%
E1000017	Lancashire	01V	NHS Southport and Formby CCG	3.2%	0.3%
E1000017	Lancashire	01X	NHS St Helens CCG	0.5%	0.0%
E1000017	Lancashire	02G	NHS West Lancashire CCG	96.9%	8.7%
E1000017	Lancashire	02H	NHS Wigan Borough CCG	0.7%	0.2%
E0800035	Leeds	02N	NHS Airedale, Wharfedale and Craven CCG	0.1%	0.0%
E0800035	Leeds	02W	NHS Bradford City CCG	1.1%	0.2%
E0800035	Leeds	02R	NHS Bradford Districts CCG	0.5%	0.2%
E0800035	Leeds	15F	NHS Leeds CCG	97.7%	98.8%
E0800035	Leeds	03J	NHS North Kirklees CCG	0.3%	0.0%
E0800035	Leeds	03Q	NHS Vale of York CCG	0.6%	0.2%
E0800035	Leeds	03R	NHS Wakefield CCG	1.4%	0.6%
E0600016	Leicester	03W	NHS East Leicestershire and Rutland CCG	2.1%	1.8%
E0600016	Leicester	04C	NHS Leicester City CCG	92.8%	95.5%
E0600016	Leicester	04V	NHS West Leicestershire CCG	2.8%	2.7%
E1000018	Leicestershire	03V	NHS Corby CCG	0.5%	0.0%
E1000018	Leicestershire	15M	NHS Derby and Derbyshire CCG	0.4%	0.6%
E1000018	Leicestershire	03W	NHS East Leicestershire and Rutland CCG	85.5%	39.8%
E1000018	Leicestershire	04C	NHS Leicester City CCG	7.2%	4.1%
E1000018	Leicestershire	04N	NHS Rushcliffe CCG	5.4%	1.0%
E1000018	Leicestershire	04Q	NHS South West Lincolnshire CCG	5.6%	1.1%
E1000018	Leicestershire	05H	NHS Warwickshire North CCG	1.6%	0.4%
E1000018	Leicestershire	04V	NHS West Leicestershire CCG	96.2%	53.1%
E0900023	Lewisham	07Q	NHS Bromley CCG	1.4%	1.5%
E0900023	Lewisham	09A	NHS Central London (Westminster) CCG	0.2%	0.2%
E0900023	Lewisham	08A	NHS Greenwich CCG	2.1%	1.9%
E0900023	Lewisham	08C	NHS Hammersmith and Fulham CCG	0.3%	0.2%
E0900023	Lewisham	08K	NHS Lambeth CCG	0.3%	0.4%
E0900023	Lewisham	08L	NHS Lewisham CCG	91.5%	92.0%
E0900023	Lewisham	08Q	NHS Southwark CCG	3.9%	3.9%
E1000019	Lincolnshire	06H	NHS Cambridgeshire and Peterborough CCG	0.2%	0.3%
E1000019	Lincolnshire	03W	NHS East Leicestershire and Rutland CCG	0.2%	0.1%
E1000019	Lincolnshire	03T	NHS Lincolnshire East CCG	99.2%	32.0%
E1000019	Lincolnshire	04D	NHS Lincolnshire West CCG	98.6%	29.9%
E1000019	Lincolnshire	04H	NHS Newark & Sherwood CCG	2.4%	0.4%
E1000019	Lincolnshire	03H	NHS North East Lincolnshire CCG	2.7%	0.6%
E1000019	Lincolnshire	03K	NHS North Lincolnshire CCG	4.9%	1.1%
E1000019	Lincolnshire	99D	NHS South Lincolnshire CCG	90.8%	19.6%
E1000019	Lincolnshire	04Q	NHS South West Lincolnshire CCG	93.3%	16.1%
E0800012	Liverpool	01J	NHS Knowsley CCG	8.5%	2.7%
E0800012	Liverpool	99A	NHS Liverpool CCG	94.4%	96.3%
E0800012	Liverpool	01T	NHS South Sefton CCG	3.3%	1.0%
E0600032	Luton	06F	NHS Bedfordshire CCG	2.3%	4.5%
E0600032	Luton	06P	NHS Luton CCG	97.3%	95.5%
E0800003	Manchester	00V	NHS Bury CCG	0.4%	0.1%
E0800003	Manchester	01D	NHS Heywood, Middleton and Rochdale CCG	0.5%	0.2%
E0800003	Manchester	14L	NHS Manchester CCG	90.9%	95.6%
E0800003	Manchester	00Y	NHS Oldham CCG	0.9%	0.4%
E0800003	Manchester	01G	NHS Salford CCG	2.5%	1.1%
E0800003	Manchester	01W	NHS Stockport CCG	1.7%	0.8%
E0800003	Manchester	01Y	NHS Tameside and Glossop CCG	0.4%	0.2%
E0800003	Manchester	02A	NHS Trafford CCG	4.0%	1.6%

