



WOKINGHAM BOROUGH COUNCIL

A Meeting of the **WOKINGHAM BOROUGH WELLBEING BOARD** will be held in Council Chamber - Civic Offices, Shute End, Wokingham RG40 1BN on **THURSDAY 10 OCTOBER 2019 AT 5.00 PM**

A handwritten signature in black ink, appearing to read 'Susan Parsonage', written in a cursive style.

Susan Parsonage
Chief Executive
Published on 2 October 2019

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MEMBERSHIP OF THE WOKINGHAM BOROUGH WELLBEING BOARD

Debbie Milligan	NHS Berkshire West CGC
Carol Cammiss	Director of Children's Services
Nick Campbell-White	Healthwatch
UllaKarin Clark	Wokingham Borough Council
Philip Cook	Voluntary Sector
Graham Ebers	Deputy Chief Executive
John Halsall	Wokingham Borough Council
David Hare	Wokingham Borough Council
Sarah Hollamby	Director of Locality and Customer Services
Matt Pope	Director of Adult Services
Tessa Lindfield	Strategic Director Public Health Berkshire
Nikki Luffingham	NHS England
Charles Margetts	Wokingham Borough Council
Katie Summers	Director of Operations, Berkshire West CCG
Dr Cathy Winfield	NHS Berkshire West CCG
Felicity Parker	Community Safety Partnership and Thames Valley Police

ITEM NO.	WARD	SUBJECT	PAGE NO.
29.		APOLOGIES To receive any apologies for absence	
30.		MINUTES OF PREVIOUS MEETING To confirm the Minutes of the Meeting held on 8 August 2019.	7 - 12
31.		DECLARATION OF INTEREST To receive any declarations of interest	
32.		PUBLIC QUESTION TIME To answer any public questions A period of 30 minutes will be allowed for members of the public to ask questions submitted under notice. The Council welcomes questions from members of the public about the work of this Board. Subject to meeting certain timescales, questions can relate to general issues concerned with the work of the Board or an item which is on the Agenda for this meeting. For full details of the procedure for submitting questions please contact the Democratic Services Section on the numbers given below or go to www.wokingham.gov.uk/publicquestions	

33.		MEMBER QUESTION TIME To answer any member questions	
34.	None Specific	DESIGNING OUR NEIGHBOURHOODS To consider a report regarding Designing our Neighbourhoods (15 mins) (For Decision)	13 - 16
35.	None Specific	BETTER CARE FUND SUBMISSION 2019/20 To consider the Better Care Fund Submission 2019/20. (10 mins) (For Decision)	17 - 72
36.	None Specific	WOKINGHAM INTEGRATED PARTNERSHIP – UPDATED GOVERNANCE PROPOSAL, GUIDING PRINCIPLES AND TERMS OF REFERENCE To consider Wokingham Integrated Partnership – Updated Governance Proposal, Guiding Principles and Terms of Reference (10 mins) (For decision)	73 - 90
37.	None Specific	STRATEGY INTO ACTION To receive a report regarding Strategy into Action (15 mins) (For Decision)	91 - 96
38.	None Specific	BOB ICS RESPONSE TO NHS LONG TERM PLAN (DRAFT) To consider BOB ICS Response to NHS Long Term Plan (Draft) (10 mins) (For information)	97 - 108
39.	None Specific	UPDATES FROM BOARD MEMBERS To receive updates on the work of the following Board members: <ul style="list-style-type: none"> • Healthwatch Wokingham Borough • Voluntary Sector • Community Safety Partnership. (15 mins) (For information)	109 - 114
40.	None Specific	FORWARD PROGRAMME To consider the Board’s work programme for the remainder of the municipal year.	115 - 118

Any other items which the Chairman decides are urgent

A Supplementary Agenda will be issued by the Chief Executive if there are any other items to consider under this heading

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**MINUTES OF A MEETING OF THE
WOKINGHAM BOROUGH WELLBEING BOARD
HELD ON 8 AUGUST 2019 FROM 5.00 PM TO 6.40 PM**

Present

Nick Campbell-White	Healthwatch
UllaKarin Clark	Wokingham Borough Council
Philip Cook	Voluntry Sector and Community Partnership
Graham Ebers	Deputy Chief Executive
John Halsall	Wokingham Borough Council
David Hare	Wokingham Borough Council
Matt Pope	Director of Adult Services
Tessa Lindfield	Strategic Director Public Health Berkshire
Katie Summers	Director of Operations, Berkshire West CCG
Dr Cathy Winfield	NHS Berkshire West CCG
Liz McAuley (substituting Carol Cammiss)	Wokingham Borough Council

Also Present:

Madeleine Shopland	Democratic and Electoral Services Specialist
Carol-Anne Bidwell	Public Health
Susan Parsonage	Chief Executive
Charlotte Seymour	Wellbeing Board Manager

17. ELECTION OF CHAIRMAN

RESOLVED: That Councillor UllaKarin Clark be elected Chairman for the meeting.

18. APOLOGIES

Apologies for absence were submitted from Carol Cammiss, Superintendent Felicity Parker, Councillor Charles Margetts and Dr Debbie Milligan.

19. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Board held on 13 June 2019 were confirmed as a correct record and signed by the Chairman.

20. DECLARATION OF INTEREST

There were no declarations of interest.

21. PUBLIC QUESTION TIME

There were no public questions.

22. MEMBER QUESTION TIME

There were no Member questions.

23. BETTER CARE FUND PLANNING SUBMISSION 2019/20

The Board considered a report regarding the Better Care Fund Planning Submission 2019/20.

During the discussion of this item the following points were made:

- Katie Summers reminded the Board that the Wellbeing Board was required to sign off the Better Care Fund performance reporting.
- It was proposed to delegate the sign off of the Better Care Fund plans and reporting to the Chairman of the Wokingham Borough Wellbeing Board. Board members would also have sight of these.

RESOLVED: That

- 1) Better Care Fund Planning Requirements for 2019/20 be noted;
- 2) it be noted that the agreed delegation to the Chair of the Wokingham Wellbeing Board would be used to sign off Wokingham's Better Care Fund Plan for 2019/20.

24. STRATEGY INTO ACTION

Graham Ebers updated the Board on Strategy into Action.

During the discussion of this item the following points were made:

- Graham Ebers referred to the actions identified to tackle the three main priorities, and the organisations that would be responsible for leading this action. He requested a contribution from a greater number of partners. Board members were asked to feed back to Charlotte Seymour with information.
- Graham Ebers emphasised that the actions needed to be deliverable.
- The Public Health indicators had been used to help develop the performance dashboard. Carol Anne Bidwell indicated that work was being done to group the actions into themes.
- In response to a question from Dr Winfield, Graham Ebers highlighted the current representation in the Strategy into Action Group.
- The Board discussed how actions that the CCG was responsible for leading could be fed in. It was noted that Andrew Price from the CCG would be working with Ruksana Sardar-Akram, the Interim Consultant in Public Health on this matter.
- Tessa Lindfield asked about timescales for delivering the action plan. Graham Ebers commented that it would be for more than one year.

RESOLVED: That

- 1) the update and progress to date for the Wellbeing Strategy be noted and the implementation of Strategy into Action be supported.
- 2) the Board require partners to be actively completing their relevant organisations' actions against the three key priorities in the action plan.
- 3) a Wellbeing Board presence at the International Day for Older Persons event on 1st October, be agreed.

25. LOCALITIES PLUS: DESIGNING OUR NEIGHBOURHOODS

The Board was updated on Localities Plus: Designing our Neighbourhoods.

During the discussion of this item the following points were made:

- Previously Localities Plus had not connected as strongly with health and other partners. There had since been a shift towards Designing our Neighbourhoods.
- The Wokingham Leader Partnership Board would now include Designing our Neighbourhoods within its terms of reference.
- Graham Ebers, Katie Summers and Matt Pope had met to discuss how to move forwards with designing our neighbourhoods in a connected way.
- There would need to be an ongoing coming together of parties to understand assets and resources from the perspective of the four Primary Care Networks.
- An event would be held for partners and stakeholders to discuss key themes that needed to be addressed. It was anticipated that this would be an evening event held in November. Following the meeting, it was suggested that the event be held on 11 November. It was suggested that the shaping of the event be discussed at the informal Wellbeing Board meeting in September.
- Susan Parsonage highlighted the importance of involving the children's centres.

RESOLVED: That the rebranded Localities Plus agenda and action team be reviewed and acknowledged.

26. WOKINGHAM LEADER PARTNERSHIP BOARD: TERMS OF REFERENCE

The Board considered the Wokingham Leadership Partnership Board: Terms of Reference.

During the discussion of this item, the following points were made:

- Graham Ebers indicated that the terms of reference for the Wokingham Leader Partnership Board were being amended to reflect its focus on designing our neighbourhoods.
- Graham Ebers highlighted the Board's membership. The Partnership Board was chaired by Councillor Halsall.
- Councillor Clark questioned whether the Board could change its name to Wokingham Borough Leader Partnership Board to reflect that it related to the Borough as a whole. This was agreed.
- Katie Summers commented that a Public Health representative had been added. Carol-Anne Bidwell asked that it be checked who the invitations were being sent to, to ensure that the most appropriate officer attended.
- Tessa Lindfield questioned whether the Partnership Board would be focused on health and care or whether it would have a broader agenda, and include matters such as the built environment. If it were the latter, she suggested representation from areas such as transport and housing. Katie Summers indicated that historically the Partnership Board had helped to drive the Better Care Fund. Whilst this would remain a key workstream, the Board would naturally evolve.
- Dr Winfield commented that a population health management approach using neighbourhoods as a focus, would be helpful. Susan Parsonage added that data should drive the thinking behind the Board.

RESOLVED: That the refreshed terms of reference for the Wokingham Leader Partnership Board be agreed and endorsed and the additional responsibilities around Designing our Neighbourhoods be recognised.

27. INTEGRATED CARE PARTNERSHIP UPDATE

Katie Summers updated the Board on the Integrated Care Partnership.

During the discussion of this item the following points were made:

- A launch event had been held on 18 July 219, which had been very successful.
- The Berkshire West Integrated Care Partnership (BWICP) was a new way of working with six other NHS and Local Authority partners across the area. The partnership would be a more collaborative and collective way of working together.
- The possibility of a shared Joint Health and Wellbeing Strategy for Berkshire West was under consideration and would be discussed further at the Board's informal meeting in September.
- Members were informed that the purpose of the Berkshire West Joint Commissioning Board was to work across the Berkshire West system to identify where commissioning efficiencies could be made, minimise duplication of suppliers, create economies of scale and where appropriate renegotiate services into a single contract.
- Philip Cook asked how much of a key partner the Voluntary Sector was to be in the ICP. He went on to state that had not been informed of the launch event. Dr Winfield commented that this had been an oversight. Katie Summers emphasised that much of the conversations would be still be at local, Wokingham Borough level.
- Susan Parsonage asked how Members could be informed of the ICP and its message. Katie Summers indicated that the Health Overview and Scrutiny Committee had requested an update for their September meeting. Councillor Clark also suggested a Question and Answer session.

RESOLVED: That

- 1) the Wellbeing Board acknowledges and understands the new arrangements for the Berkshire West Integrated Care Partnership and how this will impact the community.
- 2) the Berkshire West Shared Joint Health and Wellbeing Strategy update be acknowledged.
- 3) the Berkshire West Joint Commissioning Board update be acknowledged.

28. UPDATES FROM BOARD MEMBERS

The Board was updated on the work of the following Board members.

Healthwatch Wokingham Borough:

- Nick Campbell-White advised Board members that Healthwatch's annual report had been published recently and had been well received.
- Healthwatch was working to recruit a Healthwatch Manager.
- Jo Dixon had recently started work with Healthwatch and would be working on community events.
- Healthwatch had been working with the Citizens Advice Bureau to gather information on mental health. It was noted that Citizens Advice Bureau had been awarded a grant of £15,000 from Wokingham United Charities to fund a worker to be based in the Gorse Ride and St Sebastian's area.
- Nick Campbell-White commented that Healthwatch Wokingham Borough were continuing to receive information regarding Wokingham Medical Centre and patients having difficulties accessing appointments. Dr Winfield indicated that she

was in active dialogue with the practice and asked that Healthwatch send any information to the CCG directly.

Voluntary Sector:

- Philip Cook highlighted that accommodation was an issue for a number of charities in the Borough due to high rental costs. He suggested that charities be included in the mapping of facilities within the Borough. Matt Pope indicated that this information could be included in the Voluntary Sector Strategy that the Council was producing.
- A small group of charities were meeting to work together to help address social isolation in the Borough.

Place and Community Partnership:

- Philip Cook commented that the Place and Community Partnership was a sub group of the Wellbeing Board. The remaining Partnership members had met recently to discuss the partnership's future. They were of the view that the Partnership did not have a formal purpose or resource and did not have a consistent attendance. It was proposed that the Partnership be given a project and resources or be disbanded.
- The Board agreed that much of the work previously intended to be undertaken through the Place and Community Partnership was being undertaken elsewhere, and that the Partnership should therefore be disbanded. It was also agreed that it be recommended to the Constitution Review Working Group that the Wokingham Borough Wellbeing Board's terms of reference be updated to reflect this.

Community Safety Partnership:

- Graham Ebers indicated that a new Community Safety Partnership Manager had been appointed.
- Graham Ebers took the Board through the Partnership's priorities.
- With regards to Priority One, Addressing Violence against Women and Girls, Councillor Hare emphasised that men and boys also suffered abuse. He questioned whether the priority name should be amended.
- Anti-social behaviour continued to be a theme of concern.
- Board members questioned whether the way in which target data was classified, had changed.
- Katie Summers asked how Priority 4: Empower and enable the resilience of local communities, was measured. Graham Ebers commented that progress against some priorities was easier to monitor than others. Philip Cook indicated that the Voluntary Sector had received a small amount of funds from the Community Safety Partnership to undertake a piece of work to understand what community resilience meant to different sectors of the community. This work would be finalised in August or September. Work was also being carried out with the Police to help revive Neighbourhood Watch schemes, particularly in areas where they were most needed. Susan Parsonage stated that the Police carried out an annual survey about the fear of crime that might be a helpful indicator.
- Tessa Lindfield referred to the forthcoming new sexual health contract. It was suggested that an item be included in the Community Safety Partnership agenda.

- The Board expressed concern that Berkshire Women's Aid (local domestic abuse service) had alerted the Partnership to issues around an increase in local referrals and capacity.

RESOLVED: That

- 1) the updates from Board members be noted;
- 2) the Place and Community Partnership be disbanded and it be recommended to the Constitution Review Working Group that the Wokingham Borough Wellbeing Board's terms of reference be amended to reflect this.

29. FORWARD PROGRAMME

The Board discussed the forward programme for the remainder of the municipal year.

During the discussion of this item the following points were made:

- Katie Summers indicated that the BOB ICS was to produce a response to the NHS Long Term Plan. It was proposed that the draft response be presented to the Board in October.
- Graham Ebers asked that Localities Plus now be referred to as Designing our Neighbourhoods, in the forward programme.
- Tessa Lindfield indicated that Public Health would be bringing a report on the Joint Strategic Needs Assessment and also the Director of Public Health Annual Report, to the October meeting.
- The informal meeting in September would focus on shaping the partnership event in November and also discussing a Berkshire West Joint Health and Wellbeing Strategy.
- It was suggested that the informal meeting in November focus on data mapping.

RESOLVED: That the forward programme be noted.

Agenda Item 34.

TITLE	Designing our Neighbourhoods
FOR CONSIDERATION BY	Wokingham Borough Wellbeing Board on Thursday, 10 October 2019
WARD	None Specific;
DIRECTOR/ KEY OFFICER	Graham Ebers, Deputy Chief Executive

Health and Wellbeing Strategy priority/priorities most progressed through the report	This report meets all three of the strategy priorities: Priority 1 – Creating physically active communities Priority 2 – Reducing social isolation and loneliness Priority 3 – Narrowing the health inequalities gap
Key outcomes achieved against the Strategy priority/priorities	Overall vision of “creating healthy and resilient communities” is being addressed with this project.

Reason for consideration by Wokingham Borough Wellbeing Board	To update the board on the progress of Designing our Neighbourhood and on the first event, as this significant project will be overseen by the Wellbeing Board.
What (if any) public engagement has been carried out?	None at present.
State the financial implications of the decision	None at present.

RECOMMENDATION
That the Board reviews and agrees on the proposed first Designing our Neighbourhoods partnership event.
SUMMARY OF REPORT
This report outlines the first Designing our Neighbourhoods partnership event which will be held in the evening of 13 th November 2019.

Partnership Event – 13th November 2019

At the last informal Wellbeing Board meeting, there was an in-depth discussion around the upcoming partnership event for Designing our Neighbourhoods. This event will be the first of a series of events that will examine the four Primary Care Networks (PCNs – North, South, East and West) for Wokingham.

Purpose and Aims

- Provide a common level of understanding of what is trying to be achieved
- Establish partnership connections around the four Primary Care Networks (PCNs)
- Begin to generate ideas to inform the thinking around what the neighbourhoods would look like

Attendees

It was agreed that the following list of key attendees will be invited to the first event:

The Wellbeing Board	Ambulance
BHFT	Royal Berkshire Hospital
Clinical Directors	Headteachers
Voluntary Sector	Faith Groups
Towns and Parishes	Pharmacies
Police	Military Camp
Fire Service	

It was also identified that the following groups will be invited to future meetings:

Optalis	Adult Social Care Providers
Housing Associations	Councillors
University of Reading	MPs
Transport Providers	Probation Service
Early Years Providers	BME Forum
Local Businesses	Residents
Leisure Providers	

Event Details:

Date: Wednesday 13th November 2019

Time: 18:00-21:00

Location: Sindlesham Court

Event Format:

- Presentation of “where we are now”
- Tables will be set out by PDNs which will consider gaps and identify opportunities for working differently for the wellbeing of the community. Ideally there will be representation from partners on each of the table depending on their location.
- Tables will then report back to the wider group
- A discussion on how to stay connected with other partners and thoughts for the future events.

The event will be interactive and encouraging of sharing views and perspectives on the communities and services within Wokingham. Discussions around the tables will be focused on the three key Wellbeing Board priorities and how these could be addressed in the new PCNs. In order to highlight the PCN areas, there will also be four maps of each area which will be up during the event for partners to view what services and provisions are in each network.

Full information on the event along with the invitations will be sent out in the coming weeks.

Actions & Next Steps

The Designing our Neighbourhoods project group consists of Graham Ebers (Deputy Chief Executive), Katie Summers (Berkshire West CCG - Director of Operations Wokingham Locality) and Matt Pope (Director of Adults Services). Ahead of the event, the project group will meet to propose any questions to be raised and consolidate the order of the event.

- Phil Cook to draft an invitation tailored for the voluntary sector
- Tessa Linfield to lead on designing the introductory session of the event.
- Carol-Anne Bidwell to lead on organising the event refreshments
- Sally Moore to be in charge of communications and sending out invitations

Analysis of Issues, including any financial implications

None at present.

Partner Implications
All partners to be aware of Designing Our Neighbourhoods and the opportunities it presents to the Wokingham Borough.

Reasons for considering the report in Part 2
N/A

List of Background Papers
None.

Contact Charlotte Seymour	Service
Telephone No Tel: 0118 974 6050	Email charlotte.seymour@wokingham.gov.uk

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Agenda Item 35.

TITLE	Better Care Fund submission 2019/20
FOR CONSIDERATION BY	Wokingham Borough Wellbeing Board on Thursday, 10 October 2019
WARD	None Specific
DIRECTOR/ KEY OFFICER	Katie Summers, Director of Operations, NHS Berkshire West Clinical Commissioning Group (CCG), Wokingham Locality and Martin Sloan, Assistant Director of Adult Services, Wokingham Borough Council

Health and Wellbeing Strategy priority/priorities most progressed through the report	<ul style="list-style-type: none"> • Creating physically active communities • Reducing social isolation and loneliness • Narrowing the health inequalities gap <p>Integrated health and social care services are essential building blocks to enable the 3 priorities of the Wellbeing Board.</p>
Key outcomes achieved against the Strategy priority/priorities	<ul style="list-style-type: none"> • Improved physical health of adults • Creating healthy and resilient communities • Support and collaboration of partners • Those most deprived will enjoy more years in good health • Greater access to health promoting resources

Reason for consideration by Wokingham Borough Wellbeing Board	To ratify the 2019/20 Wokingham Wellbeing Board BCF submission
What (if any) public engagement has been carried out?	N/A
State the financial implications of the decision	To maintain the funding of Wokingham's Better Care Fund Programme, a pooled fund via a Section 75 agreement of £10.78 million

<p>RECOMMENDATION</p> <p>That the Board ratifies the Better Care Fund (BCF) submission for 2019/20, which is part of the national BCF assurance process.</p>
<p>SUMMARY OF REPORT</p> <p>The BCF primarily aims to improve health and social care user experience and outcomes by facilitating joint working between health and social care.</p> <p>The submission is our fourth since the inception of the BCF in 2014 and is a requirement of the national BCF process.</p>

Background

The Department for Health and Social Care (DHSC) and the Ministry of Housing, Communities and Local Government (MHCLG) published the Better Care Fund (BCF) Planning Requirements for 2019/20 on the 18th July 2019.

The BCF provides a mechanism for joint health, housing and social care planning and commissioning. It brings together ring-fenced budgets from Clinical Commissioning Group (CCG) allocations and funding paid directly to local government, including the Disabled Facilities Grant (DFG), the improved Better Care Fund (iBCF) and the Winter Pressures Grant.

All HWBs in England must agree the plan for the use of the pooled fund, worth over £6.4 billion nationally, to support integrated health and care services, as well as capital funding adaptations to houses.

We were required to complete and submit the BCF planning template by the 27th September 2019, which outlines the information required to assure our local Better Care Fund Plans. Following an item that came to the 8th August Wellbeing Board it was agreed that we would enact the agreed delegation to the Chair of the Wokingham Wellbeing Board to agree and sign off the BCF Plan on behalf of the Board and that the BCF Plan will come to the Wokingham Wellbeing Board on the 10th October for ratification.

Our plan can be seen in Appendix 1 Wokingham Wellbeing Board 2019/20, the document we were required to complete and return, containing our strategic narrative, income, expenditure, metrics and the 8 High Impact Change Model. This plan covers 1 year up to the 31st March 2020, this is due to the DHSC and MHCLG reviewing the programme at a national level and also it is the end of the spending review period.

We are proud of the successes we have achieved in Wokingham Borough over the last 2 years and we believe that by working together and providing responsive and pro-active integrated services, we can help the people of Wokingham to:

- Receive services that meet their needs at the earliest possible opportunity
- Have equal access to health and social care
- Receive safe, effective and compassionate care closer to their homes
- Live healthy, fulfilling and independent lives
- Be part of dynamic, thriving and supportive local communities

Each year we carry out an in depth review of our schemes ensuring that lessons are learnt and improvements are made. In 2018/19 we closed our step down service as it wasn't delivering benefits for our residents. For 2019/20 we are progressing our plan from our individual schemes to Integrated Care Networks (ICNs), this reflects our successes and our ambition to build on our plans to integrate our services through a partnership approach and our work plan is aligned to achieve that.

The total pooled fund for Wokingham has increased from £10.01m to £10.78m. The CCG is committed to supporting and maintaining the levels of spends in social care and has increased the minimum contribution by 4.6% for 2019/20.

Analysis of Issues, including any financial implications

Financial Implications – Nil
Policy – Nil
Personnel – Nil
Legal - Nil
Risk Management - Nil

Partner Implications

It is important that all Wellbeing Board partners review and understand the plan as there are interdependencies across all partners of the Wokingham Partnership.

Reasons for considering the report in Part 2

N/A

List of Background Papers

Appendix 1 – Wokingham Wellbeing Board BCF 2019/20 Appendix 2 – Wokingham Wellbeing Board BCF 2019/20 Appendices

Contact Rhian Warner	Service Wokingham Integrated Partnership
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Telephone No 07989 346744	Email rhian.warner@wokingham.gov.uk
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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 guidance sheet for readability if required.

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

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

1. This section helps identify the 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 'Complete Template'.
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 sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to england.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. Please let us know if any of the submitted contact information changes during the BCF planning cycle so we are able to communicate with the right people in a timely manner.

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 worksheet.

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 since 2017 and cover areas such as prevention.
- 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 any discretionary use of the DFG.
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 your local approach.

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 previous year.
3. Please use the comment boxes alongside to add any specific detail around this additional contribution including any relevant carry-overs assigned from previous years. All allocations are rounded to the nearest pound.
4. For any questions regarding the BCF funding allocations, please contact England.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 and 3 are met.

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

On this sheet please enter the following information:

1. Scheme ID:

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

2. Scheme Name:

- This is a free 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.

- While selecting schemes and sub-types, the sub-type field will be flagged in 'red' font if it is from a previously selected scheme type. In this case please clear the sub-type field and reselect from the dropdown if the subtype field is editable.

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 unit from the drop down and an estimate of the outputs expected over the year. This is a numerical field.

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 scheme is not expected to impact a metric, the 'n/a' option could be selected from the drop-down menu.

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 financial contribution from each.

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-down list
- Your planned level of implementation by the end March 2020 – again from a drop-down list

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

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 actual performance on these metrics in 2018/19.

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

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

Better Care Fund 2019/20 Template

2. Cover

Version 1.2



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:	Wokingham
Completed by:	Rhian Warner and Perry Lewis
E-mail:	rhian.warner@wokingham.gov.uk
Contact number:	07989 346744
Who signed off the report on behalf of the Health and Wellbeing Board:	Charles Margetts, Chair of Wokingham's Wellbeing Board and Executive Director of Health and Wellbeing
Will the HWB sign-off the plan after the submission date?	Yes
If yes, please indicate the date when the HWB meeting is scheduled:	10/10/19

	Role:	Professional Title (where applicable)	First-name:	Surname:	E-mail:
*Area Assurance Contact Details:	Health and Wellbeing Board Chair	CLr	Charles	Margetts	Charles.Margetts@wokingham.gov.uk
	Clinical Commissioning Group Accountable Officer (Lead)		Cathy	Winfield	Cathywinfield@nhs.net
	Additional Clinical Commissioning Group(s) Accountable Officers		Katie	Summers	katie.summers2@nhs.net
	Local Authority Chief Executive		Susan	Parsonage	Susan.Parsonage@wokingham.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)		Matt	Pope	Matt.Pope@wokingham.gov.uk
	Better Care Fund Lead Official		Rhian	Warner	Rhian.Warner@wokingham.gov.uk
	LA Section 151 Officer		Graham	Ebers	Graham.Ebers@wokingham.gov.uk
<i>Please add further area contacts that you would wish to be included in official correspondence --></i>	Better Care Fund Finance and Performance Lead		Perry	Lewis	Perry.Lewis@wokingham.gov.uk

**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. HCIM

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

8. Metrics

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	Cell Reference	Checker
Non-Elctive 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:

Wokingham

Income & Expenditure

[Income >>](#)

Funding Sources	Income	Expenditure	Difference
DFG	£948,004	£948,004	£0
Minimum CCG Contribution	£8,288,304	£8,288,304	£0
iBCF	£56,390	£56,390	£0
Winter Pressures Grant	£401,589	£401,589	£0
Additional LA Contribution	£1,094,613	£1,094,613	£0
Additional CCG Contribution	£0	£0	£0
Total	£10,788,900	£10,788,900	£0

[Expenditure >>](#)

NHS Commissioned Out of Hospital spend from the minimum CCG allocation

Minimum required spend	£2,691,812
Planned spend	£4,005,800

Adult Social Care services spend from the minimum CCG allocations

Minimum required spend	£3,901,689
Planned spend	£4,001,804

Scheme Types

Assistive Technologies and Equipment	£77,000
Care Act Implementation Related Duties	£183,200
Carers Services	£445,000
Community Based Schemes	£420,600
DFG Related Schemes	£948,004
Enablers for Integration	£312,000
HICM for Managing Transfer of Care	£273,979
Home Care or Domiciliary Care	£0
Housing Related Schemes	£0
Integrated Care Planning and Navigation	£68,000
Intermediate Care Services	£482,300
Personalised Budgeting and Commissioning	£0
Personalised Care at Home	£0
Prevention / Early Intervention	£0
Residential Placements	£0
Other	£7,578,817
Total	£10,788,900

[HICM >>](#)

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

[Metrics >>](#)

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

Residential Admissions

		19/20 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	461.0020032

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 (%)	0.87

[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:

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:

The Wokingham H&SC system is very proud of our success in integrating services and delivering successful outcomes. In 2018/19:

- For residents that have been through MDTs we demonstrated a 30% reduction in NEAs, a 25% reduction in attendances at A&E and a 27% reduction in calls to our out of hour GP service.
- Our social prescribing service received 242 referrals with 87% of users reporting that they felt more self-reliant.
- Our step up service is operating at planned capacity, the service supported avoidance of NEAs (102 avoided) and A&E attendances (127 avoided)
- NEAs for the Target Conditions and > 70 years of age were 1,336 for 2018/19. This compares to 1,365 in 2017/18 and 1,329 for 2016/17, demonstrating a static position over the last three years.
- DToCs - 10.7% better than plan and 18.6% reduction on 2017/18 delays
- Keeping people at home safe and for longer as demonstrated by achieving 87% of patients at home for our 91 day target and reducing permanent care home placements, 80 permanent placements to care homes were made versus 126 in 2017/18.
- During 2018/19 we have worked hard to be able to demonstrate the financial benefits of the Wokingham BCF schemes. We went back to the original business cases and are now in a position to demonstrate the planned and actual savings during the last year. Benefits were derived from reductions in residential care/nursing care, DToC and NEAs, saving £2.46m.

Our integration programme continues to be centred on our service users' journey, as illustrated in our local version of 'Sam's Story' <https://youtu.be/Z3XDy2jzSb4>.

The total pooled fund for Wokingham has increased from £10.01m to £10.78m. The CCG is committed to supporting and maintaining the levels of spends in social care and has increased the minimum contribution by 4.6% for 2019/20.

Wokingham Integrated Strategic Partnership (WISP) and then Wokingham Integrated Partnership (WIP) is a sub-partnership of the Wokingham Wellbeing Board and WIPs main responsibility has been overseeing the introduction of the Better Care Fund (BCF) and implementing a programme of work to develop integrated adult health and social care services for Wokingham Borough. In 2014 Wokingham Clinical Commissioning Group (CCG) and Wokingham Borough Council (WBC) made a commitment to work in partnership towards true integration through a Section 75 agreement and our Better Care Fund plans in 2014, 2016 and 2017.

