

HEALTH AND WELL BEING BOARD Agenda

Date Tuesday 24 September 2019

Time 2.00 pm

Venue Crompton Suite, Civic Centre, Oldham, West Street, Oldham, OL1 1NL

- Notes
1. DECLARATIONS OF INTEREST- If a Member requires advice on any item involving a possible declaration of interest which could affect his/her ability to speak and/or vote he/she is advised to contact Paul Entwistle or Mark Hardman at least 24 hours in advance of the meeting.
 2. CONTACT OFFICER for this agenda is Mark Hardman Tel. 0161 770 5151 or email Mark.Hardman@oldham.gov.uk
 3. PUBLIC QUESTIONS - Any member of the public wishing to ask a question at the above meeting can do so only if a written copy of the question is submitted to the contact officer by 12 noon, Thursday, 19 September 2019.
 4. FILMING - The Council, members of the public and the press may record / film / photograph or broadcast this meeting when the public and the press are not lawfully excluded. Any member of the public who attends a meeting and objects to being filmed should advise the Constitutional Services Officer who will instruct that they are not included in the filming.

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Recording and reporting the Council's meetings is subject to the law including the law of defamation, the Human Rights Act, the Data Protection Act and the law on public order offences.

MEMBERSHIP OF THE HEALTH AND WELL BEING BOARD

Councillors Ball, M Bashforth, Chadderton, Chauhan, Harrison (Chair) and Sykes

Dr Zuber Ahmed, Mike Barker, Jill Beaumont, Michelle Bradshaw, Bal Duper, Neil Evans, Julie Farley, Nicola Firth, Majid Hussain, Val Hussain, Dr Keith Jeffery, Merlin Joseph, Stuart Lockwood, Donna McLaughlin, Dr. John Patterson, Claire Smith, Katrina Stephens, Mark Warren, Carolyn Wilkins OBE and Liz Windsor-Welsh

Item No

9 Royal Oldham Hospital SCAPE Accreditation (Pages 1 - 4)

To update the Board on Royal Oldham Hospital's A&E Department achieving SCAPE (Safe, Clean and Personal Care) Accreditation.

12 Better Care Fund (Pages 5 - 94)

To obtain agreement from the Board for the Oldham Better Care Fund Plan 2019/20.



Report to HEALTH AND WELLBEING BOARD

SCAPE Accreditation

Portfolio Holder: Councillor Zahid Chauhan, Cabinet Member for Health and Social Care

Officer Contact:

Julie Winterbottom, Lead Nurse, Emergency Department, Oldham Care Organisation

Report Author: Nicola Dawson, Senior Sister Emergency Department Oldham Care Organisation
Ext. 0161 627 8440

24 September 2019

Purpose of the Report

To demonstrate the journey the Emergency department has undergone in achieving 3 consecutive green NAAS assessments and also achieving SCAPE status.

Executive Summary

In today's climate of transformation, nurses and midwives have a fantastic opportunity to use their individual and collective influence to drive change. There are excellent accreditation models across the country. Where these have greatest impact, they are embedded in a culture of strong frontline leadership, positive engagement and staff support. Evidence demonstrates that high quality nursing care is central to delivering the highest standards in the NHS.

Requirement from the Health and Wellbeing Board

The Board is asked to note the update in relation to the Royal Oldham Hospital's Emergency Department achieving SCAPE accreditation.

SCAPE Accreditation

1. Background

The Nursing Assessment and Accreditation System (NAAS) was introduced at Salford Royal in 2008 as a mechanism to assure patients, visitors and staff that patients are receiving Safe, Clean and Personal care (SCaPe) every time.

This ensures leaders focus on the key risks to the delivery of excellent care. NAAS is designed to measure the quality of nursing care delivered by individuals and teams.

It provides nursing teams with a set of standards and indicators, including patient experience, patient safety, end of life care, communication, infection control and team work, to strive towards with the end goal of achieving SCaPe status.

The NAAS assessments focus on 13 Nursing Core Standards which are scored against the elements of Environment, Care and Leadership. Each element in each core standard has a number of standards the department has to achieve against the CQC Fundamental standards.

Wards are inspected on an unannounced basis and are assessed against the standards and given a level 0 to 3 (0=Red, 1=Amber, 2=Green, 3=Blue)

A ward must achieve Green status three times, eight months apart before being awarded Blue, which is SCaPe status.

A ward must openly display its SCaPe status to patients, visitors and staff on an information board at the entrance to the ward.

2. Current Position

The Emergency Department is a trauma receiving unit, which treated 109,456 patients in the year 2018/2019. The department nursing team consists of 123 staff with varying roles and levels of experience.

The department aims to deliver Safe Clean and Personal care all of the time and has undergone assessments by the Nursing Assessment and Accreditation System (NAAS).

The department has achieved 3 consecutive level 2 (green) ratings and this year became eligible for Blue, which is SCaPe status.

After submission of an application portfolio in June 2019 and a presentation delivered to a SCaPe panel on the 3rd July 2019 the Trust Board approved the decision to award the Department SCaPe status on the 29th July 2019.

3. Data and Intelligence

The portfolio submitted for application consisted of 15 sections and detailed the standards, information and achievements of the department in:

- Section 1 - Structure and Hierarchy of the Department
- Section 2 - Patient Feedback
- Section 3 - Datix Incidents Numbers and Themes
- Section 4 - Incidence of pressure ulcers
- Section 5 - Infection control
- Section 6. Human Resources, Sickness & Absence Rates, Retention & Recruitment, NHSP Usage
- Section 7. Number of Complaints, Formal & PALS
- Section 8. Staff testimonies
- Section 9. Safely Reducing Costs
- Section 10. Cardiac Arrest Rates
- Section 11. Mandatory Training
- Section 12. Patient Length of Stay
- Section 13. QI Involvement
- Section 14. Food Wastage (Nutrition)
- Section 15. Safeguarding

On the day of the SCaPe presentation the Panel were split into two groups and given a tour of the department by the Senior ED Nurses in the morning. The panel were taken through all areas of the department and the areas discussed and any questions answered.

The presentation to the SCaPe Panel was introduced and led by the Emergency Department's Lead Nurse Julie Winterbottom; several other nurses took part in the presentation to speak about future areas of development, current improvement, staff development and a patient testimony video.

The presentation focused on the strengths of the department, the challenges faced by the department and the future developments within the department to sustain and maintain the high standards of care we have been delivering. The panel then privately discussed and recommended SCaPe status should be approved.

The department now holds SCaPe status which shows that the department can demonstrate reliability and sustainability of the standards set by NAAS. This a huge achievement for the ED team being the first department in the Oldham Care Organisation to gain this.

In this department leadership is driven by the lead nurse and implemented into teamwork by the band 7 nurses, in recognition of this the band 7 nurses move into a red uniform upon gaining ScaPe status.

Gaining SCaPe status has created a great sense of pride and ownership amongst the department's nurses and the colleagues they work alongside in their teams.

Great leadership = Great teamwork = Great care.

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Report to HEALTH AND WELLBEING BOARD

Oldham Better Care Fund Plan 2019-20

Portfolio Holder:

Cllr Zahid Chauhan, Cabinet Member for Health and Social Care

Officer Contact: Mark Warren Managing Director Health & Adult Social Care Community Service

Report Author: David Garner, Head of Change and Development Community Health and Adult Social Care Community Service
Ext. 1067

24 September 2019

Purpose of the Report

To obtain agreement for the Oldham Better Care Fund Plan 2019-20 from the Health and Wellbeing Board, prior to submission to NHS England for approval.

Executive Summary

The Better Care Fund (BCF) provides a mechanism for joint health, housing and social care planning and commissioning. It brings together ring-fenced budgets from Clinical Commissioning Group allocations, and funding paid directly to local government, including Disabled Facilities Grant, the improved Better Care Fund (iBCF) and the Winter Pressures Grant. One of the four national conditions require that a BCF Plan must be signed off by the Health & Wellbeing Board (HWB) and by the constituent local authorities and CCGs. The plan needs to be submitted to the Department of Health by 27 September 2019.

Recommendations/Requirement from the Health and Wellbeing Board

1. That HWB agree the content of the Oldham BCF Plan to enable submission to NHS England for approval.

Oldham Better Care Fund Plan 2019-20

1. Background

- 1.1 The report outlines the current position regarding the Better Care Fund nationally and provides details regarding the implementation of the BCF in Oldham in 2019-20.
- 1.2 The Better Care Fund (BCF) is a programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing and live independently in their communities for as long as possible.
- 1.3 One of the four national conditions of the BCF is that local area plans are signed off by the local Health and Wellbeing Board. The national conditions are outlined in the report.
- 1.4 The plan for 2019-20 represents an updated version of the work undertaken as part of the 2017-19 plan. Until the latest Spending Review issued by Government was announced it was unclear whether the BCF would continue beyond 2019-20. Although the detail of the position is still to be clarified it is expected that the various different funding elements of the BCF will continue through 2020-21.