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

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

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

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

E0900032	Wandsworth	09A	NHS Central London (Westminster) CCG	0.9%	0.6%
E0900032	Wandsworth	08C	NHS Hammersmith and Fulham CCG	1.0%	0.6%
E0900032	Wandsworth	08J	NHS Kingston CCG	0.1%	0.0%
E0900032	Wandsworth	08K	NHS Lambeth CCG	3.2%	3.5%
E0900032	Wandsworth	08R	NHS Merton CCG	2.8%	1.6%
E0900032	Wandsworth	08P	NHS Richmond CCG	1.3%	0.7%
E0900032	Wandsworth	08X	NHS Wandsworth CCG	88.3%	92.6%
E0900032	Wandsworth	08Y	NHS West London (K&C & QPP) CCG	0.7%	0.4%
E0600007	Warrington	01F	NHS Halton CCG	0.3%	0.2%
E0600007	Warrington	01G	NHS Salford CCG	0.5%	0.6%
E0600007	Warrington	01X	NHS St Helens CCG	2.2%	2.0%
E0600007	Warrington	02E	NHS Warrington CCG	97.6%	97.0%
E0600007	Warrington	02H	NHS Wigan Borough CCG	0.2%	0.2%
E1000031	Warwickshire	15E	NHS Birmingham and Solihull CCG	0.2%	0.5%
E1000031	Warwickshire	05A	NHS Coventry and Rugby CCG	25.2%	21.5%
E1000031	Warwickshire	11M	NHS Gloucestershire CCG	0.2%	0.2%
E1000031	Warwickshire	04G	NHS Nene CCG	0.2%	0.2%
E1000031	Warwickshire	10Q	NHS Oxfordshire CCG	0.3%	0.3%
E1000031	Warwickshire	05J	NHS Redditch and Bromsgrove CCG	0.7%	0.2%
E1000031	Warwickshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	0.8%	0.3%
E1000031	Warwickshire	05R	NHS South Warwickshire CCG	96.1%	45.8%
E1000031	Warwickshire	05H	NHS Warwickshire North CCG	96.7%	30.7%
E1000031	Warwickshire	04V	NHS West Leicestershire CCG	0.5%	0.3%
E0600037	West Berkshire	15A	NHS Berkshire West CCG	30.0%	97.6%
E0600037	West Berkshire	10J	NHS North Hampshire CCG	0.7%	0.9%
E0600037	West Berkshire	10Q	NHS Oxfordshire CCG	0.2%	1.1%
E0600037	West Berkshire	99N	NHS Wiltshire CCG	0.1%	0.4%
E1000032	West Sussex	09D	NHS Brighton and Hove CCG	1.1%	0.4%
E1000032	West Sussex	09G	NHS Coastal West Sussex CCG	99.5%	57.5%
E1000032	West Sussex	09H	NHS Crawley CCG	93.4%	14.0%
E1000032	West Sussex	09L	NHS East Surrey CCG	0.3%	0.0%
E1000032	West Sussex	09N	NHS Guildford and Waverley CCG	3.1%	0.8%
E1000032	West Sussex	99K	NHS High Weald Lewes Havens CCG	1.1%	0.2%
E1000032	West Sussex	09X	NHS Horsham and Mid Sussex CCG	95.7%	25.9%
E1000032	West Sussex	10V	NHS South Eastern Hampshire CCG	4.1%	1.0%
E1000032	West Sussex	99H	NHS Surrey Downs CCG	0.6%	0.2%
E0900033	Westminster	07P	NHS Brent CCG	1.3%	2.0%
E0900033	Westminster	07R	NHS Camden CCG	3.0%	3.4%
E0900033	Westminster	09A	NHS Central London (Westminster) CCG	79.3%	71.3%
E0900033	Westminster	08C	NHS Hammersmith and Fulham CCG	0.6%	0.6%
E0900033	Westminster	08K	NHS Lambeth CCG	0.1%	0.2%
E0900033	Westminster	08Y	NHS West London (K&C & QPP) CCG	23.1%	22.6%
E0800010	Wigan	00T	NHS Bolton CCG	0.2%	0.1%
E0800010	Wigan	01G	NHS Salford CCG	0.8%	0.6%
E0800010	Wigan	01X	NHS St Helens CCG	3.8%	2.2%
E0800010	Wigan	02E	NHS Warrington CCG	0.4%	0.2%
E0800010	Wigan	02G	NHS West Lancashire CCG	2.8%	1.0%
E0800010	Wigan	02H	NHS Wigan Borough CCG	96.7%	95.7%
E0600054	Wiltshire	11E	NHS Bath and North East Somerset CCG	0.9%	0.4%
E0600054	Wiltshire	15A	NHS Berkshire West CCG	0.2%	0.2%
E0600054	Wiltshire	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	0.2%	0.5%
E0600054	Wiltshire	11J	NHS Dorset CCG	0.3%	0.4%
E0600054	Wiltshire	11M	NHS Gloucestershire CCG	0.4%	0.5%
E0600054	Wiltshire	11X	NHS Somerset CCG	0.3%	0.4%
E0600054	Wiltshire	12D	NHS Swindon CCG	1.3%	0.6%
E0600054	Wiltshire	11A	NHS West Hampshire CCG	0.1%	0.2%
E0600054	Wiltshire	99N	NHS Wiltshire CCG	96.7%	96.8%
E0600040	Windsor and Maidenhead	15A	NHS Berkshire West CCG	0.4%	1.3%
E0600040	Windsor and Maidenhead	14Y	NHS Buckinghamshire CCG	0.3%	1.1%
E0600040	Windsor and Maidenhead	15D	NHS East Berkshire CCG	34.1%	96.9%
E0600040	Windsor and Maidenhead	09Y	NHS North West Surrey CCG	0.2%	0.5%
E0600040	Windsor and Maidenhead	10Q	NHS Oxfordshire CCG	0.0%	0.2%
E0600040	Windsor and Maidenhead	10C	NHS Surrey Heath CCG	0.1%	0.0%
E0800015	Wirral	02F	NHS West Cheshire CCG	0.4%	0.3%
E0800015	Wirral	12F	NHS Wirral CCG	99.7%	99.7%
E0600041	Wokingham	15A	NHS Berkshire West CCG	31.5%	97.0%
E0600041	Wokingham	15D	NHS East Berkshire CCG	1.0%	2.6%
E0600041	Wokingham	10Q	NHS Oxfordshire CCG	0.1%	0.4%
E0800031	Wolverhampton	05C	NHS Dudley CCG	1.3%	1.5%
E0800031	Wolverhampton	05L	NHS Sandwell and West Birmingham CCG	0.1%	0.3%
E0800031	Wolverhampton	05Q	NHS South East Staffs and Seisdon Peninsular CCG	1.8%	1.4%
E0800031	Wolverhampton	05Y	NHS Walsall CCG	3.4%	3.5%
E0800031	Wolverhampton	06A	NHS Wolverhampton CCG	93.8%	93.4%
E1000034	Worcestershire	15E	NHS Birmingham and Solihull CCG	0.9%	2.0%
E1000034	Worcestershire	05C	NHS Dudley CCG	0.7%	0.4%
E1000034	Worcestershire	11M	NHS Gloucestershire CCG	0.5%	0.6%
E1000034	Worcestershire	05F	NHS Herefordshire CCG	0.9%	0.3%
E1000034	Worcestershire	05J	NHS Redditch and Bromsgrove CCG	95.8%	27.7%
E1000034	Worcestershire	05N	NHS Shropshire CCG	0.3%	0.1%
E1000034	Worcestershire	05R	NHS South Warwickshire CCG	2.3%	1.1%
E1000034	Worcestershire	05T	NHS South Worcestershire CCG	97.2%	49.3%
E1000034	Worcestershire	06D	NHS Wyre Forest CCG	98.3%	18.6%
E0600014	York	03E	NHS Harrogate and Rural District CCG	0.2%	0.1%
E0600014	York	03Q	NHS Vale of York CCG	60.2%	99.9%