During 2017/18 WISP explored options for governance arrangements, as up until that time local governance was commissioner led through a section 75 partnership. We investigated several options including Alliance agreement, enhancing the Section 75 agreement and a Memorandum of Understanding (MoU). It was decided in December 2018 that a set of Guiding Principles with refreshed Terms of Reference would be the most appropriate solution in order to align with the 2 Berkshire West (BW) programmes/systems. We used The Kings Fund ten design principles for place based systems of care as a starting point for developing our local partnership.

The main drivers for refreshing the local governance at that time was to:

- Confirm Wokingham's commitment to developing integrated services
- Enable the development of relationships at a local level ensuring a bottom down, top up approach (e.g. Blackburn & Darwen)
- Put all partners on the same page for collaboration without a legally binding agreement which otherwise might have produced a conflict with existing statutory contractual arrangements between Commissioners and Providers.

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:

4

Wokingham Locality has a Health and Wellbeing Board (now known as Wokingham Wellbeing Board). The Board was created through the Health and Social Care Act 2012 and is a formal committee of the local authority with the main aim to improve integration between practitioners in local health care, social care, public health and related public services so that people and service-users experience more "joined up" care. It has a statutory duty, with CCGs, to produce a joint strategic needs assessment and a joint health and wellbeing strategy for their local population.

The overarching aim of WWBs Strategy 2018/21 is to create healthy and resilient communities and its key priorities as identified by the JSNA are:

1. Creating physically active communities (Appendices slide 5)
2. Narrowing the health inequalities gap (Appendices slide 6)
3. Reducing isolation (Appendices slide 7)

The WWB recognises that in order to deliver these 3 priorities it needs to influence and bring together change at a number of levels (Appendix Slide 8). WWB recognises that health inequalities are linked to deprivation, illness and protected characteristics. Wokingham is the least deprived borough in Berkshire but inequalities still exist.

WIP, as a sub-partnership of the Wokingham Wellbeing Board (WWB) is responsible for the Integration of Adult Health and Social Care, we support the move away from a competitive landscape of autonomous providers towards more integrated, collaborative and placed-based care. We also support the delivery of 2 of WWBs key outcomes; Creating resilient communities and those most deprived will enjoy more years in good health.

As part of our 2019/20 Q1 review and refresh of the governance of WIP it was agreed that the remit of the Partnership be widened from BCF to include the delivery of the following:

- Wokingham's Health and Social Care Integration, developing Wokingham's Integrated Care Networks to wrap around PCNs as they develop and mature
- Designing and implementing our neighbourhoods around the whole system of public services
- The infrastructure supporting the development of Primary Care Networks
- Informing and leading Wokingham's contribution to BW ICP

Since 2017 we have had a GP member at our Partnership board and since 2018 the member has represented all GPs in Wokingham Borough as all Wokingham primary care practices formed the Wokingham GP Alliance. With the changes in the NHS Long Term Plan and the new GP contract our Wokingham GPs will not be continuing with their Alliance and will work as 4 PCNs. In order to align with our developing PCNs, our 4 PCN Clinical Directors have accepted the invitation to become members of our Partnership board.

One of our 4 key priorities for 2019/20 is supporting PCN development, we have been working with our PCN Clinical Directors to explore opportunities to support them in the development of primary care networks. This includes:

- Since 2017 we have operated some of our functions around 3 GP network areas, as part of our 2019/20 plans we will be looking at how we realign these around the 4 agreed PCNs.
- Development of the PCN social prescribers. We have an existing service funded through the BCF as well as LA community support workers. A task and finish group including the VCS and LA are supporting the PCNs
- Our Partnership board discussed Schedule 7 - Draft arrangements with organisations outside the Network in June 2019. This is how the practices will work with their partners. Our GPs don't have to do this now as but it is a Statement of Intent of how we have worked and are working together. The board

(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:

In order to ensure that we are approaching integration with wider services we held an Annual Planning Day in April 2019 with invitees from across our locality, including wider LA departments (housing, DFG, strategy and partnerships, children’s services), Thames Valley Police, Royal Berkshire Fire and Rescue and CVS. The aim of the day was to:

- Set the scene in Wokingham
- Become familiar with Wokingham’s Population Health Management Intelligence
- Interpret the patient-level linked data and begin to understand the type of intervention it can challenge our system to take forward
- Identify our Key Priorities and Next Steps

As part of wider Berkshire West (BW) thinking, development of designing neighbourhoods with health and wellbeing in mind was identified the Chief Officers Group as a priority to develop over the coming years. BW has a population of 528,000 people in small rural villages and busy urban areas, so it’s pointless designing a ‘one size fits all’ system of health and social care.

We know that people who live in areas where there’s not much green space to play and walk dogs, where buses only run a couple of times a day, or where there’s nowhere to meet up with friends it can have a big impact on their physical and mental health. They can become inactive and isolated and research shows that one in ten visits to a GP are for anxiety, stress or depression – all linked to loneliness.

During 2019/20, our plan is to work with all of our partners to create healthy environments tailor made to the needs of the people living there. Our vision is for places where people can walk and travel safely, with access to lots of activities and events and a support network which caters for the needs of all ages. A working party has been developed to agree the scope and terms of reference in order to move this ambition forwards over the next few years.

To get it right, we will need to establish what it is communities need and what’s preventing them taking more control of their health and wellbeing. It’s no use GPs encouraging people to become more active if there’s nowhere for them to go, or it’s too expensive for them to get there.

By building communities that support social cohesion, physical and mental wellbeing and give people a real opportunity to take responsibility for their health and wellbeing we can free up scarce health and social care resources to be targeted in areas of greater need.

In our 2017/19 plan we said that we would ensure much closer working between the BCF and DFG. We have worked with our DFG team to develop a quarterly performance report and the DFG team attend our Partnership Board on a quarterly basis to present this report. This has enabled us to understand prioritisation, referral numbers, active caseload, approvals and completions and major and minor works. The DFG team have also developed a customer satisfaction survey in order to understand and improve the service. In 2019/20 we have plans for Foundations to carry out a DFG Audit in order to understand what is working well and where we have opportunities to improve processes and thus performance of our service.

In 2018/19 we supported 79 new adult DFG cases, compared with 18 new children’s DFG cases. In the adult’s pathway the total cost of completed works (both major and minor works) was £567,779 of which £483,907 spent on major works and £83,872 spent on minor works and the cost of children’s adaptations was £113,315.

Utilising the DFG more imaginatively has been a focus for us and this has encompassed exploring and enabling a more strategic approach to use of Technology Enabled Care (TEC). In July 2018 our partnership board agreed in principle to an enhanced assistive technology outline business case. The aim of the service will be to increase TEC usage across Adult Social Care (ASC) and partner organisations, have a more robust system of recording to evidence demonstrable savings and to continue to provide enhanced quality of life for customers and carers.

We have had a TEC practitioner delivering TEC solutions for residents for a few years, in 2018/2019 approximately 184 Wokingham residents accessed TEC. We plan to scale up this offer through a 5 year programme by increasing staffing to an OT/TEC lead – strategic/management focus, 3 x FTE TEC/OTA practitioner posts and Admin support. During Q3 and Q4 of 2018/19 a project team have agreed and developed our TEC offer further with DFG and capital funding.

By year 5 we anticipate that approximately 540 people per year will be accessing the service and that we will be delivering savings of £300k per year through care avoidance.

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

[^^ Link back to top](#)

Remaining Word Limit:

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We have ensured that our BCF and Integration plan aligns not only with our WWB, but also with the BWICP and BOB ICS. The BOB ICS 5 year plan is currently being drafted, with an overall vision to create a joined up H&SC system where everyone can live their best life, get great treatment, care and support now and into the future. Its 5 aims are:

- To work together to deliver joined up H&SC services based on the needs of individuals and shaped by the circumstances and priorities of local communities
- To support people to live longer, healthier lives and treat avoidable illness early on
- To make the best use of limited public funds and resources so that, together, we can secure the best outcomes
- To make our focus local unless it is more efficient and effective for us to pool our expertise and resources to work together as an integrated H&SC system across BOB.
- To reach out, where appropriate, beyond our borders and work in partnership with others

Both our ICS and ICP recognise that a local first approach will be where we apply our efforts to make the majority of our improvements at a neighbourhood and locality level. Where it makes sense to combine our efforts the bigger challenges can be faced at an ICS level.

The Berkshire West Integration Programme (BW10) was established in 2014 and brought together 10 partners from H&SC, it became the BW7 when the 4 CCG's merged in 2016. Its initial focus was geared towards improved integration of Elderly Frail Services alongside oversight of the BCF. In 2016 the 3 BW Health Partners were announced as one of 12 Integrated Care System (ICS) Vanguards, the initial focus being a health integration programme.

The need to integrate the BW7 and BWICS governance structures began to emerge early in 2018. It was clear that the two governance structures were seen as increasingly difficult to support; the agendas of the 2 groups were beginning to merge; the Reading CQC local system highlighted the confusion caused by 2 similar governance structures; churn in senior staff, most notably within local government, was also exacerbating capacity constraints in senior leadership teams.

It was agreed at the Chief Officers Workshop, November 2018, that one of the three priorities moving forward should be a review of governance structures for the BWICS and the BW7. The aim was to produce a single governance structure for both. The governance structure reflects The NHS Long Term Plan and the proposed infrastructure released by NHSE late in 2018 which would be used to help shape future H&SC governance arrangements (slide 10 shows the BWICP governance structure). This was essentially based on three layers within a local architecture – System, Place and Neighbourhood. Locally, the term Locality has also been introduced into this infrastructure.

- System: covers Buckinghamshire, Oxfordshire and BW (BOB) ICS, population of 1.8 million. Strategic collaboration with partners will take place at scale
- Place: the newly formed BWICP, population of 600,000. This will involve transformation and integration of local services
- Locality: the three localities (Reading, West Berkshire and Wokingham) in line with Local Authority geographies, population of around 160,000. Each locality has a Wellbeing Board and an Integration Locality Board/Partnership
- Neighbourhood: the PCNs of which there are 14 across BW, each with a population of around 30-50,000

In May 2019 the proposed governance arrangements for a combined BWICS and BW7 were agreed and from the 1st July 2019 the BW Integrated Care Partnership (ICP) was formed and became operational. The BWICP is currently made up of:

- 7 Public Sector organisations: Berkshire West CCG, West Berkshire Council, Reading Borough Council, Wokingham Borough Council, Berkshire Healthcare Foundation Trust, Royal Berkshire Foundation Trust and South Central Ambulance Foundation Trust.
- 14 PCNs with 44 GP practices
- 600,000 residents living in rural and urban localities

The driving force of the BWICP is to work, at scale, to provide more co-ordinated services which meet the needs of the people we serve in the most effective, efficient and financially sound way.

Better Care Fund 2019/20 Template

5. Income

Selected Health and Wellbeing Board:

Wokingham

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Wokingham	£948,004
DFG breakdown for two-tier areas only (where applicable)	
Total Minimum LA Contribution (exc iBCF)	£948,004

iBCF Contribution	Contribution
Wokingham	£56,390
Total iBCF Contribution	£56,390

Winter Pressures Grant	Contribution
Wokingham	£401,589
Total Winter Pressures Grant Contribution	£401,589

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
Wokingham	£1,070,000	Funding for Health Liaison Team, Start, Carers
Wokingham	£24,613	carry forward funds
Total Additional Local Authority Contribution	£1,094,613	

CCG Minimum Contribution	Contribution
NHS Berkshire West CCG	£8,288,304
Total Minimum CCG Contribution	£8,288,304

Are any additional CCG Contributions being made in 2019/20? If yes, please detail below	No
---	----

Additional CCG Contribution	Contribution	Comments - please use this box clarify any specific uses or sources of funding
Total Addition CCG Contribution	£0	
Total CCG Contribution	£8,288,304	

	2019/20
Total BCF Pooled Budget	£10,788,900

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:

Wokingham

<< Link to summary sheet

Running Balances	Income	Expenditure	Balance
DFG	£948,004	£948,004	£0
Minimum CCG Contribution	£8,288,304	£8,288,304	£0
iBCF	£56,390	£56,390	£0
Winter Pressures Grant	£401,589	£401,589	£0
Additional LA Contribution	£1,094,613	£1,094,613	£0
Additional CCG Contribution	£0	£0	£0
Total	£10,788,900	£10,788,900	£0

Required Spend	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum CCG allocation	£2,691,812	£4,005,800	£0
Adult Social Care services spend from the minimum CCG allocations	£3,901,689	£4,001,804	£0

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Planned Outputs		Metric Impact				Expenditure								
						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	Maximising Independence	START Team reablement	Other		WISH			Not applicable	Medium	Medium	High	Social Care		LA			Local Authority	Additional LA Contribution	£485,300	Existing
2	Maximising Independence	Reablement	Other		WISH			Not applicable	Medium	Medium	High	Social Care		LA			NHS Community Provider	Minimum CCG Contribution	£163,704	Existing
3	Rapid Response	Rapid Response nurses, OT, hospital discharge weekend working	Intermediate Care Services	Rapid / Crisis Response				High	Low	Not applicable	Not applicable	Community Health		Joint	50.0%	50.0%	NHS Community Provider	Minimum CCG Contribution	£324,600	Existing
4	Facilitated & Supported Discharge	Health Liaison Team and Practitioner Leads	Other		WISH			Not applicable	High	Not applicable	Low	Social Care		LA			Local Authority	Additional LA Contribution	£460,700	Existing
5	Facilitated & Supported Discharge	Health Liaison Team and Practitioner Leads	Other		WISH			Not applicable	High	Not applicable	Low	Social Care		LA			NHS Community Provider	Minimum CCG Contribution	£156,600	Existing
6	Management, Admin, Finance, IT & premises	Head of Integration, Admin & Finance, premises costs, IT	Other		Support costs			Not applicable	Not applicable	Not applicable	Not applicable	Other	Management, Admin, Finance & IT	LA			Local Authority	Minimum CCG Contribution	£320,300	Existing
7	Voluntary Sector partnership, social prescribing	Community Navigators, Carers Funding, support of Voluntary Sector	Carers Services	Carer Advice and Support				Low	Low	Low	Not applicable	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£237,100	Existing
8	Voluntary Sector partnership, social prescribing	Carers Funding	Carers Services	Carer Advice and Support				Low	Low	Low	Low	Social Care		LA			Charity / Voluntary Sector	Additional LA Contribution	£124,000	Existing
9	Complex Case Management	Locality MDT co-ordinator and project management	Integrated Care Planning and Navigation	Care Planning, Assessment and Review				High	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£68,000	Existing
10	Protection of Adult Social Care	Support to Local Authority budgets	Other		Support to Local Authority budgets			Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£960,900	Existing
11	Care Act - ongoing responsibilities	Care Act support	Care Act Implementation Related Duties	Other	Support to Local Authority budgets			Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£183,200	Existing
12	IMHA	Mental Health Advocacy service	Other		Independent Mental Health Advocacy			Not applicable	Not applicable	Not applicable	Not applicable	Mental Health		LA			Private Sector	Minimum CCG Contribution	£39,000	Existing
13	Legacy s256 support	Support to Local Authority budgets	Other		Support to Local Authority budgets			Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£1,533,000	Existing
14	Step Up	Step Up Beds in Community Hospital	Community Based Schemes					High	Not applicable	Not applicable	Not applicable	Community Health		LA			NHS Community Provider	Minimum CCG Contribution	£90,000	Existing
15	Step Down	Discharge to Assess	Intermediate Care Services	Bed Based - Step Up/Down		No. of beds	8.0	Not applicable	High	Low	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£157,700	Existing

16	Disabled Facilities Grant	Disabled Facilities Grant	DFG Related Schemes	Adaptations				Not applicable	Not applicable	High	Low	Social Care		LA			Local Authority	DFG	£948,004	Existing
17	CCG reablement	Reablement and rehabilitation services	Other	<Please Select>	CCG managed reablement services			Not applicable	Medium	Low	Medium	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£714,200	Existing
18	Berkshire West PMO	Cross Berkshire West programme management	Other		Programme Management			Not applicable	Not applicable	Not applicable	Not applicable	Other	Support costs	CCG			CCG	Minimum CCG Contribution	£83,500	Existing
19	Wokingham contingency	Share of cross Berkshire West contingency	Other		Contingency			Not applicable	Not applicable	Not applicable	Not applicable	Other	Contingency	CCG			CCG	Minimum CCG Contribution	£5,500	Existing
20	Risk Share	Risk share re NEAs for Plan and for Care Homes	Other		Risk Share			Not applicable	Not applicable	Not applicable	Not applicable	Other	Risk Share	CCG			CCG	Minimum CCG Contribution	£477,400	Existing
21	Care Homes	Healthcare in Care Homes RRaT Team	Community Based Schemes					High	Low	Low	Not applicable	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£218,400	Existing
22	Speech and Language Therapy	Out-of-Hospital service	Other		OOH services			Not applicable	Not applicable	Not applicable	Not applicable	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£59,100	Existing
23	Care Homes In-Reach	Out-of-Hospital service	Other		OOH services			Low	Not applicable	Medium	Not applicable	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£178,300	Existing
24	Community Geriatrician	Out-of-Hospital service	Other		OOH services			Low	Not applicable	Low	Low	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£154,900	Existing
25	Intermediate Care discharge services	Out-of-Hospital service	Other		OOH services			Not applicable	Medium	Low	Medium	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£741,000	Existing
26	Health Hub	Out-of-Hospital service	Other		OOH services			Low	Low	Low	Low	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£338,700	Existing
27	Intermediate Care including night sitting	Out-of-Hospital service	Other		OOH services			Medium	Not applicable	Low	Low	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£364,400	Existing
28	Connected Care	Data integration between health and social care	Enablers for Integration	Shared records and Interoperability				Not applicable	Not applicable	Not applicable	Not applicable	Social Care	Health and Social Care IT	CCG			Private Sector	Minimum CCG Contribution	£312,000	Existing
29	Carers Funding	Young People with Dementia and The Stroke Association	Carers Services	Carer Advice and Support				Not applicable	Not applicable	Not applicable	Not applicable	Social Care		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£83,900	Existing
30	Street Triage	Project aims to reduce	Community Based Schemes					High	Not applicable	Not applicable	Not applicable	Mental Health		CCG			NHS Community Provider	Minimum CCG Contribution	£42,200	Existing
31	SCAS Fall & Frailty	Partnership with SCAs to reduce NEAs due to falls	Community Based Schemes					High	Not applicable	Not applicable	Not applicable	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£70,000	Existing
32	CHS brokerage service	Assisting self-funders in early discharge	HICM for Managing Transfer of Care	Chg 7. Focus on Choice				Not applicable	High	Not applicable	Not applicable	Acute		CCG			Private Sector	Minimum CCG Contribution	£65,000	Existing
33	iBCF Funding	Intermediate Care Team Health	HICM for Managing Transfer of Care	Chg 1. Early Discharge Planning				Not applicable	High	Not applicable	Not applicable	Social Care		LA			NHS Community Provider	iBCF	£56,390	New
34	Wokingham contingency WBC funded	Contingency funded by LA	Other		Contingency			Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Additional LA Contribution	£24,613	Existing
35	Wokingham contingency CCG funded	Contingency funded by CCG	Other		Contingency			Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£47,200	Existing
36	Winter Pressures	Voluntary Sector	Other		Community Navigators + Vol Sector			Low	Not applicable	Not applicable	Low	Social Care		LA			Local Authority	Winter Pressures Grant	£41,000	New
37	Winter Pressures	Adult Social Care Support	Other		Senior Management cover			Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Winter Pressures Grant	£131,000	New
38	Winter Pressures	Reablement and discharge services	HICM for Managing Transfer of Care	Chg 1. Early Discharge Planning				Not applicable	High	Not applicable	High	Social Care		LA			Local Authority	Winter Pressures Grant	£152,589	New
39	Winter Pressures	Equipment, TEC and Responder	Assistive Technologies and Equipment	Community Based Equipment				Not applicable	Low	Low	Medium	Social Care		LA			Local Authority	Winter Pressures Grant	£77,000	New

40	Facilitated & Supported Discharge	Details to be agreed	Other		WISH			Low	Medium	Not applicable	Not applicable	Social Care		LA			NHS Community Provider	Minimum CCG Contribution	£98,499	New
41	Facilitated & Supported Discharge	Details to be agreed	Other		WISH			Low	Medium	Not applicable	Not applicable	Social Care		LA			NHS Community Provider	Minimum CCG Contribution	£1	New

Better Care Fund 2019/20 Template

7. High Impact Change Model

Selected Health and Wellbeing Board:

Wokingham

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

Following our LGA Berkshire West 7 (BW7) DToC Peer Challenge in Q4 of 2017/18, the 3 Locality Integration Boards and the BW7 Delivery Group agreed that they would ensure improvement in DToC performance across the 3 locality areas. We took a Health and Social Care (Berkshire West), approach to the 8HICM along with the Senior Responsible Officer (SRO) for each change area.

The governance and delivery of the 8 HICM was the responsibility of the BW7 Delivery Group until July 2019. With the changes in governance to the Berkshire West ICP, the responsibility for the 8 HICM has transferred to the A&E Delivery Board. The Board agreed the planned level of maturity for 2019/20 in August 2019.

Across Berkshire West all our staff have worked hard to aim to achieve our DToC targets which is shown by the year on year reduction (evidenced in slide 11 of the appendices). We acknowledge that we have not been able to consistently able to achieve our targets and we continue to work on implementing the 8 HICM to address this. We introduced weekly DToC Director meetings which have been monitoring weekly delays and identifying themes. These meetings have evolved into quarterly deep dives to understand the main issues/bottlenecks in whole system.

The 3 main causes of DToCs have been identified as:

1. Care provider market issues – the BW market place is complex and there are differences in each of the 3 locality areas. One common theme is the low paid nature of this work, coupled with the high cost of living, there are not sufficient numbers of people wanting to work in the sector and therefore capacity is limited.
2. In specific areas of the BW system reablement and rehabilitation services have been identified as a cause of people being delayed in hospital.
3. CHC assessments not being done outside of hospital – in 2018/19 12% of CHC assessments were carried out in the acute sector, which is below our target, but does not meet the 8 HICM requirement of all CHC assessments being done outside of hospital.

During 2019/20 the following changes are planned:

- Systems to monitor patient flow – We currently have a pilot electronic patient flow system which we plan to implement fully by March 2020.
- Trusted Assessors (TA) – a new BW task and finish group has been set up to continue work on developing our Trusted Assessor model. We have a single assessment format agreed, but it is not used consistently. The task and finish group is developing training modules and manuals for implementation by March 2020 across all BW health and LA providers.
- Enhancing Health in Care Homes – We consider that we have a high performing integrated care homes service. In order to make sure this is mature we

		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	Mature	Mature	
Chg 2	Systems to monitor patient flow	Established	Mature	
Chg 3	Multi-disciplinary/Multi-agency discharge teams	Established	Established	
Chg 4	Home first / discharge to assess	Established	Established	
Chg 5	Seven-day service	Plans in place	Established	
Chg 6	Trusted assessors	Plans in place	Established	
Chg 7	Focus on choice	Mature	Mature	
Chg 8	Enhancing health in care homes	Established	Mature	

Better Care Fund 2019/20 Template

8. Metrics

Selected Health and Wellbeing Board:

Wokingham

8.1 Non-Elective Admissions

	19/20 Plan	Overview Narrative
Total number of specific acute non-elective spells per 100,000 population	<p>Collection of the NEA metric plans via this template is not required as the BCF NEA metric plans are based on the NEA CCG Operating plans submitted via SDCS.</p>	<p>NEAs for 2018/19 were 14,789 compared to a Plan figure of 12,848 (15.1% higher) and for the same period in the prior year of 13,630 (8.5% higher). NEAs for 2017/18 were 13,630 versus plan of 12,612, (8.1% above plan). We have compared our performance nationally and Wokingham is the 8th best performer in England for NEAs. Whilst we have worked hard to reduce NEAs part of the reason we believe we have not achieved this target is because the CCG operating plan for NEAs for 2017/18 and 2018/19 were set following the NHS planning rules and includes IHAM (Indicative Hospital Activity Model) growth including demographic growth and a QIPP reduction with a net reduction of 1.8% against our 2016/17 out turn, the only year we achieved our target, which proved to be a real challenge considering that we are already a high performing system.</p> <p>Our target for NEAs for 2019/20 is 15,643 NEAs. We plan to achieve this target for NEAs through:</p> <ul style="list-style-type: none"> • Continuing our Rapid Response (including Step Up), Maximising Independence and Complex Case Management ICN functions, In 2018/19 these 3 functions reduced NEAs by 227 NEAs and our plan for 2019/20 is a reduction of 312 NEAs from these functions. • Continuing the Berkshire West Integrated Care Homes and the SCAS Falls & Frailty services are will also contribute to managing NEAs. • Population Health Management approach – using data to identify groups of people or costs, who have frequent admissions (population segmentation), understand the reasons for the admissions in a group and develop actions/interventions to reduce them. • Development of Integrated Care Networks and Primary Care Networks which enables more efficient use of existing resources and avoiding duplication, so that users receive care in the right place at the right time.

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+)	7.8	<p>DToC days for 2018/19 were 3,001 days v Plan of 3,360 (10.7% better than plan). This compares to 3,689 days for the same period in the prior year (18.6% reduction year-on-year). Overall for the year we have met the target in 3 of the 4 quarters, Q4 was above plan figure, although a similar peak was seen in Q4 of all prior years.</p> <p>It must also be noted that we have made a significant improvement in delayed days for social care, which has reduced from 765 days (Nov–March 2017/18) to 320 days (Nov–March 2018/19), a 58% reduction on the previous year. We have compared our performance nationally and Wokingham is now ranked 48th, improved from 54th in 2017/18.</p> <p>Our target for 2019/20 has remained the same as 2018/19 at 240 delayed days per month, which we are committed to achieving. We are aiming to do this by:</p> <ul style="list-style-type: none"> • increasing funding for our Facilitated & Supported Discharge function, delivered by our Health Liaison Team. • using our IBCF and a significant proportion of our Winter Pressures monies to help reduce the peak in delays due to higher admissions during the period from November to March. • restructuring our Step Down Beds scheme in order to deliver better value for money and better outcomes for our users • supporting a review led by Berkshire Health Foundation Trust of intermediate care services, to support a better service to people that potentially may go to hospital • continuing to commission the CHS service at RBFT • delivering against our action plan for the 8 HICM along with our partners in Reading

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

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		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			<p>Permanent Admissions to Care Homes for 2018/19 were 80 against a target of 132 and 126 for 2017/18. Whilst we have reduced the demand on admissions to care homes year on year we recognise that due to increasing care home costs WBC remain financially challenged, but without the work of the BCF schemes would be in an even more financially challenged position.</p> <p>We recognise that our performance in 2018/19 was exceptional and when we reviewed our metrics for 2019/20 we set our target based on previous year's performance, targets and the plans/assumptions for care home admissions in our WISH business case from 2016 as we had done in previous years. Our previous year's admissions to care homes were:</p> <ul style="list-style-type: none"> o 2015/16 – 138 admissions o 2016/17 – 122 admissions o 2017/18 -126 admissions o 2018/19 – 80 admissions <p>• The WISH 5 Year Business Case included an assumption of a demographic increase for >65s of 4.8% in 2019/20 and each year we have uplifted our target to include this demographic growth from the baseline of 2015/16.</p>
	Numerator	444	461	<p>We have applied this 4.8 percentage increase to the 2018/19 target number of admissions, 132, giving an annual target of 138. This would give a monthly target of 11.5 permanent admissions throughout 2019/20. We have not used just 2018/19 actual performance because:</p> <ul style="list-style-type: none"> • We felt that our 2018/19 performance was an outlying performance and therefore potentially anomalous.
		131	138	

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.

	Denominator	29,521	29,935	<ul style="list-style-type: none"> When we set up our local BCF plan we agreed to work to a five year model for performance and benefits which we have been monitoring closely. If we changed the way we calculate our targets it would significantly impact on the benefits that we plan to deliver our local system. <p>We plan to achieve this by:</p> <ul style="list-style-type: none"> Continuing our Step down and reablement services through our Maximising Independence Function, supporting people to regain and retain skills remaining in their homes longer Continuing our Step Up service which has a clear pathway into reablement Continuing our Integrated Discharge Service at RBFT which aims to reduce delays in hospital which is the
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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.

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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 (%)	85.0%	87.0%	<p>We achieved an average 87% for 2018/19 against a target of 85% in 2018/19. We have set our target for 2019/20 at 87% based on our outturn 2018/19 performance.</p> <p>We plan to achieve this target through the following:</p> <ul style="list-style-type: none"> continuing to increase investment in reablement both delivered by the Local Authority and by the CCG to make the services more responsive by increasing capacity. We have also increased our investment in Out-of-Hospital services provided by BHFT. reviewing the pathways and processes of all our ICN functions, we have already started implementing a joint triage service for our rehab/reablement services to
	Numerator	51	52.2	

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.