2. Current Position

- 2.1. The Better Care Fund (BCF) provides a mechanism for joint health, housing and social care planning and commissioning and brings together ring-fenced budgets from CCG allocations and funding paid directly to local government – Disabled Facilities Grant, the improved Better Care Fund and Winter Pressures grant.
- 2.2. The BCF is administered by NHS England, the Department of Health and Social Care and the Ministry of Housing, Communities and Local Government. The details of the operation of the BCF are set out in two documents: *2019-20 Better Care Fund: Policy Framework* and *Better Care Fund Planning Requirement for 2019-20*.
- 2.3. In June 2018, a review of the BCF was announced by Government to ensure that it supports the integration of health and social care. However, the Policy Framework states that 2019-20 will be a year of minimal change. Any major changes will be implemented from 2020-21. The Policy Framework does emphasise greater consideration of the role housing has in supporting health and social care provision.
- 2.4. An update on the planned review is expected later this year. It is anticipated that any future BCF plans will need to reflect both the NHS Long Term Plan and the development of Primary Care Networks. The strategic narrative, submitted as part of the plan, starts to address these links and will be incorporated in the current work to refresh the Oldham Locality Plan.
- 2.5. It should be noted that authorities forming part of the GM Health & Social Care Partnership are able to use their Locality Plan as the BCF Plan for the area. The

work being undertaken to refresh the Locality Plan needs to take in to account the requirements of the BCF mechanisms.

- 2.6. The total value of the BCF for 2019-20 in Oldham, including DFG (£2.06m); iBCF (£9.76m) and Winter Pressure Funding (£1.22m), is **£30,772,550**.

Scheme/Grant	£'000
BCF	17.73
iBCF	9.76
Winter Pressures	1.22
DFG	2.06
Total	30.77

- 2.8 Conditions for access to the fund are based on satisfying four national conditions:

- An agreed plan signed off by HWB and by the constituent local authorities and CCGs.
- A demonstration that the area will maintain the level of spending on social care services from the CCG minimum contribution in line with the agreed uplift
- That a specific proportion of the area's allocation is invested in NHS-commissioned out of hospital services, which may include seven-day services and adult social care
- A clear plan on managing transfers of care including implementation of the High Impact Change Model for Managing Transfers of Care. As part of this all HWBs must adopt the centrally set expectations for reducing DTOC. Oldham has a target of 15 bed days per day which is the contribution to the Greater Manchester daily target of 211 bed days.

- 2.9 The Oldham Plan meets both of the financial conditions by applying the agreed uplift of 5.83% to the minimum contribution (£17.6m) and supports NHS-commissioned out of hospital services.

- 2.10 In addition, four national metrics are required to be collected and submitted as part of the designated reporting mechanisms. These are:

- Non-elective admissions
- Admissions to residential and care homes
- Effectiveness of reablement; and
- Delayed Transfers of Care

- 2.11 Details of the metrics for 2019-20 are outlined in the Oldham Plan (on the metrics tab). A specific emphasis on reducing DTOC remains in the planning guidance. This is an area where Oldham continues to perform well, within Greater Manchester, Oldham currently ranks the second lowest for total DToC and third lowest for Social Care attributed DToC. Oldham performs less well on the number of long-term residential placements.

- 2.12 Plans will be approved by NHS England after a joint NHS and local government assurance process at a regional level. The have added additional conditions to the approval process beyond the national conditions and metrics, that state all funding

must be transferred in to one or more pooled funds (s75) and that plans will be agreed in consultation with DHSC and MHCLG.

- 2.13 Plans are due for submission to NHS England no later than 27 September 2019 although HWB sign off can be obtained following submission in recognition that both the Policy Framework and Planning Requirements were delayed substantially.
- 2.14 The BCF Plan was discussed at the Joint Leadership Team on 16 September 2019 where the plan was agreed. It was recommended to submit the plan for consideration by Health & Wellbeing Board for agreement prior to submission to NHS England.

3. Data and Intelligence

- 3.1. Not applicable for the purposes of the plan.

4. Links to Health and Wellbeing Outcomes

- 4.1. Better Care Fund is a nationally established scheme, the four national metrics, outlined in 2.10, are required for continued involvement in the BCF. In Oldham, the BCF supports over 50 different projects and schemes. Each of the projects and schemes link to various performance indicators, outputs and outcome measures.

5. Key Issues for Health and Wellbeing Board to Discuss

- 5.1. Feedback on the plan and agreement on proceeding with submission of the plan to NHS England for approval.

6. Key Questions for Health and Wellbeing Board to Consider

- 6.1. The key question for the Board is: Does the Board agree that the Plan should be submitted to NHS England for approval?

7. Additional Supporting Information

- 7.1 Documents:

2019-20 Better Care Fund: Policy Framework (HM Government)

Better Care Fund Planning Requirements for 2019-20 (HM Government)

(<https://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/>)

8. Consultation

- 8.1 The schemes have been running for a number of years and consultation has been undertaken between Oldham Council and Oldham CCG including Finance, Legal and HR departments. The plan is an extension of the 2017-19 plan and ongoing consultation has taken place throughout this period. As the BCF will now continue through at least 2020-21 consultation will be undertaken to develop the plan going forward. If the review of BCF is completed it is anticipated that more substantive

changes to the Better Care Fund will be put in place, as a result wider consultation will be carried out.

9. Appendices

9.1. Appendix 1 Oldham Better Care Fund Plan 2019-20

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1. Guidance

Overview

Note on entering information into this template

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

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

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

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

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

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

2. Cover (click to go to sheet)

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to england.bettercaresupport@nhs.net
3. Please note that in line with fair processing of personal data we collect email addresses to communicate with key individuals from the local areas for various purposes relating to the delivery of the BCF plans including plan development, assurance, approval and provision of support.
We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

4. Strategic Narrative (click to go to sheet)

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

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

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

5. Income (click to go to sheet)

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

6. Expenditure (click to go to sheet)

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

On this sheet please enter the following information:

1. Scheme ID:

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

2. Scheme Name:

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

3. Brief Description of Scheme

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

4. Scheme Type and Sub Type:

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

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

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

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

5. Planned Outputs

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

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

6. Metric Impact

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

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

7. Area of Spend:

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

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

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

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

8. Commissioner:

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

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

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

9. Provider:

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

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

10. Source of Funding:

- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop-down list
- If the scheme is funding across multiple sources of funding, please split the scheme across multiple lines, reflecting the

11. Expenditure (£) 2019/20:

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

12. New/Existing Scheme

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

This is the only detailed information on BCF schemes being collected centrally for 2019/20 and will inform the understanding of planned spend for the iBCF and Winter Funding grants.

7. HICM (click to go to sheet)

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

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

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

8. Metrics (click to go to sheet)

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

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

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

2. Residential Admissions (RES) planning:

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

3. Reablement (REA) planning:

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

4. Delayed Transfers of Care (DToC) planning:

- The expectations for this metric from 2018/19 are retained for 2019/20 and these are prepopulated.
- Please include a brief narrative associated with this metric plan.
- This narrative should include details of the plan, agreed between the local authority and the CCG for using the Winter Pressures grant to manage pressures on the system over Winter.

9. Planning Requirements (click to go to sheet)

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

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

1. For each Planning Requirement please select 'Yes' or 'No' to confirm whether the requirement is met for the BCF Plan.
2. Where the confirmation selected is 'No', please use the comments boxes to include the actions in place towards meeting the requirement and the target timeframes.

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

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

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:	Oldham
Completed by:	David Garner (OMBC) / Karen Ratzeburg (Oldham CCG)
E-mail:	david.garner@oldham.gov.uk / karen.ratzeburg@nhs.net
Contact number:	0161 770 1067 / 0161-622-6464
Who signed off the report on behalf of the Health and Wellbeing Board:	Clr Jenny Harrison
Will the HWB sign-off the plan after the submission date?	No
If yes, please indicate the date when the HWB meeting is scheduled:	

	Role:	Professional Title (where applicable)	First-name:	Surname:	E-mail:
*Area Assurance Contact Details:	Health and Wellbeing Board Chair	Clr	Jenny	Harrison	jenny.harrison@oldham.gov.uk
	Clinical Commissioning Group Accountable Officer (Lead)	Dr	Carolyn	Wilkins	carolyn.wilkins@oldham.gov.uk
	Additional Clinical Commissioning Group(s) Accountable Officers		Ben	Galbraith	ben.galbraith@nhs.net
	Local Authority Chief Executive	Dr	Carolyn	Wilkins	carolyn.wilkins@oldham.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)		Mark	Warren	mark.warren@oldham.gov.uk
	Better Care Fund Lead Official		David	Garner	david.garner@oldham.gov.uk
	LA Section 151 Officer		Anne	Ryans	anne.ryans@oldham.gov.uk
	Senior Finance Manager		Karen	Ratzeburg	karen.ratzeburg@nhs.net

Please add further area contacts that you would wish to be included in official correspondence -->

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

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

Complete

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

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

Checklist

2. Cover

[^^ Link back to top](#)

	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
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4. Strategic Narrative

[^^ Link back to top](#)

	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
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5. Income

[^^ Link back to top](#)

	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
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6. Expenditure

[^^ Link back to top](#)

	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. HICM

[^^ Link back to top](#)

	Cell Reference	Checker
Priorities for embedding elements of the HICM 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

[^^ Link back to top](#)

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

Sheet Complete	Yes
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9. Planning Requirements