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Date of Meeting: 30th October 2019

Lead Member: Councillor Laura Miller – Lead Member for Adult Social Care and Health

Lead Officer: Dr Jane Horne, Public Health Dorset

Executive Summary:

The paper provides a written update to the Board on:

- Key highlights from across the STP as a whole;
- Progress on Prevention at Scale (PAS) since the last Board.

Equalities Impact Assessment:

Some elements of the STP have had an EqIA.

Budget:

The Joint Public Health Board has previously approved approx. £1m non-recurrent funding from savings made from the public health grant for investment into the PAS programme. A further £150k has been allocated for non-recurrent project resource from the STP transformation fund.

Partner organisations each commission and work on a range of prevention activities with associated budgets. As the PAS work progresses there may be additional impacts on these.

Risk Assessment:

Having considered the risks associated with this decision, the level of risk has been identified as:

Current Risk: LOW
Residual Risk: LOW

Other Implications:

The ambition set out in the STP is to transform health and care in our area to achieve better health outcomes for local people, with higher quality care that's financed in a sustainable way. There are five key strands of work including PAS to support the NHS and local councils in how they work together to address the three gaps around:

- Health and wellbeing gap
- Care and quality gap
- Finance and affordability gap

By developing the STP as the Joint Health and Wellbeing Strategy was refreshed there is close alignment, and the Health and Wellbeing Board has the role of overseeing local delivery of the PAS portfolio.

Wider implications of the STP and the PAS programme include the sustainability of future public services, and the future role of localities, communities and the voluntary sector.

Recommendation:

Members are asked to note the update on STP highlights and highlighted progress on prevention at scale; and to support ongoing work, within the Board and back in their respective organisations and communities.

Reason for Recommendation:

Transformation of health and care services in Dorset needs close collaboration between all public service partners. The Health and Wellbeing Board has a key role in this and has specifically taken on the role of overseeing local delivery of the PAS portfolio. The Board have requested an update on the STP as a whole, with a focus on the delivery of PAS for all future meetings.

Appendices:

Background Papers:

[‘Our Dorset’](#)

[Joint Health and Wellbeing Board Strategy](#)

[Update on STP and PAS, Health and Wellbeing Board – June 2019](#)

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Locality	Primary Care Network (PCN)	Prevention at Scale focus area	Long Term Condition focus area
East Dorset	Crane Valley PCN	Learning Disability Annual Health Checks	Diabetes
	Wimborne and Ferndown PCN	Learning Disability Health Checks	Long Term Condition focus area is chronic lung conditions, Chronic Obstructive Pulmonary Disease (COPD) and asthma
Mid Dorset	Mid Dorset PCN	Childhood obesity	Diabetes
North Dorset	Sherborne Area PCN	Bowel and Cervical cancer screening uptake	Diabetes 9 care processes

1. PURPOSE OF REPORT

1.1 This paper provides a written update to the Board on headline progress across the Dorset Integrated Care System (ICS), and the STP as a whole; and feeds back on progress since the last Board.

2. BACKGROUND

2.1 [‘Our Dorset’](#), the local STP published in 2016, set out five key strands of work including Prevention at Scale to support the NHS and local Councils in working together to address three gaps:

- Health and wellbeing gap
- Care and quality gap
- Finance and affordability gap

2.2 The [Joint Health and Wellbeing Board Strategy](#), (JHWS) adopted in August 2016, outlines three key priorities for the Board (starting, living and ageing well). Developing the STP and the JHWS at the same time meant close alignment on prevention at scale, and the Health and Wellbeing Board oversees local delivery of this portfolio.

2.3 The Board receives regular [updates](#) on the STP and progress with prevention at scale plans. At each meeting the Board also has the opportunity for a more in-depth discussion. At the June meeting this focused on Starting Well.

3. ICS/STP HIGHLIGHTS

3.1 Our new plan, Our Dorset Looking Forward, is currently being written and we are taking this opportunity to review the Prevention at Scale plans taking into account guidance relating to the NHS Long Term Plan, Public Health England’s menu of interventions, current national consultation on Prevention in the 2020s, and emerging learning from corporate strategy development.