	Denominator	60	60	triage service for our rehab/reablement services to improve flow and reduce referral delays. <ul style="list-style-type: none"> • supporting a review led by Berkshire Health Foundation Trust of intermediate care services, to support a better service to people that potentially may go to hospital
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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:

Wokingham

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	Has a plan; jointly developed and agreed between CCG(s) and LA; been submitted? Has the HWB approved the plan/delegated approval pending its next meeting? Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan? Do the governance arrangements described support collaboration and integrated care? 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?	Yes	Tab 2 Cover Tab 4 Strat Nar B(i) Tab 4 A slides 5 & 6 N/A as a single HWB		
	PR2	A clear narrative for the integration of health and social care	Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that covers: - 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. Has the plan summarised any changes from the previous planning period? And noted (where appropriate) any lessons learnt?	Yes	Tab 4 Strat Nar - Section A - Section B(i) - Section C - Section B (i) and C - Section A		
	PR3	A strategic, joined up plan for DFG spending	Is there confirmation that use of DFG has been agreed with housing authorities? Does the narrative set out a strategic approach to using housing support, including use of DFG funding that supports independence at home. In two tier areas, has: - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory Disabled Facilities Grants? or - The funding been passed in its entirety to district councils?	Yes	Tab 4 Strat Nar Section B (ii)		
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	Tab 3 Summary Tab 4 Strat Narr Section A Tab 5 Income		
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	Tab 3 Summary Tab 5 Income		
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?	Does the BCF plan demonstrate a continued plan in place for implementing the High Impact Change Model for Managing Transfers of Care? Has the area confirmed the current level of implementation and the planned level at March 2020 for all eight changes? Is there an accompanying overall narrative setting out the priorities and approach for ongoing implementation of the HICM? Does the level of ambition set out for implementing the HICM changes correspond to performance challenges in the system? 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?	Yes	Tab 7 HICM		

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	Tab 6 Expenditure		
	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	Tab 6 Expenditure		
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	Tab 8 Metrics		

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
E09000002	Barking and Dagenham	07L	NHS Barking and Dagenham CCG	90.7%	87.4%
E09000002	Barking and Dagenham	08F	NHS Havering CCG	6.9%	8.3%
E09000002	Barking and Dagenham	08M	NHS Newham CCG	0.4%	0.6%
E09000002	Barking and Dagenham	08N	NHS Redbridge CCG	2.5%	3.5%
E09000002	Barking and Dagenham	08W	NHS Waltham Forest CCG	0.1%	0.1%
E09000003	Barnet	07M	NHS Barnet CCG	91.1%	92.1%
E09000003	Barnet	07P	NHS Brent CCG	2.0%	1.8%
E09000003	Barnet	07R	NHS Camden CCG	1.0%	0.7%
E09000003	Barnet	09A	NHS Central London (Westminster) CCG	0.2%	0.1%
E09000003	Barnet	07X	NHS Enfield CCG	3.0%	2.4%
E09000003	Barnet	08C	NHS Hammersmith and Fulham CCG	0.3%	0.2%
E09000003	Barnet	08D	NHS Haringey CCG	2.2%	1.6%
E09000003	Barnet	08E	NHS Harrow CCG	1.2%	0.8%
E09000003	Barnet	06N	NHS Herts Valleys CCG	0.0%	0.1%
E09000003	Barnet	08H	NHS Islington CCG	0.2%	0.1%
E09000003	Barnet	08Y	NHS West London (K&C & QPP) CCG	0.2%	0.1%
E08000016	Barnsley	02P	NHS Barnsley CCG	94.6%	98.1%
E08000016	Barnsley	02X	NHS Doncaster CCG	0.3%	0.4%
E08000016	Barnsley	03A	NHS Greater Huddersfield CCG	0.2%	0.2%
E08000016	Barnsley	03L	NHS Rotherham CCG	0.3%	0.3%
E08000016	Barnsley	03N	NHS Sheffield CCG	0.2%	0.4%
E08000016	Barnsley	03R	NHS Wakefield CCG	0.4%	0.6%
E06000022	Bath and North East Somerset	11E	NHS Bath and North East Somerset CCG	93.5%	98.3%
E06000022	Bath and North East Somerset	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	0.2%	0.9%
E06000022	Bath and North East Somerset	11X	NHS Somerset CCG	0.2%	0.5%
E06000022	Bath and North East Somerset	99N	NHS Wiltshire CCG	0.1%	0.3%
E06000055	Bedford	06F	NHS Bedfordshire CCG	37.7%	97.4%
E06000055	Bedford	06H	NHS Cambridgeshire and Peterborough CCG	0.4%	1.9%
E06000055	Bedford	04G	NHS Nene CCG	0.2%	0.6%
E09000004	Bexley	07N	NHS Bexley CCG	93.4%	89.8%
E09000004	Bexley	07Q	NHS Bromley CCG	0.1%	0.1%
E09000004	Bexley	09J	NHS Dartford, Gravesham and Swanley CCG	1.4%	1.5%
E09000004	Bexley	08A	NHS Greenwich CCG	7.2%	8.4%
E09000004	Bexley	08L	NHS Lewisham CCG	0.1%	0.1%
E08000025	Birmingham	15E	NHS Birmingham and Solihull CCG	78.4%	81.7%
E08000025	Birmingham	05C	NHS Dudley CCG	0.2%	0.0%
E08000025	Birmingham	05J	NHS Redditch and Bromsgrove CCG	3.1%	0.4%
E08000025	Birmingham	05L	NHS Sandwell and West Birmingham CCG	39.2%	17.8%
E08000025	Birmingham	05Y	NHS Walsall CCG	0.5%	0.1%
E06000008	Blackburn with Darwen	00Q	NHS Blackburn with Darwen CCG	88.9%	95.8%
E06000008	Blackburn with Darwen	00T	NHS Bolton CCG	1.2%	2.3%
E06000008	Blackburn with Darwen	00V	NHS Bury CCG	0.2%	0.2%
E06000008	Blackburn with Darwen	01A	NHS East Lancashire CCG	0.7%	1.7%
E06000009	Blackpool	00R	NHS Blackpool CCG	86.4%	97.6%
E06000009	Blackpool	02M	NHS Fylde & Wyre CCG	2.1%	2.4%
E08000001	Bolton	00T	NHS Bolton CCG	97.3%	97.5%
E08000001	Bolton	00V	NHS Bury CCG	1.5%	1.0%
E08000001	Bolton	00X	NHS Chorley and South Ribble CCG	0.2%	0.1%
E08000001	Bolton	01G	NHS Salford CCG	0.6%	0.5%
E08000001	Bolton	02H	NHS Wigan Borough CCG	0.8%	0.9%
E06000058	Bournemouth, Christchurch and Poole	11J	NHS Dorset CCG	52.4%	99.7%
E06000058	Bournemouth, Christchurch and Poole	11A	NHS West Hampshire CCG	0.2%	0.3%
E06000036	Bracknell Forest	15A	NHS Berkshire West CCG	0.5%	2.0%
E06000036	Bracknell Forest	15D	NHS East Berkshire CCG	26.1%	96.9%
E06000036	Bracknell Forest	99M	NHS North East Hampshire and Farnham CCG	0.6%	1.0%
E06000036	Bracknell Forest	10C	NHS Surrey Heath CCG	0.2%	0.1%
E08000032	Bradford	02N	NHS Airedale, Wharfedale and Craven CCG	67.2%	18.4%
E08000032	Bradford	02W	NHS Bradford City CCG	98.9%	23.9%
E08000032	Bradford	02R	NHS Bradford Districts CCG	98.0%	56.3%
E08000032	Bradford	02T	NHS Calderdale CCG	0.2%	0.0%
E08000032	Bradford	15F	NHS Leeds CCG	0.9%	1.4%
E08000032	Bradford	03J	NHS North Kirklees CCG	0.2%	0.0%
E09000005	Brent	07M	NHS Barnet CCG	2.3%	2.4%
E09000005	Brent	07P	NHS Brent CCG	89.7%	86.4%
E09000005	Brent	07R	NHS Camden CCG	3.9%	2.8%
E09000005	Brent	09A	NHS Central London (Westminster) CCG	1.3%	0.7%
E09000005	Brent	07W	NHS Ealing CCG	0.5%	0.6%
E09000005	Brent	08C	NHS Hammersmith and Fulham CCG	0.6%	0.4%
E09000005	Brent	08E	NHS Harrow CCG	5.9%	4.0%
E09000005	Brent	08Y	NHS West London (K&C & QPP) CCG	4.3%	2.7%
E06000043	Brighton and Hove	09D	NHS Brighton and Hove CCG	97.9%	99.7%
E06000043	Brighton and Hove	09G	NHS Coastal West Sussex CCG	0.1%	0.2%
E06000043	Brighton and Hove	99K	NHS High Weald Lewes Havens CCG	0.3%	0.1%
E06000023	Bristol, City of	11E	NHS Bath and North East Somerset CCG	0.1%	0.0%
E06000023	Bristol, City of	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	49.3%	100.0%
E09000006	Bromley	07N	NHS Bexley CCG	0.2%	0.1%
E09000006	Bromley	07Q	NHS Bromley CCG	94.6%	95.1%
E09000006	Bromley	07V	NHS Croydon CCG	1.2%	1.4%
E09000006	Bromley	08A	NHS Greenwich CCG	1.4%	1.2%
E09000006	Bromley	08C	NHS Hammersmith and Fulham CCG	0.1%	0.0%
E09000006	Bromley	08K	NHS Lambeth CCG	0.1%	0.2%
E09000006	Bromley	08L	NHS Lewisham CCG	1.9%	1.8%
E09000006	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%
E0800033	Calderdale	02R	NHS Bradford Districts CCG	0.4%	0.6%
E0800033	Calderdale	02T	NHS Calderdale CCG	98.4%	98.9%
E0800033	Calderdale	03A	NHS Greater Huddersfield CCG	0.3%	0.3%
E0800033	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%

E08000037	Gateshead	13T	NHS Newcastle Gateshead CCG	38.5%	97.7%
E08000037	Gateshead	00J	NHS North Durham CCG	0.9%	1.2%
E08000037	Gateshead	00L	NHS Northumberland CCG	0.5%	0.8%
E08000037	Gateshead	00N	NHS South Tyneside CCG	0.3%	0.2%
E08000037	Gateshead	00P	NHS Sunderland CCG	0.0%	0.1%
E10000013	Gloucestershire	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	0.1%	0.1%
E10000013	Gloucestershire	11M	NHS Gloucestershire CCG	97.6%	98.6%
E10000013	Gloucestershire	05F	NHS Herefordshire CCG	0.5%	0.1%
E10000013	Gloucestershire	10Q	NHS Oxfordshire CCG	0.2%	0.2%
E10000013	Gloucestershire	05R	NHS South Warwickshire CCG	0.6%	0.2%
E10000013	Gloucestershire	05T	NHS South Worcestershire CCG	1.1%	0.5%
E10000013	Gloucestershire	99N	NHS Wiltshire CCG	0.2%	0.2%
E09000011	Greenwich	07N	NHS Bexley CCG	5.1%	4.2%
E09000011	Greenwich	07Q	NHS Bromley CCG	1.1%	1.3%
E09000011	Greenwich	08A	NHS Greenwich CCG	89.2%	89.3%
E09000011	Greenwich	08C	NHS Hammersmith and Fulham CCG	0.2%	0.2%
E09000011	Greenwich	08L	NHS Lewisham CCG	4.4%	4.9%
E09000011	Greenwich	08Q	NHS Southwark CCG	0.1%	0.1%
E09000012	Hackney	07R	NHS Camden CCG	0.7%	0.7%
E09000012	Hackney	09A	NHS Central London (Westminster) CCG	0.2%	0.2%
E09000012	Hackney	07T	NHS City and Hackney CCG	90.2%	93.8%
E09000012	Hackney	08C	NHS Hammersmith and Fulham CCG	0.5%	0.4%
E09000012	Hackney	08D	NHS Haringey CCG	0.6%	0.7%
E09000012	Hackney	08H	NHS Islington CCG	4.6%	3.7%
E09000012	Hackney	08V	NHS Tower Hamlets CCG	0.5%	0.6%
E06000006	Halton	01F	NHS Halton CCG	98.2%	96.5%
E06000006	Halton	01J	NHS Knowsley CCG	0.2%	0.3%
E06000006	Halton	99A	NHS Liverpool CCG	0.3%	1.1%
E06000006	Halton	02E	NHS Warrington CCG	0.7%	1.1%
E06000006	Halton	02F	NHS West Cheshire CCG	0.6%	1.1%
E09000013	Hammersmith and Fulham	07P	NHS Brent CCG	0.3%	0.5%
E09000013	Hammersmith and Fulham	07R	NHS Camden CCG	0.1%	0.1%
E09000013	Hammersmith and Fulham	09A	NHS Central London (Westminster) CCG	2.5%	2.5%
E09000013	Hammersmith and Fulham	07W	NHS Ealing CCG	0.6%	1.1%
E09000013	Hammersmith and Fulham	08C	NHS Hammersmith and Fulham CCG	82.8%	87.6%
E09000013	Hammersmith and Fulham	07Y	NHS Hounslow CCG	0.5%	0.7%
E09000013	Hammersmith and Fulham	08X	NHS Wandsworth CCG	0.2%	0.3%
E09000013	Hammersmith and Fulham	08Y	NHS West London (K&C & QPP) CCG	6.5%	7.2%
E10000014	Hampshire	15A	NHS Berkshire West CCG	1.7%	0.6%
E10000014	Hampshire	09G	NHS Coastal West Sussex CCG	0.2%	0.1%
E10000014	Hampshire	11J	NHS Dorset CCG	0.5%	0.3%
E10000014	Hampshire	15D	NHS East Berkshire CCG	0.2%	0.0%
E10000014	Hampshire	10K	NHS Fareham and Gosport CCG	98.5%	14.3%
E10000014	Hampshire	09N	NHS Guildford and Waverley CCG	2.9%	0.5%
E10000014	Hampshire	99M	NHS North East Hampshire and Farnham CCG	76.5%	12.4%
E10000014	Hampshire	10J	NHS North Hampshire CCG	99.2%	15.9%
E10000014	Hampshire	10R	NHS Portsmouth CCG	4.4%	0.7%
E10000014	Hampshire	10V	NHS South Eastern Hampshire CCG	95.6%	14.6%
E10000014	Hampshire	10X	NHS Southampton CCG	5.1%	1.0%
E10000014	Hampshire	10C	NHS Surrey Heath CCG	0.8%	0.0%
E10000014	Hampshire	11A	NHS West Hampshire CCG	97.7%	39.1%
E10000014	Hampshire	99N	NHS Wiltshire CCG	1.3%	0.4%
E09000014	Haringey	07M	NHS Barnet CCG	1.0%	1.4%
E09000014	Haringey	07R	NHS Camden CCG	0.6%	0.6%
E09000014	Haringey	09A	NHS Central London (Westminster) CCG	0.1%	0.1%
E09000014	Haringey	07T	NHS City and Hackney CCG	3.1%	3.2%
E09000014	Haringey	07X	NHS Enfield CCG	1.3%	1.4%
E09000014	Haringey	08C	NHS Hammersmith and Fulham CCG	0.4%	0.3%
E09000014	Haringey	08D	NHS Haringey CCG	87.7%	91.0%
E09000014	Haringey	08H	NHS Islington CCG	2.5%	2.1%
E09000015	Harrow	07M	NHS Barnet CCG	4.3%	6.4%
E09000015	Harrow	07P	NHS Brent CCG	3.6%	4.8%
E09000015	Harrow	07W	NHS Ealing CCG	1.3%	2.1%
E09000015	Harrow	08C	NHS Hammersmith and Fulham CCG	0.1%	0.0%
E09000015	Harrow	08E	NHS Harrow CCG	89.7%	84.1%
E09000015	Harrow	06N	NHS Herts Valleys CCG	0.2%	0.5%
E09000015	Harrow	08G	NHS Hillingdon CCG	1.8%	2.0%
E09000015	Harrow	08Y	NHS West London (K&C & QPP) CCG	0.1%	0.1%

E06000001	Hartlepool	00D	NHS Durham Dales, Easington and Sedgfield CCG	0.2%	0.6%
E06000001	Hartlepool	00K	NHS Hartlepool and Stockton-On-Tees CCG	32.4%	99.4%
E09000016	Havering	07L	NHS Barking and Dagenham CCG	3.5%	2.9%
E09000016	Havering	08F	NHS Havering CCG	91.7%	96.2%
E09000016	Havering	08M	NHS Newham CCG	0.1%	0.2%
E09000016	Havering	08N	NHS Redbridge CCG	0.6%	0.7%
E09000016	Havering	07G	NHS Thurrock CCG	0.1%	0.0%
E06000019	Herefordshire, County of	11M	NHS Gloucestershire CCG	0.3%	0.9%
E06000019	Herefordshire, County of	05F	NHS Herefordshire CCG	98.2%	97.3%
E06000019	Herefordshire, County of	05N	NHS Shropshire CCG	0.3%	0.5%
E06000019	Herefordshire, County of	05T	NHS South Worcestershire CCG	0.8%	1.3%
E10000015	Hertfordshire	07M	NHS Barnet CCG	0.2%	0.0%
E10000015	Hertfordshire	06F	NHS Bedfordshire CCG	0.1%	0.0%
E10000015	Hertfordshire	14Y	NHS Buckinghamshire CCG	0.2%	0.1%
E10000015	Hertfordshire	06H	NHS Cambridgeshire and Peterborough CCG	2.1%	1.6%
E10000015	Hertfordshire	06K	NHS East and North Hertfordshire CCG	97.0%	46.5%
E10000015	Hertfordshire	07X	NHS Enfield CCG	0.5%	0.1%
E10000015	Hertfordshire	08E	NHS Harrow CCG	0.6%	0.1%
E10000015	Hertfordshire	06N	NHS Herts Valleys CCG	98.0%	50.7%
E10000015	Hertfordshire	08G	NHS Hillingdon CCG	2.2%	0.6%
E10000015	Hertfordshire	06P	NHS Luton CCG	0.4%	0.0%
E10000015	Hertfordshire	07H	NHS West Essex CCG	0.8%	0.2%
E09000017	Hillingdon	14Y	NHS Buckinghamshire CCG	0.0%	0.1%
E09000017	Hillingdon	07W	NHS Ealing CCG	5.2%	6.9%
E09000017	Hillingdon	08C	NHS Hammersmith and Fulham CCG	0.5%	0.3%
E09000017	Hillingdon	08E	NHS Harrow CCG	2.2%	1.8%
E09000017	Hillingdon	08G	NHS Hillingdon CCG	94.3%	89.8%
E09000017	Hillingdon	07Y	NHS Hounslow CCG	1.1%	1.0%
E09000018	Hounslow	07W	NHS Ealing CCG	5.4%	7.4%
E09000018	Hounslow	08C	NHS Hammersmith and Fulham CCG	1.2%	0.9%
E09000018	Hounslow	08G	NHS Hillingdon CCG	0.2%	0.2%
E09000018	Hounslow	07Y	NHS Hounslow CCG	88.2%	87.1%
E09000018	Hounslow	09Y	NHS North West Surrey CCG	0.3%	0.4%
E09000018	Hounslow	08P	NHS Richmond CCG	5.7%	3.8%
E09000018	Hounslow	08Y	NHS West London (K&C & QPP) CCG	0.2%	0.1%
E06000046	Isle of Wight	10L	NHS Isle of Wight CCG	100.0%	100.0%
E09000019	Islington	07R	NHS Camden CCG	4.9%	5.4%
E09000019	Islington	09A	NHS Central London (Westminster) CCG	0.5%	0.5%
E09000019	Islington	07T	NHS City and Hackney CCG	3.4%	4.2%
E09000019	Islington	08C	NHS Hammersmith and Fulham CCG	0.5%	0.5%
E09000019	Islington	08D	NHS Haringey CCG	1.2%	1.5%
E09000019	Islington	08H	NHS Islington CCG	89.1%	87.9%
E09000020	Kensington and Chelsea	07P	NHS Brent CCG	0.0%	0.1%
E09000020	Kensington and Chelsea	07R	NHS Camden CCG	0.2%	0.3%
E09000020	Kensington and Chelsea	09A	NHS Central London (Westminster) CCG	4.0%	5.4%
E09000020	Kensington and Chelsea	08C	NHS Hammersmith and Fulham CCG	1.2%	1.7%
E09000020	Kensington and Chelsea	08Y	NHS West London (K&C & QPP) CCG	63.9%	92.5%
E10000016	Kent	09C	NHS Ashford CCG	100.0%	8.3%
E10000016	Kent	07N	NHS Bexley CCG	1.3%	0.2%
E10000016	Kent	07Q	NHS Bromley CCG	0.9%	0.2%
E10000016	Kent	09E	NHS Canterbury and Coastal CCG	100.0%	14.1%
E10000016	Kent	09J	NHS Dartford, Gravesham and Swanley CCG	98.3%	16.5%
E10000016	Kent	09L	NHS East Surrey CCG	0.1%	0.0%
E10000016	Kent	08A	NHS Greenwich CCG	0.2%	0.0%
E10000016	Kent	09P	NHS Hastings and Rother CCG	0.3%	0.0%
E10000016	Kent	99K	NHS High Weald Lewes Havens CCG	0.6%	0.0%
E10000016	Kent	09W	NHS Medway CCG	6.1%	1.1%
E10000016	Kent	10A	NHS South Kent Coast CCG	100.0%	12.9%
E10000016	Kent	10D	NHS Swale CCG	99.8%	7.1%
E10000016	Kent	10E	NHS Thanet CCG	100.0%	9.1%
E10000016	Kent	99J	NHS West Kent CCG	98.7%	30.4%
E06000010	Kingston upon Hull, City of	02Y	NHS East Riding of Yorkshire CCG	1.3%	1.4%
E06000010	Kingston upon Hull, City of	03F	NHS Hull CCG	90.8%	98.6%
E09000021	Kingston upon Thames	08J	NHS Kingston CCG	86.9%	95.9%
E09000021	Kingston upon Thames	08R	NHS Merton CCG	1.1%	1.3%
E09000021	Kingston upon Thames	08P	NHS Richmond CCG	0.7%	0.8%
E09000021	Kingston upon Thames	99H	NHS Surrey Downs CCG	0.7%	1.2%
E09000021	Kingston upon Thames	08T	NHS Sutton CCG	0.1%	0.1%
E09000021	Kingston upon Thames	08X	NHS Wandsworth CCG	0.3%	0.7%
E08000034	Kirklees	02P	NHS Barnsley CCG	0.1%	0.0%
E08000034	Kirklees	02R	NHS Bradford Districts CCG	1.0%	0.7%
E08000034	Kirklees	02T	NHS Calderdale CCG	1.4%	0.7%
E08000034	Kirklees	03A	NHS Greater Huddersfield CCG	99.6%	54.7%
E08000034	Kirklees	15F	NHS Leeds CCG	0.1%	0.3%
E08000034	Kirklees	03J	NHS North Kirklees CCG	98.9%	42.4%
E08000034	Kirklees	03R	NHS Wakefield CCG	1.5%	1.3%

E08000011	Knowsley	01F	NHS Halton CCG	1.0%	0.8%
E08000011	Knowsley	01J	NHS Knowsley CCG	86.8%	88.2%
E08000011	Knowsley	99A	NHS Liverpool CCG	2.4%	8.0%
E08000011	Knowsley	01T	NHS South Sefton CCG	0.1%	0.1%
E08000011	Knowsley	01X	NHS St Helens CCG	2.3%	2.8%
E09000022	Lambeth	07R	NHS Camden CCG	0.2%	0.1%
E09000022	Lambeth	09A	NHS Central London (Westminster) CCG	0.9%	0.6%
E09000022	Lambeth	07V	NHS Croydon CCG	0.7%	0.8%
E09000022	Lambeth	08C	NHS Hammersmith and Fulham CCG	0.6%	0.4%
E09000022	Lambeth	08K	NHS Lambeth CCG	85.5%	92.2%
E09000022	Lambeth	08R	NHS Merton CCG	1.0%	0.6%
E09000022	Lambeth	08Q	NHS Southwark CCG	1.9%	1.6%
E09000022	Lambeth	08X	NHS Wandsworth CCG	3.5%	3.7%
E09000022	Lambeth	08Y	NHS West London (K&C & QPP) CCG	0.1%	0.0%
E10000017	Lancashire	02N	NHS Airedale, Wharfedale and Craven CCG	0.2%	0.0%
E10000017	Lancashire	00Q	NHS Blackburn with Darwen CCG	11.1%	1.5%
E10000017	Lancashire	00R	NHS Blackpool CCG	13.6%	1.9%
E10000017	Lancashire	00T	NHS Bolton CCG	0.3%	0.0%
E10000017	Lancashire	00V	NHS Bury CCG	1.4%	0.2%
E10000017	Lancashire	00X	NHS Chorley and South Ribble CCG	99.8%	14.5%
E10000017	Lancashire	01A	NHS East Lancashire CCG	99.0%	30.0%
E10000017	Lancashire	02M	NHS Fylde & Wyre CCG	97.9%	13.8%
E10000017	Lancashire	01E	NHS Greater Preston CCG	100.0%	16.6%
E10000017	Lancashire	01D	NHS Heywood, Middleton and Rochdale CCG	0.9%	0.2%
E10000017	Lancashire	01J	NHS Knowsley CCG	0.1%	0.0%
E10000017	Lancashire	01K	NHS Morecambe Bay CCG	44.1%	12.1%
E10000017	Lancashire	01T	NHS South Sefton CCG	0.5%	0.0%
E10000017	Lancashire	01V	NHS Southport and Formby CCG	3.2%	0.3%
E10000017	Lancashire	01X	NHS St Helens CCG	0.5%	0.0%
E10000017	Lancashire	02G	NHS West Lancashire CCG	96.9%	8.7%
E10000017	Lancashire	02H	NHS Wigan Borough CCG	0.7%	0.2%
E08000035	Leeds	02N	NHS Airedale, Wharfedale and Craven CCG	0.1%	0.0%
E08000035	Leeds	02W	NHS Bradford City CCG	1.1%	0.2%
E08000035	Leeds	02R	NHS Bradford Districts CCG	0.5%	0.2%
E08000035	Leeds	15F	NHS Leeds CCG	97.7%	98.8%
E08000035	Leeds	03J	NHS North Kirklees CCG	0.3%	0.0%
E08000035	Leeds	03Q	NHS Vale of York CCG	0.6%	0.2%
E08000035	Leeds	03R	NHS Wakefield CCG	1.4%	0.6%
E06000016	Leicester	03W	NHS East Leicestershire and Rutland CCG	2.1%	1.8%
E06000016	Leicester	04C	NHS Leicester City CCG	92.8%	95.5%
E06000016	Leicester	04V	NHS West Leicestershire CCG	2.8%	2.7%
E10000018	Leicestershire	03V	NHS Corby CCG	0.5%	0.0%
E10000018	Leicestershire	15M	NHS Derby and Derbyshire CCG	0.4%	0.6%
E10000018	Leicestershire	03W	NHS East Leicestershire and Rutland CCG	85.5%	39.8%
E10000018	Leicestershire	04C	NHS Leicester City CCG	7.2%	4.1%
E10000018	Leicestershire	04N	NHS Rushcliffe CCG	5.4%	1.0%
E10000018	Leicestershire	04Q	NHS South West Lincolnshire CCG	5.6%	1.1%
E10000018	Leicestershire	05H	NHS Warwickshire North CCG	1.6%	0.4%
E10000018	Leicestershire	04V	NHS West Leicestershire CCG	96.2%	53.1%
E09000023	Lewisham	07Q	NHS Bromley CCG	1.4%	1.5%
E09000023	Lewisham	09A	NHS Central London (Westminster) CCG	0.2%	0.2%
E09000023	Lewisham	08A	NHS Greenwich CCG	2.1%	1.9%
E09000023	Lewisham	08C	NHS Hammersmith and Fulham CCG	0.3%	0.2%
E09000023	Lewisham	08K	NHS Lambeth CCG	0.3%	0.4%
E09000023	Lewisham	08L	NHS Lewisham CCG	91.5%	92.0%
E09000023	Lewisham	08Q	NHS Southwark CCG	3.9%	3.9%
E10000019	Lincolnshire	06H	NHS Cambridgeshire and Peterborough CCG	0.2%	0.3%
E10000019	Lincolnshire	03W	NHS East Leicestershire and Rutland CCG	0.2%	0.1%
E10000019	Lincolnshire	03T	NHS Lincolnshire East CCG	99.2%	32.0%
E10000019	Lincolnshire	04D	NHS Lincolnshire West CCG	98.6%	29.9%
E10000019	Lincolnshire	04H	NHS Newark & Sherwood CCG	2.4%	0.4%
E10000019	Lincolnshire	03H	NHS North East Lincolnshire CCG	2.7%	0.6%
E10000019	Lincolnshire	03K	NHS North Lincolnshire CCG	4.9%	1.1%
E10000019	Lincolnshire	99D	NHS South Lincolnshire CCG	90.8%	19.6%
E10000019	Lincolnshire	04Q	NHS South West Lincolnshire CCG	93.3%	16.1%
E08000012	Liverpool	01J	NHS Knowsley CCG	8.5%	2.7%
E08000012	Liverpool	99A	NHS Liverpool CCG	94.4%	96.3%
E08000012	Liverpool	01T	NHS South Sefton CCG	3.3%	1.0%
E06000032	Luton	06F	NHS Bedfordshire CCG	2.3%	4.5%
E06000032	Luton	06P	NHS Luton CCG	97.3%	95.5%
E08000003	Manchester	00V	NHS Bury CCG	0.4%	0.1%
E08000003	Manchester	01D	NHS Heywood, Middleton and Rochdale CCG	0.5%	0.2%
E08000003	Manchester	14L	NHS Manchester CCG	90.9%	95.6%
E08000003	Manchester	00Y	NHS Oldham CCG	0.9%	0.4%
E08000003	Manchester	01G	NHS Salford CCG	2.5%	1.1%
E08000003	Manchester	01W	NHS Stockport CCG	1.7%	0.8%
E08000003	Manchester	01Y	NHS Tameside and Glossop CCG	0.4%	0.2%
E08000003	Manchester	02A	NHS Trafford CCG	4.0%	1.6%