[^^ Link back to top](#)

	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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[^^ Link back to top](#)

Better Care Fund 2019/20 Template

3. Summary

Selected Health and Wellbeing Board:

Oldham

Income & Expenditure

Income >>

Funding Sources	Income	Expenditure	Difference
DFG	£2,065,201	£2,065,201	£0
Minimum CCG Contribution	£17,762,151	£17,768,569	-£6,418
iBCF	£9,736,326	£9,736,326	£0
Winter Pressures Grant	£1,122,354	£1,122,354	£0
Additional LA Contribution	£0	£0	£0
Additional CCG Contribution	£86,519	£80,100	£6,419
Total	£30,772,551	£30,772,550	£1

Expenditure >>

NHS Commissioned Out of Hospital spend from the minimum CCG allocation

Minimum required spend	£5,047,500
Planned spend	£6,640,298

Adult Social Care services spend from the minimum CCG allocations

Minimum required spend	£11,933,624
Planned spend	£11,933,623

Scheme Types

Assistive Technologies and Equipment	£1,996,000
Care Act Implementation Related Duties	£0
Carers Services	£772,498
Community Based Schemes	£5,704,510
DFG Related Schemes	£2,065,201
Enablers for Integration	£0
HICM for Managing Transfer of Care	£1,818,708
Home Care or Domiciliary Care	£1,637,668
Housing Related Schemes	£1,432,588
Integrated Care Planning and Navigation	£2,836,620
Intermediate Care Services	£3,459,941
Personalised Budgeting and Commissioning	£1,674,064
Personalised Care at Home	£0
Prevention / Early Intervention	£2,108,867
Residential Placements	£3,255,838
Other	£2,010,048
Total	£30,772,551

[HICM >>](#)

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

[Metrics >>](#)

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

Residential Admissions

		19/20 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	804.5201494

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 (%)	0.904

[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:

Oldham

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:

789

The Oldham Cares vision is to 'see the greatest and fastest possible improvement in the health and wellbeing of the Borough's residents.' This vision can only be achieved through the delivery of a health and social care system that is built upon effective models of care which focus on the provision of appropriate and timely interventions which are close to home, strengthen an individual's independence and enable them to live well at home for longer. The strategic direction for achieving this is currently set out in the Oldham Locality Plan for Health & Social Care 2016-21, published in 2016. However, work is currently underway to refresh the Locality Plan with a new Plan scheduled for completion in November 2019.

The ambition is to ensure that services are complementary, work with people to understand their own strengths and those of the community, achieve the best possible outcomes, are person-centred and reduce demands on services through promoting independence and self-care as close to home as possible where it is safe to do so. The measures of success, for Oldham, outlined in the Locality Plan included the adoption of a systematic approach to developing person and community focused approaches to health and social care with the involvement of local partners including the local voluntary and community sector. This remains a key factor for us going forward and we continue to develop our health and social care provision within Oldham on this premise.

Within Social Care, the Care Act (2014) made prevention, intermediate care and complex support, core components of the legislative framework and this along with the NHS Long Term Plan, published in 2019, strengthens the focus on these areas to support people to age well, receive care within their community and avoid a dependency on acute service provision.

In Oldham we are focusing on establishing a strength and asset-based practice approach to health and social care that will stand at the forefront of how residents are supported. This, along with a realisation that co-production grows thriving communities, the future operating model, in Oldham, will place people at the centre of their care pathway to ensure they actively enable, inform and design services. With a drive across the Oldham Cares Alliance to move from paternalistic practice and cultures to one of empowerment and people-led preventative models of delivery, these must be centred around neighbourhood clusters and primary care networks, with a focus on deflection away from acute health provision. By adopting this model it is expected that the health and social care economy will realise significant prevention-based improvements for the health and wellbeing of residents from a redefined model of care. In Oldham, we are currently working on the development of a new model and implementation plan that will be established later this year.

A shift to self-care, preventative and place-based practice approaches will ensure that demand for services is prioritised, people are triaged to receive the most appropriate support and in the longer-term, are enabled to self-care and take responsibility for their own wellbeing. It is essential that the Community Service preventative approach complements the wider reform agenda and early intervention review including Early Help, Thriving Communities and Social Prescribing.

The Oldham Cares outcomes framework sets out a range of high level outcomes based on the key changes we want to see in Oldham over the next decade. These are the headline outcomes for Oldham Cares, which the whole system will work together to deliver, in order to improve the health of the population and the way the local health and social care system operates. These outcomes will inform commissioning priorities and performance management.

In addition to specific work within the locality, from a Greater Manchester perspective, in Oldham, we are involved in the Person and Community Centred Approach activity, as a demonstrator site for personalised care, Greater Manchester submits data for the region as a whole to NHS England and is assessed against trajectories for each of the main categories covering personal support and care planning; social prescribing; personal health budgets; asset-based approaches; self-care and self-management to which Oldham contributes. While in the early stages of data collection indications are that the region is performing well in this area and on the way to meeting targets.

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)

[^^ Link back to top](#)

Remaining Word Limit: 211

Within Oldham, integration is at the heart of the health and social care provision. As part of the Oldham Cares model to integrate health and social care services in the borough, both the Council's Adult Social Care function and CCG commissioning functions co-located in April 2018. This forms part of a wider Greater Manchester model of establishing a Strategic Commissioning Function and an Integrated Care System in each locality, with the purpose of aligning activity and ensuring an infrastructure is in place collectively to design and deliver services going forward. The Director of Adult Social Care (DASS) retains statutory responsibility for the Adult Social Care (ASC) commissioning requirements and works closely with the Strategic Director of Commissioning and Chief Officer of the Clinical Commissioning Group (CCG). In addition, an expanded Section 75 aligned budget has been arranged for 2019/20 and the total health and care commissioning budget in Oldham is circa £430 million per annum.

Going forward, a comprehensive blueprint for the future of integrated commissioning has now been developed and agreed within the system. At a high level this blueprint envisages a move beyond excellent service commissioning to Commissioning for Outcomes and Communities of Identity, with a focus on social value. We have committed to a number of design features for our new Integrated Commissioning Function (ICF) to ensure there are improved outcomes for people in Oldham. The design will enable the ICF to work collaboratively with services and people to co-design and develop models of care that are rooted in the community, where people are at the centre of services and there is a shift in focus to early intervention and prevention as well as improving wellbeing.

In addition, work is ongoing in Oldham on the integration of the community health and social care linked to primary care provision and developed across five geographical neighbourhood clusters, now aligned with the Primary Care Networks across the borough. Within the Community Health and Social Care Community service an initial phase of Integration has been completed which aimed to align and develop community health and adult social care services in Oldham. This involved bringing together MioCare Group (care and support provider), Adult Social Care (Oldham Council) and community nursing (now Salford Royal Foundation Trust). This includes over 70 services, delivered by approximately 1,300 staff, with a budget of over £100m. A second phase of integration in this area is being developed, in line with the ongoing developments for Primary Care Networks, that moves the economy from the current co-location of services closer to true integration. At the same time work is being undertaken as part of the Oldham element of the GM Transformation Fund based around a number of core components including Thriving Communities; Mental Health; Community Enablement; Start Well, Core & Extended Primary Care and Urgent and Emergency Care.

Our approach to integration is wider than just focusing on health and social care and takes a whole economy approach that focuses on the need to improve outcomes for local residents. In order to facilitate this an alliance approach has been adopted that ensures a wide range of partner organisations are involved in the design and delivery of integrated services in Oldham governed by the Oldham Cares Partnership Alliance Board. As a result of this approach and the involvement of partners in both the design and delivery of service, all major aspects of the economy are included as part of the programme including voluntary and community sector, housing, social care and health partners.

(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: 505

As outlined in the HWB level (4B) our approach to integration is wider than just focusing on health and social care and includes partners from across the borough including acute health, primary care, community health, social care, housing providers, independent health providers and local voluntary and community sector organisations.

As a result of that, this section focuses on the developments with the Oldham relating to the Disabled Facilities Grant (DFG). Plans for the DFG are set out in to policy briefing papers Disabled Facilities Grant Funding and Housing Assistance (Regulatory Reform Order) Policy and the Oldham DFG update and Capital Investment Plan.

The Disabled Facilities Grant Funding and Housing Assistance (Regulatory Reform Order) Policy was agreed by both OMBC, through the Adult Social Care Leadership Team and NHS Oldham CCG's Management Executive Team (MET). The approved recommendation was to offer discretionary measures funded from the DFG Capital Grant in order to support the housing needs of people with care needs and/or disabilities to remain in their homes through the use of adaptation and technology where applicable. The policy framework to allow DFG funding to be used this way is via OMBC's Housing Assistance & Home Improvements Policy (Regulatory Reform Order).

The Disabled Facilities Grant Update and Capital Investment Plan was approved by OMBC and CCG which approved an approach to spending residual capital funds. The plan was developed in consultation with OMBC commissioning, strategic housing and with the NHS CCG and is governed by the council's Capital Investment Board. It outlines that funding flexibilities allow investment of the DFG funds in to other Capital Projects on the understanding that they meet health and social care outcomes, are agreed as part of the local BCF planning process and meet capital investment rules.