3.2 The new Primary Care Contract, Primary Care Network (PCN) development and the CCG Clinical Commissioning Local Improvement Planning (CCLIP) service bring new opportunities to connect the Integrated Community and Primary Care Services (ICPCS) and Prevention at Scale work together. Locality link workers are supporting developing PCNs with their plans. The focus areas of the plans are detailed in the table below:

	Blandford PCN	Improve the physical and psychological health of patients with a Serious Mental Illness (SMI) and to improve the uptake of health checks in respect of patients with a learning disability	Frailty Population Health Management (PHM) project
	The Vale PCN	Improve uptake of patient population severe mental illness health checks	Frailty Population Health Management (PHM) project
Purbeck	Purbeck PCN	Prevention/delay of Type 2 Diabetes	COPD
West Dorset	Jurassic Coast PCN	Prediabetes (Diabetes Prevention Programme)	Diabetes
Weymouth & Portland	Weymouth and Portland PCN	Learning Disabilities Annual Health Checks	A project to identify high intensity (frequent users) of medical services and improve attendance and outcomes

3.3 As the new Dorset Council is now well established, some key transformation work has begun. For children's services, we have a vision that children are happy, thrive and are able to be the best they can be. We want our services to be as good as they can be for children and families. We know that change is needed from previous Ofsted inspections including around SEND, child exploitation and wider children's services, that have highlighted the need for improvement. The first step is about designing a Blueprint for Change for our services and structures that will allow us to deliver our vision and transform the way we work. There are clear overlaps with the prevention at scale portfolio around starting well and how we work together with other services in local communities.

4. PREVENTION AT SCALE

Starting Well

- 4.1 Smoking in Pregnancy Lead is in post and has completed local and regional scoping to inform the Local Maternity System (LMS) on good practice. The LMS will be self-assessing our prevention work in Better Births and considering priorities, gaps and good practice.
- 4.2 The carbon monoxide screening pilot in Weymouth showed that of 102 people who were screened:
- 33 were smokers prior to pregnancy (32%)
 - 49% of those who smoked had given up in pregnancy
 - 69% have remained quit
- 4.3 The new Children and Young People's Public Health Service contract awarded to Dorset HealthCare started on 1 October. Bringing together our previous contracts for Health Visiting, School Nursing and the National Child Measurement Programme, this focuses on four key local health and wellbeing priorities:
- Reducing smoking in pregnancy and postnatally
 - Increasing physical activity
 - Improving wellbeing and mental health

- Ensuring children arrive at school ready to learn and achieve
- 4.4 Workshops with partners throughout August focused on Early Help, Safeguarding, Intelligence and Digital, making sure plans for the service were shaped to best meet local need and align with other strategic plans and programmes. There are also plans to re-establish the Healthy Child Programme following the contract start date in October.
- 4.5 Public Health Dorset are supporting the Pan-Dorset School PE and Sports conference in September and will be delivering a workshop in partnership with Dorset MIND.
- 4.6 Dorset were successful in their submissions to the Children and Young People Emotional Wellbeing network group (THRIVE) to develop mental health teams for schools. The pilot areas are to be North Dorset and Weymouth and Portland.

Living Well

- 4.7 Workforce wellbeing training is being rolled out across Dorset organisations with LiveWell training and so far over 1200 clinical and non-clinical staff have access wellbeing skills training. In addition, events are taking place to engage organisations and departments with the LiveWell Dorset offer.
- 4.8 Train the trainer courses have been running for Mental Health First Aid (MHFA) and Making Every Contact Count (MECC) with 35 train the trainers now in place.
- 4.9 LiveWell has now reached almost 24,000 registrations. This year alone, 2,328 people have joined the service (April to July). We have seen a slight increase in clients from deprived communities at 27% (so far for quarter two) and 23% of our clients are male.
- 4.10 We are seeing a steady rise in clients choosing to interact with LiveWell Dorset digitally. In July we registered 650 new clients and 526 of those did so via our website. Our social media channels remain popular with just under 2,000 twitter and 700 Instagram followers. Our Facebook page has 4,256 likes and 2,110 people have asked to join our online community 'Our LiveWell' where they can give and receive peer support and encouragement. Our live online chat facility and enquiry functions currently receive around 400 interactions per month. Considering the growth of these various mediums we will be looking to expand our digital offer and plan to upskill our teams to meet demand.
- 4.11 In July, we introduced a quiz 'Are you Living Well?' to our LiveWell Dorset marketing and communications portfolio and to date over 6,000 people have taken this quiz.

Ageing Well

- 4.12 As part of our Active Ageing programme, the workforce project area has developed well with a number of opportunities with Dorset Council including: pre-retirement workshops, occupational health system changes for MSK and

stress, development of a staff wellbeing strategy. Physical activity campaign is underway across the ICS for August/September branded 'JoinMe'.

- 4.13 Met with Dorset Elective Care Board and Elective Care Transformation Manager to explore further system changes to embed physical activity. Working with programme leads for one acute network (pathway redesign) to ensure opportunities to embed physical activity in pathways for all specialities, including pre-op assessments.
- 4.14 As a result of our Active Ageing work, we now see an increase in the percentage of client's activating the LiveWell Dorset physical activity pathway. In the same period last year, activation on the physical activity pathway was 40.9% (total population 18+) and 38.6% (55+) compared to current figures of 74.2% (total population 18+) and 65.3% (55+).

Healthy Places

- 4.15 With the two new councils beginning to develop their corporate strategies and transformation plans, this provides new opportunities to embed prevention within council services and to support transformation across the councils to improve the wider determinants of health.
- 4.16 Each council is required to develop a new Local Plan by 2023, with public consultation taking place in 2020. These plans will set out the vision for the future of each area and provide a framework for the local planning system to address housing needs and other economic, social and environmental priorities.



Date of Meeting: 30th October 2019

Lead Member: Cllr Laura Miller – Lead Member for Health & Public Health

Lead Officer: Martin Kimberley, CEO Active Dorset, County Sports Partnership

Executive Summary:

Increasing Physical Activity is a cross cutting priority within the Our Dorset Sustainability and Transformation Plan and it is needed to achieve many of the ambitions and outcomes within the plan as well as the two emerging Local Authority Corporate plans. This brief paper and supporting presentation suggests that there is a need for a Dorset wide strategic plan around Physical Activity to maximise the contribution that physical activity makes to Dorset’s local outcomes, corporate aims and priorities.