E06000035	Medway	09J	NHS Dartford, Gravesham and Swanley CCG	0.2%	0.2%
E06000035	Medway	09W	NHS Medway CCG	93.9%	99.5%
E06000035	Medway	10D	NHS Swale CCG	0.2%	0.0%
E06000035	Medway	99J	NHS West Kent CCG	0.2%	0.3%
E09000024	Merton	07V	NHS Croydon CCG	0.5%	0.9%
E09000024	Merton	08C	NHS Hammersmith and Fulham CCG	0.2%	0.2%
E09000024	Merton	08J	NHS Kingston CCG	3.4%	2.9%
E09000024	Merton	08K	NHS Lambeth CCG	1.0%	1.7%
E09000024	Merton	08R	NHS Merton CCG	87.7%	80.9%
E09000024	Merton	08T	NHS Sutton CCG	3.3%	2.6%
E09000024	Merton	08X	NHS Wandsworth CCG	6.6%	10.8%
E06000002	Middlesbrough	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.2%	0.2%
E06000002	Middlesbrough	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.3%
E06000002	Middlesbrough	00M	NHS South Tees CCG	52.3%	99.5%
E06000042	Milton Keynes	06F	NHS Bedfordshire CCG	1.5%	2.5%
E06000042	Milton Keynes	04F	NHS Milton Keynes CCG	95.5%	96.2%
E06000042	Milton Keynes	04G	NHS Nene CCG	0.6%	1.3%
E08000021	Newcastle upon Tyne	13T	NHS Newcastle Gateshead CCG	58.9%	95.2%
E08000021	Newcastle upon Tyne	99C	NHS North Tyneside CCG	5.9%	4.0%
E08000021	Newcastle upon Tyne	00L	NHS Northumberland CCG	0.8%	0.8%
E09000025	Newham	07L	NHS Barking and Dagenham CCG	0.5%	0.3%
E09000025	Newham	09A	NHS Central London (Westminster) CCG	0.7%	0.4%
E09000025	Newham	07T	NHS City and Hackney CCG	0.1%	0.0%
E09000025	Newham	08C	NHS Hammersmith and Fulham CCG	0.5%	0.3%
E09000025	Newham	08M	NHS Newham CCG	96.6%	97.3%
E09000025	Newham	08N	NHS Redbridge CCG	0.3%	0.2%
E09000025	Newham	08V	NHS Tower Hamlets CCG	0.2%	0.2%
E09000025	Newham	08W	NHS Waltham Forest CCG	1.7%	1.4%
E10000020	Norfolk	06H	NHS Cambridgeshire and Peterborough CCG	0.7%	0.7%
E10000020	Norfolk	06M	NHS Great Yarmouth and Waveney CCG	47.7%	12.2%
E10000020	Norfolk	06L	NHS Ipswich and East Suffolk CCG	0.2%	0.0%
E10000020	Norfolk	06V	NHS North Norfolk CCG	100.0%	18.6%
E10000020	Norfolk	06W	NHS Norwich CCG	100.0%	25.2%
E10000020	Norfolk	99D	NHS South Lincolnshire CCG	0.2%	0.0%
E10000020	Norfolk	06Y	NHS South Norfolk CCG	98.9%	24.1%
E10000020	Norfolk	07J	NHS West Norfolk CCG	98.4%	18.5%
E10000020	Norfolk	07K	NHS West Suffolk CCG	2.6%	0.7%
E06000012	North East Lincolnshire	03T	NHS Lincolnshire East CCG	0.8%	1.2%
E06000012	North East Lincolnshire	03H	NHS North East Lincolnshire CCG	95.9%	98.6%
E06000012	North East Lincolnshire	03K	NHS North Lincolnshire CCG	0.2%	0.2%
E06000013	North Lincolnshire	02Q	NHS Bassettlaw CCG	0.2%	0.2%
E06000013	North Lincolnshire	02X	NHS Doncaster CCG	0.0%	0.1%
E06000013	North Lincolnshire	02Y	NHS East Riding of Yorkshire CCG	0.0%	0.1%
E06000013	North Lincolnshire	04D	NHS Lincolnshire West CCG	1.0%	1.3%
E06000013	North Lincolnshire	03H	NHS North East Lincolnshire CCG	1.4%	1.4%
E06000013	North Lincolnshire	03K	NHS North Lincolnshire CCG	94.9%	96.9%
E06000024	North Somerset	11E	NHS Bath and North East Somerset CCG	1.6%	1.5%
E06000024	North Somerset	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	21.8%	98.3%
E06000024	North Somerset	11X	NHS Somerset CCG	0.0%	0.2%
E08000022	North Tyneside	13T	NHS Newcastle Gateshead CCG	1.0%	2.6%
E08000022	North Tyneside	99C	NHS North Tyneside CCG	93.2%	96.3%
E08000022	North Tyneside	00L	NHS Northumberland CCG	0.7%	1.1%
E10000023	North Yorkshire	02N	NHS Airedale, Wharfedale and Craven CCG	32.5%	8.3%
E10000023	North Yorkshire	00C	NHS Darlington CCG	1.3%	0.2%
E10000023	North Yorkshire	02X	NHS Doncaster CCG	0.2%	0.1%
E10000023	North Yorkshire	00D	NHS Durham Dales, Easington and Sedgfield CCG	0.2%	0.1%
E10000023	North Yorkshire	01A	NHS East Lancashire CCG	0.1%	0.0%
E10000023	North Yorkshire	02Y	NHS East Riding of Yorkshire CCG	1.4%	0.7%
E10000023	North Yorkshire	03D	NHS Hambleton, Richmondshire and Whitby CCG	98.3%	22.8%
E10000023	North Yorkshire	03E	NHS Harrogate and Rural District CCG	99.8%	26.2%
E10000023	North Yorkshire	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.1%
E10000023	North Yorkshire	15F	NHS Leeds CCG	0.9%	1.3%
E10000023	North Yorkshire	01K	NHS Morecambe Bay CCG	1.9%	1.0%
E10000023	North Yorkshire	03M	NHS Scarborough and Ryedale CCG	99.3%	19.2%
E10000023	North Yorkshire	03Q	NHS Vale of York CCG	32.6%	18.8%
E10000023	North Yorkshire	03R	NHS Wakefield CCG	2.0%	1.2%
E10000021	Northamptonshire	06F	NHS Bedfordshire CCG	0.1%	0.0%
E10000021	Northamptonshire	06H	NHS Cambridgeshire and Peterborough CCG	1.6%	1.9%
E10000021	Northamptonshire	03V	NHS Corby CCG	99.2%	9.8%
E10000021	Northamptonshire	05A	NHS Coventry and Rugby CCG	0.3%	0.2%
E10000021	Northamptonshire	03W	NHS East Leicestershire and Rutland CCG	2.0%	0.8%
E10000021	Northamptonshire	04F	NHS Milton Keynes CCG	3.1%	1.2%
E10000021	Northamptonshire	04G	NHS Nene CCG	98.8%	84.9%
E10000021	Northamptonshire	10Q	NHS Oxfordshire CCG	1.1%	1.0%
E10000021	Northamptonshire	99D	NHS South Lincolnshire CCG	0.9%	0.2%
E06000057	Northumberland	13T	NHS Newcastle Gateshead CCG	0.3%	0.5%
E06000057	Northumberland	01H	NHS North Cumbria CCG	0.1%	0.1%
E06000057	Northumberland	00J	NHS North Durham CCG	0.2%	0.2%
E06000057	Northumberland	99C	NHS North Tyneside CCG	0.9%	0.6%
E06000057	Northumberland	00L	NHS Northumberland CCG	97.9%	98.7%

E06000018	Nottingham	04K	NHS Nottingham City CCG	89.9%	95.4%
E06000018	Nottingham	04L	NHS Nottingham North and East CCG	4.6%	2.0%
E06000018	Nottingham	04M	NHS Nottingham West CCG	4.1%	1.1%
E06000018	Nottingham	04N	NHS Rushcliffe CCG	4.3%	1.5%
E10000024	Nottinghamshire	02Q	NHS Bassetlaw CCG	97.1%	13.5%
E10000024	Nottinghamshire	15M	NHS Derby and Derbyshire CCG	1.5%	1.8%
E10000024	Nottinghamshire	02X	NHS Doncaster CCG	1.6%	0.6%
E10000024	Nottinghamshire	03W	NHS East Leicestershire and Rutland CCG	0.3%	0.1%
E10000024	Nottinghamshire	04D	NHS Lincolnshire West CCG	0.4%	0.1%
E10000024	Nottinghamshire	04E	NHS Mansfield and Ashfield CCG	97.9%	22.5%
E10000024	Nottinghamshire	04H	NHS Newark & Sherwood CCG	97.6%	15.6%
E10000024	Nottinghamshire	04K	NHS Nottingham City CCG	10.1%	4.6%
E10000024	Nottinghamshire	04L	NHS Nottingham North and East CCG	95.1%	17.2%
E10000024	Nottinghamshire	04M	NHS Nottingham West CCG	90.8%	10.2%
E10000024	Nottinghamshire	04N	NHS Rushcliffe CCG	90.3%	13.6%
E10000024	Nottinghamshire	04Q	NHS South West Lincolnshire CCG	0.7%	0.1%
E10000024	Nottinghamshire	04V	NHS West Leicestershire CCG	0.1%	0.0%
E08000004	Oldham	01D	NHS Heywood, Middleton and Rochdale CCG	1.5%	1.4%
E08000004	Oldham	14L	NHS Manchester CCG	0.8%	2.1%
E08000004	Oldham	00Y	NHS Oldham CCG	94.5%	96.3%
E08000004	Oldham	01Y	NHS Tameside and Glossop CCG	0.2%	0.2%
E10000025	Oxfordshire	15A	NHS Berkshire West CCG	0.5%	0.3%
E10000025	Oxfordshire	14Y	NHS Buckinghamshire CCG	2.4%	1.8%
E10000025	Oxfordshire	11M	NHS Gloucestershire CCG	0.2%	0.2%
E10000025	Oxfordshire	04G	NHS Nene CCG	0.1%	0.1%
E10000025	Oxfordshire	10Q	NHS Oxfordshire CCG	97.4%	96.5%
E10000025	Oxfordshire	05R	NHS South Warwickshire CCG	0.6%	0.2%
E10000025	Oxfordshire	12D	NHS Swindon CCG	2.7%	0.9%
E06000031	Peterborough	06H	NHS Cambridgeshire and Peterborough CCG	23.0%	96.3%
E06000031	Peterborough	99D	NHS South Lincolnshire CCG	5.1%	3.7%
E06000026	Plymouth	15N	NHS Devon CCG	22.1%	100.0%
E06000044	Portsmouth	10K	NHS Fareham and Gosport CCG	1.5%	1.4%
E06000044	Portsmouth	10R	NHS Portsmouth CCG	95.6%	98.4%
E06000044	Portsmouth	10V	NHS South Eastern Hampshire CCG	0.2%	0.2%
E06000038	Reading	15A	NHS Berkshire West CCG	35.3%	99.4%
E06000038	Reading	10Q	NHS Oxfordshire CCG	0.2%	0.6%
E09000026	Redbridge	07L	NHS Barking and Dagenham CCG	4.9%	3.3%
E09000026	Redbridge	08C	NHS Hammersmith and Fulham CCG	0.1%	0.1%
E09000026	Redbridge	08F	NHS Havering CCG	0.8%	0.7%
E09000026	Redbridge	08M	NHS Newham CCG	1.4%	1.7%
E09000026	Redbridge	08N	NHS Redbridge CCG	92.3%	89.4%
E09000026	Redbridge	08W	NHS Waltham Forest CCG	3.3%	3.1%
E09000026	Redbridge	07H	NHS West Essex CCG	1.8%	1.7%
E06000003	Redcar and Cleveland	03D	NHS Hambleton, Richmondshire and Whitby CCG	1.1%	1.1%
E06000003	Redcar and Cleveland	00M	NHS South Tees CCG	47.3%	98.9%
E09000027	Richmond upon Thames	08C	NHS Hammersmith and Fulham CCG	0.5%	0.5%
E09000027	Richmond upon Thames	07Y	NHS Hounslow CCG	4.9%	7.0%
E09000027	Richmond upon Thames	08J	NHS Kingston CCG	1.6%	1.5%
E09000027	Richmond upon Thames	08P	NHS Richmond CCG	91.7%	90.3%
E09000027	Richmond upon Thames	99H	NHS Surrey Downs CCG	0.0%	0.1%
E09000027	Richmond upon Thames	08X	NHS Wandsworth CCG	0.4%	0.7%
E08000005	Rochdale	00V	NHS Bury CCG	0.7%	0.6%
E08000005	Rochdale	01A	NHS East Lancashire CCG	0.2%	0.3%
E08000005	Rochdale	01D	NHS Heywood, Middleton and Rochdale CCG	96.5%	96.6%
E08000005	Rochdale	14L	NHS Manchester CCG	0.6%	1.6%
E08000005	Rochdale	00Y	NHS Oldham CCG	0.9%	1.0%
E08000018	Rotherham	02P	NHS Barnsley CCG	3.3%	3.1%
E08000018	Rotherham	02Q	NHS Bassetlaw CCG	1.0%	0.4%
E08000018	Rotherham	02X	NHS Doncaster CCG	1.1%	1.2%
E08000018	Rotherham	03L	NHS Rotherham CCG	97.9%	93.5%
E08000018	Rotherham	03N	NHS Sheffield CCG	0.8%	1.7%
E06000017	Rutland	06H	NHS Cambridgeshire and Peterborough CCG	0.0%	0.3%
E06000017	Rutland	03V	NHS Corby CCG	0.2%	0.5%
E06000017	Rutland	03W	NHS East Leicestershire and Rutland CCG	9.9%	86.3%
E06000017	Rutland	99D	NHS South Lincolnshire CCG	2.6%	11.5%
E06000017	Rutland	04Q	NHS South West Lincolnshire CCG	0.4%	1.4%
E08000006	Salford	00T	NHS Bolton CCG	0.2%	0.3%
E08000006	Salford	00V	NHS Bury CCG	1.8%	1.4%
E08000006	Salford	14L	NHS Manchester CCG	1.1%	2.5%
E08000006	Salford	01G	NHS Salford CCG	94.1%	94.6%
E08000006	Salford	02A	NHS Trafford CCG	0.2%	0.2%
E08000006	Salford	02H	NHS Wigan Borough CCG	0.9%	1.1%
E08000028	Sandwell	15E	NHS Birmingham and Solihull CCG	1.9%	7.0%
E08000028	Sandwell	05C	NHS Dudley CCG	3.0%	2.7%
E08000028	Sandwell	05L	NHS Sandwell and West Birmingham CCG	55.1%	88.6%
E08000028	Sandwell	05Y	NHS Walsall CCG	1.7%	1.3%
E08000028	Sandwell	06A	NHS Wolverhampton CCG	0.3%	0.3%
E08000014	Sefton	01J	NHS Knowsley CCG	1.8%	1.0%
E08000014	Sefton	99A	NHS Liverpool CCG	2.9%	5.3%
E08000014	Sefton	01T	NHS South Sefton CCG	96.0%	51.6%
E08000014	Sefton	01V	NHS Southport and Formby CCG	96.8%	41.9%
E08000014	Sefton	02G	NHS West Lancashire CCG	0.3%	0.1%

E08000019	Sheffield	02P	NHS Barnsley CCG	0.8%	0.4%
E08000019	Sheffield	15M	NHS Derby and Derbyshire CCG	0.2%	0.4%
E08000019	Sheffield	03L	NHS Rotherham CCG	0.4%	0.2%
E08000019	Sheffield	03N	NHS Sheffield CCG	98.5%	99.1%
E06000051	Shropshire	05F	NHS Herefordshire CCG	0.4%	0.3%
E06000051	Shropshire	05G	NHS North Staffordshire CCG	0.5%	0.3%
E06000051	Shropshire	05N	NHS Shropshire CCG	96.7%	95.4%
E06000051	Shropshire	01R	NHS South Cheshire CCG	0.4%	0.3%
E06000051	Shropshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	1.2%	0.9%
E06000051	Shropshire	05T	NHS South Worcestershire CCG	1.0%	1.0%
E06000051	Shropshire	05X	NHS Telford and Wrekin CCG	2.3%	1.4%
E06000051	Shropshire	02F	NHS West Cheshire CCG	0.1%	0.1%
E06000051	Shropshire	06D	NHS Wyre Forest CCG	0.8%	0.3%
E06000039	Slough	14Y	NHS Buckinghamshire CCG	1.8%	6.2%
E06000039	Slough	07W	NHS Ealing CCG	0.0%	0.1%
E06000039	Slough	15D	NHS East Berkshire CCG	33.8%	93.4%
E06000039	Slough	08G	NHS Hillingdon CCG	0.0%	0.1%
E06000039	Slough	07Y	NHS Hounslow CCG	0.0%	0.1%
E06000039	Slough	09Y	NHS North West Surrey CCG	0.0%	0.1%
E08000029	Solihull	15E	NHS Birmingham and Solihull CCG	17.0%	98.9%
E08000029	Solihull	05A	NHS Coventry and Rugby CCG	0.0%	0.1%
E08000029	Solihull	05J	NHS Redditch and Bromsgrove CCG	0.4%	0.3%
E08000029	Solihull	05L	NHS Sandwell and West Birmingham CCG	0.0%	0.1%
E08000029	Solihull	05R	NHS South Warwickshire CCG	0.4%	0.4%
E08000029	Solihull	05H	NHS Warwickshire North CCG	0.2%	0.2%
E10000027	Somerset	11E	NHS Bath and North East Somerset CCG	3.1%	1.1%
E10000027	Somerset	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	0.2%	0.3%
E10000027	Somerset	15N	NHS Devon CCG	0.2%	0.5%
E10000027	Somerset	11J	NHS Dorset CCG	0.5%	0.7%
E10000027	Somerset	11X	NHS Somerset CCG	98.5%	97.3%
E10000027	Somerset	99N	NHS Wiltshire CCG	0.1%	0.1%
E06000025	South Gloucestershire	11E	NHS Bath and North East Somerset CCG	0.8%	0.6%
E06000025	South Gloucestershire	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	28.2%	97.5%
E06000025	South Gloucestershire	11M	NHS Gloucestershire CCG	0.8%	1.8%
E06000025	South Gloucestershire	99N	NHS Wiltshire CCG	0.0%	0.1%
E08000023	South Tyneside	13T	NHS Newcastle Gateshead CCG	0.0%	0.2%
E08000023	South Tyneside	00N	NHS South Tyneside CCG	99.2%	99.2%
E08000023	South Tyneside	00P	NHS Sunderland CCG	0.3%	0.6%
E06000045	Southampton	10X	NHS Southampton CCG	94.9%	99.5%
E06000045	Southampton	11A	NHS West Hampshire CCG	0.2%	0.5%
E06000033	Southend-on-Sea	99F	NHS Castle Point and Rochford CCG	4.8%	4.7%
E06000033	Southend-on-Sea	99G	NHS Southend CCG	96.7%	95.3%
E09000028	Southwark	07R	NHS Camden CCG	0.3%	0.3%
E09000028	Southwark	09A	NHS Central London (Westminster) CCG	2.5%	1.6%
E09000028	Southwark	08C	NHS Hammersmith and Fulham CCG	0.7%	0.5%
E09000028	Southwark	08K	NHS Lambeth CCG	6.6%	7.7%
E09000028	Southwark	08L	NHS Lewisham CCG	2.1%	2.0%
E09000028	Southwark	08Q	NHS Southwark CCG	94.1%	87.9%
E09000028	Southwark	08X	NHS Wandsworth CCG	0.1%	0.1%
E08000013	St. Helens	01F	NHS Halton CCG	0.2%	0.1%
E08000013	St. Helens	01J	NHS Knowsley CCG	2.6%	2.3%
E08000013	St. Helens	01X	NHS St Helens CCG	91.2%	96.3%
E08000013	St. Helens	02E	NHS Warrington CCG	0.1%	0.1%
E08000013	St. Helens	02H	NHS Wigan Borough CCG	0.7%	1.2%
E10000028	Staffordshire	15E	NHS Birmingham and Solihull CCG	0.3%	0.4%
E10000028	Staffordshire	04Y	NHS Cannock Chase CCG	99.3%	14.9%
E10000028	Staffordshire	15M	NHS Derby and Derbyshire CCG	0.5%	0.5%
E10000028	Staffordshire	05C	NHS Dudley CCG	1.4%	0.5%
E10000028	Staffordshire	05D	NHS East Staffordshire CCG	92.1%	14.7%
E10000028	Staffordshire	01C	NHS Eastern Cheshire CCG	0.6%	0.1%
E10000028	Staffordshire	05G	NHS North Staffordshire CCG	95.1%	23.4%
E10000028	Staffordshire	05N	NHS Shropshire CCG	1.0%	0.3%
E10000028	Staffordshire	01R	NHS South Cheshire CCG	0.5%	0.1%
E10000028	Staffordshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	96.2%	23.6%
E10000028	Staffordshire	05V	NHS Stafford and Surrounds CCG	99.5%	16.7%
E10000028	Staffordshire	05W	NHS Stoke on Trent CCG	8.8%	2.9%
E10000028	Staffordshire	05X	NHS Telford and Wrekin CCG	1.0%	0.2%
E10000028	Staffordshire	05Y	NHS Walsall CCG	1.6%	0.5%
E10000028	Staffordshire	05H	NHS Warwickshire North CCG	1.1%	0.2%
E10000028	Staffordshire	06A	NHS Wolverhampton CCG	2.6%	0.8%
E10000028	Staffordshire	06D	NHS Wyre Forest CCG	0.2%	0.0%
E08000007	Stockport	01C	NHS Eastern Cheshire CCG	1.6%	1.1%
E08000007	Stockport	14L	NHS Manchester CCG	1.1%	2.2%
E08000007	Stockport	01W	NHS Stockport CCG	94.9%	96.5%
E08000007	Stockport	01Y	NHS Tameside and Glossop CCG	0.2%	0.2%
E06000004	Stockton-on-Tees	00C	NHS Darlington CCG	0.4%	0.2%
E06000004	Stockton-on-Tees	00D	NHS Durham Dales, Easington and Sedgfield CCG	0.4%	0.6%
E06000004	Stockton-on-Tees	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.1%	0.1%
E06000004	Stockton-on-Tees	00K	NHS Hartlepool and Stockton-On-Tees CCG	66.9%	98.4%
E06000004	Stockton-on-Tees	00M	NHS South Tees CCG	0.4%	0.7%

E06000021	Stoke-on-Trent	05G	NHS North Staffordshire CCG	3.3%	2.7%
E06000021	Stoke-on-Trent	05V	NHS Stafford and Surrounds CCG	0.5%	0.3%
E06000021	Stoke-on-Trent	05W	NHS Stoke on Trent CCG	91.2%	97.1%
E10000029	Suffolk	06H	NHS Cambridgeshire and Peterborough CCG	0.2%	0.2%
E10000029	Suffolk	06M	NHS Great Yarmouth and Waveney CCG	52.3%	16.3%
E10000029	Suffolk	06L	NHS Ipswich and East Suffolk CCG	99.6%	52.9%
E10000029	Suffolk	06T	NHS North East Essex CCG	1.4%	0.6%
E10000029	Suffolk	06Y	NHS South Norfolk CCG	1.1%	0.3%
E10000029	Suffolk	07H	NHS West Essex CCG	0.1%	0.0%
E10000029	Suffolk	07K	NHS West Suffolk CCG	91.1%	29.7%
E08000024	Sunderland	00D	NHS Durham Dales, Easington and Sedgfield CCG	0.9%	0.9%
E08000024	Sunderland	13T	NHS Newcastle Gateshead CCG	0.5%	0.9%
E08000024	Sunderland	00J	NHS North Durham CCG	2.2%	1.9%
E08000024	Sunderland	00N	NHS South Tyneside CCG	0.5%	0.3%
E08000024	Sunderland	00P	NHS Sunderland CCG	98.5%	96.0%
E10000030	Surrey	07Q	NHS Bromley CCG	0.4%	0.1%
E10000030	Surrey	09G	NHS Coastal West Sussex CCG	0.2%	0.0%
E10000030	Surrey	09H	NHS Crawley CCG	6.6%	0.7%
E10000030	Surrey	07V	NHS Croydon CCG	1.3%	0.4%
E10000030	Surrey	15D	NHS East Berkshire CCG	3.4%	1.2%
E10000030	Surrey	09L	NHS East Surrey CCG	96.6%	14.1%
E10000030	Surrey	09N	NHS Guildford and Waverley CCG	94.0%	16.9%
E10000030	Surrey	09X	NHS Horsham and Mid Sussex CCG	1.5%	0.3%
E10000030	Surrey	07Y	NHS Hounslow CCG	0.7%	0.2%
E10000030	Surrey	08J	NHS Kingston CCG	4.5%	0.7%
E10000030	Surrey	08R	NHS Merton CCG	0.3%	0.0%
E10000030	Surrey	99M	NHS North East Hampshire and Farnham CCG	23.0%	4.2%
E10000030	Surrey	10J	NHS North Hampshire CCG	0.1%	0.0%
E10000030	Surrey	09Y	NHS North West Surrey CCG	99.4%	29.5%
E10000030	Surrey	08P	NHS Richmond CCG	0.7%	0.1%
E10000030	Surrey	10V	NHS South Eastern Hampshire CCG	0.1%	0.0%
E10000030	Surrey	99H	NHS Surrey Downs CCG	97.4%	23.8%
E10000030	Surrey	10C	NHS Surrey Heath CCG	98.9%	7.6%
E10000030	Surrey	08T	NHS Sutton CCG	1.2%	0.2%
E10000030	Surrey	99J	NHS West Kent CCG	0.2%	0.0%
E09000029	Sutton	07V	NHS Croydon CCG	1.0%	1.9%
E09000029	Sutton	08J	NHS Kingston CCG	3.5%	3.4%
E09000029	Sutton	08K	NHS Lambeth CCG	0.1%	0.2%
E09000029	Sutton	08R	NHS Merton CCG	6.3%	6.7%
E09000029	Sutton	99H	NHS Surrey Downs CCG	1.3%	1.9%
E09000029	Sutton	08T	NHS Sutton CCG	94.7%	85.6%
E09000029	Sutton	08X	NHS Wandsworth CCG	0.2%	0.3%
E06000030	Swindon	11M	NHS Gloucestershire CCG	0.0%	0.2%
E06000030	Swindon	12D	NHS Swindon CCG	96.0%	98.2%
E06000030	Swindon	99N	NHS Wiltshire CCG	0.7%	1.5%
E08000008	Tameside	14L	NHS Manchester CCG	2.2%	5.8%
E08000008	Tameside	00Y	NHS Oldham CCG	3.6%	3.9%
E08000008	Tameside	01W	NHS Stockport CCG	1.8%	2.3%
E08000008	Tameside	01Y	NHS Tameside and Glossop CCG	85.2%	88.0%
E06000020	Telford and Wrekin	05N	NHS Shropshire CCG	1.8%	2.9%
E06000020	Telford and Wrekin	05X	NHS Telford and Wrekin CCG	96.7%	97.1%
E06000034	Thurrock	07L	NHS Barking and Dagenham CCG	0.3%	0.3%
E06000034	Thurrock	99E	NHS Basildon and Brentwood CCG	0.2%	0.3%
E06000034	Thurrock	08F	NHS Havering CCG	0.2%	0.4%
E06000034	Thurrock	07G	NHS Thurrock CCG	98.5%	99.0%
E06000027	Torbay	15N	NHS Devon CCG	11.7%	100.0%
E09000030	Tower Hamlets	07R	NHS Camden CCG	1.1%	0.9%
E09000030	Tower Hamlets	09A	NHS Central London (Westminster) CCG	0.5%	0.3%
E09000030	Tower Hamlets	07T	NHS City and Hackney CCG	0.9%	0.9%
E09000030	Tower Hamlets	08C	NHS Hammersmith and Fulham CCG	0.8%	0.5%
E09000030	Tower Hamlets	08H	NHS Islington CCG	0.2%	0.1%
E09000030	Tower Hamlets	08M	NHS Newham CCG	0.2%	0.2%
E09000030	Tower Hamlets	08V	NHS Tower Hamlets CCG	98.9%	96.9%
E08000009	Trafford	14L	NHS Manchester CCG	2.7%	7.0%
E08000009	Trafford	01G	NHS Salford CCG	0.1%	0.1%
E08000009	Trafford	02A	NHS Trafford CCG	95.7%	92.7%
E08000009	Trafford	02E	NHS Warrington CCG	0.1%	0.1%
E08000036	Wakefield	02P	NHS Barnsley CCG	0.9%	0.6%
E08000036	Wakefield	15F	NHS Leeds CCG	0.4%	1.0%
E08000036	Wakefield	03J	NHS North Kirklees CCG	0.6%	0.3%
E08000036	Wakefield	03R	NHS Wakefield CCG	94.5%	98.0%
E08000030	Walsall	15E	NHS Birmingham and Solihull CCG	1.1%	4.8%
E08000030	Walsall	04Y	NHS Cannock Chase CCG	0.7%	0.3%
E08000030	Walsall	05L	NHS Sandwell and West Birmingham CCG	1.6%	3.1%
E08000030	Walsall	05Y	NHS Walsall CCG	92.8%	90.4%
E08000030	Walsall	06A	NHS Wolverhampton CCG	1.4%	1.4%
E09000031	Waltham Forest	07T	NHS City and Hackney CCG	0.4%	0.4%
E09000031	Waltham Forest	08C	NHS Hammersmith and Fulham CCG	0.3%	0.2%
E09000031	Waltham Forest	08D	NHS Haringey CCG	0.1%	0.1%
E09000031	Waltham Forest	08M	NHS Newham CCG	1.3%	1.7%
E09000031	Waltham Forest	08N	NHS Redbridge CCG	1.4%	1.4%
E09000031	Waltham Forest	08W	NHS Waltham Forest CCG	94.3%	96.1%