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](#)

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1274

As outlined previously as part of the Greater Manchester Health & Social Care Partnership, established through devolution within Greater Manchester, Oldham has an established locality plan that addresses the integration of health and social care within the locality. This was established in 2016 and due to run through to March 2021. A review of the current plan is underway and a new version of the plan is scheduled to be completed by the end of November 2019 as part of an overall GM initiative.

The GM STP plan for integration is wider than the BCF and involved integrated leadership teams between the council and CCG which established within Oldham with Carolyn Wilkins being both the council Chief Executive and CCG Accountable officer. In addition to this, there is significant integration amongst key roles within the local public sector, with Mike Barker being the Joint Director of Commissioning for the Council and CCG, and Mark Warren performing the role of DASS and Managing Director of Community Services for the lead NHS provider

In addition, the Oldham Locality has widened its section 75 agreement to encompass a greater proportion of CCG and Council spend for 2019-20. As outlined under the integration response Oldham has established a joint commissioning board that covers both local authority and health commissioning. This was established in 2018 and is continuing to develop.

Better Care Fund 2019/20 Template

5. Income

Selected Health and Wellbeing Board:

Oldham

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Oldham	£2,065,201
DFG breakdown for two-tier areas only (where applicable)	
Total Minimum LA Contribution (exc iBCF)	£2,065,201

iBCF Contribution	Contribution
Oldham	£9,736,326
Total iBCF Contribution	£9,736,326

Winter Pressures Grant	Contribution
Oldham	£1,122,354
Total Winter Pressures Grant Contribution	£1,122,354

Are any additional LA Contributions being made in 2019/20? If yes, please detail below	No
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Local Authority Additional Contribution	Contribution	Comments - please use this box clarify any specific uses or sources of funding
Total Additional Local Authority Contribution	£0	

CCG Minimum Contribution	Contribution
NHS Oldham CCG	£17,762,151
Total Minimum CCG Contribution	£17,762,151

Are any additional CCG Contributions being made in 2019/20? If yes, please detail below	Yes
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Additional CCG Contribution	Contribution	Comments - please use this box clarify any specific uses or sources of funding
NHS Oldham CCG	£86,519	£80.1k for EOL consultant at Dr Kershaws - historically funded by additional CCG contribution;
Total Addition CCG Contribution	£86,519	
Total CCG Contribution	£17,848,670	

	2019/20
Total BCF Pooled Budget	£30,772,551

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:

Oldham

<< Link to summary sheet

Running Balances	Income	Expenditure	Balance
DFG	£2,065,201	£2,065,201	£0
Minimum CCG Contribution	£17,762,151	£17,768,569	-£6,418
iBCF	£9,736,326	£9,736,326	£0
Winter Pressures Grant	£1,122,354	£1,122,354	£0
Additional LA Contribution	£0	£0	£0
Additional CCG Contribution	£86,519	£80,100	£6,419
Total	£30,772,551	£30,772,550	£1

Required Spend	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum CCG allocation	£5,047,500	£6,640,298	£0
Adult Social Care services spend from the minimum CCG allocations	£11,933,624	£11,933,623	£1

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	Reablement - Butler Green	Intermediate care nursing facility	Intermediate Care Services	Bed Based - Step Up/Down		No. of beds	28.0	High	High	Medium	High	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£2,362,230	Existing
2	Falls Investment	Falls service	Prevention / Early Intervention	Risk Stratification				High	Low	Low	High	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£228,904	Existing
3	Falls Investment - Age UK	Falls service	Prevention / Early Intervention	Risk Stratification				High	Low	Low	High	Social Care		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£78,000	Existing
4	Early Supported Discharge and Community Stroke	Specialist OT and physio intervention	Community Based Schemes					Low	High	Low	High	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£923,113	Existing
5	Alternate to Transfer -GTD	Provision of GP telephone support to paramedics on the scene	Community Based Schemes					High	Not applicable	Not applicable	Medium	Community Health		CCG			Private Sector	Minimum CCG Contribution	£260,000	Existing
6	Community End of Life Consultant Service - Outreach	Service delivered from hospice	Other		Medical Cover to support Specialist Palliative Care nurses and			High	Medium	Not applicable	Not applicable	Community Health		CCG			Charity / Voluntary Sector	Additional CCG Contribution	£80,100	Existing
7	Wheelchair Service	Provision of wheelchairs	Assistive Technologies and Equipment	Community Based Equipment				Not applicable	Medium	Medium	Medium	Community Health		CCG			Private Sector	Minimum CCG Contribution	£555,000	Existing
8	Community Equipment	Community Equipment	Assistive Technologies and Equipment	Community Based Equipment				Not applicable	Medium	Medium	Medium	Community Health		CCG			Local Authority	Minimum CCG Contribution	£701,000	Existing
9	Carers - OMBC	Carers services	Carers Services	Respite Services				Not applicable	Not applicable	Not applicable	Not applicable	Social Care		CCG			Local Authority	Minimum CCG Contribution	£410,780	Existing
10	Action for Blind People	Eye clinic liaison officer post	Other		Post attached to eye clinic			Low	Medium	Low	Medium	Social Care		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£18,000	Existing
11	Red Cross Assisted Discharge	Transport and support home from discharge lounge	HICM for Managing Transfer of Care	Chg 4. Home First / Discharge to Access				Low	High	Medium	High	Social Care		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£103,000	Existing
12	CHC Joint Working Agreement	Short-term care placements to facilitate discharge	Community Based Schemes					Not applicable	High	Medium	Medium	Social Care		CCG			Private Sector	Minimum CCG Contribution	£177,004	Existing
13	Alcohol Liaison - PAHT	Alcohol support working across wards and A&E	Other		Liaison service in hospital			Low	Not applicable	Not applicable	Not applicable	Acute		CCG			NHS Acute Provider	Minimum CCG Contribution	£106,432	Existing
14	Warm Homes	Advice service for residents in fuel poverty	Community Based Schemes					Low	Low	Not applicable	Low	Social Care		CCG			Local Authority	Minimum CCG Contribution	£125,000	Existing

15	Dementia Service - Age UK	Dementia information	Community Based Schemes					Low	Not applicable	Low	Not applicable	Mental Health		CCG		Charity / Voluntary Sector	Minimum CCG Contribution	£72,446	Existing
16	Dementia Service - Making Space	Post-diagnosis supporting activities	Community Based Schemes					Low	Not applicable	Low	Not applicable	Mental Health		CCG		Charity / Voluntary Sector	Minimum CCG Contribution	£34,588	Existing
17	Dementia Service - Pennine Care FT Memory Service	Diagnosis and post-diagnosis support	Community Based Schemes					Low	Not applicable	Low	Not applicable	Mental Health		CCG		NHS Mental Health Provider	Minimum CCG Contribution	£400,702	Existing
18	Dementia Service - PCFT MH liaison service with care homes	Liaison MH nursing for older adults in care homes	Community Based Schemes					Low	Low	Low	Not applicable	Mental Health		CCG		NHS Mental Health Provider	Minimum CCG Contribution	£138,763	Existing
19	Dementia Service - 0.4WTE Band 7	Quality improvement	Other		Staff post			Not applicable	Not applicable	Not applicable	Not applicable	Mental Health		CCG		CCG	Minimum CCG Contribution	£29,813	Existing
20	Dementia Service - Senior Practitioner Dementia Training	Training & Education	Other		Training for providers			Not applicable	Not applicable	Not applicable	Not applicable	Mental Health		CCG		Private Sector	Minimum CCG Contribution	£21,956	Existing
21	Care Management - Maintaining Eligibility	Support for individuals	Personalised Budgeting and Commissioning	Integrated Personalised Commissioning				Not applicable	Not applicable	Medium	Not applicable	Social Care		LA		Private Sector	Minimum CCG Contribution	£1,674,064	Existing
22	Community Equipment - OCAS staffing costs	Support for community Equipment service	Community Based Schemes					Medium	Medium	Not applicable	Medium	Social Care		LA		Local Authority	Minimum CCG Contribution	£240,738	Existing
23	Helpline and Response (OCS)	First response service	Prevention / Early Intervention	Other	Alternative to hospital			Medium	Low	Not applicable	Medium	Social Care		LA		Local Authority	Minimum CCG Contribution	£1,645,963	Existing
24	Reablement services (OCS)	Reablement in the community	Community Based Schemes					Low	Medium	Not applicable	Medium	Social Care		LA		Local Authority	Minimum CCG Contribution	£2,616,943	Existing
25	Hospital and Urgent Care Social Work Team	Support for discharge	HICM for Managing Transfer of Care	Chg 1. Early Discharge Planning				Not applicable	High	High	Medium	Social Care		LA		Local Authority	Minimum CCG Contribution	£715,708	Existing
26	Healthwatch	Patient support	Other		Advocacy support			Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA		Private Sector	Minimum CCG Contribution	£195,393	Existing
27	Medlock court - Reablement residential	Residential Reablement	Intermediate Care Services	Bed Based - Step Up/Down		No. of beds	32.0	Not applicable	High	Low	High	Social Care		LA		Local Authority	Minimum CCG Contribution	£1,097,711	Existing
28	Residential Respite	Support for complex needs	Residential Placements	Care Home		Placements	24.0	Not applicable	Not applicable	Medium	Low	Social Care		LA		Private Sector	Minimum CCG Contribution	£628,132	Existing
29	Community Equipment	Community Equipment	Assistive Technologies and Equipment	Community Based Equipment				Not applicable	Medium	Medium	Medium	Social Care		LA		Private Sector	Minimum CCG Contribution	£700,000	Existing
30	Council funded Occ Therapist	Support for community Equipment service	Community Based Schemes					Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA		NHS Community Provider	Minimum CCG Contribution	£310,213	Existing
31	Minor Adaptations	Community Equipment	Housing Related Schemes					Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA		Private Sector	Minimum CCG Contribution	£197,588	Existing
32	Carers budgets and services	Carers Support	Carers Services	Respite Services				Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA		Local Authority	Minimum CCG Contribution	£361,718	Existing
33	Minimum eligibility threshold	Support for individuals	Home Care or Domiciliary Care			Hours of Care	40,981.0	Not applicable	Not applicable	Medium	Not applicable	Social Care		LA		Private Sector	Minimum CCG Contribution	£637,668	Existing