Equalities Impact Assessment:

EQIA will be at the heart of the work around increasing physical activity. It will seek to address inequalities in levels of physical activity.

Budget:

This will depend on what the agreed approach is to be following discussion at the Health and Wellbeing Board.

Option 1 – Commissioning and external report. Tender anticipated at £20-30,000.
Option 2 – A Joint Strategic Needs Assessment (JSNA) process supported by all Health and Wellbeing Board member organisations. Low/no cost but dependent on officer time and organisational engagement.

Risk Assessment:

Having considered the risks associated with this decision, the level of risk has been identified as:

Current Risk: MEDIUM – Resources not aligned to strategic priorities
Residual Risk: LOW

Other Implications:

Reputational – Resources being invested without clarity of purpose or understanding of impact.

Resources – aligned to historic areas and not necessarily strategic priorities.

Measurement – Limited understanding of impact of interventions

Voluntary Organisations – Uncertainty over priorities and limited ability to influence decision making at a strategic level.

Physical Activity – Ability to achieve impact at scale through system change is needed but focus and leadership needed.

Recommendation: 1) The board discusses and agrees a strategic approach to understanding and supporting increases in physical activity levels in Dorset.

2) The Health and Wellbeing board nominate a champion to support the delivery of the strategy recommendations.

Reason for Recommendation: Leadership and clarity are needed to ensure physical activity actions are scaled appropriately to achieve population health gains aims and support corporate and system priorities. External investment into Dorset is at risk without the clarity a Physical Activity strategy will bring.

Appendices: 1. “Physical Activity Strategic Think Piece” LGA Physical Activity Partnership
2. Powerpoint presentation slides for the Dorset Health & Wellbeing Board meeting 30th October 2019.

Background Papers: A widely held ambition is to utilise the Strategic Outcomes Planning Guidance (<https://www.sportengland.org/funding/strategic-facilities/strategic-outcomes-planning-guidance/>) and to align this work with the next local plan.
Soon to be completed Leisure Services review.

Officer Contact

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1. Introduction

1.1 Increasing Physical Activity is fundamental aim of many of the interventions set out in the Our Dorset Sustainability and Transformation Plan, particularly in support of Prevention at Scale. Consistent efforts across organisations at scale are needed to achieve many of the ambitions and outcomes within the STP plan, as well as the two emerging Local Authority Corporate plans.

1.2 This brief paper and supporting presentation suggests that there is a need for a Dorset wide Physical Activity strategy or similar strategic approach to maximise the contribution that physical activity makes to Dorset’s local outcomes, corporate aims and priorities.

1.3 We believe it is important to ensure that the information around physical activity levels and the opportunities for physical activity should be presented in the context of the two geographies for the new BCP and Dorset Council areas. This would allow the strategy to reflect the data, priorities and actions needed for the different populations. However, as many key agencies straddle both areas it is recommended that there are significant benefits in undertaking the work across the broader Integrated Care System footprint (pan-Dorset).

2. Building on existing good work

2.1 Dorset and Bournemouth & Poole Health and Wellbeing boards led and supported a successful application to Sport England around increasing physical activity for older people in 2017. This project has secured c.£600k to embed system level changes which seeks to embed and promote physical activity throughout care pathways and identify key opportunities to encourage and signpost people to become more physically active. The key focus is to encourage those people aged 55-65 years old who were least active.

2.2 The Active Ageing project is 18 months into its delivery and there has been a great deal of activity and learning which could be used to inform developments around physical activity across the lifecourse.

2.3 The proposed strategic work around physical activity will seek to build on the learning from successful Active Ageing system level change approach that has and continues to deliver significant impact at scale across the County. This focuses investment and action where embedded change establishes 'business as usual' growth in physical activity levels.

3. Opportunities

3.1 It is key that this strategy work is timed so that it can align with the emerging Local Authority corporate plans, the development of the two new Local Plans and Our Dorset: Looking Forward plan for the Integrated Care system.

3.2 The “Physical Activity Strategic Think Piece” written by the LGA Physical Activity Partnership (appendix 1) sets out what they thought to be important factors to improve physical activity levels.

3.3 The table below takes the suggested LGA headline thoughts and observations around the key factors and illustrates where we think the Dorset system currently is around work on Physical Activity:

1. Understanding the need of local communities	A range of data is held (both quantitative and qualitative) by a range of partner organisations but not widely understood or articulated in a clear, concise format. Wider understanding of communities and their priorities is needed, particularly rural.
2. Is there a drive and determination to make a difference	Dorset has an impetus (Emerging corporate strategies, one acute network transformation, ICS trailblazer etc.) and leaders who recognise the opportunity that physical activity brings to achieve local priorities. Key agencies are engaged and willing to build on current successes.
3. Is there a strong overarching policy position	This is needed, hence the proposal.
4. Leadership	A champion from the Health and Wellbeing Board will help significantly coupled with

	high level engagement and buy in from all H&W Board member organisations.
5. Understanding of long term systems based approaches	Dorset is leading in this area via the Active Ageing work which has a national profile. We can build on this learning and expertise to great effect.
6. Understanding of commissioning with focus on wider outcomes.	Dorset has a growing culture of this approach but this is an area where significant impact can be achieved.

3.4 The supporting presentation at the Health and Wellbeing board will discuss this assessment of the Dorset system in more detail and discuss with Board members what the potential ways to develop this strategic work could be.

4. Suggested Next Steps

4.1 It is suggested that we should build on the work around physical activity across Dorset and BCP Health and Wellbeing Boards.

4.2 The Health and Wellbeing Boards to champion a multiagency strategic approach to improving physical activities through the work of all the member organisations.