E09000032	Wandsworth	09A	NHS Central London (Westminster) CCG	0.9%	0.6%
E09000032	Wandsworth	08C	NHS Hammersmith and Fulham CCG	1.0%	0.6%
E09000032	Wandsworth	08J	NHS Kingston CCG	0.1%	0.0%
E09000032	Wandsworth	08K	NHS Lambeth CCG	3.2%	3.5%
E09000032	Wandsworth	08R	NHS Merton CCG	2.8%	1.6%
E09000032	Wandsworth	08P	NHS Richmond CCG	1.3%	0.7%
E09000032	Wandsworth	08X	NHS Wandsworth CCG	88.3%	92.6%
E09000032	Wandsworth	08Y	NHS West London (K&C & QPP) CCG	0.7%	0.4%
E06000007	Warrington	01F	NHS Halton CCG	0.3%	0.2%
E06000007	Warrington	01G	NHS Salford CCG	0.5%	0.6%
E06000007	Warrington	01X	NHS St Helens CCG	2.2%	2.0%
E06000007	Warrington	02E	NHS Warrington CCG	97.6%	97.0%
E06000007	Warrington	02H	NHS Wigan Borough CCG	0.2%	0.2%
E10000031	Warwickshire	15E	NHS Birmingham and Solihull CCG	0.2%	0.5%
E10000031	Warwickshire	05A	NHS Coventry and Rugby CCG	25.2%	21.5%
E10000031	Warwickshire	11M	NHS Gloucestershire CCG	0.2%	0.2%
E10000031	Warwickshire	04G	NHS Nene CCG	0.2%	0.2%
E10000031	Warwickshire	10Q	NHS Oxfordshire CCG	0.3%	0.3%
E10000031	Warwickshire	05J	NHS Redditch and Bromsgrove CCG	0.7%	0.2%
E10000031	Warwickshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	0.8%	0.3%
E10000031	Warwickshire	05R	NHS South Warwickshire CCG	96.1%	45.8%
E10000031	Warwickshire	05H	NHS Warwickshire North CCG	96.7%	30.7%
E10000031	Warwickshire	04V	NHS West Leicestershire CCG	0.5%	0.3%
E06000037	West Berkshire	15A	NHS Berkshire West CCG	30.0%	97.6%
E06000037	West Berkshire	10J	NHS North Hampshire CCG	0.7%	0.9%
E06000037	West Berkshire	10Q	NHS Oxfordshire CCG	0.2%	1.1%
E06000037	West Berkshire	99N	NHS Wiltshire CCG	0.1%	0.4%
E10000032	West Sussex	09D	NHS Brighton and Hove CCG	1.1%	0.4%
E10000032	West Sussex	09G	NHS Coastal West Sussex CCG	99.5%	57.5%
E10000032	West Sussex	09H	NHS Crawley CCG	93.4%	14.0%
E10000032	West Sussex	09L	NHS East Surrey CCG	0.3%	0.0%
E10000032	West Sussex	09N	NHS Guildford and Waverley CCG	3.1%	0.8%
E10000032	West Sussex	99K	NHS High Weald Lewes Havens CCG	1.1%	0.2%
E10000032	West Sussex	09X	NHS Horsham and Mid Sussex CCG	95.7%	25.9%
E10000032	West Sussex	10V	NHS South Eastern Hampshire CCG	4.1%	1.0%
E10000032	West Sussex	99H	NHS Surrey Downs CCG	0.6%	0.2%
E09000033	Westminster	07P	NHS Brent CCG	1.3%	2.0%
E09000033	Westminster	07R	NHS Camden CCG	3.0%	3.4%
E09000033	Westminster	09A	NHS Central London (Westminster) CCG	79.3%	71.3%
E09000033	Westminster	08C	NHS Hammersmith and Fulham CCG	0.6%	0.6%
E09000033	Westminster	08K	NHS Lambeth CCG	0.1%	0.2%
E09000033	Westminster	08Y	NHS West London (K&C & QPP) CCG	23.1%	22.6%
E08000010	Wigan	00T	NHS Bolton CCG	0.2%	0.1%
E08000010	Wigan	01G	NHS Salford CCG	0.8%	0.6%
E08000010	Wigan	01X	NHS St Helens CCG	3.8%	2.2%
E08000010	Wigan	02E	NHS Warrington CCG	0.4%	0.2%
E08000010	Wigan	02G	NHS West Lancashire CCG	2.8%	1.0%
E08000010	Wigan	02H	NHS Wigan Borough CCG	96.7%	95.7%
E06000054	Wiltshire	11E	NHS Bath and North East Somerset CCG	0.9%	0.4%
E06000054	Wiltshire	15A	NHS Berkshire West CCG	0.2%	0.2%
E06000054	Wiltshire	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	0.2%	0.5%
E06000054	Wiltshire	11J	NHS Dorset CCG	0.3%	0.4%
E06000054	Wiltshire	11M	NHS Gloucestershire CCG	0.4%	0.5%
E06000054	Wiltshire	11X	NHS Somerset CCG	0.3%	0.4%
E06000054	Wiltshire	12D	NHS Swindon CCG	1.3%	0.6%
E06000054	Wiltshire	11A	NHS West Hampshire CCG	0.1%	0.2%
E06000054	Wiltshire	99N	NHS Wiltshire CCG	96.7%	96.8%
E06000040	Windsor and Maidenhead	15A	NHS Berkshire West CCG	0.4%	1.3%
E06000040	Windsor and Maidenhead	14Y	NHS Buckinghamshire CCG	0.3%	1.1%
E06000040	Windsor and Maidenhead	15D	NHS East Berkshire CCG	34.1%	96.9%
E06000040	Windsor and Maidenhead	09Y	NHS North West Surrey CCG	0.2%	0.5%
E06000040	Windsor and Maidenhead	10Q	NHS Oxfordshire CCG	0.0%	0.2%
E06000040	Windsor and Maidenhead	10C	NHS Surrey Heath CCG	0.1%	0.0%
E08000015	Wirral	02F	NHS West Cheshire CCG	0.4%	0.3%
E08000015	Wirral	12F	NHS Wirral CCG	99.7%	99.7%
E06000041	Wokingham	15A	NHS Berkshire West CCG	31.5%	97.0%
E06000041	Wokingham	15D	NHS East Berkshire CCG	1.0%	2.6%
E06000041	Wokingham	10Q	NHS Oxfordshire CCG	0.1%	0.4%
E08000031	Wolverhampton	05C	NHS Dudley CCG	1.3%	1.5%
E08000031	Wolverhampton	05L	NHS Sandwell and West Birmingham CCG	0.1%	0.3%
E08000031	Wolverhampton	05Q	NHS South East Staffs and Seisdon Peninsular CCG	1.8%	1.4%
E08000031	Wolverhampton	05Y	NHS Walsall CCG	3.4%	3.5%
E08000031	Wolverhampton	06A	NHS Wolverhampton CCG	93.8%	93.4%
E10000034	Worcestershire	15E	NHS Birmingham and Solihull CCG	0.9%	2.0%
E10000034	Worcestershire	05C	NHS Dudley CCG	0.7%	0.4%
E10000034	Worcestershire	11M	NHS Gloucestershire CCG	0.5%	0.6%
E10000034	Worcestershire	05F	NHS Herefordshire CCG	0.9%	0.3%
E10000034	Worcestershire	05J	NHS Redditch and Bromsgrove CCG	95.8%	27.7%
E10000034	Worcestershire	05N	NHS Shropshire CCG	0.3%	0.1%
E10000034	Worcestershire	05R	NHS South Warwickshire CCG	2.3%	1.1%
E10000034	Worcestershire	05T	NHS South Worcestershire CCG	97.2%	49.3%
E10000034	Worcestershire	06D	NHS Wyre Forest CCG	98.3%	18.6%
E06000014	York	03E	NHS Harrogate and Rural District CCG	0.2%	0.1%
E06000014	York	03Q	NHS Vale of York CCG	60.2%	99.9%

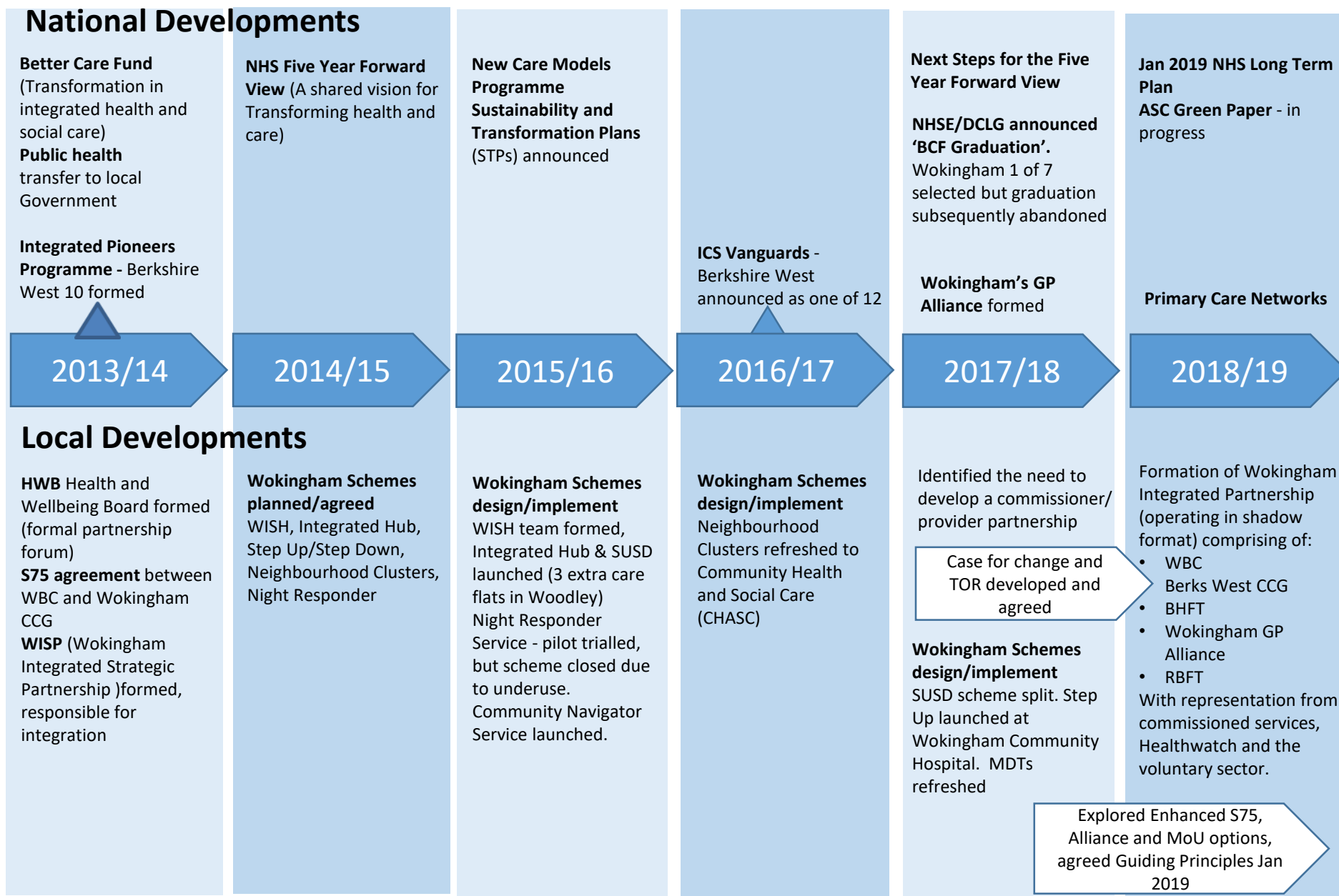
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Appendices –
Wokingham's Wellbeing Board
BCF Planning Submission
2019/20

Rhian Warner
September 2019

The Evolution of Wokingham's Integrated Partnership



Wokingham Integrated Partnership

Our vision, our way of working

Our **mission** is:

Leading local care and improving lives in Wokingham, with you – right care, right time and right place

Our vision is simple.

We believe that by working together and providing responsive and pro-active integrated services, we can help the people of Wokingham to:

- Receive services that meet their needs at the earliest possible opportunity
- Have equal access to health and social care
- Receive safe, effective and compassionate care closer to their homes
- Live healthy, fulfilling and independent lives
- Be part of dynamic, thriving and supportive local communities

Our objectives clear.

We have **4 key objectives** to make this happen:

- 1. Partnerships** with other health, social and voluntary sector providers working towards integration and collaboration
- 2. Better Care** through targeting investment to improving services, which will be organised and delivered to provide the best, most effective support for all
- 3. Better Health** - by promoting and supporting healthier lives at the earliest opportunity, reducing health inequalities and adopting an approach based on anticipation, prevention and self-management
- 4. Better Value** – by making the most cost effective use of our resources and the most efficient and consistent delivery, focusing on prevention and early intervention

We are a pioneering public sector partnership bringing together the NHS community health, primary care, social care and voluntary sector services in the borough. We have been set up to make a positive contribution to help people in Wokingham live longer and enjoy healthier lives than they do now.

Our outcomes defined.

What we need to work on for the next 5 years, for each of our objectives, to achieve our mission. **We will:**

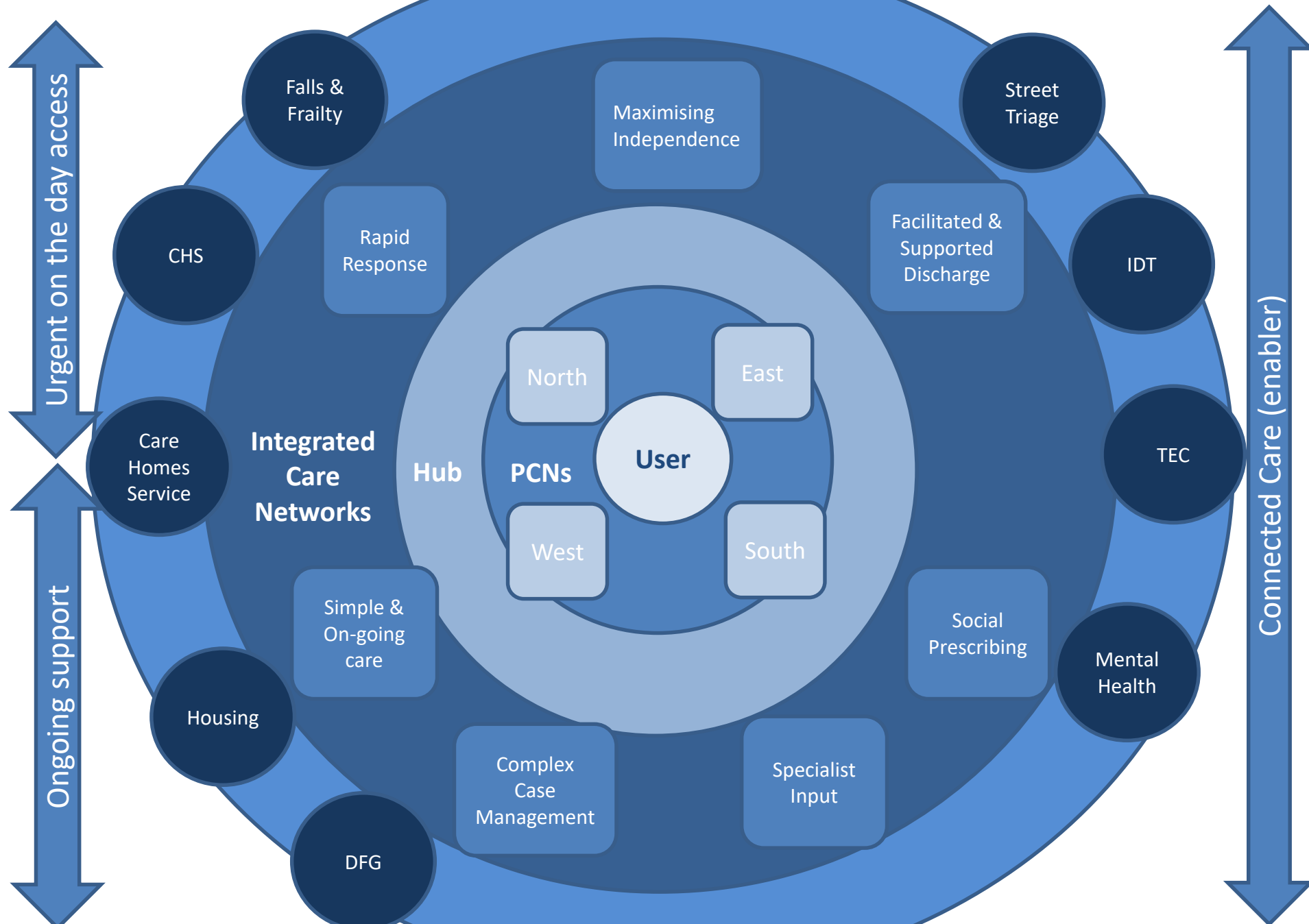
- ✓ Support our staff to develop the skills to work more collaboratively and coordinate care to deliver more integrated health & social care services
- ✓ Tackle with our partners and residents the wider determinants of health
- ✓ Improve our residents experience and outcomes of their care, addressing inequities
- ✓ Increase the number of residents positively participating in their care and service improvement
- ✓ Improve service user safety and reduce harm
- ✓ Ensure that our residents are able to look after and improve their own health and wellbeing and live in good health for longer in their own home
- ✓ Reduce health inequalities
- ✓ Shift service capacity and resources from higher cost hospital settings to the community

Our teams

Our community health and social care staff are part of a team that is committed to:

- Care that is focused on the needs of people, not organisations
- The person's perspective is at the heart of any discussion
- Achieving integrated care planning and provision imposing "the persons perspective "as the organising principle of service delivery
- Care that acts as early as possible in the disease journey
- The ambition to deliver services with minimal duplication and disruption, and with high-quality outcomes and user experience
- Care that takes a whole population approach, intervening differently to meet the needs of different groups

Wokingham Integrated Care Network



Priority 1: Creating Physically Active Communities

Aim: To get people of all ages and abilities more physically active by:

- ❖ Getting more people out and using green and blue spaces
- ❖ Promoting more active travel
- ❖ Encouraging more children to get at least one hour of physical activity every day

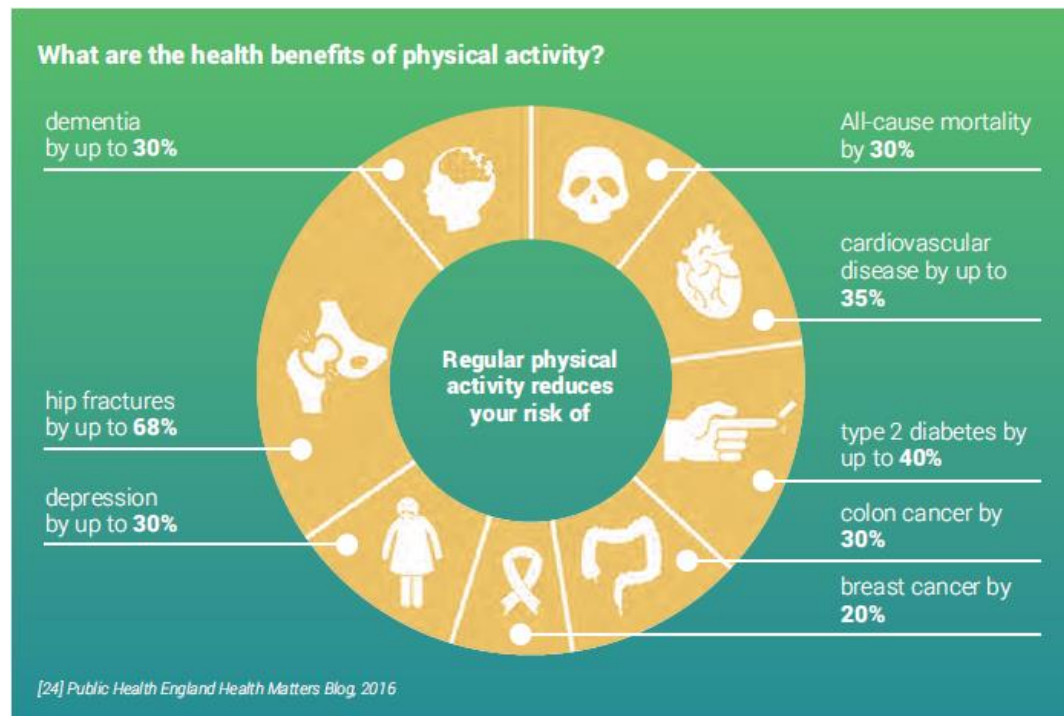
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Outcomes:

- ❖ Improved physical and mental health for all ages
- ❖ Full utilisation of new green and blue spaces
- ❖ Supporting and partnering with local sports clubs
- ❖ Lower percentage of overweight people

Current Situation & Targets:

- ❖ % of adults physically inactive (completing less than 30 minutes of physical activity per week) = 17.3%.
Target = 14% by 2021
- ❖ % of teenagers with an average sedentary time of over 7 hours per day = 63%.
Target = 52% by 2021



WOKINGHAM
BOROUGH COUNCIL

Priority 2: Reducing Social Isolation

Aim: To reduce social isolation and loneliness in:

- ❖ Older people
- ❖ People with mental illness
- ❖ Carers

in order to improve their mental and physical wellbeing.

Outcomes:

- ❖ Creating resilient communities
- ❖ Linking up with the new development programme to ensure information on activities and group activities are correctly distributed

Current Situation & Targets:

- ❖ % of adult carers who had as much social contact as they wanted = 42.2%.
Target up to = 46% by 2021
- ❖ % adult social care users who had as much social contact as they wanted = 44.5%.
Target up to = 48% by 2021



1 in 3 older people in England are affected by loneliness

25% of people in Wokingham live alone

Loneliness is linked to poor mental and physical health



Priority 3: Narrowing the Health Inequalities Gap



Aim: To close the gap between what a child who is born today in the most deprived areas and those in the least deprived areas will experience over their life time.

Outcome:

- ❖ Those most deprived will enjoy more years in good health
- ❖ Greater access to health promoting resources

Current Situation & Targets:

- ❖ Gap in employment rate between those in contact with secondary mental health services and the overall employment rate = 66%
Target = 60% by 2021
- ❖ Gap in attainment of 5 A*-C GCSEs between those in receipt of Free School Meals and those not = 11%
Target = 8% by 2021

Health inequalities are linked to deprivation, illness and protected characteristics. Wokingham is the least deprived borough in Berkshire but inequalities still exist!

Early years of life are key to reducing health inequalities

Children in receipt of free school meals do not reach the same levels of attainment at various stages of their school careers

Income deprivation in Wokingham (2015) was 5.2%



How Wokingham Wellbeing Board can influence these Priorities



Policy



Physical Environment



Organisations and Institutions



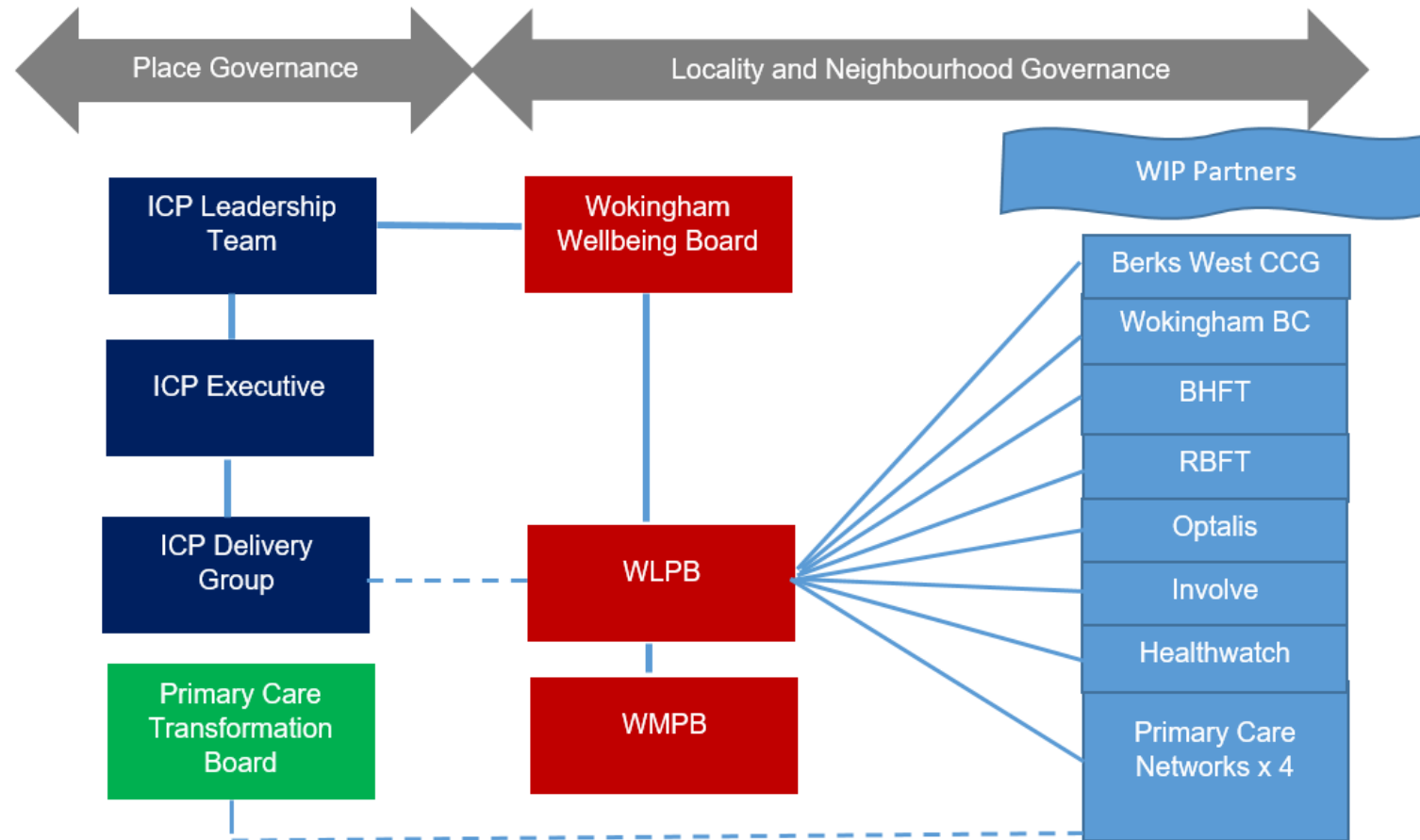
Social Environment



Individual

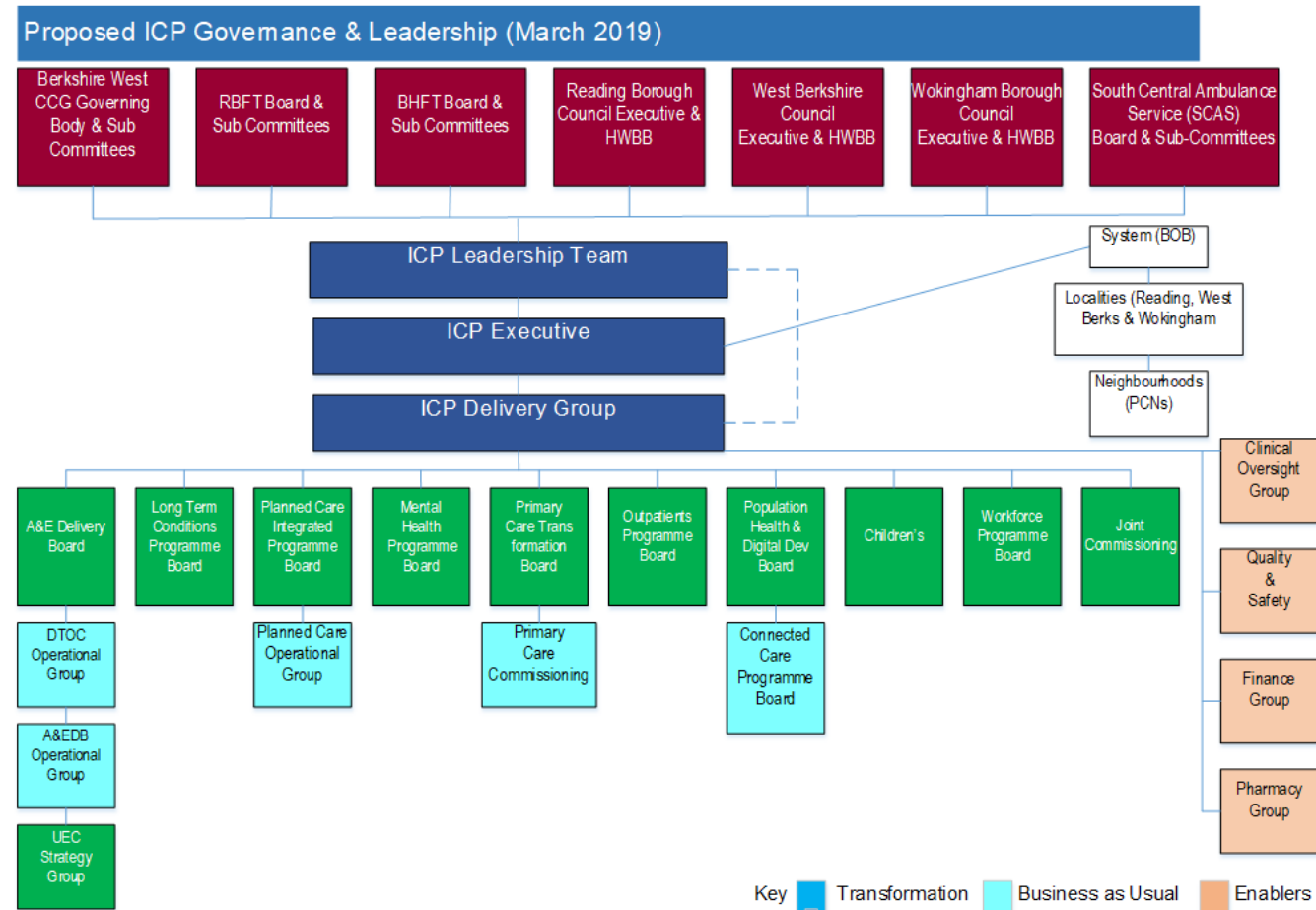
<p>What is currently happening?</p> <ul style="list-style-type: none"> ❖ Wokingham Borough Plan ❖ HWB Strategy Action Plan in development 	<p>What is currently happening?</p> <ul style="list-style-type: none"> ❖ New housing and infrastructure (roads, schools, parks) 	<p>What is currently happening?</p> <ul style="list-style-type: none"> ❖ Berkshire West 10 Integration Board 	<p>What is currently happening?</p> <ul style="list-style-type: none"> ❖ Community engagement 	<p>What is currently happening?</p> <ul style="list-style-type: none"> ❖ Significant positive progress made in areas such as smoking
<p>What needs to change?</p> <ul style="list-style-type: none"> ❖ Partnerships in Health and Wellbeing Board ❖ Commitment to priorities ❖ Improved Governance 	<p>What needs to change?</p> <ul style="list-style-type: none"> ❖ Need to include Housing ❖ Development of local plans linked with HWB overarching aims 	<p>What needs to change?</p> <ul style="list-style-type: none"> ❖ Encouraging greater Board membership ❖ Review of current Partners – what is their role? What do they deliver? 	<p>What needs to change?</p> <ul style="list-style-type: none"> ❖ Encouraging town and parish councils to promote the HWB priorities – Councillor champions for promoting health and wellbeing! 	<p>What needs to change?</p> <ul style="list-style-type: none"> ❖ Enhanced engagement with community support ❖ Raising awareness of available services

Wokingham Integrated Partnership Governance (June 2019)