34	OMBC Disabilities Facilities Grants	Housing adaptations	DFG Related Schemes	Adaptations				Not applicable	Not applicable	Medium	Not applicable	Social Care		LA			Private Sector	DFG	£2,065,201	Existing
35	OMBC Social Care Support Grant (improved BCF grant)	Care Home incentives to support the market	Residential Placements	Care Home		Placements	101.0	Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Private Sector	iBCF	£2,627,706	Existing
36	Winter pressures	Additional winter support	Other		Various schemes to support winter activity			Not applicable	High	Not applicable	Not applicable	Social Care		LA			Private Sector	Winter Pressures Grant	£1,122,354	Existing
37	OMBC Social Care Support Grant (improved BCF)	Reablement and prevention	Community Based Schemes					Not applicable	Not applicable	Not applicable	High	Social Care		LA			Private Sector	iBCF	£405,000	Existing
38	OMBC Social Care Support Grant (improved BCF)	Housing related support	Housing Related Schemes					Medium	Not applicable	Not applicable	Not applicable	Social Care		LA			Private Sector	iBCF	£1,235,000	Existing
39	OMBC Social Care Support Grant (improved BCF)	Care at home to support the market	Home Care or Domiciliary Care			Hours of Care	64,267.0	Not applicable	Medium	Not applicable	Not applicable	Social Care		LA			Private Sector	iBCF	£1,000,000	Existing
40	OMBC Social Care Support Grant (improved BCF)	Adaptations	Assistive Technologies and Equipment	Community Based Equipment				Not applicable	Not applicable	Low	Not applicable	Social Care		LA			Private Sector	iBCF	£40,000	Existing
41	OMBC Social Care Support Grant (improved BCF)	Services for People with a learning disability	Other		Shared Lives			Not applicable	Not applicable	Medium	Not applicable	Social Care		LA			Local Authority	iBCF	£436,000	Existing
42	OMBC Social Care Support Grant (improved BCF)	Voluntary and community Sector Investment	Prevention / Early Intervention	Social Prescribing				Medium	Not applicable	Not applicable	Not applicable	Social Care		LA			Charity / Voluntary Sector	iBCF	£156,000	Existing
43	OMBC Social Care Support Grant (improved BCF)	Workforce redesign	Integrated Care Planning and Navigation	Care Planning, Assessment and Review				Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	iBCF	£2,836,620	Existing
44	OMBC Social Care Support Grant (improved BCF)	Discharge to assess	HICM for Managing Transfer of Care	Chg 1. Early Discharge Planning				Not applicable	High	Low	Not applicable	Social Care		LA			Private Sector	iBCF	£1,000,000	Existing

Scheme Type	Description	Sub Type
Assistive Technologies and Equipment	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Digital participation services).	Telecare Wellness Services Digital Participation Services Community Based Equipment Other
Care Act Implementation Related Duties	Funding planned towards the implementation of Care Act related duties.	Deprivation of Liberty Safeguards (DoLS) Other
Carers Services	Supporting people to sustain their role as carers and reduce the likelihood of crisis. Advice, advocacy, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence. This also includes the implementation of the Care Act as a sub-type.	Carer Advice and Support Respite Services Other
Community Based Schemes	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood level (eg: Integrated Neighbourhood Teams)	
DFG Related Schemes	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes.	Adaptations Other
Enablers for Integration	Schemes that build and develop the enabling foundations of health and social care integration encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.	
High Impact Change Model for Managing Transfer of Care	The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM as such, is included in this section.	Chg 1. Early Discharge Planning Chg 2. Systems to Monitor Patient Flow Chg 3. Multi-Disciplinary/Multi-Agency Discharge Teams Chg 4. Home First / Discharge to Access Chg 5. Seven-Day Services Chg 6. Trusted Assessors Chg 7. Focus on Choice Chg 8. Enhancing Health in Care Homes Other - 'Red Bag' scheme Other approaches
Home Care or Domiciliary Care	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.	

Housing Related Schemes	This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.	
Integrated Care Planning and Navigation	Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches like Single Point of Access (SPoA) and linking people to community assets. Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams. Note: For Multi-Disciplinary Discharge Teams and the HICM for managing discharges, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.	Care Coordination Single Point of Access Care Planning, Assessment and Review Other
Intermediate Care Services	Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups. Four service models of intermediate care are: bed-based intermediate care, crisis or rapid response (including falls), home-based intermediate care, and reablement or rehabilitation. Home-based intermediate care is covered in Scheme-A and the other three models are available on the sub-types.	Bed Based - Step Up/Down Rapid / Crisis Response Reablement/Rehabilitation Services Other
Personalised Budgeting and Commissioning	Various person centred approaches to commissioning and budgeting.	Personal Health Budgets Integrated Personalised Commissioning Direct Payments Other
Personalised Care at Home	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.	
Prevention / Early Intervention	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.	Social Prescribing Risk Stratification Choice Policy Other
Residential Placements	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.	Supported Living Learning Disability Extra Care Care Home Nursing Home Other
Other	Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.	

Better Care Fund 2019/20 Template

7. High Impact Change Model

Selected Health and Wellbeing Board:

Oldham

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

In Oldham the HICM is well-established with the majority of the core elements in place. The main exception is the implementation of 7-day working across the whole health and social care economy. The system currently meets requirements, however, this is an area that we will continue to monitor and adapt and develop as required to meet the needs of Oldham residents. It is an area of substantial investment and a review of the requirements in this area will be undertaken.

		Please enter current position of maturity	Please enter the maturity level planned to be reached by March 2020	If the planned maturity level for 2019/20 is below established, please state reasons behind that?
Chg 1	Early discharge planning	Established	Established	
Chg 2	Systems to monitor patient flow	Established	Established	
Chg 3	Multi-disciplinary/Multi-agency discharge teams	Established	Established	
Chg 4	Home first / discharge to assess	Established	Established	
Chg 5	Seven-day service	Plans in place	Plans in place	7-day working is in place within Enablement provision in the community and at Royal Oldham Hospital within the Integrated Discharge Team. However, currently only part of the team are contracted to work across 7 days and this will be implemented across the whole team in the future following a current review of requirements both within the team and other provision.
Chg 6	Trusted assessors	Established	Established	
Chg 7	Focus on choice	Mature	Mature	
Chg 8	Enhancing health in care homes	Established	Established	

Better Care Fund 2019/20 Template

8. Metrics

Selected Health and Wellbeing Board:

Oldham

8.1 Non-Elective Admissions

	19/20 Plan	Overview Narrative
Total number of specific acute non-elective spells per 100,000 population	Collection of the NEA metric plans via this template is not required as the BCF NEA metric plans are based on the NEA CCG Operating plans submitted via SDCS.	Transformation deflections have been applied for service components that have a full business case, funding approved and delivery is underway. Namely these schemes are:- <ul style="list-style-type: none"> • Start Well • Target under 12s with A&E Attendances an Non Elective4 admissions for Respiratory, • Run Weekly MDT is 2 Pilot GP Clusters • Open Access to a Paediatrician Enhanced Specialist nurse provision linked to pathways • Public engagement and public health advice for whole CYP population. • Mental Health

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+)	210.5	2018/19 GM established a target to reduce the average number of bed days to 211 per day (all CCGs). Oldham CCG is required to deliver a maximum of 15 bed days as contribution to the overall GM improvement. The target was met in 18/19 on a full year basis. At the end of the year Oldham ranked 3rd lowest for social care attributed DToC and 4th lowest ranked for total DToC in GM.

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 individuals HWBs rather than Greater Manchester as a whole. Please note that due to the merger of Bournemouth, Christchurch and Poole to a new Local Authority will mean that planning information from 2018/19 will not reflect the present geographies.