4.3 The Health and Wellbeing boards discuss and agree the most appropriate way to ensure the production of a strategic approach to increasing physical activity. This could be achieved in a variety of ways ranging from commissioning an external company to produce a Dorset Physical Activity strategy through to a Joint Strategic Needs Assessment process on Physical Activity.

4.4 This will be the focus of the discussion and presentation at the Health and Wellbeing board to get members support on guidance on how this should be progressed.

5. Recommendations

5.1 The board discusses and agrees a strategic approach to understanding and supporting increases in physical activity levels in Dorset.

5.2 The Health and Wellbeing board nominate a champion from to support the delivery of the strategy recommendations.



Physical Activity Strategic Think Piece

Local Government Physical Activity Partnership

March 2019

Introduction

For many people working within local councils, physical activity related service areas (which includes sport) can feel both exciting, frustrating and daunting right now. However the role and impact of these services is often needed more than ever. We believe there is a growing need for strategic support, reassurance and challenge in the sector.

Managing change is part of everyday life, but this has all too often manifested itself as crisis management rather than a strategically planned response. There is acceptance of the importance of being physically active. However, there remain huge challenges in bringing about systemic change in order to support more people to become active; with local councils' capacity to effect the required change having weakened through years of austerity. Uncertainty is something we have just become accustomed to.

Driving better outcomes through increased levels of physical activity is incredibly difficult. It will challenge local councils not simply because it cuts across so many traditional service or directorate structures (or silos), but also because it can lead to questions about where the leadership and ownership actually comes from. So for example - does leadership and ownership come from traditional leisure and sports development services or does it come from elsewhere e.g. public health or health and wellbeing based services or beyond the council through collaborative approaches and partnerships? And does this matter? Much depends on the existing strengths of the council to drive the agenda for change.

The Local Government Physical Activity Partnership is a collective body of organisations who are either responsible for or have an interest in the provision of local services and opportunities to enable individuals and communities to become more physically active. This partnership is passionate about the development of opportunities and the critical role that the public sector needs to play alongside other partners in driving better local outcomes through physical activity.

- The Local Government Physical Activity Partnership (LGPAP) includes: CLOA, Community Leisure UK, Sport England, the Local Government Association, APSE and Active Partnerships. It has come together with the purpose: *to create a collective voice that represents, improves and articulates the social and economic value of physical activity and the important role the public sector plays in this.*
- We will do this by helping local authorities across England to find solutions to challenges by emphasising and supporting independent, transparent and informed long-term decisions.

- Working collaboratively, this voice has significant reach and influence, with the ability to make a real difference to the future role of local councils in supporting their citizens to be physically active.

Developing a helpful conversation within the sector

The group wants to create an environment for positive debate and discussion about the key strategic issues facing local councils focussed on supporting physical activity. Equally to provide reflective and perhaps at times provocative think pieces for the wider sector to consider.

The group, established in 2018, has brought forward thoughts from its round table conversations about the challenges the sector faces and how the sector might position itself to drive better outcomes. These think pieces are not about providing definitive answers or official positions by any of the partners, but instead about amplifying points and raising key questions for discussion in the sector. Ways forward are likely to develop iteratively over time and are likely to look different in each area. It is vital that every locality has thought about what those issues mean to them and how they should respond.

In addition to this wider think piece about the strategic positioning of physical activity services, the group has also considered producing future think pieces (e.g. Leisure Management, Systems-based Approaches, Asset Based Community Development, Co-Production). We would welcome hearing about the key strategic issues that you would like debating.

How should local council's best approach increasing levels of physical activity?

The group considered what factors are important. Typically what things would you expect to see for success to follow?

Headline thoughts and observations

1. Is there a good understanding about the **needs of local communities** and what the potential barriers and opportunities might be to increase levels of physical activity?
2. Is there the drive, determination and desire to really make a difference? Are there enough people who **really care** and can see the bigger picture?
3. Is there a **strong overarching policy position** on physical activity and sport within the local council area and/or within key organisations that have a leadership role in this area?
4. **Leadership is vital.** Is there evidence of leadership at the highest levels possible from officers and elected members? Does it matter which service leads as it will require a whole council approach? There also needs to be evidence of strong leadership with partner agencies and communities. This may require councils 'letting go' and encouraging local communities to take the lead (Asset Based Community Development).
5. Is there an accepted understanding about the need for **long term systems based approaches** and alignment across a wide range of council departments and partner organisations? Systemic solutions won't be delivered in the short

term and need a strong collaborative approach across a place, based on shared purpose and values.

6. Local authorities will demonstrate a strong understanding of **commissioning** and the value of implementing the processes that underpin that approach, focussing on wider outcomes.

Further considerations and issues for councils

What is the council's role in driving physical activity?

- Councils should have clarity about their particular leadership role and ownership in driving forward physical activity. This will include the enablement and development of policy and the direct delivery of related services. Does your council have a clear policy position? Is the case for physical activity and sport effectively made? Is it crowded out by debates about statutory services with a lack of understanding of the role physical activity and sport play in delivering these broader agendas?
- Tackling inactivity is a multidimensional and complex problem and should not be seen as the sole domain of the traditional leisure/sport services department. It is much more complex and the outcomes will be more effective if a whole council approach is adopted. This in turn will be part of a whole area approach in driving improved outcomes, working with key stakeholders. (Admittedly this is more challenging for two tier authorities). In many areas a whole council approach isn't in place and leadership still disproportionately rests in leisure and sport services, which are often not strategically connected to the council's priorities. In some cases there might not even be a senior dedicated leisure or sport strategic lead, which further compounds the problem.
- Step change in activity levels will only come about through better integrated working and behaviour change and community led approaches. This creates challenges for local councils as traditional responses are likely to be less effective. This could be illustrated by the thinking about where else physical activity leadership can emerge e.g. public health, transport, climate (green travel/air quality), community development, social care and young people's services.
- Is your approach dominated by physical asset considerations? The role and cost of physical assets play (e.g. leisure centres/playing pitches/open space) are important, but they are only part of the solution. Increasing levels of physical activity at scale is likely to come by engaging local communities and demographics that are inactive and understanding where community strengths can be tapped into to drive behaviour change.
- Is your local council really clear about the role of its assets? For example, the provision of swimming pools helps people to be active (and deliver targeted health programmes) but in reality the primary driver is about learning to swim. Would we now build swimming pools to solve the inactivity challenge? Probably not, but we do need pools to help the population to learn to swim.