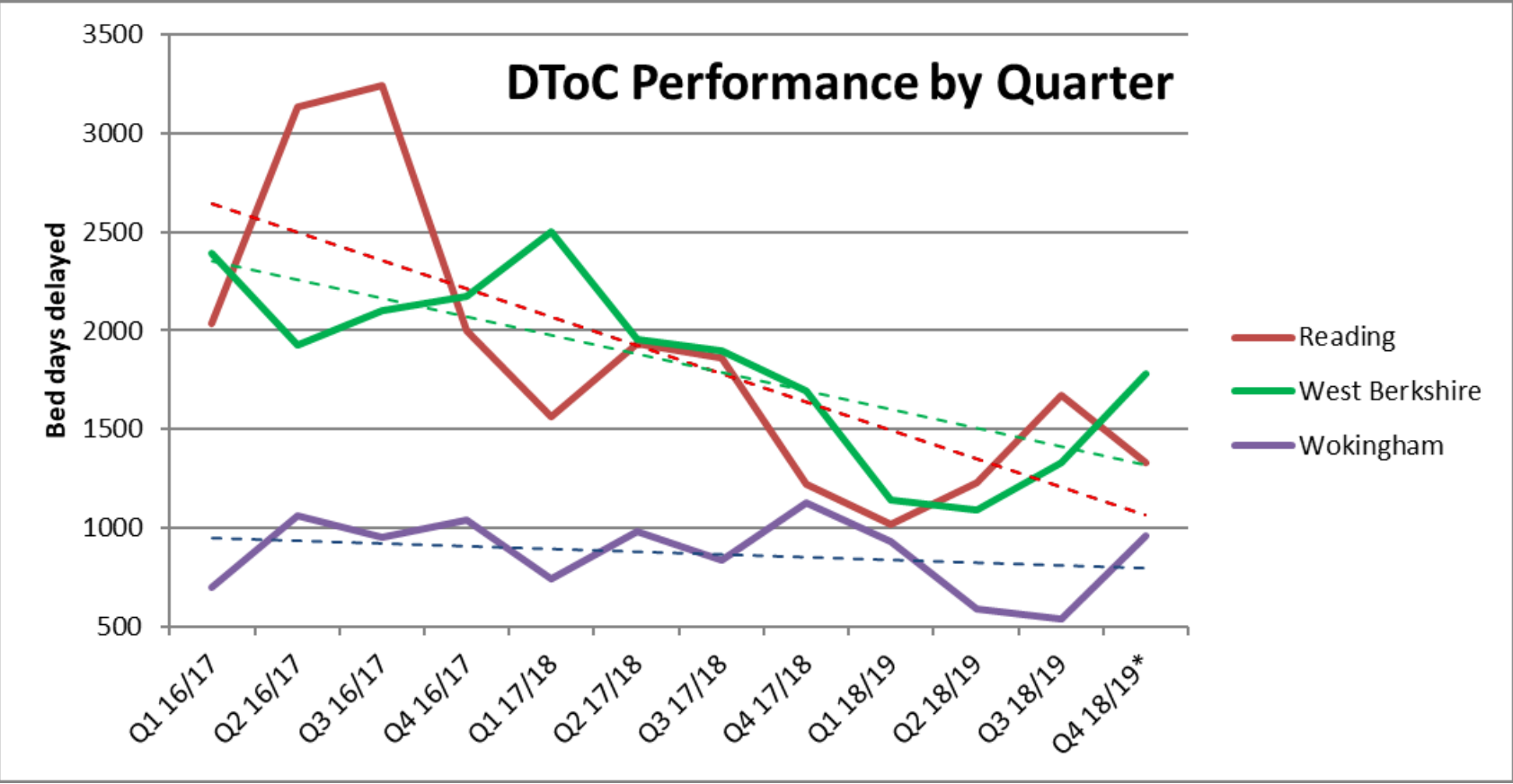
Berkshire West ICP Governance March 2019

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Berkshire West DToC Performance

69



Benefits Analysis to April 2018 to Mar 2019

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Metric/KPI	Month Activity Plan	Month Activity Actual	Month Savings	Full Year Activity Plan	YTD Total Activity	YTD Actual Savings	YTD Out-turn Savings	Planned Year Savings
WISH Reduction in NEAs over 70s with 13 specific conditions	114	93	£23,117	1,365	1,336	£31,923	£31,923	£412,809
WISH Reduction in DToCs	240	306	n/a	3,280	3,111	£59,150	£59,150	£129,180
WISH Reduction in care packages	-	-	-	-	-	-	-	£145,229
WISH Reduction in care home admissions	11	6	£203,600	132	80	£2,117,440	£2,117,440	£1,232,784
91 Day Reablement	78%	86%	N/A	78%	87%	N/A	N/A	N/A
MDT NEA reduction	28	4	£4,295	331	96	£103,101	£103,101	£355,484
MDT A&E reduction	42	2	£340	499	138	£23,460	£23,460	£84,830
Step Up NEA reduction	10	20	£21,479	119	102	£109,545	£109,545	£127,802
Step Up A&E reduction	13	25	£4,250	149	127	£21,590	£21,590	£25,330
TOTAL BENEFITS			£257,081			£2,466,209	£2,466,209	£2,513,448

NEA (for WISH) = £1,100.82 DToC (for WISH) = £350/bed/night Permanent Admission to Care Home =£40,720 p.a.
 NEA (for MDTs and Step Up) = £1073.97 A&E attendances (for MDTs and Step Up) = £170

Benefits Analysis to April 2019 to August 2019

71

Metric/KPI	Month Activity Plan	Month Activity Actual	Month Savings	Full Year Activity Plan	YTD Total Activity	YTD Actual Savings	YTD Out-turn Savings	Planned Year Savings
WISH Reduction in NEAs over 70s with 13 specific conditions	117	95	£24,220	1,412	352	£0	£11,008	£412,809
WISH Reduction in DToCs	239	380	£0	2,855	1,233	£0	£0	£129,108
WISH Reduction in care packages	-	-	-	-	-	-	-	£316,098
WISH Reduction in care home admissions	12	3	£366,480	144	34	£1,058,720	£2,036,000	£1,273,447
91 Day Reablement	87%	88%	N/A	87%	92%	N/A	N/A	N/A
MDT NEA reduction	10	16	£17,184	120	37	£39,737	£95,369	£128,876
MDT A&E reduction	13	24	£4,080	156	70	£11,900	£28,560	£26,520
Step Up NEA reduction	16	11	£11,813	187	37	£39,736	£158,947	£200,832
Step Up A&E reduction	19	14	£2,380	234	46	£7,820	£31,280	£39,780
TOTAL BENEFITS			£426,157			£1,157,913	£2,361,164	£2,527,470

NEA (for WISH) = £1,100.82 DToC (for WISH) = £350/bed/night Permanent Admission to Care Home =£40,720 p.a.
 NEA (for MDTs and Step Up) = £1073.97 A&E attendances (for MDTs and Step Up) = £170

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Agenda Item 36.

TITLE	Wokingham Integrated Partnership (WIP) – Revised Governance Proposal, Guiding Principles and Terms of Reference
FOR CONSIDERATION BY	Wokingham Borough Wellbeing Board on Thursday, 10 October 2019
WARD	None Specific
DIRECTOR/ KEY OFFICER	Matt Pope, Director of Adult Social Care, Wokingham Borough Council (WBC) and Katie Summers, Director of Operations, NHS Berkshire West Clinical Commissioning Group (CCG), Wokingham Locality

Health and Wellbeing Strategy priority/priorities most progressed through the report	<ul style="list-style-type: none"> • Creating physically active communities • Reducing social isolation and loneliness • Narrowing the health inequalities gap <p>Integrated health and social care services are essential building blocks to enable the 3 priorities of the Wellbeing Board.</p>
Key outcomes achieved against the Strategy priority/priorities	<ul style="list-style-type: none"> • Improved physical health of adults • Creating healthy and resilient communities • Support and collaboration of partners • Those most deprived will enjoy more years in good health • Greater access to health promoting resources

Reason for consideration by Wokingham Borough Wellbeing Board	To consider and agree
What (if any) public engagement has been carried out?	Nil
State the financial implications of the decision	Nil

<p>RECOMMENDATION</p> <p>That the Board agrees:</p> <ol style="list-style-type: none"> 1) That the Partnership partners widen to include Healthwatch, Involve, Optalis and the 4 newly formed Primary Care Networks (PCNs) 2) That the remit expands from just the Better Care Fund Programme to all Integration Programmes for Wokingham Borough 3) That we use WIP to develop the emerging governance of the PCNs and support their development ensuring that there is a strong link between Neighbourhoods and Localities.

- 4) That the governance structure as set out in Figure 2 of the Proposal Paper be adopted for Wokingham Integrated Partnership and Wokingham Borough
- 5) That the terms of reference for the Wokingham Leader Partnership Board (WLPB) and Wokingham Management Partnership Board (WMPB) set out in Appendix 1 and 2 of WIPs Guiding Principles are agreed.
- 6) That the key priorities for 2019/20 outlined on page 4 of WIPs Guiding Principles be approved as the basis of WIPs work programme for 2019/20.

SUMMARY OF REPORT

This report sets out the arrangements for the revised governance of Wokingham Integrated Partnership.

In May 2019 the Proposed Governance Arrangements for a Combined Berkshire West ICS and Berkshire West 10 were agreed and from the 1st July 2019 the Berkshire West Integrated Care Partnership (ICP) came into being.

The Berkshire West ICP governance proposal was shared and discussed at WLPB in May 2019 and it was agreed that a review of our local Wokingham governance structure was required to ensure that Neighbourhood and Locality governance aligns with Place governance and that the current scope of Wokingham's Integrated Partnership required review.

This paper sets out the proposal for how we update our WIP governance to ensure alignment with the newly developed ICP and the widened scope of the partnership.

The papers have been considered, reviewed and agreed by all Partners of Wokingham Integrated Partnership.

Background

Attached at Appendix 1 is the Proposal for Revised Governance for WIP which has been written to provide a more detailed explanation of the review of our governance and the proposal to ensure we are aligned with the new Berkshire West ICP. The proposal covers the following:

- A description of the health and social care partnership arrangements in Wokingham Borough, that have been in place since 2013 and a review of its effectiveness.
- An explanation as to why the governance needs to be revised
- The proposed revisions to the current governance

Appendix 2 is the revised Guiding Principles for WIP, which has the updated Terms of Reference (ToR) for the WIP boards embedded. The changes proposed in the Revised Governance document have been reflected in the Guiding Principles and ToR.

Analysis of Issues, including any financial implications

Financial Implications – Nil

Policy – Nil

Personnel – Nil

Legal - Nil

Risk Management - Nil

Partner Implications
It is important that all Wellbeing Board partners review and understand the proposed new arrangements for Wokingham Integrated Partnership.

Reasons for considering the report in Part 2
N/A

List of Background Papers
Appendix 1 - Proposal for Revised Governance of Wokingham Integrated Partnership (WIP) to strengthen governance in Localities and Neighbourhoods vs1.1 Appendix 2 - Guiding Principles for Wokingham's Integrated Partnership vs1.4

Contact Rhian Warner	Service Wokingham Integrated Partnership
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16th July 2019

GUIDING PRINCIPLES FOR WOKINGHAM'S INTEGRATED PARTNERSHIP



Version Control

No	Date	Version	Author	Comments
1	19/12/18	1.0	Rhian Warner	Change title from Statement of Purpose to Guiding Principles, add an objectives section and edit to make more concise
2	15/1/19	1.1	Rhian Warner	Changes as requested by BW CCC, added BW system to governance, scope of additional area, removing enhancing S75
3	29/1/19	1.2	Rhian Warner	Final version for approval at Wokingham Wellbeing Board
4	14/2/19	1.3	Rhian Warner	Final version approved by Wokingham Wellbeing Board, all dates updated to reflect approval date
5	12/6/19	1.4	Rhian Warner	Updated version to reflect changes in Berkshire West Governance and The NHS Long Term Plan. 16/7/19 no changes requested so document remains as Version 1.4

Approval History vs 1.4

Approval Committee	Date Discussed	Comments
Wokingham Leader Partnership Board	20/6/19	New Chair would like further time to review the governance documents. No changes required to proposal agreed by WLPB members and to go to WWB for sign off.
Wokingham Wellbeing Board	10/10/19	

Date: 16th July 2019

These Guiding Principles are made between the following Partners:

1. NHS BERKSHIRE WEST CLINICAL COMMISSIONING GROUP (CCG);
2. WOKINGHAM BOROUGH COUNCIL (WBC);
3. BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST (BHFT);
4. WOKINGHAM NORTH PRIMARY CARE NETWORK (PCN);
5. WOKINGHAM SOUTH PRIMARY CARE NETWORK (PCN);
6. WOKINGHAM EAST PRIMARY CARE NETWORK (PCN);
7. WOKINGHAM WEST PRIMARY CARE NETWORK (PCN);
8. ROYAL BERKSHIRE NHS FOUNDATION TRUST (RBFT);
9. OPTALIS;
10. INVOLVE;
11. HEALTHWATCH

- I. These Guiding Principles not legally binding, it is a statement of joint intent which indicates the broad principles that the Partners will seek to apply when making decisions.
- II. The Partners acknowledge the need to keep this document under review and consider as and when necessary, further flexible arrangements between Partners.

BACKGROUND

- a) These Guiding Principles are an integral part of the vision to promote integrated services that deliver personalised care and it is anticipated that these Guiding Principles will facilitate these objectives.
- b) Section 75 of the National Health Services Act 2006 gives powers to local authorities and clinical commissioning groups to establish and maintain pooled funds out of which payment may be made towards expenditure incurred in the exercise of prescribed local authority functions and prescribed NHS functions.
- c) The Partners are working towards further strengthening Wokingham's locality and neighbourhood approach through effective governance, with a clear understanding of the commissioner/provider relationship with the move to partnership working. These Guiding Principles will provide a robust governance model that allows all Partners to work at the scale required to deliver integrated care for Wokingham's population.
- d) The services in currently in scope of this Partnership are:

Community Nursing	Optalis Brokerage and Support
Intermediate Care	Adult Social Care
Primary Care	Community Navigators
Step-Up Beds	Public Health
and any other area subject to agreement by the Partners	

KEY OBJECTIVES

The aims and benefits of the Partners having Guiding Principles is because we believe that by working together and providing responsive and pro-active integrated services, we can help the people of Wokingham to:

- Receive services that meet their needs at the earliest possible opportunity
- Have equal access to health and social care
- Receive safe, effective and compassionate care closer to their homes
- Live healthy, fulfilling and independent lives
- Be part of dynamic, thriving and supportive local communities

We have 4 key objectives to make this happen:

1. Partnerships with other health, social and voluntary sector providers working towards integration and collaboration
2. Better Care through targeting investment to improving services, which will be organised and delivered to provide the best, most effective support for all
3. Better Health by promoting and supporting healthier lives at the earliest opportunity, reducing health inequalities and adopting an approach based on anticipation, prevention and self-management
4. Better Value by making the most cost effective use of our resources and the most efficient and consistent delivery, focusing on prevention and early intervention

In its first year (2018/19) the Wokingham Integrated Partnership achieved the following key deliverables:

1. The production of Wokingham's Roadmap to 2020.
2. Development and publication of Wokingham's Integration Position Statement.
3. Delivery against year 1 plans in the Roadmap

In its second year (2019/20) the Wokingham Integrated Partnership will need to deliver the following key priorities:

1. Wokingham's Health and Social Care Integration, developing Wokingham's Integrated Care Networks to wrap around PCNs as they develop and mature
2. Designing and implementing our neighbourhoods around the whole system of public services
3. The infrastructure supporting the development of Primary Care Networks
4. Informing and leading Wokingham's contribution to BW ICP
5. The Better Care Fund Programme

PARTNERSHIP SHARED PRINCIPLES

The shared principles which partners have agreed to apply are summarised below:

- a) work towards a shared vision of integrated service provision;
- b) work together to support the delivery of shared programmes and priorities, including national programmes such as The NHS Long Term Plan and the Better Care Fund.
- c) commit to delivery of locality and neighbourhood outcomes in terms of clinical matters, patient experience and financial matters, we will be outcome focused, including quality as well as quantity;
- d) commit to common processes, protocols and other system inputs;
- e) commit to work together and to make locality and neighbourhood decisions on a best for users and the Wokingham pound basis with a primary focus on the outcomes for the community of Wokingham Borough;
- f) take responsibility to make unanimous decisions on a 'Best for Service' basis;
- g) always demonstrate the Service Users' best interests are at the heart of our activities;
- h) adopt an uncompromising commitment to trust, honesty, collaboration, innovation and mutual support;
- i) establish an integrated collaborative team environment to encourage open, honest and efficient sharing of information, subject to competition law compliance;
- j) adopt collective ownership of risk and reward, including identifying, managing and mitigating all risks in performing respective obligations;
- k) co-produce with others, especially service users, families and carers, in designing and delivering the services;
- l) Produce localised solutions where possible.

PARTNERSHIP PRINCIPLES OF COLLABORATION

The Partners agree to adopt the following principles when carrying out the development of the Wokingham Integrated Partnership:

- a) collaborate and co-operate. Establish and adhere to the governance structure to ensure that activities are delivered and actions taken as required to deliver change collectively;
- b) be accountable. Take on, manage and account to each other and the wider system e.g. The Berkshire West ICP for performance of the respective roles and responsibilities;
- c) be open. Communicate openly about major concerns, issues or opportunities relating to the Partnership and be transparent adopting an open book approach wherever possible;
- d) adhere to statutory requirements and best practice. Comply with applicable laws and standards including procurement rules, competition law, data protection, information governance and freedom of information legislation;
- e) act in a timely manner. Recognise the time-critical nature of the Partnership and respond accordingly to requests for support;
- f) manage stakeholders effectively with a clear intention to engage with all relevant stakeholders in the development of the Partnership and to look towards the future;
- g) deploy appropriate resources. Ensure sufficient and appropriately qualified resources are available and authorised to fulfil responsibilities; and
- h) act in good faith to support achievement of the Key Objectives and compliance with the Shared Principles and to develop appropriate “Rules of Engagement” between stakeholders in the Partnership.

GOVERNANCE AND REPORTING

- a) Overall strategic oversight of partnership working between the Partners is vested in the Wokingham Wellbeing Board, which for these purposes shall make recommendations to the Partners as to any action it considers necessary.
- b) Work in collaboration with the Berkshire West Integrated Care Partnership.
- c) The Partners have established the Wokingham Leader Partnership Board (WLPB) to provide strategic direction to the Partnership, to manage risk and to hold to account the Wokingham Management Partnership Board (WMPB) for the performance of the Partnership such that it achieves the objectives set for it. The current strategic areas include:
 - Wokingham’s Health and Social Care Integration
 - The infrastructure supporting the development of Primary Care Networks
 - Informing and leading Wokingham’s contribution to BW ICP
 - The Better Care Fund Programme
 The WLPB is accountable to the Wokingham Wellbeing Board and will report progress on the current strategic areas.
- d) WMPB has been established to provide the day to day senior management of the Partnership and Provider services, particularly in respect of the delivery of plans to achieve the objectives and strategies agreed by the WLPB, and to manage performance and risk.
- e) WLPB is based on a joint working group structure. Each member of the WLPB shall be an officer of one of the Partners and will have individual delegated responsibility from the Partner employing them to make decisions which enable the WLPB to carry out its objectives, roles, duties and functions.
- f) The terms of reference of the WLPB as regards this Statement of Purpose shall be as set out in Appendix 1.
- g) The terms of reference of the WMPB as regards this Statement of Purpose shall be set out in Appendix 2.

APPENDICES

APPENDIX 1 – Wokingham Leader Partnership Board Terms of Reference



ToR WLPB vs 1.9 Jul
19.docx

APPENDIX 2 – Wokingham Management Partnership Board Terms of Reference



ToR WMPB vs 1.8 Jul
2019 DRAFT.docx

16th July 2019

Proposal for Revised Governance of Wokingham Integrated Partnership (WIP) to strengthen governance in Localities and Neighbourhoods



Version Control

No	Date	Version	Author	Comments
1	12/6/19	1.1	Rhian Warner	16/7/19 no changes requested so document remains as Version 1.1
2				
3				
4				
5				

Approval History

Approval Committee	Date Discussed	Comments
Wokingham Leader Partnership Board	20/6/19 16/7/19	New Chair would like further time to review the governance documents. No changes required to proposal agreed by WLPB members and to go to WWB for sign off.
Wokingham Wellbeing Board		

1. Introduction

- 1.1. It was agreed late last year that the Berkshire West 10 Integration Programme (BW10) and the Berkshire West Integrated Care System (BWICS) would be combined. This was further reinforced by the CQC System Review in Reading, finalised late last year, which also concluded that there was a need to integrate the two Programmes. The Chief Officers Group workshop on 19th November 2018 agreed that as one of its emerging three priorities, the governance of the two Programmes should be combined.
- 1.2. In May 2019 the Proposed Governance Arrangements for a Combined Berkshire West ICS and Berkshire West 10 were agreed and from the 1st July 2019 the Berkshire West Integrated Care Partnership (ICP)
- 1.3. The Berkshire West ICP governance proposal was shared and discussed at WLPB in May 2019 and it was agreed that a review of our local Wokingham governance structure was required to ensure that Neighbourhood and Locality governance aligns with Place governance and that the current scope of Wokingham's Integrated Partnership required review.

2. Background

- 2.1. Wokingham Locality has a Health and Wellbeing Board (now known as Wokingham Wellbeing Board). The Boards were created through the Health and Social Care Act 2012 and are a formal committee of the local authority charged with promoting greater integration and partnership between bodies from the NHS, public health and local government. They have a statutory duty, with CCGs, to produce a joint strategic needs assessment and a joint health and wellbeing strategy for their local population.
- 2.2. Wokingham Integrated Strategic Partnership (WISP) and then Wokingham Integrated Partnership (WIP) is a sub-partnership of the Wokingham Wellbeing Board and WIPs main responsibility has been overseeing the introduction of the Better Care Fund (BCF) and implementing a programme of work to develop integrated adult health and social care services for Wokingham Borough.
- 2.3. During 2017/18 WISP explored options for governance arrangements, as up until that time local governance was commissioner led through a section 75 partnership. We investigated several options including Alliance agreement, enhancing the Section 75 agreement and a Memorandum of Understanding (MoU). It was decided in December 2018 that a set of Guiding Principles with refreshed Terms of Reference would be the most appropriate solution in order to align with the 2 Berkshire West programmes/systems. We used The Kings Fund ten design principles for place based systems of care as a starting point for developing our local partnership.
- 2.4. The main drivers for refreshing the local governance at that time was to:
 - Confirm Wokingham's commitment to developing integrated services
 - Enable the development of relationships at a local level ensuring a bottom down, top up approach (e.g. Blackburn & Darwen)
 - Put all partners on the same page for collaboration without a legally binding agreement which otherwise might have produced a conflict with existing statutory contractual arrangements between Commissioners and Providers.

- Create mutually accepted expectations between our local partner organisations as we work towards our common objectives
- Create a mutually beneficial framework that all partners can work within to achieve shared goals
- Enable starting with service and clinical integration and local relationships

2.5. Since April 2018 the new partnership, WIP, has been in operation, initially in shadow form and then formalised following agreement and adoption of the Guiding Principles.

3. Governance Proposals

3.1. Before considering future governance proposals it is perhaps worth reflecting on the current strengths and weaknesses of the existing governance arrangements in Wokingham and its links up to Berkshire West

(1) Strengths

- Mature, strong lasting relationships.
- Agreed vision, objectives and outcomes through the Integrated Position Statement (“IPS”)
- Commitment to partnership working which has borne improved outcomes, including the Better Care Fund four National Metrics.
- An effective governance structure which appears to have supported progress at some pace.
- Engagement with Elected Member and with Wokingham Wellbeing Board.
- An active and engaged BW10 Delivery Group that has some notable achievements under its belt, with good links from the local integration boards into this governance structure.
- Some effective sub groups within both the BW10 and BWICS structure which have also delivered significant achievements.

(2) Weaknesses

- Disconnect and alignment between localities, and in some cases with their respective Wellbeing Board, BW10 and BWICS
- Capacity - most notably at senior leadership level.
- Potential duplication of work at Locality levels.
- Strategic direction is fluid and subject to change – most notably within the NHS. This could undermine the effectiveness and sustainability of any agreed governance arrangements.

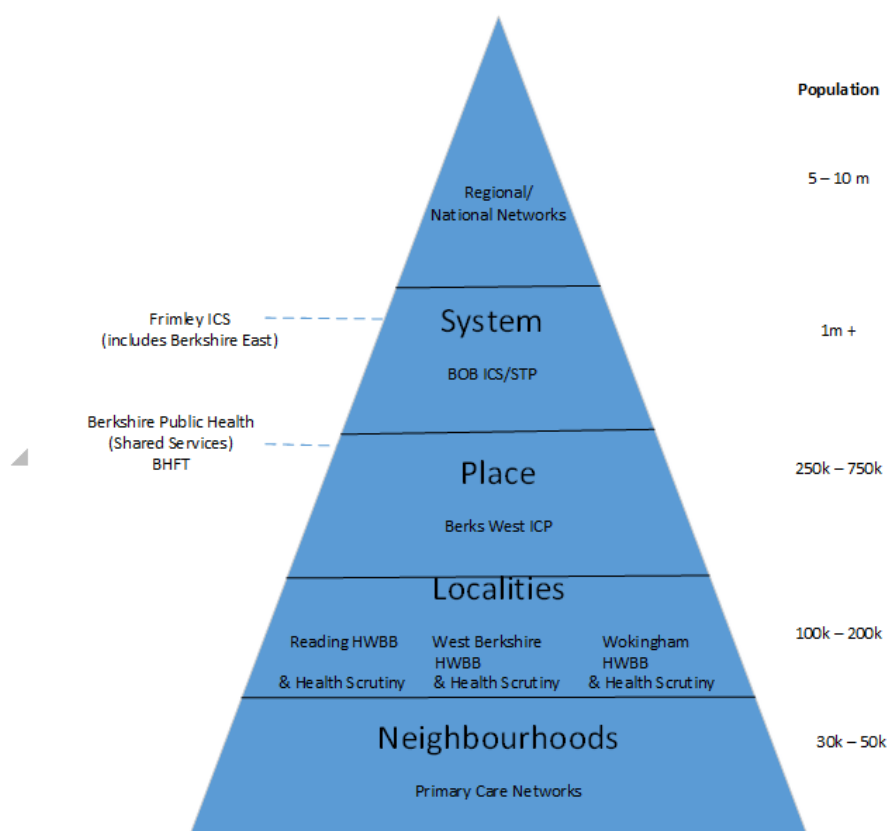
3.2. This paper has been conceived to look to address a number of developments:

- The emerging governance of the Wokingham Integrated Partnership and ensuring alignment with the Wellbeing Board and BW ICP
- The publication of the NHS Long Term Plan (NHS LTP) in January 2019, specifically the development of Primary Care Networks (PCNs)
- Locality and Neighbourhood based planning as identified by the BW ICP Governance Proposal Paper

3.3. These have potentially significant implications for Wokingham and it would seem appropriate to shape this paper around this new emerging landscape. Quite how some of these proposals will finally emerge has yet to be clarified so some assumptions have had to be made. That said there is an opportunity now to shape something that both reflects national expectations whilst at the same time protecting the strong partnership arrangements that have already developed in Wokingham. This will hopefully provide the foundation to strengthen joint working going forward and ensure Wokingham has a strong and effective voice within the new Berkshire West ICP so that it reflects the Localities and Neighbourhoods that lie within it.

- 3.4. To align with the governance changes at Berkshire West level we will base our future governance around the following taxonomy:
- 1) System – the ICS will be the local Health and Social Care System. NHS England have determined that this should be Buckinghamshire, Oxfordshire and Berkshire West (BOB), the same footprint as the current Sustainability and Transformation Partnership (STP).
 - 2) Place – Berkshire West would be the focus for Place based planning. At this point there would appear to be an expectation that Place will be an important element of the new BOB ICS. A function of this Paper is to start the discussion as to what this Place based planning might look like:
 - 3) Locality – this would be each unitary authority area. The Health and Wellbeing Boards would remain the main planning unit at this level along with the Health Scrutiny function. A function of this paper is to start the discussion as to what this Locality and Neighbourhood based planning might look like, which was one of the priorities agreed by the Chief Officers Group in November 2018
 - 4) Neighbourhoods – Primary Care Networks (PCNs) feature prominently within the NHS LTP. Work has already started on developing these across Berkshire West. The expectation is that as planning units PCNs would support a population of between 30,000 – 50,000 residents.
- 3.5. Fig. 1 shows diagrammatically how this would work locally. It has been adapted from a diagram produced by the BOB STP.

Figure 1 – The proposed health and social care planning taxonomy on which the Berkshire West governance is based

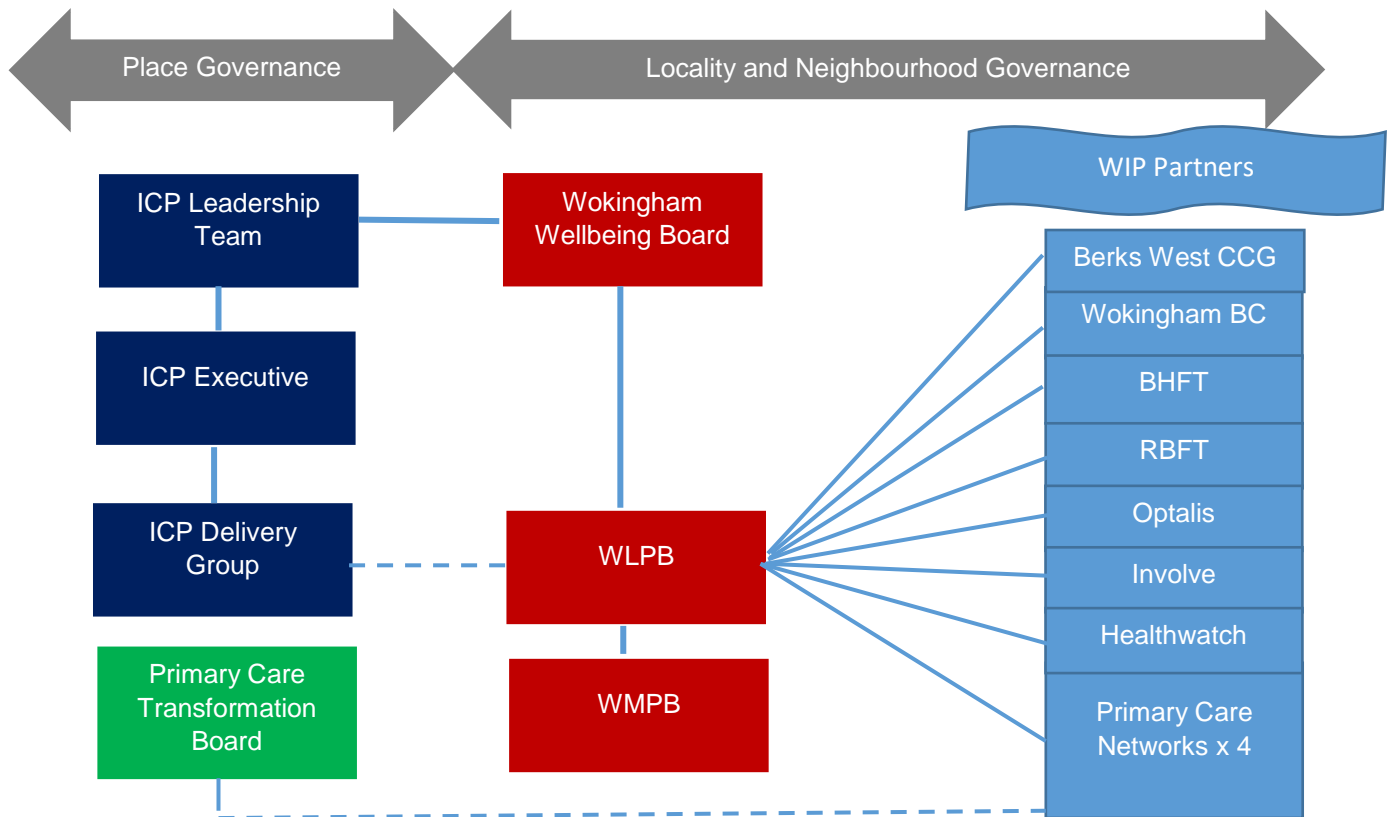


Note: Delivery will also be provided by organisations which will not necessarily align with this taxonomy.