8.3 Residential Admissions

		18/19 Plan	19/20 Plan	Comments
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	859	805	For 2018-19 we performed better than planned in relation to this metric. As a result of this performance and the ongoing implementation of and changes to the Oldham Locality Plan we anticipate ongoing reductions in the rate of the over 65 population going in to residential care.
	Numerator	325	308	
	Denominator	37,840	38,284	

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

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

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

8.4 Reablement

		18/19 Plan	19/20 Plan	Comments
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	92.9%	90.4%	Performance in this area in 2018/19 was 88.4% which is lower than planned (Denominator 121/Numerator 107). Given the low numbers involved small changes in performance impact on the annual performance %. The Locality Plan focuses on ensuring people receive the reablement support they need at home where possible
	Numerator	144	113	
	Denominator	155	125	

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

Please note that due to the 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:

Oldham

Theme	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframe for meeting it
NC1: Jointly agreed plan	PR1	A jointly developed and agreed plan that all parties sign up to	<p>Has a plan; jointly developed and agreed between CCG(s) and LA; been submitted?</p> <p>Has the HWB approved the plan/delegated approval pending its next meeting?</p> <p>Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan?</p> <p>Do the governance arrangements described support collaboration and integrated care?</p> <p>Where the strategic narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure, metric and HICM sections of the plan been submitted for each HWB concerned?</p>	Yes	Oldham Locality Plan for Health & Social Care Transformation 2016-21		
	PR2	A clear narrative for the integration of health and social care	<p>Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that covers:</p> <ul style="list-style-type: none"> - Person centred care, including approaches to delivering joint assessments, promoting choice, independence and personalised care? - A clear approach at HWB level for integrating services that supports the overall approach to integrated care and confirmation that the approach supports delivery at the interface between health and social care? - A description of how the local BCF plan and other integration plans e.g. STP/ICs align? - Is there a description of how the plan will contribute to reducing health inequalities (as per section 4 of the Health and Social Care Act) and to reduce inequalities for people with protected characteristics under the Equality Act 2010? This should include confirmation that equality impacts of the local BCF plan have been considered, a description of local priorities related to health inequality and equality that the BCF plan will contribute to addressing. <p>Has the plan summarised any changes from the previous planning period? And noted (where appropriate) any lessons learnt?</p>	Yes	Oldham Locality Plan for Health & Social Care Transformation 2016-21		
	PR3	A strategic, joined up plan for DFG spending	<p>Is there confirmation that use of DFG has been agreed with housing authorities?</p> <p>Does the narrative set out a strategic approach to using housing support, including use of DFG funding that supports independence at home.</p> <p>In two tier areas, has:</p> <ul style="list-style-type: none"> - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory Disabled Facilities Grants? or - The funding been passed in its entirety to district councils? 	Yes	1. Disabled Facilities Grant Funding & Housing Assistance Regulatory Reform Order Policy 2. Disabled Facilities Grant and Capital Investment Plan		
NC2: Social Care Maintenance	PR4	A demonstration of how the area will maintain the level of spending on social care services from the CCG minimum contribution to the fund in line with the uplift in the overall contribution	Does the total spend from the CCG minimum contribution on social care match or exceed the minimum required contribution (auto-validated on the planning template)?	Yes			
NC3: NHS commissioned Out of Hospital Services	PR5	Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the CCG minimum BCF contribution?	Does the total spend from the CCG minimum contribution on non-acute, NHS commissioned care exceed the minimum ringfence (auto-validated on the planning template)?	Yes			
NC4: Implementation of the High Impact Change Model for Managing Transfers of Care	PR6	Is there a plan for implementing the High Impact Change Model for managing transfers of care?	<p>Does the BCF plan demonstrate a continued plan in place for implementing the High Impact Change Model for Managing Transfers of Care?</p> <p>Has the area confirmed the current level of implementation and the planned level at March 2020 for all eight changes?</p> <p>Is there an accompanying overall narrative setting out the priorities and approach for ongoing implementation of the HICM?</p> <p>Does the level of ambition set out for implementing the HICM changes correspond to performance challenges in the system?</p> <p>If the current level of implementation is below established for any of the HICM changes, has the plan included a clear explanation and set of actions towards establishing the change as soon as possible in 2019-20?</p>	Yes			

Agreed expenditure plan for all elements of the BCF	PR7	Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?	<p>Have the planned schemes been assigned to the metrics they are aiming to make an impact on? Expenditure plans for each element of the BCF pool match the funding inputs? (auto-validated) Is there confirmation that the use of grant funding is in line with the relevant grant conditions? (tick-box) 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? Has funding for the following from the CCG contribution been identified for the area? - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement?</p>	Yes			
	PR8	Indication of outputs for specified scheme types	Has the area set out the outputs corresponding to the planned scheme types (Note that this is only for where any of the specified set of scheme types requiring outputs are planned)? (auto-validated)	Yes			
Metrics	PR9	Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?	<p>Is there a clear narrative for each metric describing the approach locally to meeting the ambition set for that metric? 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? Do the narrative plans for each metric set out clear and ambitious approaches to delivering improvements? Have stretching metrics been agreed locally for: - 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</p>	Yes			

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

HWB Code	LA Name	CCG Code	CCG Name	% CCG in HWB	% HWB in CCG
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%
E09000001	City of London	07R	NHS Camden CCG	0.2%	7.0%
E09000001	City of London	09A	NHS Central London (Westminster) CCG	0.1%	2.5%
E09000001	City of London	07T	NHS City and Hackney CCG	1.8%	70.4%
E09000001	City of London	08C	NHS Hammersmith and Fulham CCG	0.0%	1.2%
E09000001	City of London	08H	NHS Islington CCG	0.1%	3.6%
E09000001	City of London	08V	NHS Tower Hamlets CCG	0.4%	15.0%
E09000001	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%
E09000008	Croydon	07Q	NHS Bromley CCG	1.6%	1.3%
E09000008	Croydon	07V	NHS Croydon CCG	95.3%	93.2%
E09000008	Croydon	09L	NHS East Surrey CCG	2.9%	1.3%
E09000008	Croydon	08C	NHS Hammersmith and Fulham CCG	0.2%	0.0%
E09000008	Croydon	08K	NHS Lambeth CCG	3.0%	3.0%
E09000008	Croydon	08R	NHS Merton CCG	0.8%	0.4%
E09000008	Croydon	08T	NHS Sutton CCG	0.8%	0.4%
E09000008	Croydon	08X	NHS Wandsworth CCG	0.5%	0.5%

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	99K	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	99J	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	99E	NHS Basildon and Brentwood CCG	99.8%	18.2%
E1000012	Essex	06H	NHS Cambridgeshire and Peterborough CCG	0.1%	0.0%
E1000012	Essex	99F	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	99G	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 Bassetlaw CCG	0.2%	0.2%
E06000013	North Lincolnshire	02X	NHS Doncaster CCG	0.0%	0.1%
E06000013	North Lincolnshire	02Y	NHS East Riding of Yorkshire CCG	0.0%	0.1%
E06000013	North Lincolnshire	04D	NHS Lincolnshire West CCG	1.0%	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%

Produced by NHS England using data from National Health Applications and Infrastructure Services (NHAIS) as supplied by NHS Digital.



2019-20 Better Care Fund: Policy Framework

Department of Health and Social Care and the Ministry
of Housing, Communities and Local Government

Published 10 April 2019

Contents

1. Introduction	2
Person-centred Integrated Care	2
Progress on the Better Care Fund and Integration	2
2. The Better Care Fund in 2019-20	5
What the BCF will look like in 2019-20	5
Funding and conditions of access for 2019-20	5
National Conditions & Metrics for 2019-20	7
The assurance and approval of local Better Care Fund plans for 2019-20	8
3. The Better Care Fund, Housing and Wider Integration Initiatives	10

1. Introduction

Person-centred Integrated Care

- 1.1 The Government is committed to the aim of person-centred integrated care, with health, social care, housing and other public services working seamlessly together to provide better care. This type of integrated care is the key to strong, sustainable local health and care systems which prevent ill-health (where possible) and the need for care, and avoid unnecessary hospital admissions. It also ensures that people receive high-quality care and support in the community. For people who need both health and social care services, this means only having to tell their story once and getting a clear and comprehensive assessment of all their needs with plans put in place to support them. This means they get the right care, in the right place, at the right time.

Progress on the Better Care Fund and Integration

- 1.2 Since 2015, the Government's aims around integrating health, social care and housing, through the Better Care Fund (BCF), have played a key role in the journey towards person-centred integrated care. This is because these aims have provided a context in which the NHS and local authorities work together, as equal partners, with shared objectives. The plans produced are owned by Health and Wellbeing Boards, representing a single, local plan for the integration of health and social care in all parts of the country.
- 1.3 In every year of its operation, most local areas have agreed that the BCF has improved joint working and had a positive impact on integration. In [2017-18](#), for example, 93% of local areas agreed that delivery of the BCF had improved joint working between health and social care in their locality, whilst 91% agreed that delivery of BCF plans had a positive impact on the integration of health and social care. Additionally, since its inception, local areas have voluntarily pooled at least £1.5 billion above the minimum required, in each year, with approximately £2.1 billion planned in voluntary pooled funding in 2018-19.
- 1.4 There are signs of real progress in joining up care and wider integration:
- (a) The **New Care Model Vanguard**s have provided valuable lessons for Sustainability and Transformation Partnerships, which are now being taken to the next stage by the emerging Integrated Care Systems. The Vanguard's have seen a positive impact on emergency admissions, with community models demonstrating the benefits of a more proactive approach that helps

keep people independent for longer. Vanguard made progress in reducing the pressure on A&E. Emergency admissions in Vanguard on average grew by 0.9% in Multispecialty Community Providers and 2.6% in Primary and Acute Care Systems compared with 6.9% in the rest of the NHS. For Enhanced Health in Care Home Vanguard, emergency admissions from care residents flatlined compared with an increase of 9% for care homes that were not part of a Vanguard.