There are potentially three other areas to think about in relation to this work.

Is the approach insight driven?

- The group all agreed that services should be driven by evidence and insight about the local population with priorities determined by social demographics

and geographies and determined by agreed strategies (e.g. Joint Strategic Needs Assessment, Health and Wellbeing Strategy).

- Does your council effectively use data to show impact?
- Social value as a concept needs to be the bedrock of service delivery, but models of social value are not well developed and more work is needed in this area.

Is there evidence of influence and integration?

- The group agreed that there has to be evidence of ongoing and strong high level leadership and influence. This leadership and influence needs to generate accountability and drive physical activity policy, demonstrating the value and contribution of those services to wider policy and strategic outcomes.
- Connections need to be made across areas like housing, employment, education, health and wellbeing, social care, planning, regeneration, economic policy, highways/transportation and community services.
- Councils need to evaluate whether they have a strong enough understanding about who to influence, key connections, the strength of the wider system (planning/highways/local community strengths etc.). This pre-systems type work is essential.

Does your council display positive behaviours?

It is critical that services can work **collaboratively** and respond quickly to policy changes or partnering opportunities. The way the service works is essential in responding to driving;

- Better outcomes - in this sense it heightens the need for services to be **agile and responsive**.
- **Values driven** approaches should be evident and those leading the creation of physical activity and sport opportunities will be very clear about the **outcomes** to be achieved overall.

Above all councils need to move away from an over reliance on deficit models of delivery (i.e. provision led) as it simply creates dependency and is ultimately not sustainable.

Asset or strengths based approaches will have more lasting and powerful outcomes, but will require a shift in thinking and approach.

Summary

We are working in increasingly complex environments, which is why this think piece has posed questions that place leaders need to consider within their local context.

This requires a robust understanding of place and the communities that live there, having the skills and capacity to influence the local system and the ability to demonstrate the value of the services provided and how they are an integral part of the solution to local priorities.

As a partnership we have a strong common purpose in supporting the sector to achieve this and will continue to work collaboratively to do so.


Signed



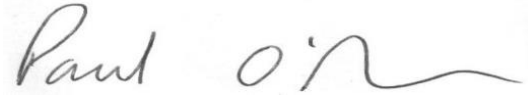
Mark Allman, Past Chair of CLOA



Ian Brooke, Chair of CLOA



Cate Atwater, Chief Exec, Community Leisure UK



Paul O'Brien, Chief Exec, APSE



Lee Mason, Chief Exec, Active Partnerships

Need support?

[Meeting the needs of Commissioners](#) - CLOA and Sport England have developed a number of learning resources to prompt thinking about how your service can engage with commissioners locally.

[Ensuring action on health and wellbeing](#) – APSE’s exploration of the national framework for public health in England, the responsibilities of local authorities and the opportunities for sport and leisure services.

[Local Delivery Pilots Sport England](#) - Join the Community of Learning from the local delivery pilots. This brings together what is being discovered by the 12 place pilots as they develop whole systems approaches to tackling inactivity and how it can be of use to all localities.

[Strategic Outcomes Planning Guidance](#) - This Sport England guidance is designed to support Local Authorities through the stages and approach needed to ensure investment best meets local strategic outcomes informed by the needs of the community to deliver appropriate interventions, whilst recognising the challenges faced by Local Authorities.

[Support for local leaders](#) – The LGA and Sport England offer programmes to assist Cabinet members/portfolio holders with the responsibility for sport and physical activity to lead transformational change in their service.

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Date of Meeting: 30th October 2019

Lead Member: Councillor Laura Miller – Lead Member for Adult Social Care and Health

Lead Officer: Sam Crowe, Director of Public Health

Executive Summary:

Health and Wellbeing Boards have a role as a statutory consultee when pharmacies make an application to NHS England through its Primary Care Support team. For most applications, response is optional, but in certain circumstances the Health and Wellbeing Board is required to respond.

Since the last meeting Primary Care Support England notified the Dorset Health and Wellbeing Board of two pharmacy applications. Response was optional. BCP Health and Wellbeing Board were also notified of an application for which response was required. Deadlines for response are usually within 45 days.

This paper outlines how these applications are considered and proposes recommendations to enable the Board to respond as required to such pharmacy applications.

Equalities Impact Assessment:

There is no indication that these applications could have negative impacts on any protected characteristic group.

Budget:

There are no budgetary implications.

Risk Assessment:

Having considered the risks associated with this decision using Dorset County Council’s risk management methodology, the level of risk has been identified as:

Current Risk: LOW

Residual Risk: LOW

Other Implications:

There is currently no delegated authority to respond to such notifications. Delegated authority to respond to straightforward applications would free up the Board for other business.

Recommendation:

Members are asked to:

- delegate authority to the Director of Public Health to respond (or not) to applications for relocation

- delegate authority to the Director of Public Health, in consultation with the Chair and portfolio holders, to respond to applications where a response is required or where the potential impact may be significant

Reason for Recommendation:

To enable the Dorset Health and Wellbeing Board to fulfil its role as a statutory consultee within prescribed timescales.