- 3.6. Given this context some guiding principles have been set for the newly proposed ICP governance arrangements:
- 1) They should be built on the 'four level taxonomy' as already outlined providing clarity as to what each level is responsible for and how coordination will be effected between the different levels. Planning and delivery need to be differentiated as two different things.
 - 2) The new arrangements should be no more burdensome than the existing ones - ideally less so.
 - 3) The arrangements need to directly support the strategic direction adopted across Berkshire West and provide an effective means of working within the new BOB ICS.
 - 4) What is in place should be inclusive most notably with regard to Elected Members.
- 3.7. Our Wokingham IPS provides our vision and strategic plan and what needs to be achieved in relation to integrated adult health and social care services and our work programme will be a combination of:
- 1) our aspirations as a Locality through our Wellbeing and Partnership strategies, including development of Integrated Care Networks
 - 2) the emerging aspirations of Neighbourhoods through Primary Care Networks
 - 3) agreeing and embed a Population Health Management Approach
 - 4) supporting the Voluntary and Community to sustainability
 - 5) what needs to be done to support aspirations at a Berkshire West level through the newly formed ICP
- 3.8. At present the BW ICP hasn't been able to define the role of Localities and Neighbourhoods but using themes from the NHS long term plan the following would need to be designed and delivered at Locality/Neighbourhood with clear consideration for Place due to the differing demography across BW
- 1) Integrated Care
 - 2) Prevention and Inequalities
 - 3) Efficiency
 - 4) Engagement and Partnerships
- 3.9. With regard to the governance of Locality/Neighbourhood the following are proposed and shown in Figure 2:
- 1) The current Wokingham Integrated Partnership and its 2 boards, Wokingham Leader Partnership Board and Wokingham Management Partnership Board remain appropriate in name and high level function – strategic and operational and will be retained.
 - a) Their terms of reference are to be broadened to reflect the strategic direction in the NHS long term plan, ICP and ICS.
 - b) Membership for Primary Care needs to be reconsidered in light of the development of 4 PCNs.
 - c) No other membership changes are proposed as Wokingham has included its Executive Member for Health, Well-being and Adult Services for some time within its partnership and its number of partners/members ensures it is effective.
 - d) Effective links to the ICP will be through the Executive Member for Health, Well-being and Adult Services who would sit on the ICP Leadership Board; the Director of Adult Social Care and Director of Operations for the CCG would sit on the ICP Delivery Group and the Integration Manager would report to the ICP Delivery Group.
 - 2) Expand the remit from Better Care Fund Programme to all Integration Programmes for Wokingham Borough

- 3) We use WIP to develop the emerging governance of the PCNs and support their development ensuring that there is a strong link between Neighbourhoods and Localities.
- 4) The terms of reference are updated to reflect these changes.

Figure 2 - Proposed Wokingham Integrated Partnership Governance (June 2019)



3.10. With regards the remit of the Wokingham Integrated Partnership in the governance of Localities and Neighbourhoods Table 1 below provides some thinking on what the responsibilities of Locality/Neighbourhood might be contrasted with those of Place. The NHS LTP themes have been used to help frame this.

Table 1– Proposed allocation of roles and responsibilities for Localities and Neighbourhoods (taken from Proposed Governance Arrangements for a Combined Berkshire West ICS and Berkshire West 10 - Main Report – Final Draft v2)

LTP Theme	Primary responsibility for design	Primary responsibility for delivery	Notes
1. Integrated Care			
Primary Care Networks	Locality	Neighbourhood with oversight from Locality	
Population Health Management	Locality	Locality with oversight from Place	
Personalised care; • Personal health	Place		

<ul style="list-style-type: none"> budgets Social prescribing 	Locality	Neighbourhoods with oversight of Locality	
2. Prevention and Inequalities			
<ul style="list-style-type: none"> Smoking Alcohol Obesity Antimicrobial resistance 	Place	Place	
<ul style="list-style-type: none"> Air Pollution Health inequalities 	Locality	Locality	
3. Care Quality and Outcomes	Place	Place	System will have a role in design as well
4. Workforce	Place	Place/organisation	Same design by system
5. Digital	Place	Place/organisation	Design is currently largely seen to be at system level
6. Efficiency	Place	Place/organisation	Efficiency Plan will also be produced at system level for working at scale
7. Engagement and Partnerships			
	Locality/Neighbourhood	Locality/Neighbourhood with some 'light touch' coordination at Place if needed	Engagement and partnership activity will be driven at Locality and Neighbourhood level
8. ICP Strategy			
Development of an ICP strategy to incorporate the Health and Wellbeing Strategy	Locality	Locality	Strategy will be bought together at Place and will reflect where appropriate system strategy

4. Resourcing the new arrangements

- 4.1. This will be found from within existing resources initially. At present in Wokingham we have 2.4 WTE of Programme Management support in the form of a 0.6 WTE Programme Manager, 0.4 WTE Finance and Performance Lead, 1 WTE administrator and a 0.8 WTE Integration Development Lead which are all funded through the Better Care Fund Programme. These staff mainly support the development of integrated services and manage the Better Care Fund Programme at Locality level. The Programme Manager also supports work at a BW level, mainly around coordinating peer meetings and supporting the delivery of the 8HICM.
- 4.2. It is proposed that the Wokingham BCF PMO team responsibility is expanded and supports the following:
- 1) Programme management and project management coordination for WIP, therefore all integration/integrated care delivery across Wokingham Borough
 - 2) Forward planning for WLPB, WMPB including agenda management, distribution and minuting of meetings
 - 3) Support the development and delivery of the emerging PCNs
 - 4) Continue and further develop with the shared Locality working between the 3 BW localities

- 5) Support the ICP with the delivery of specific programmes of work
- 4.3. Based on the expanded responsibility and the updated governance the resource support to WIP will be renamed the Wokingham Integrated Partnership Team and will comprise of WIP Manager, WIP Finance and Performance Lead, WIP Administrator and Integration and Development Lead.

5. Conclusions

- 5.1. With emerging governance from BOB ICS (System) and BW ICP (Place) and with increasing clarity around Locality and Neighbourhoods, it is an opportune time to refresh Wokingham's governance ensuring it fits within the hierarchy of governance for health and social care.

6. Recommendations

- 6.1. We align with the taxonomy and governance structures set out by the BW ICP in our Locality and Neighbourhood governance
- 6.2. We expand the remit of WIP from Better Care Fund Programme to all Integration Programmes for Wokingham Borough
- 6.3. We use WIP to develop the emerging governance of the PCNs and support their development ensuring that there is a strong link between Neighbourhoods and Localities.
- 6.4. The Guiding Principles and Terms of Reference are updated and agreed to reflect these changes

Agenda Item 37.

TITLE	Strategy into Action
FOR CONSIDERATION BY	Wokingham Borough Wellbeing Board on Thursday, 10 October 2019
WARD	None Specific;
DIRECTOR/ KEY OFFICER	Graham Ebers, Deputy Chief Executive and Charlotte Seymour, Project Support Officer

Health and Wellbeing Strategy priority/priorities most progressed through the report	This report meets all three of the strategy priorities: Priority 1 – Creating physically active communities Priority 2 – Reducing social isolation and loneliness Priority 3 – Narrowing the health inequalities gap
Key outcomes achieved against the Strategy priority/priorities	Update the Board on actions taken towards implementing Strategy into Action.

Reason for consideration by Wokingham Borough Wellbeing Board	Update the Wellbeing Board on the progress of the Wellbeing Agenda 'refresh' and implementation of the strategy through the action plan. To seek views and ideas with regards to potential actions for the delivery of the strategy.
What (if any) public engagement has been carried out?	None at present.
State the financial implications of the decision	None at present.

<p>RECOMMENDATION</p> <p>1) That the Board notes the update and progress to date for the Wellbeing Strategy and supports the implementation of Strategy into Action.</p> <p>2) That the partners of the Board provide their actions and relevant indicators against the three key priorities for inclusion in the dashboard.</p> <p>3) That the Board agrees and supports the dashboard.</p>
<p>SUMMARY OF REPORT</p> <p>The purpose of this paper is to provide the Wellbeing Board with an update for the implementation of Strategy into Action and future actions to create and implement the action plan.</p>

Background

The Wellbeing Board has considered proposals to refresh its 'agenda' since 2017. These considerations have been in relation to governance, partnership working and other issues seen to be relevant to improving the effectiveness of the Board and enhancing its community engagement. It was decided that in order to ensure enhanced focus, vibrancy and engagement with the community, the agenda for the Wellbeing Board should facilitate this, with this in mind an agenda setting group has been set up to review and discuss papers to be presented to formal Board meetings to determine if the paper is appropriate for inclusion. There will be close monitoring of prospective items to ensure the Board are clear on what is being asked of them and how the items fit in with the refreshed strategy and delivery against its key priorities.

Through the refresh, the Wellbeing Board have created a revised and more meaningful Joint Health and Wellbeing Strategy 2018-21. This strategy was designed around the overarching vision of "**creating healthy and resilient communities**", within which are three key priorities:

1. **Creating physically active communities**
2. **Reducing social isolation and loneliness**
3. **Narrowing the health inequalities gap**

Refresh and Update on the Action Plan

The established Strategy into Action group have been working closely with the Public Health team to develop an outcomes focused dashboard for each of the three key priorities. This dashboard and the action plans have been refined into one clear document which will enable efficient and effective monitoring of actions and accountability.

Appendix 1 shows the document for "creating physically active communities" and this is the furthest along of the dashboards.

Appendix 2 and 3 are the draft dashboards for "Narrowing the health inequalities gap" and "Reducing social isolation and loneliness" priorities.

All three dashboards will be merged into one document when they are completed and will be brought back to the Wellbeing Board. The document is a work in progress but the Strategy into Action group have a clear vision of the final product.

Currently, the dashboards only show the Public Health Outcomes Framework (PHOF) for indicators, but it is important that other key indicators are included such as the NHS Outcomes Framework and Health and Social Care indicators. Against these indicators are a local value and an England value and these will be the basis of the monitoring. It has been agreed by the Strategy into Action group that the targets for all actions will be movement of 10% (in the right direction) by November 2021, but these targets will be reviewed every 6 months from March 2020.

Furthermore, there are several identified gaps within the list of actions in the dashboards. There are some areas which are heavily represented and others that are non-existent. It

is extremely important for the integrity and effectiveness of the action plan that all key partners and are represented and included.

A Journey of Better Understanding Data

Wokingham JSNA

The Wokingham Public Health team presented data from the recently published JSNA (Joint Strategic Needs Assessment) to support a multiagency group tackling social isolation.

The group discussed the prevalence of social isolation and its wider determinants; highlighting disparities among varying demographics & localities within the Borough. These insights will allow our social care providers to adopt a more targeted approach to supporting vulnerable residents. Our local Voluntary Sector partner, Involve, will present a revised business case for a targeted intervention on Monday 23rd September.

An Executive summary of the wider Joint Strategic Needs Assessment for Wokingham will be presented to the council's wellbeing board on Thursday 10th October. This draft slide-deck will be made available for circulation thereafter.

Berkshire Data Observatory

On the 18th September 2019, the Berkshire healthcare analytics team (a shared function for Berkshire LAs based in Bracknell Council) soft-launched the **Berkshire Data Observatory** web-tool for beta testing.

All council staff are free to access the web-tool via the following link www.berkshireobservatory.co.uk

The tool is mainly designed to provide updated analytics to support health-/Social Care-related strategy and commissioning.

The development team for this tool are welcoming feedback from all users via a [short online survey](#). All users are encouraged to highlight any bugs/areas for improvement to support the positive evolution of the tool.

ACORN Web-Tool

Public Health data leads across Berkshire attended a workshop on a new population segmentation tool called ACORN.

This web-tool analyses multiple linked datasets and can provide insights at a postcode level (which could enhance our understanding of the distribution on deprivation and other determinants of health). The group is now testing specific use-cases to determine the accuracy of the tool against locally-held intelligence.

Spotlight Action: Social Isolation and Loneliness Group

The Friendship Alliance has been created to tackle social isolation and loneliness within Wokingham. This alliance is made up of four charities:

- Age UK Berkshire

- Involve
- The Link Visiting Scheme
- Wokingham Volunteer Centre

Together these charities have developed a business case that highlights the key areas of focus and phases of development of these; these include: expansion of the volunteer transport scheme, undertaking community/neighbourhood outreach and engagement work, setting up a Chatty Café and many other intuitive projects to help tackle social isolation and loneliness in Wokingham.

The Friendship Alliance expanded and has met with representation from WBC’s Public Health Team and Adult Social Care. The initial meeting was focused on how the group could tackle social isolation and loneliness differently within the borough. This led to conversations with colleagues that led programmes in Gloucestershire which is an area that pioneered a lot of the social prescribing work a few years ago.

The meetings so far have been very fruitful. Public Health brought data and statistics that clearly showed the impact of social isolation and loneliness and the areas/demographics attached to this data. It was collaboratively recognised that making a difference to isolation and loneliness would positively impact on cost reduction, primary care admissions and community cohesion. It was also recognised that in order to have a better understanding of what is already being delivered in the borough, it is key to have effective collaboration and partnership working. A mapping exercise has been completed of the projects and supported deliveries that are ongoing by the four charities involved in the project.

Going forward, this group will require extra resources and income in order to deliver the projects and programmes that have been outlined in the business case, as well as increasing some of the existing services.

The frequency of these meetings will be determined based on the project(s) at that time.

Analysis of Issues, including any financial implications

None.

Partner Implications
All partners to review and acknowledge the strategy and utilise this in policy. It is essential that all partners feel engaged with and contribute to the action plan and thus are well informed about the Wellbeing Board and its purpose, strategy and key priorities.

Reasons for considering the report in Part 2
N/A

List of Background Papers
Appendix 1: Physical Activity Dashboard

Contact Charlotte Seymour	Service Children’s Services
Telephone No Tel: 0118 974 6050	Email charlotte.seymour@wokingham.gov.uk

Strategy into Action

Action plan to deliver the priority areas grouped by performance measures (Physical Activity)

PHYSICAL ACTIVITY							
Objective	Actions	Lead	Indicator ref	Local value	England Value	Target tbc	Timeline
1. Utilisation of outdoor space for exercise/health reasons	1.1 Provision of new / improved community centres, sports and leisure, parks	Wokingham Planning Authority	PHOF 1.16		17.9		Aim to open in Summer 2020
	1.2 Connecting communities and provision of new / enhanced local facilities for existing / new residents through provision of new / improved community centres, sports and leisure, parks						
	1.3 Refurbishment of existing leisure centres: New Centre build in Woodley - Working closely with leisure provider to provide gym/swimming opportunities	WBC Sport and Leisure					
2. To reduce the number of children who are obese Reception: Prevalence of overweight (including obesity)	2.1 Public Health to provide children's services PH Development funds to tackle obesity and increase physical activity in children and young people	Public Health Children's Services	PHOF 2.06i	16.2	22.4		
	2.2 To commission the NCMP for children in reception – identifying children who are overweight in reception	Public Health	PHOF 2.06i	16.2	22.4		
	2.3 To deliver Mums Zone, mother and baby exercise class. Providing gentle physical exercise for mother and baby to do together. Improving physical and mental health of new mothers, sessions will also include healthy snack and information on mental health/mindfulness	(Places Leisure) WBC Customer and Localities	PHOF 2.06i	16.2	22.4		
	2.4 Talks on combating obesity and healthy menu planning and Change4Life activity sessions for families at all libraries	WBC Libraries	PHOF 2.06i	16.2	22.4		
3. To reduce the number of children who are obese - Year 6: Prevalence of	3.1 To commission the NCMP for all children in Year 6 – identifying children who are overweight via the School Nursing service	Public Health	PHOF 2.06ii	26.1	34.3		
	3.2 School holiday programme that runs at two leisure sites – 5 – 12 years of age (2900 on database)						

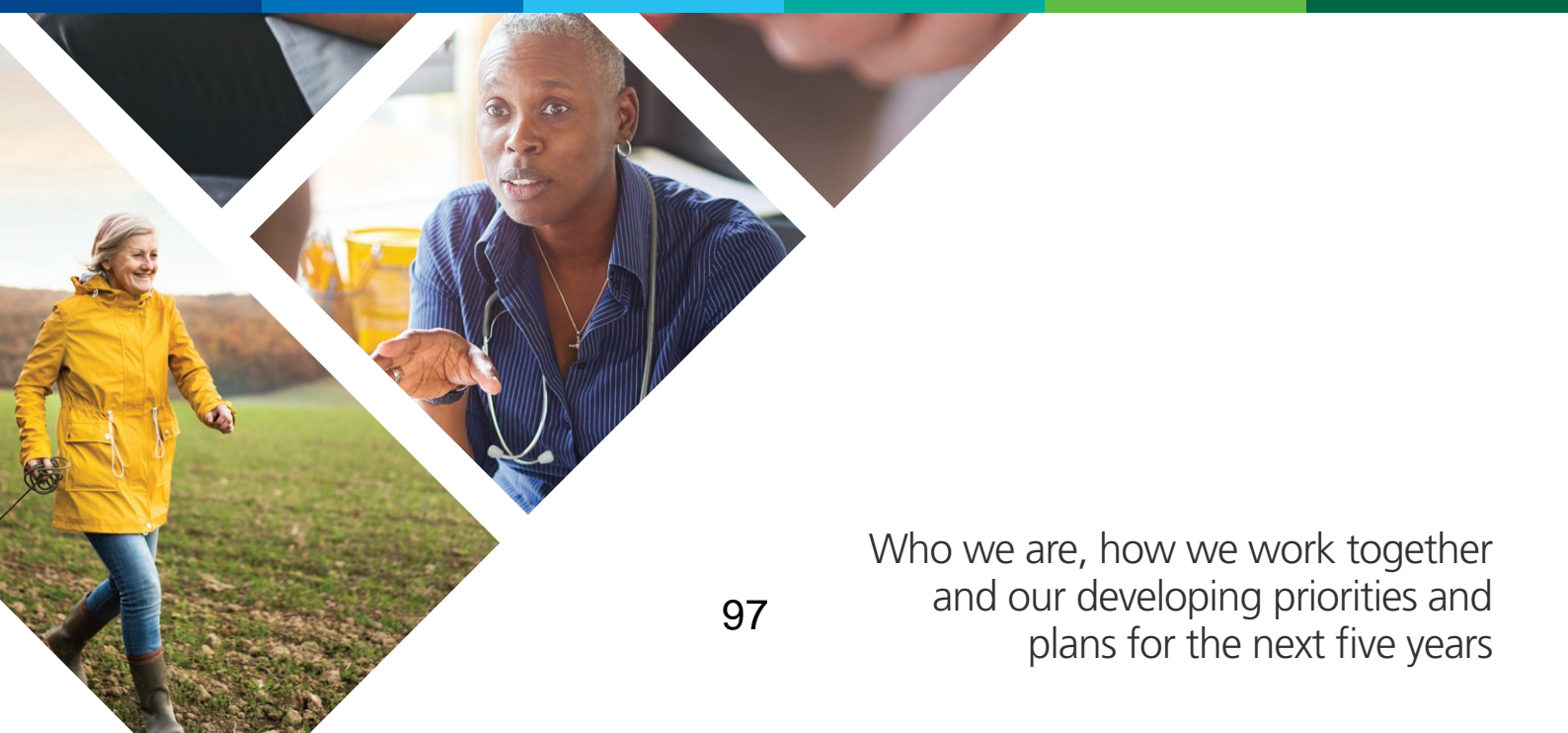
<p>overweight (including obesity)</p>	<p>3.3 Programmes for ages 5 – 25 years (CYP (Special needs)</p>	<p>Wokingham Active Kids/ Active Adults</p>						
<p>4. To reduce the % of adults who are classified as overweight or obese</p>	<p>Health Walks - over 800 participants weekly average</p>	<p>WBC Sport and Leisure</p>	<p>PHOF 2.12</p>	<p>50.9</p>	<p>62.0</p>			
	<p>Programmes for 25 – 60 year olds</p>	<p>Wokingham Active Adults</p>						
	<p>Two groups that have whole day in leisure centre twice a week programme of activities</p>	<p>Optalis</p>						
	<p>GP refer for Physical Activity – Obesity, Stress, Mental Health, Back, Rehab – 24 week programme variety of programmes per week</p>	<p>GP Referral Programme</p>						
	<p>Zumba Gold, weekly on a Tuesday at Alexandra place – in partnership with Places leisure (Aims to provide exercise and activities for the over 50's, also providing a social element to support reducing social isolation)</p>	<p>WBC Customer and Localities</p>						
	<p>Fit for Life – weekly on a Wednesday at St Sebastian's memorial hall , Wokingham without (Aims to provide exercise and activities for the over 50's, also providing a social element to support reducing social isolation)</p>	<p>WBC Customer and Localities</p>						
	<p>Bowls, run by a Centre Forward Community Action Group, at the Rainbow Park Community Centre (Connecting communities, low cost sport accessible to elderly residents)</p>	<p>WBC Customer and Localities</p>						
	<p>Reducing mental health issues through sport & activity through a Mental Health programme with over 6 sessions per week for participants</p>	<p>WBC Sport and Leisure</p>						
	<p>Bowls, run by a Centre Forward Community Action Group, at the Rainbow Park Community Centre (Connecting communities, low cost sport accessible to elderly residents)</p>	<p>WBC Customer and Localities</p>	<p>PHOF 2.12 4.04ii</p>					
	<p>5. Under 75 mortality rate from cardiovascular diseases considered preventable (Persons)</p>							

BOB

Buckinghamshire, Oxfordshire
and Berkshire West
Integrated Care System



Improving health and care in
Buckinghamshire, Oxfordshire and Berkshire West



Who we are, how we work together
and our developing priorities and
plans for the next five years

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We are making progress and change is happening

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Welcome to the first of a number of public updates about the development of a five year strategy for the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS).

Our aim in this update is to provide you with information on:

How we work together as a Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS)

Our vision and aims

Our thoughts about priorities

Our work to develop a five year plan by the end of November 2019

The BOB ICS five year, one system plan will set out how all ICS partners will work together locally and together at scale to meet the current and future health and care needs of the communities we serve. It will describe how the BOB ICS will deliver the requirements of NHS Long Term Plan (www.longtermplan.nhs.uk) and address BOB ICS's specific priorities.

We are fully committed to being open and transparent about how the plan is developing over the coming months - this document is the first step in that process. It will be followed by the publication of our draft "technical" submission to NHS England / NHS Improvement in early October and a final version of this technical document, once reviewed and signed off later in the year. Both documents will be made available on our website www.bobstp.org.uk

Our BOB ICS five year plan will be published towards the end of 2019. It will build on the feedback received about our priorities, opportunities and challenges; describe how we will tackle these important issues and how we will deliver the aims of the NHS Long Term Plan.

We are ambitious for the communities we serve. We want to prevent ill health, improve care for patients, reduce pressure on staff and make the best use of the funding available to us.

Our plan will describe how we will accelerate the design of patient care to:

- Improve out of hospital care
- Reduce the pressure on hospital services
- Give people more control over their health and more personalised care when they need it
- Provide digitally enable primary and outpatient care
- Work in partnership with local councils to improve the health of our communities

Delivering improved health and care across the ICS requires a well-developed system and underpinning infrastructure. We will start to set out, in response to the Long Term Plan and the changing nature of clinical commissioning, how we see the commissioning and provider landscape developing, including the role of Clinical Commissioning Groups.

The development of the BOB ICS five year plan is just the start. We can only achieve our ambitions by working together and continuing to listen to and discuss with the communities we serve what changes to health and care will look and feel like in the future.

We would welcome your thoughts and comments, which will be fully considered as the plan develops – please see page 18 for contact details. We look forward to hearing from you.



David Clayton-Smith
Independent Chair
Buckinghamshire Oxfordshire and Berkshire West ICS



Fiona Wise
Executive Lead,
Buckinghamshire Oxfordshire and Berkshire West ICS

Health and care organisations across Buckinghamshire, Oxfordshire and Berkshire West are working together with their local communities to help them to stay healthy, make sure services meet individuals' needs and are easier to access.

Our vision is to create a joined up health and care system where everyone can live their best life, get great treatment, care, and support now and into the future.

As well as working within our individual organisations and our communities, we are working together to bring the best of our skills, expertise and resources to make sure the people we serve receive high quality, safe and joined up health and social care services.

Together we are called the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS).

Our aims are:

- To work together to deliver joined up health and care services based on the needs of individuals and shaped by the circumstances and priorities of local communities
- To support people to live longer, healthier lives and treat avoidable illness early on
- To make the best use of limited public funds and resources so that, together, we can secure the best outcomes
- To make our focus local unless it is more efficient and effective for us to pool our expertise and resources to work together as an integrated health and care system across Buckinghamshire, Oxfordshire and Berkshire West (BOB).
- To reach out, where appropriate, beyond our borders and work in partnership with others – for example, across the wider Thames Valley region on specialist cancer services.

Together, we serve a total of 1.8 million people, stretching from Banbury in the North to Wokingham/Riseley in the South, from Hungerford in the West to Amersham in the East.

Our population is one the fastest growing in the country, predicted to increase by almost 25% by 2033 – and more, as the ambition of what is known as the Oxfordshire-Cambridge ARC to stimulate economic growth, research and business opportunities for the area is realised.

www.gov.uk/government/publications/the-oxford-cambridge-arc-government-ambition-and-joint-declaration-between-government-and-local-partners

By working together, we will be in the best position to maximise this opportunity, while making sure our health and care services are fit for such a promising future.

We are not a single organisation but a partnership covering Buckinghamshire, Oxfordshire and Berkshire West that includes:

6 NHS Trusts

Providing hospital care, including community care, mental health and ambulance services:

- Oxford University Hospitals NHS Foundation Trust
- Oxford Health NHS Foundation Trust
- Berkshire Healthcare NHS Foundation Trust
- The Royal Berkshire Hospital NHS Foundation Trust
- Buckinghamshire Healthcare NHS Trust
- South Central Ambulance Service NHS Foundation Trust

5 Local Authorities

With social care responsibility, across adults and children's services:

- Oxfordshire County Council
- Buckinghamshire County Council*
- Reading Borough Council
- West Berkshire Council
- Wokingham Borough Council

3 Clinical Commissioning Groups (CCGs)

Responsible for the planning and commissioning of health services for their local area:

- Buckinghamshire CCG
- Oxfordshire CCG
- Berkshire West CCG

9 District Councils

With housing, waste, and planning responsibilities:

- Oxford City Council
- West Oxfordshire District Council
- Cherwell District Council
- Vale of White Horse District Council
- South Oxfordshire District Council
- South Bucks District Council*
- Aylesbury Vale District Council*
- Chiltern District Council*
- Wycombe District Council*

1 Academic Health and Science Network

- Oxford AHSN

We work with our 5 Healthwatch organisations in Buckinghamshire, Oxfordshire, Reading, West Berkshire and Wokingham and engage with voluntary and community sector organisations across our geography to help join up our efforts to provide the best possible services and support to the people we serve.

NHS England, NHS Improvement and Health Education England are important partner organisations.

*There will be one unitary council for Buckinghamshire from April 2020

There are many positives about people, places and services in the BOB ICS area:

People are generally healthier than in other parts of the country:

- People live longer
- Diabetes cases are far lower across the area
- Lower smoking rates than the national average
- Adult obesity rates are below the national average
- There are lower rates of many major diseases compared to the national average including cancer, dementia and stroke

The quality of care provided is recognised by national regulators and by the people we serve

- Many of our services are rated well by the Care Quality Commission (CQC), providing good overall quality of care
- People have told us that, when they do receive services, staff are compassionate and caring
- People have told us that their experience of specialist teams, such as cancer treatment, heart failure services or MacMillan staff has been good

We are at the forefront of advances in digital technology

- We are part of the Thames Valley and Surrey Care Records Partnership – connecting local records across the region so that people can benefit from more joined up care www.thamesvalleysurreycarerecords.net
- We have a number of “Global Digital Exemplars” – Berkshire Healthcare Trust, Oxford Health, South Central Ambulance Service and Oxford University Hospitals Trust. These internationally recognised NHS Trusts are delivering improvements in the quality of care, through the world-class use of digital technologies

We cover an area with strong infrastructure that is predicted see significant economic growth, and which will bring an increase in the numbers of people living in the BOB ICS area

- We have a number of highly regarded medical schools, universities and biomedical research centres
- There is strong investment in research, development and innovation, including over 500 life sciences businesses with major strengths in medical diagnostics and digital innovation
- The government has committed to significant investment in business and infrastructure (including transport links) in our area, over the coming years

We are ambitious for the communities we serve. We want to prevent ill health, improve care for patients and reduce pressure on staff but face a significant challenge to make the best use of the funding available to us to meet current and future health and care needs, particularly given the population growth we expect to see.

Although, on the whole, people have good health, it is not the case for everyone.

Parts of Oxford, Banbury, Aylesbury and Reading are in the 20% most deprived areas of the UK. In these areas there are higher levels of:

Homelessness

Childhood obesity

Diabetes

Falls in elderly people

Smoking rates amongst people with anxiety and depression

50% of people living in the Buckinghamshire, Oxfordshire and Berkshire West area have one or more long term condition.