- (b) The **Integration Accelerator Sites**, building on the work previously conducted through the Integrated Personalised Commissioning programme, continue to make encouraging progress in empowering people to manage their healthcare, and the better integration of services across health, social care and the voluntary and community sector. Integrated personal budgets are one way of delivering more integrated and personalised care. Covering both health and social care, they have been developed based on the lessons learned through personal budgets, personal health budgets, and direct payments. NHS England has now published Universal Personalised Care: Implementing the Comprehensive Model - co-produced with partners in social care - which sets out the road map to deliver the Long Term Plan's objective to deliver the Comprehensive Model for Personalised Care to 2.5 million people by 2023-24.
- (c) We are committed to creating a technology infrastructure that allows systems to communicate securely, using open standards for data and interoperability. This will enable health and care professionals to have access to the information they need to provide care. We are encouraging local areas to ensure data is collected consistently and made available to support joined-up and safer patient care by investing in the development of [Local Health and Care Record Exemplars](#). This will enable data to be accessed as patients move between different parts of the NHS and social care. The first five Exemplars cover 23.5 million people and will each receive up to a total of £7.5 million over two years.
- (d) Both the NHS and social care have been working hard to **reduce delays and free up beds**. Since February 2017, more than 2,280 beds per day have been freed up nationally by reducing NHS and social care delays. This has been supported by the Better Care Fund and targeted funding from Government through the improved Better Care Fund (iBCF).

1.5 The [Shifting the Centre of Gravity](#) report on making person-centred, place-based integrated care a reality was published in October 2018, and produced by the Association of Directors of Adult Social Services, Association of Directors of Public Health NHS Confederation, NHS Clinical Commissioners, NHS Providers and the Local Government Association. The report noted that there are now many more

examples of joined-up working across the country than there were at the time of the previous report, [Stepping up to the Place](#), in June 2016.

- 1.6 The NHS Long Term Plan outlines objectives for joined-up care across the system with commitments to increased investment in primary medical and community health services to support new service models including an urgent response standard for urgent community support; integrated multi-disciplinary teams; NHS support to people living in care homes; the NHS Personalised Care model; an integration index; reducing Delayed Transfers of Care; and supporting local approaches to blend health and social care budgets, amongst other initiatives.
- 1.7 The forthcoming Adult Social Care Green Paper will also build on the approach to joined-up, person-centred integrated care.

2. The Better Care Fund in 2019-20

What the BCF will look like in 2019-20

- 2.1 The BCF in 2019-20 will retain the same National Conditions as in 2017-19. Areas will be required to set out how the National Conditions will be met in jointly agreed BCF Plans signed off by Health and Wellbeing Boards. The Government will continue to require NHS England to put in place arrangements for CCGs to pool a mandated minimum amount of funding. The Government will also require local authorities to continue to pool grant funding from the improved Better Care Fund, Winter Pressures funding and the Disabled Facilities Grant.
- 2.2 2019-20 is to be a year of minimal change for the Better Care Fund. Any major changes from the BCF Review will be from 2020 onwards. The only notable changes for 2019-20 are that requirements for narrative plans have been simplified with areas not required to repeat information they previously provided in their 2017-19 plans, and for more meaningful information on the impact of the BCF to be collected through the planning process.
- 2.3 Further information on how this will work in practice will be set out in the Planning Requirements.

Funding and conditions of access for 2019-20

- 2.4 This Policy Framework covers 2019-20.
- 2.5 The mandate to NHS England and the annual remit for NHS Improvement for 2019-20 will include an expectation of a minimum CCG contribution of £3.84 billion to establish the BCF in 2019-20. The amended NHS Act 2006 gives NHS England the powers to attach conditions to the amount that is part of Clinical Commissioning Group allocations. NHS England will look to include conditions that allow the recovery of funding, in consultation with the Department of Health and Social Care and the Ministry of Housing, Communities and Local Government, where the National Conditions are not met. These powers do not apply to the amounts paid directly from Government to local authorities. The expectation remains that in any decisions around BCF Plans and funding, Ministers from both aforementioned departments will be consulted.
- 2.6 Allocations of improved Better Care Fund, Winter Pressures funding and Disabled Facilities Grant will be paid directly from Government to local authorities. Any future year's allocations will be decided through the 2019 Spending Review.

- 2.7 As in previous years, the NHS contribution to the BCF includes funding to support the implementation of the Care Act 2014. Funding previously earmarked for reablement (£300 million) and for the provision of carers' breaks (£130 million) also remains in the NHS contribution.
- 2.8 The local flexibility to pool more than the mandatory amount will remain.
- 2.9 Further details of the financial breakdown are set out in Table 1.

Table 1 – BCF funding contributions in 2019-20

BCF funding contribution	2019-20
Minimum NHS (Clinical Commissioning Groups) contribution	£3.840bn
Disabled Facilities Grant (capital funding for adaptations to houses)	£0.505bn
Grant allocation for adult social care (improved Better Care Fund). Combined amounts were announced at Spending Review 2015 and Spring Budget 2017.	£1.837bn
Winter Pressures grant funding	£0.240bn
Total	£6.422bn

Disabled Facilities Grant (DFG)

- 2.10 Funding for the DFG in 2019-20 will be £505 million. This will be paid to local government via a section 31 grant. The DFG capital grant must be spent in accordance with an approved joint BCF plan, developed in keeping with this Policy Framework and Planning Requirements that will follow.
- 2.11 In two-tier areas, decisions around the use of the DFG funding will need to be made with the direct involvement of both tiers working jointly to support integration ambitions. Full details will be set out in the DFG Grant Determination Letter.

Winter Pressures funding

- 2.12 This money will be paid to local government, via [a Local Government Act 2003 section 31 grant](#). Government will attach a set of conditions, requiring the funding to be used to alleviate pressures on the NHS over winter, and to ensure it is pooled into the BCF. This funding does not replace, and must not be offset against, the NHS minimum contribution to adult social care. The Grant

Determination will be issued in April 2019. Reporting in relation to this funding will be managed through wider BCF reporting. Health and Wellbeing Boards will be required to confirm plans for the use of this funding in their BCF plans.

Improved Better Care Fund (iBCF) Funding

- 2.13 The iBCF grant will again be paid to local government, via a section 31 grant. The total allocation of the iBCF in 2019-20 will be £1.837 billion. This funding does not replace, and must not be offset against, the NHS minimum contribution to adult social care.
- 2.14 The Government will attach a set of conditions to the section 31 grant to ensure it is pooled in the BCF at local level and spent on adult social care. The final conditions will be issued in April 2019. As part of our ambition to maintain continuity in 2019-20, the iBCF will not have any additional conditions of usage above what has previously been set out. The grant is to be used only for the purposes of meeting adult social care needs; reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and ensuring that the local social care provider market is supported.

National Conditions & Metrics for 2019-20

- 2.15 For 2019-20, there continue to be four National Conditions, in line with our vision for integrated care:
- (i) Plans to be jointly agreed**
 - (ii) NHS contribution to adult social care to be maintained in line with the uplift to CCG Minimum Contribution**
 - (iii) Agreement to invest in NHS commissioned out-of-hospital services, which may include 7-day services and adult social care**
 - (iv) Managing Transfers of Care:** A clear plan for improved integrated services at the interface between health and social care that reduces Delayed Transfers of Care (DToC), encompassing the High Impact Change Model for Managing Transfers of Care. As part of this all Health and Wellbeing Boards adopt the centrally-set expectations for reducing or maintaining rates of DToC during 2019-20 into their BCF plans.
- 2.16 Beyond this, areas have flexibility in how the Fund is spent over health, care and housing schemes or services, but need to agree how this spending will improve performance (for example by agreeing ambitious expectations across the metrics

with plans setting out how the ambitions will be met) in the following four BCF 2019-20 metrics: **Delayed Transfers of Care; Non-elective admissions (General and Acute); Admissions to residential and care homes; and Effectiveness of reablement.**

- 2.17 Since June 2018, local health systems have been tasked with reducing the number of extended stays in hospital. This has required changes to the way that hospitals work but is also affected by what happens outside of acute hospital when patients are fit to go home. The BCF should continue to support the aim to reduce the number of patients who remain in acute hospitals for an extended period (21 days or more) by continuing ongoing work to implement and embed the High Impact Change Model for Managing Transfers of Care that support this ambition.
- 2.18 Across the country, areas have made strong progress in reducing Delayed Transfers of Care. From February 2017 to January 2019, there have been more than 2,280 fewer people delayed in an NHS bed per day. We believe that no-one should stay in a hospital bed longer than necessary as it removes people's dignity and can lead to poorer health and care outcomes. We want to continue to drive down Delayed Transfers of Care and for 2019-20 the national ambition will remain for no more than 4,000 delayed days per day (reported as 'DTCOC beds').