Appendices:

Background Papers:

[Dorset, Bournemouth and Poole PNA 2018](#)

Officer Contact

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Tel: 01305 225872

Email: jane.horne@dorsetcouncil.gov.uk

1. PURPOSE OF REPORT -

- 1.1 This paper sets out the Health and Wellbeing Board's statutory role in respect of pharmacy services. It considers recent consultations on pharmacy applications and how these were considered, and sets out recommendations to enable the Board to respond as required to future pharmacy applications.

2. BACKGROUND

- 2.1 The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (amended) provides the framework for how pharmaceutical services are contracted, and sets out the roles of NHS England, Health and Wellbeing Boards and other partners within these arrangements.
- 2.2 One role of the Health and Wellbeing Board is to publish a Pharmaceutical Needs Assessment (PNA) every three years. A joint PNA with the Bournemouth & Poole Health and Wellbeing Board, as allowed by section 198 of the Health and Social Care Act, was published in April 2018.
- 2.3 Health and Wellbeing Boards also have a role as a statutory consultee when pharmacies make an application to NHS England through its Primary Care Support team. Such applications may cover:
- i. The entry of a new pharmacy onto the market
 - ii. The relocation of an existing pharmacy premises
 - iii. The 'consolidation' of two current pharmacies together onto one site.
 - iv. A change to the pharmaceutical services that a particular pharmacy provides.
- 2.4 Where the application is for 'consolidation' (iii. above) the Health and Wellbeing Board is required to make a statement.
- 2.5 Primary Care Support England notified the Dorset Health and Wellbeing Board of two relocation applications since the last Board meeting. One related to a Christchurch pharmacy and was forwarded to the BCP Health and Wellbeing Board. The other considered the relocation of a Bestway pharmacy in Swanage, with response due by 15/9/19.
- 2.6 BCP Health and Wellbeing Board have received a 'consolidation' application for which they were required to make a response.

3. ANALYSIS OF APPLICATIONS

- 3.1 In assessing relocation applications the following issues are considered:
- Distance of the relocation, and walking time this would take
 - Numbers and placement of other pharmacies in the area
 - Impact on percentage of residents able to access a pharmacy within 20 minutes of where they live – the standard used within our PNA.
 - Views and input from the virtual PNA Steering Group on any other relevant issues
 - Views and input from Primary Care Network Clinical Directors, GP locality Chairs, Public Health locality links, and other key local links (if any).
- 3.2 Similar factors would be considered in assessing a consolidation application. The key issue for the Health and Wellbeing Board to address in these cases is whether the change would create a gap in pharmaceutical services.

3.3 No response was made regarding the application for the relocation of a Bestway pharmacy in Swanage, as this was optional and timescales meant there was no opportunity for discussions at Board. However, the analysis shows that the change is unlikely to have any impact on overall access times to pharmacies within the locality because:

- The relocation is a distance of around 250m, a walking time of around 4-6 minutes
- There would be no impact on percentage of residents able to access a pharmacy within 20 minutes of where they live – the standard used within our PNA.
- The current premises are small, with some challenges; the change would provide more space.

4. FUTURE APPLICATIONS

4.1 When applications are received by the Health and Wellbeing Board there is a fixed timescale, usually 45 days, within which to respond. In view of timings of the Health and Wellbeing Board it may not be possible to bring papers to the Board before making a response. It is therefore proposed that after initial analysis and feedback from the virtual PNA Steering Group:

- Delegated authority be given to the Director of Public Health to respond (or not) to applications for relocation
- Delegated authority be given to the Director of Public Health, in consultation with the Chair and portfolio holders, to respond to applications where a response is required or where the potential impact may be significant.

Dorset Health & Wellbeing Board

Month	Agenda Items to consider	Presentation lead	Internal PHD Briefing Contact/Notes
March	Sustainability Transformation Plans (STP) with a focus on Prevention at Scale and follow up from the thematic session on Ageing Well	Jane Horne	
	Better Care Fund	Tony Meadows	
	Adult Safeguarding Report	Barrie Crook	
	Thematic session - Living Well		

Month	Agenda Items to consider	Presentation lead	Internal PHD Briefing Contact/Notes
October	Sustainability Transformation Plans (STP) with a focus on Prevention at Scale and follow up from the thematic session on Starting Well	Jane Horne	
	Better Care Fund	Mathew Kendall	
	Pharmacy applications - process	Jane Horne	
	Physical Activity Strategy	Martin Kimberley	
	Local Government Ombudsman Findings	Mark Blackman	

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Month	Agenda Items to consider	Presentation lead	Internal PHD Briefing Contact/Notes
November	Sustainability Transformation Plans (STP) with a focus on Prevention at Scale	Jane Horne	
	Better Care Fund	Mathew Kendall	
	Service planning for veterans and the delivery of the armed forces covenant	TBC	
	Our Dorset Looking Forward update	Jane Horne/Bex Kendall	Final plan and next steps
	Thematic Session - JSNA Refresh	Chris Skelly/Vicki Fearne	

Month	Agenda Items to consider	Presentation lead	Internal PHD Briefing Contact/Notes
March	Sustainability Transformation Plans (STP) with a focus on Prevention at Scale	Jane Horne	
	Better Care Fund	Mathew Kendall	
	Suicide Prevention - Progress Report and Future Planning	Caoimhe O'Sullivan/Elaine Hurl	
	Thematic Session - Local Plan/Working in Communities		

HWB	Month	Theme	Agenda Items	Presenta tion lead	Internal PHD Briefing Contact	Key Question s
B&P	Mar 27th	NA	Business Item – BCF	Miriam Maddison		
			Business Item – ToR Review & Election			
			Delivering the Health and Wellbeing Strategy	Rachel Partridge & Kate Harvey		
			Sustainabi lity and Transform ation Plan, and PaS update	Jane Horne		
			Future Role and Working of the Health and Wellbeing Board	Sam Crowe / Jan Thurgood		
Other Comment s:						