There is a higher number of premature deaths of people with serious mental illness compared to the national average.

Some services are struggling to meet demand:

- Our hospitals have not met the **95%** national target of A&E attendees being seen within 4 hours
- Demand for our services is in some cases exceeding our individual capacity to provide them for several specialties and this gap is expected to grow
- People have told us that they continue to find it difficult to get a GP appointment
- People have told us that they are waiting too long from referral to treatment
- People have told us that they or their loved ones are waiting too long to receive a number mental health services, particularly for Child Adolescent Mental Health Services (“CAMHS”)
- The estimated **25%** population growth will add new pressures on services

We, along with independent and voluntary sector service providers, have difficulty recruiting and retaining staff across the BOB health and social care system. This is due to the high cost of living and competitive local jobs markets

- The cost of both purchasing and renting accommodation is high across our area
- Nursing staff are likely to have to spend **58%** of their monthly salary on housing
- The average price of housing in the BOB ICS area is **70%** higher than the national average price of housing
- Our care workers tell us they would leave sector/area for jobs that enable them to buy family homes
- There is significant house building in some areas of our system but in other locations, building is restricted - which can limit the availability of rented accommodation and social housing. It also means that, if staff can't find homes closer to where they work, their journey time is increased, adding an additional cost
- Many of our areas have high employment rates, which is a great success but makes attracting people to health and care jobs more challenging

Our buildings and medical equipment are becoming outdated

- We face a challenge to maintain our buildings to keep them fit for purpose
- Our equipment does not always keep up with advances in technology

Local First

Our **Integrated Care System** is a partnership covering a large area, but we all understand that the majority of improvements are made by applying our efforts to helping people to live healthy lives and get joined up care in their neighbourhoods, villages and towns wherever possible.

That's why GP practices are coming together as **Primary Care Networks** to serve communities of around **30,000 to 50,000 people** so that they can offer patients access to a wider range of services. For example, more convenient access to some hospital treatments, mental health, social care services or help and support from local voluntary and community groups.

Broadening the focus to cover a wider local geography (areas covering between **250,000 and 500,000 people**) are three **Integrated Care Partnerships** (one in Buckinghamshire, one in Oxfordshire and one in Berkshire West).

These partnerships include clusters of Primary Care Networks, local hospitals and councils, community, mental health and voluntary sector services. **Integrated Care Partnerships** work together to make a shared assessment of local need, plan how to use collective resources and to join up what they offer – including beyond traditional health and care services – to make best use of overall public and community resources.

Facing the Big Challenges and Opportunities Together

Although our first priority is local through our **Local Authorities, Primary Care Networks** and **Integrated Care Partnerships**, there are times when it makes sense to broaden our focus to the whole of Buckinghamshire, Oxfordshire and Berkshire West as an **Integrated Care System**.

In coming together as an Integrated Care System, we can seize opportunities to make the best use of our resources, skills and expertise; and we can reduce duplication to maximise the value of every pound spent – particularly where we face similar health and care challenges. There are also some services that will be safer and more clinically effective if they cover a larger number of patients across a bigger area – for example, some more specialist cancer services.

Answers to how best meet the needs of our increasing and ageing population can also only be found if we apply our knowledge and resources together. We are facing a number of opportunities and challenges:

- We expect to see an additional 300,000 people living in the area by 2033
- The numbers of people over the age of 85 are expected to more than double
- Significant investment is expected from government and the private sector to support economic growth
- There will be a substantial increase in housebuilding
- Improvements are being made to the rail and road infrastructure
- There will be planned increases in government funding as part of the June 2018 NHS funding settlement. We will be expected to use this money to deal with current pressures, increasing demand and new priorities

We will need to work together to ensure that we have the health and care services to meet the demand from this increased population, while taking advantage of the excellence and innovation that comes from our partnerships with leading universities across the our area and the opportunities that economic growth will bring.

The **BOB Integrated Care System** is also part of a number of wider partnerships, where we work with other systems in the NHS to join up care for patients and improve our services – for example, we are part of the Thames Valley Cancer Alliance; the Thames Valley and Wessex radiotherapy network; and we work with partners in the Thames Valley and Surrey on our Local Health and Care Records programme.

We understand that patients travel outside of our geographical area – for example, going to Milton Keynes from Buckinghamshire or Basingstoke in some parts of west Berkshire. With this in mind we work closely with other health and care systems.



Primary Care Networks (PCNs)

GP practices working together with local councils, other NHS, voluntary and communities services to serve communities of around 30,000 to 50,000 people, offering patients access to a wider range of services.

- More support to help you stay fit and well before things become a problem
- More focus on your physical and mental health and wellbeing, recognising that people have different needs
- Better access to the care you need, when you need it with a physiotherapist, nurse, clinical pharmacist, GP or non-medical service such as help from a voluntary or community group

Integrated Care Partnerships (ICPs)

Covering towns and counties (areas of between 250,000 and 500,000 people) ICPs include clusters of Primary Care Networks, local hospitals and councils, community, mental health and voluntary sector services.

- Better joined up care between health and social services
- More hospital care provided closer to home
- Helping people access urgent and emergency care in the right place for their needs
- Reducing length of stay in hospital to support people to return home more quickly
- More personalised care

Integrated Care System (ICS)

Covering Buckinghamshire, Oxfordshire and Berkshire West and serving 1.8 million people the BOB ICS includes, NHS organisations, local councils and the Oxford Academic Health Science Network (AHSN) wider services to join up and improve care e.g. the Thames Valley Cancer Alliance, the Thames Valley and Surrey Care Records Partnership

- Working across a larger geography it means we can make the best use of our resources, skills and expertise
- Reducing long waiting times for our services by working together to best meet the needs of patients
- Planning to meet future needs created by population and housing growth
- Working together to address the workforce challenges of operating in a high cost area with a competitive job market; and supporting the best development opportunities for our staff
- Ensuring our buildings and estate are fit for the future

We have described how we are organising ourselves to work together for our local communities, whether that's in neighbourhoods, villages, towns, counties or across the Buckinghamshire, Oxfordshire and Berkshire West area.

But the key to providing safe, high quality services are our staff and those who volunteer their time to care or provide support. They are all equally important. We are proud of the thousands of the dedicated individuals, teams and groups working hard for the people and communities we serve, often in challenging circumstances. Living in this part of the country is expensive and we are facing a shortage of health and care staff across the board.

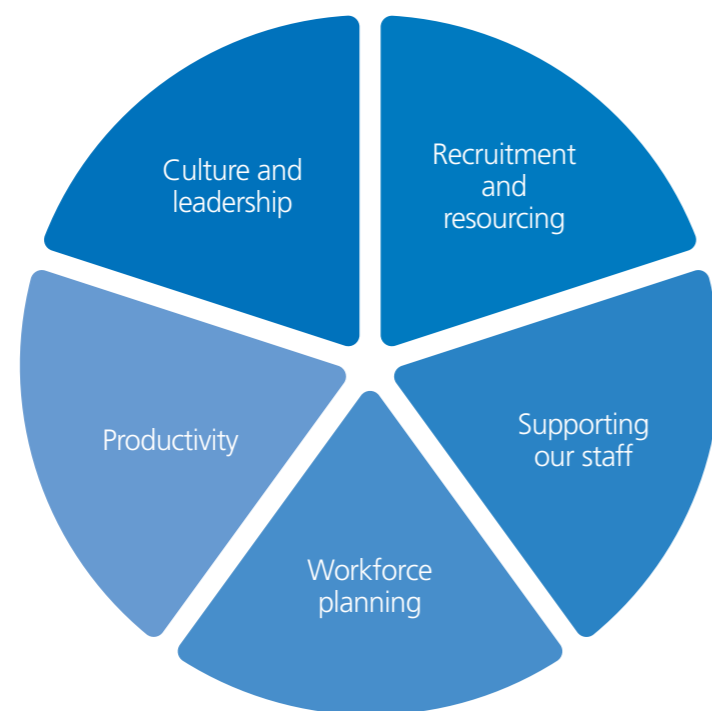
Those providing care and support are passionate about what they do. We know from what they have told us that they often struggle with the way things are done, the duplication of effort and very practical problems to providing joined up care such as computer systems which do not talk to each other.

It is important to us that the people who work to provide health and care services are supported, feel valued and can provide these services in ways that are manageable and rewarding.

Together we want to create opportunities to help staff to develop new skills and shape new roles to meet the multiple needs of patients and finding ways to make it worthwhile for people to come to work and live our area.

We are doing this through our Primary Care Networks, Integrated Care Partnerships and through the development of a BOB-wide people strategy that will support us to make our Integrated Care System the best place to work, a place where workforce shortages are addressed, where we have a thriving leadership culture and together are able to deliver care fit for the 21st century.

Together as an ICS we have five joint areas of work:



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In the same way that we group together and organise ourselves as Primary Care Networks, Integrated Care Partnerships or as an Integrated Care System, we are tackling our opportunities and challenges in different ways. We have described below our thinking and would welcome your views.

ICS role	Description	Clarification and rationale			ICS oversight running through all strategic priorities Partnerships & Engagement, including patient and public involvement
System design & delivery	Design approach to a problem at ICS level Deliver solution at ICS level	Population and economic growth	Acute collaboration	Strategic planning, system design & resource allocation	
System design & place/org delivery	Design approach to a problem at ICS level but leave places/orgs to deliver	Digital	Workforce	Capital & estates	
Set or confirm ambition and hold to account	Agree ICS ambition (or confirm ICS signs up to nationally set ambition) and hold places to account for/support delivery	Primary care, inc. Primary Care Networks (PCNs)	Financial balance & efficiency	Mental health	
		Urgent & Emergency Care	Cancer	Maternity	
Coordinate, share good practice, encourage collaboration	Bring places/ organisations together as a community of practice to share approaches and solutions	Research & Innovation	Children & young people	Personalised care	
			Prevention & reducing inequalities	Population health	

Key	ICS workstream	ICS Financial Oversight Group	Place delivery supported by ICS-wide group
	ICS Exec Lead	Place infrastructure	

We are working together as the **BOB Integrated Care System** to develop a five year plan. It will describe how all partners within the ICS will work together locally and, when appropriate, together across the Buckinghamshire, Oxfordshire and Berkshire West area, to ensure current and future health and care needs are met.

In establishing our plan, we have started with current Health and Wellbeing Board strategies and the strategic plans of each organisation in our partnership – identifying common ambitions, challenges and opportunities that we can tackle together.

The BOB ICS Five Year Plan will be published at the end of 2019. It will build on feedback received, describe how we are tackling our health and care priorities and how we will deliver the ambitions set out in the [NHS Long Term Plan](#) so that together we can:

- Deliver care that is fit for the 21st century – offering more services closer to where people live, tailoring care so that it better suits individuals’ needs and making the most of technology
- Recruit people into health and care jobs, offer new and exciting roles at all levels to help deliver our ambitions and keep our staff through more flexible and supportive employment opportunities
- Support people to live longer, healthier lives and treat avoidable illness early on
- Help people earlier rather than later, keeping them well and helping them to cope with any health and care needs at home or in the community, wherever possible
- Reduce health inequalities, including for our more deprived communities which see poorer outcomes and for groups who may be disadvantaged due to their characteristics (such as gender, race or disability) or their needs (such as poor mental health).
- Improve care quality and outcomes for stroke, cancer, mental health services
- Take advantage of the opportunities provided by world class research, technological and medical advances to provide more innovative, accessible and personalised health and care services
- Make best use of taxpayers money, including getting value for money by doing some things such as procurement once and on a larger scale.

We will be able to do this by:

Improving out of hospital care

Reducing pressure on hospital services

Giving people more control over their health and more personalised care when they need it

Providing digitally enable primary and outpatient care

Working in partnership with local councils to improve the health of our communities

Delivering improved health and care across the ICS requires a well-developed system and underpinning infrastructure. We will also start to set out, in response to the Long Term Plan and the changing nature of clinical commissioning, how we see the commissioning and provider landscape developing, including the role of Clinical Commissioning Groups.

Our plan is being developed by a range of staff and clinicians who are experienced in planning for and delivering a wide range of services, such as mental health, children’s services, primary and hospital care.

In developing their proposals, they are reflecting on the feedback given by local people, patients and carers through the many Clinical Commissioning Group, Local Authority and Healthwatch engagement activities that have taken place in recent years. These health and care leaders are also giving careful consideration to how their ideas and plans address other important areas such as health inequalities, preventing ill health, improving outcomes and being financially sustainable.

We recognise the importance of continuing to link to each area’s Health & Wellbeing Strategy and, as our plan develops, we will be engaging with local councillors on Health and Wellbeing Boards and Healthwatch, as well as talking to our staff and local communities; and keeping all of our stakeholders informed and involved.

How are decisions made?

Our legal and statutory responsibilities are still firmly based in the duties placed upon statutory boards and committees. These Boards are kept fully engaged when key decisions are required

We work collectively as a partnership to make decisions together about strategy and priorities. We have a BOB ICS Systems Leaders Group, made up of Chief Executives of all NHS organisations, Local Authority Chief Executives and clinical representatives. The group works to a set of principles, which have at their heart an agreement that activities and decision making should be kept as local as possible, as this is where the most difference can be made to improving care and outcomes.

The System Leaders Group meets every month. A key role of each member of this group is to ensure their own organisations, local boards, council committees and communities have been engaged on key issues, challenges and decisions and that strategies and plans are aligned at each level of our system. The System Leaders Group will be overseeing the implementation of the BOB ICS five year plan.

We also use other communications to make sure our stakeholders are kept informed – for example, regular updates published following each BOB ICS Systems Leaders meeting:
www.bobstp.org.uk/what-is-the-ics/keeping-in-touch/

Our Timeline

Date	Activity
9th September	We publish this document as the first step in developing the BOB ICS Five Year Plan
Late September	We will publish a slide pack summarising the key points from the first draft of our technical submission to NHS England/ NHS Improvement
Early October	We will publish the full draft “technical submission” sent to NHS England/NHS Improvement – this will describe the responses to the deliverables required in the Long Term Plan
18 October	Deadline to give your thoughts and views
1st November	Final technical document submission to NHS England/NHS Improvement
End of November	Final plan published, following review by NHS England/ NHS Improvement
On-going	Continued engagement with communities and stakeholders

Next Steps – we welcome your views

We would welcome your views on our priorities.

Please do email them to the following contact addresses by 18 October 2019:

- Oxfordshire queries: OCCG.media-team@nhs.net
- Berkshire West queries: communications@royalberkshire.nhs.uk
- Buckinghamshire queries: ccgcomms@buckscc.gov.uk

Each of our Integrated Care Partnerships are improving services and developing innovations to better serve their local communities. For example:

Designing Neighbourhoods in Berkshire West with Health and Wellbeing In Mind

The Berkshire West “Design our Neighbourhoods” initiative puts health at the heart of the community in a bid to ease pressures on NHS services. It brings together health and care organisations, local community groups and residents to help create healthy environments across the villages and towns of Berkshire West, in which people can walk and travel safely and access healthy activities, events and support networks. These activities and networks can help to boost physical wellness and mental health and reduce unnecessary GP appointments.

Trailblazer mental health care scheme to benefit children in Buckinghamshire

Around 16,000 children and young people in Buckinghamshire are set to benefit from a new ‘Trailblazer’ scheme to transform children’s mental health care and ensure those in need get the right support at the right time. The county is one of 25 areas across the country so far to receive Government funding for this new initiative, equating to £2 million over a two-year period.

Two dedicated ‘Mental Health Support Teams’ will work closely with 40 schools (both primary and secondary) and colleges, to offer timely assessments and interventions for pupils in need, treating those with mild to moderate mental health issues in school. If pupils have more severe need, the teams can link smoothly to specialist NHS services at Buckinghamshire Child and Adolescent Mental Health Services (CAMHS) and ensure they get the right support and treatment as quickly as possible.

Oxford Hospital Scheme Gets Stroke Patients Home Sooner

Oxford University Hospitals has helped thousands of stroke patients recover in their own homes in the past year. The Oxfordshire Early Supported Discharge (EDS) service for stroke helps patients by continuing their rehabilitation in their home after they leave hospital, providing them with the same level of rehabilitation at home as would be delivered on an inpatient Stroke Unit. The service covers Oxfordshire from three hubs at the John Radcliffe, the Horton General and Cowley. The Trust’s ESD team is made up of stroke consultants, physiotherapists, occupational therapists, speech and language therapists, dietitians, and rehabilitation assistants.

The teams provide a six-day-a-week service helps stroke patients return to normal, daily activities such as walking, shopping, reading, cooking, and driving. In addition, ESD has played a vital role in helping patients avoid an otherwise necessary admission to hospital by delivering the required therapy at home. Overall, 307 patients received therapy in their own homes provided by ESD in its first year.

People are benefiting as innovations in one area are rolled out across all of our Integrated Care System

Good Hydration! – award winning care home residents’ hydration improvement programme

Berkshire East CCG and Oxford AHSN Patient Safety Collaborative won a national Patient Safety Award for Quality Improvement Initiative of the Year for the Good Hydration! Initiative in care homes. The scheme has reduced hospital admissions due to urinary tract infections by 36% and is being introduced across the BOB ICS and more widely.

Atrial fibrillation programme – reducing the number of strokes in the Thames Valley

The Oxford AHSN has brought together expertise from the NHS in Berkshire, Buckinghamshire and Oxfordshire and industry to reduce morbidity and mortality related to stroke caused by atrial fibrillation (AF). AF is the most common cardiac arrhythmia, affecting around 2.5% of the population (58,000 people in the Oxford AHSN region).

AF is a major cause of stroke, responsible for 20% of all strokes in the UK but the relative risk of stroke for these patients can be reduced by up to 66% with oral anticoagulation therapy.

Through the AF programme:

- Over 1,000 patients received a review by a specialist pharmacist to ensure their anticoagulation was optimised and 465 patients received a consultation with a specialist pharmacist. We estimate that up to 13 strokes per year have been prevented
- 4,440 patients across 28 GP practices in had a detailed review, resulting in an additional 266 patients now receiving oral anticoagulation, 227 of whom have a high risk of stroke. This equates to up to 17 fewer strokes each year.

Educating young people about careers in health

Health Education England, has worked with the BOB Integrated Care System to help set up an education programme to educate young people on the NHS and inspire them to become part of its future workforce. Healthtec is a unique health simulation centre located in Aylesbury within the Buckinghamshire College group campus.

Young people are given the opportunity to work alongside NHS professionals whilst learning basic first aid skills in an experiential environment where the hospital is recreated and simulated. Within Healthtec young people are able to learn about the variety of healthcare careers within the NHS and the different avenues there are for entering these careers.

Healthtec professionals ensure these important lessons are spread beyond the Aylesbury located facility and travel to primary schools to ensure that children have the opportunity to learn about health care. Healthtec staff also attend careers fairs to talk about the NHS, and its roles. The programme has currently engaged with 7,000 students.

Contacts

Oxfordshire queries: OCCG.media-team@nhs.net

Berkshire West queries: communications@royalberkshire.nhs.uk

Buckinghamshire queries: ccgcomms@buckscc.gov.uk

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TITLE: Community Safety Partnership Update

FOR CONSIDERATION BY: Wokingham Borough Wellbeing Board
Thursday 10th October 2019

WARD: None Specific

KEY OFFICER Graham Ebers, Deputy Chief Executive

Health and Wellbeing Strategy priority/priorities most progressed through the report	
Key outcomes achieved against the Strategy priority/priorities	The aim of the Wokingham Community Safety Partnership (CSP) is to reduce crime, disorder, substance misuse, and anti-social behaviour. Raising awareness and increasing reporting of hidden crimes. The partnership's statutory bodies include the Police, the Local Authority, the Probation Service, Health, Fire and Rescue and the Office of the Police and Crime Commissioner. These organisations work together to progress the work of the CSP strategy and respond to emerging themes.

Reason for consideration by Health and Wellbeing Board	For Information
What (if any) public engagement has been carried out?	None
State the financial implications of the decision	None

<p>RECOMMENDATION To note the report</p>
<p>SUMMARY OF REPORT</p> <p>Priority One: Addressing Violence against Women and Girls (VAWG)</p> <ul style="list-style-type: none"> • Continued review of current Berkshire Women's Aid contracted services • Community Safety Partnership manager to Chair Wokingham DA subgroup next meeting 22nd October • Local domestic abuse needs assessment • A refresh of the domestic abuse strategy and action plan • Understand the demand for services and monitor the impact of the MATAC process. <p>Priority Two: Tackling Anti-Social Behaviour, Harmful Misuse and Organised Crime</p>

- Work with schools to consider additional support to target those who may be less willing to engage in interventions.
- Projects to engage girls as exclusion and challenging behaviours are increasing
- Identify those children on the cusp of exclusion
- Community Alcohol Partnership Implementation meeting with necessary local partners.

Priority Four: Empower and enable the resilience of local communities

- Meeting of key agencies to discuss hotspot locations across the borough for unauthorised encampments to implement target hardening measures.

Background

Progress against current priorities

Priority One: Addressing Violence against Women and Girls (VAWG)

The Wokingham Domestic Abuse Strategy aims to support children, adults and families within Wokingham Borough. Work includes; needs of victims and perpetrators of domestic abuse; men and boys are included in all work.

Wokingham's main domestic abuse provider is Berkshire Women's Aid (BWA). They are funded to provide a range of services for people affected by domestic violence. This includes outreach, a family support programme, one to one support for victims, and a helpline and refuge provision. BWA work very closely with children's services in Wokingham to ensure that children who are identified as being at risk of domestic violence are supported. Support services provided include;

A 'pilot' legal drop in clinic for victims of domestic abuse is held monthly.

Police led MARAC (Multi Agency Risk Assessment Conference), which ensures that high risk victims are identified supported and referred to appropriate support.

Victim support is offered by a range of council services and other workers including Housing Officers, Social Workers, and Probation Officers etc.

Over the summer BWA capacity issues resulted in service closure for a period of approximately 6 weeks. The critical issues with BWA referrals that resulted in local referrals being closed has been addressed in the short term and referrals are now open and running as is expected.

A local needs assessment of Domestic abuse is being scoped.

Multi-Agency Tasking and Co-ordination (MATAC)

The MATAC will replace the DARIM in Wokingham where the medium and low risk repeat D.A. offenders are reviewed. The model has been adopted from Northumberland where they have seen a 60% reduction in repeat domestic abuse incidents by implementing the same model.

Police will work with target perpetrators to reduce the repeat offences of domestic abuse as previously there has been focus on supporting victims of domestic abuse but not the perpetrator. Identified perpetrators will be referred into the MATAC process where key partners will agree a bespoke set of interventions using a domestic abuse 'toolkit'. This can include targeting and disrupting perpetrators and or supporting them to address their behaviour. Victims of D.A. will continue to receive the same support.

D.A. training for multi-agency professionals is delivered by Berkshire Women's Aid.

Tough Love an Alter Ego performance planned to be delivered to secondary schools in Wokingham as a way to prevent young people being coerced into abusive relationships by the recognising the signs and making the right choice of partner.

Behind Closed Doors has been commissioned, this is a training performance for multi-agency professionals for them to understand the lived experience of those people living and witnessing domestic abuse.

Children living with domestic abuse are supported in groups in schools by Berkshire Women's Aid.

Victim and perpetrator Choices group work is a six week programme devised by BWA and provides women with the opportunity to engage in working promoting understanding of domestic abuse. The programme aims to empower women to develop their understanding of domestic abuse and move forward from their experiences in a safe and secure group setting. There is a perpetrator Family Choices course which has seen a significant increase in referrals.

Next steps and future developments

Continued regular review of current BWA contracted services
CSP manager to Chair Wokingham DA subgroup next meeting 22nd October
Local DA needs assessment
A refresh of the domestic violence strategy and action plan
Outcomes based reporting
Understand the demand for services and monitor the impact of the MATAC process.

Priority Two: Tackling Anti-Social Behaviour, Harmful Misuse and Organised Crime

Instances of Anti-Social Behaviour have been of concern across the Borough during the start of 2018 and the Community Safety Partnership (CSP) and Thames Valley Police have been working together to address this. This priority will aim to address the causes of ASB and the CSP Problem Solving Task Group will be tasked with managing geographical areas and individuals of concern on a multiagency level.

Nationally and locally, the rates of serious organised crime; specifically county line dealing has had a direct bearing on the increased crime levels in the area. The councils Anti- Social Behaviour Post has been vacant since May 2019, Steps to secure mainstream funding for this post are being expedited to ensure future continuity of service provision. Interim arrangements are being put in place for next 6 months it is likely that this will be in the format of a secondment from Thames Valley Police.

Police, Local Safeguarding Children Board (LSCB), CSP, Anti-Social Behaviour Group, schools and Problem Solving Task Group are working collaboratively to reduce incidents. In a bid to safeguard children from exploitation and anti-social behaviour the following initiatives have been commissioned.

KICKS PROJECT - aims to engage hard to reach young people aged 11-19years, all sessions are free. Sessions are football based from 1st April 2018 to 13th January 2019 worked with 328 unique participants; on average each group reaches 26 young people.

POSITIVE PATHWAYS - delivered to 5 Wokingham schools to working with years 6, 7 and 8 where children may be involved or at risk of involvement with County Lines.

Schools refer children to the programme and only those children who will positively engage with the project are accepted.

A youth diversion and provision workshop took place on Monday 16th Sept. A number of locations were identified as not having the required provision locally to divert young people from becoming engaged in ASB and low level crime.

Community Alcohol Partnerships (CAP)

- CAP is a national scheme, part funded by retailers, Work is carried out in identified CAP areas- presently there are two-Thatcham and TTC (Theale Tilehurst and Calcot), plan is for one in **Woodley**.
- CAP/ Proceeds of Crime funding is provided for 2 officers to provide support in the CAP areas. Plan is to provide a CAP area in Wokingham by early 2020.
- The objective is; to reduce harm caused by drinking alcohol-both to the individual and others that may be adversely affected by others drinking- examples of action plan items include Selling to those underage, binge drinking, risky behaviour, targeted interventions, drink driving, antisocial behaviour and alcohol related litter.
- Identification of CAP area-needs assessment using following data: Public Health alcohol related hospital admissions, GP survey reports, schools survey data and TPO data, close working with partnership organisations-SMART, Public Health and Wellbeing, Police, SCAS, Schools, Hospitals, Youth Services. Provision of an action plan following baseline surveys in the areas identified as CAP areas. Infographics are provided on these results.
- Baseline survey for 1. residents 2. Young People and 3. retailers selling alcohol.

Next Steps

- Work with schools to consider additional support to target those who may be less willing to engage.
- Projects to engage girls as exclusion and challenging behaviours are increasing
- Identify those children on the cusp of exclusion
- CAP Implementation meeting with necessary local partners.

Priority Three - Reduce and prevent exploitation and address the needs of vulnerable victims and offenders

Wokingham victims are more likely to be young, under 19 and be victims of violence, theft or harassment. A small number of victims have a disproportionate impact on public services and a number of repeat victims are known to other support services such as Local Authority, Police and Health Services.

Safer Places

This is a national initiative and will be relaunched at the end of February with new logo's, flyers and information. Volunteers promote the scheme in Wokingham.

The CSP have funded the Safer Places Scheme to give people a safe place to go if they feel unsafe; people can ask for help and they will be offered somewhere quiet to sit. They can also phone a person for help, be assisted in returning home, or call the police if necessary.

<http://www.wokingham.gov.uk/community-and-safety/community-safety/find-a-safe-place/>

The CLICK Project. - school drama specialists AlterEgo delivering the ‘click’ project as prevention to exploitation; aimed at Year’s 5 & 6 to help them learn about online risk and healthy online behaviour and relationships.

Priority Four: Empower and enable the resilience of local communities

The focus of this priority is the relationship with the wider Wokingham Community. In addition to reducing crime, substance misuse and disorder, central government guidance states Community Safety Strategies should work to reduce the fear of crime, improve community cohesion, build the relationship with the voluntary and community sector and support community engagement.

Unauthorised Encampments

The partnership considered analysis with respect of unauthorised Encampments across the borough. To date this year since April there have been 14 unauthorised encampments across the borough. These have resulted in several costs to a range of agencies associated with damage caused to fencing, gates and land. Clean up costs and costs in officers both local authority and TVP to investigate reports of entry on to land and associated damage. It was agreed that target hardening measures need to be considered to reduce future incidents.

Next steps:

- Meeting of key agencies to discuss hotspot locations and target hardening measures.

Partner Implications
None

Reasons for considering the report in Part 2
None

List of Background Papers
None

Contact Narinder Brar	Service Children Services
Telephone No	Email Narinder.Brar@wokingham.gov.uk

WOKINGHAM BOROUGH WELLBEING BOARD

Forward Programme from June 2019

Please note that the forward programme is a 'live' document and subject to change at short notice.

The order in which items are listed at this stage may not reflect the order they subsequently appear on the agenda.

All Meetings start at 5pm in the Civic Offices, Shute End, Wokingham, unless otherwise stated.

WOKINGHAM BOROUGH WELLBEING BOARD FORWARD PROGRAMME 2019/20

DATE OF MEETING	ITEM	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER	CATEGORY
12 December 2019	Designing our Neighbourhoods	Update	Update	Deputy Chief Executive	Performance
	Strategy into Action	Update	Update	Wellbeing Board	Performance
	Updates from Board members	To receive an update on the work of Board members	To update on the work of Board members	Wellbeing Board	Organisation and governance
	Forward Programme	Standing item.	Consider items for future consideration	Democratic Services	

DATE OF MEETING	ITEM	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER	CATEGORY
13 February 2020	Designing our Neighbourhoods	Update	Update	Deputy Chief Executive	Performance
	Strategy into Action	Update	Update	Wellbeing Board	Performance
	Updates from Board members	To receive an update on the work of Board members	To update on the work of Board members	Wellbeing Board	Organisation and governance
	Forward Programme	Standing item.	Consider items for future consideration	Democratic Services	

DATE OF MEETING	ITEM	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER	CATEGORY
9 April 2020	Designing our Neighbourhoods	Update	Update	Deputy Chief Executive	Performance
	Strategy into Action	Update	Update	Wellbeing Board	Performance
	Updates from Board members	To receive an update on the work of Board members	To update on the work of Board members	Health and Wellbeing Board	Organisation and governance
	Forward Programme	Standing item.	Consider items for future consideration	Democratic Services	

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