The assurance and approval of local Better Care Fund plans for 2019-20

- 2.19 Plans will be developed locally in each Health and Wellbeing Board area by the relevant local authority and CCG(s). In order to reduce planning burdens we will collect narrative elements and confirmation of agreements through a set template, rather than freeform narrative. Areas should look to align with, and not duplicate, other strategic documents such as plans set out for local Strategic Transformation Partnerships/Integrated Care Systems. BCF plans will need to set out priorities for embedding implementation of the High Impact Change Model (National Condition four), and update their local visions and approaches to integration - see paragraph 3.1. Areas will need to submit full planning templates, confirming that the HWB has signed them off, in order for the National Conditions to be assured. Plans will be assured and moderated regionally in line with the operational planning assurance process set out in the Better Care Fund Planning Requirements. As in 2017-19, there will be one round of assurance, after which plans deemed compliant by assurers at regional level will be put forward for approval.
- 2.20 Final decisions on plan approval and permission to spend from the CCG ringfenced contribution will be made by NHS England (as the Accountable Body

for the BCF) having consulted the respective Secretaries of State for Health and Social Care, and Housing, Communities and Local Government.

- 2.21 The NHS Act 2006 allows NHS England to direct the use of the CCG elements of the fund where an area fails to meet one (or more) of the BCF conditions. This includes the requirement to develop an approved plan. If a local plan cannot be agreed or other National Conditions are not met, any proposal to direct use of the CCG elements of the Fund will be discussed and agreed with Ministers.
- 2.22 Local authorities are legally obliged to comply with section 31 grant conditions.

3. The Better Care Fund, Housing and Wider Integration Initiatives

- 3.1 The BCF offers a good opportunity to support the delivery of wider objectives and strategies around health and social care. In particular, every health and care system in England has agreed a Sustainability and Transformation Plan (STP) and formed a delivery partnership, providing the system-level framework within which organisations in local health and care economies can plan effectively and deliver a sustainable, transformed and integrated health and care service. Local areas should ensure the financial planning and overall approach to integrated care within BCF plans and local STP plans are fully aligned.
- 3.2 The Department of Health and Social Care and the Ministry of Housing, Communities and Local Government, along with NHS England, the Local Government Association, and the Association of Directors of Adult Social Services are currently reviewing the BCF beyond 2020. We intend to provide an update on the future of the BCF shortly.
- 3.3 STPs and Integrated Care Systems (ICSs) will be required to agree new plans during the first half of 2019-20. We expect every STP and ICS plan to cover their work on Integrated Care; and for Health & Wellbeing Boards, and STP/ICS colleagues to engage proactively in producing this. Where these collaborative strategies exist, we will allow them to form the basis of integration narratives in planning for the BCF (or alternative programme, depending on the review of the BCF) for the following years. Graduation as previously set out has not been possible to date. As part of our review, Government will consider the use of graduation.
- 3.4 The Long Term Plan also sets out proposals on integration including investing in models of care that strengthen links between primary care networks and local care homes, such as the roll-out of Enhanced Health in Care Homes. The Government will encourage and support the NHS to use this as an opportunity to involve local government in the implementation of the Long Term Plan.
- 3.5 Building on previous work, [a refreshed memorandum of understanding \(MoU\) 'Improving health and care through the home'](#) was published by Public Health England in March 2018. This MoU, signed by over 25 stakeholders, emphasises the importance of housing in supporting people's health and sets out a shared commitment to joint action across Government and health, social care, and housing sectors in England.

- 3.6 There is an increasing range of material available to support local systems with the practical development of joint integration strategies and integrated services. The NHS England Integrating Better project recently produced a practical guide based on learning from 16 areas, which is available to health and care practitioners as part of the [STP/ICS library of good practice \(access requires a login\)](#). The Local Government Association also provide a range of support, tools and case studies, such as through a recently published [evidence review and case studies of integrated care](#) or the support provided through its [Care and Health Improvement Programme](#).
- 3.7 Although the Disabled Facilities Grant (DFG) has been part of the BCF since 2015, it was last reviewed in 2008. Following calls from the sector and local authorities to ensure that it continues to provide help and meet users' needs as effectively as possible, the Government commissioned an independent review in February 2018. This was conducted by the University of the West of England in conjunction with several other partners, and both the main report and executive summary were [published](#) in December 2018. There are 45 recommendations and Government is carefully considering the detailed findings and will issue a response in due course.

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Community and Social Care Group/Care and Transformation Directorate/Commissioning, Integration and Transformation Unit

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OGL



Better Care Fund Planning Requirements for 2019-20

**Department of Health and Social Care, Ministry of
Housing, Communities and Local Government, and NHS
England**

CONTENTS

Section 1 - Introduction	2
Section 2 - BCF Policy and planning requirements in 2019-20	3
Section 3 - Funding sources and expenditure plans	5
Section 4 - The Planning Template	9
Section 5 - National metrics	15
Section 6 - Local plan development, sign off and assurance	18
Section 7 - Intervention and escalation	19
Section 8 - Monitoring continued compliance with the conditions of the fund.....	20
Section 9 - Reporting in 2019-20.....	20
Section 10 - Timetable for planning and assurance	21
Appendix 1 - BCF planning requirements.....	22
Appendix 2 - Specification of Better Care Fund metrics.....	23
Appendix 3 - Support, escalation and intervention	27
Appendix 4 - Funding flows and accountability	30

PART 1 – THE BETTER CARE FUND

Section 1 - Introduction

1. The Department of Health and Social Care (DHSC) and the Ministry of Housing, Communities and Local Government (MHCLG) have published a [Policy Framework](#) for the implementation of the Better Care Fund (BCF) in 2019-20. This was developed in partnership with the Local Government Association (LGA), the Association of Directors of Adult Social Services (ADASS) and NHS England. The Framework forms part of the NHS mandate for 2019-20. The framework sets an objective for NHS England to issue these further detailed requirements to local areas on developing and implementing BCF plans for 2019-20.
2. 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.
3. BCF planning and reporting will incorporate the separate processes for iBCF and Winter Pressures grants, removing duplication in collection and reducing the reporting burden overall. This will include:
 - Incorporation of narratives into a shorter single template.
 - Removal of the requirement to submit separate plans for Winter Pressures grant.
 - Removal of separate reporting on iBCF schemes and initiatives.
 - Single format for scheme level planning and reporting.
4. This document contains the BCF planning requirements which support the core [NHS Operational Planning and Contracting Guidance for 2019-20](#). CCGs are therefore required to have regard to this guidance by Section 14Z11 of the NHS Act 2006. It is being published jointly with Departments to disseminate it directly to local government.
5. This document also incorporates the BCF Operating Guidance, which in the previous cycle was published in a separate document. All planning and operating guidance for the BCF in 2019-20 is therefore contained in this document.
6. The framework for the Fund derives from the government's mandate to the NHS for 2019-20, issued under Section 13A of the NHS Act 2006, which sets an objective for NHS England to ring fence £3.84 billion to form the NHS contribution to the BCF. These Planning Requirements set allocations for each CCG from this ring fence and apply conditions to their use. BCF plans and their delivery should comply with these conditions as part of the delivery of CCGs' duties under Sections 14Z1 (duty to promote integration), 14Q (duty as to effectiveness, efficiency etc), 14R (duty as to improvement in quality of services) and 14T (duty as to reducing inequalities) of the NHS Act 2006.

The BCF from 2020 and the NHS Long Term Plan

7. In June 2018, the government announced a review of the ‘current functioning and structure of the Better Care Fund’ to ensure it supports the integration of health and social care. There will be an update later this year.
8. The NHS has set out its priorities for transformation and integration through the NHS Long Term Plan, published on 7 January this year, including plans for investment in integrated community services and next steps to develop Integrated Care Systems. This includes a commitment for a new NHS offer of emergency response and recovery support through expanded multidisciplinary teams in primary care networks. This work will roll out from 2019-20. It is not a requirement that BCF funds are spent on this work, but it is expected that local areas will be considering how provision across health, local government, social care providers and the voluntary sector can support the shared aims of providing better care at or close to people’s home and a clear focus on prevention and population health management.
9. The BCF in 2019-20 will continue to provide a mechanism for personalised, integrated approaches to health and care that support people to remain independent at home or to return to independence after an episode in hospital. The continuation of the national conditions and requirements of the BCF from 2017-19 to 2019-20 provides opportunities for health and care partners to build on their plans from 2017 to embed joint working and integrated care further. This includes how to work collaboratively to bring together funding streams to maximise the impact on outcomes for communities and sustaining vital community provision.

Section 2 - BCF Policy and planning requirements in 2019-20

10. The Better Care Fund Policy Framework for 2019-20 provides continuity from the previous round of the programme.
11. The **four national conditions** set by the government in the Policy Framework are:
 - i. That a BCF Plan, including at least the minimum mandated funding to the pooled fund specified in the BCF allocations and grant determinations, must be signed off by the Health and Wellbeing Board (HWB), and by the constituent local authorities (LAs) and CCGs.
 - ii. A demonstration of how the area will maintain the level of spending on social care services from the CCG minimum contribution in line with the uplift to the CCG’s minimum contribution.
 - iii. That a specific proportion of the area’s allocation is invested in NHS-commissioned out-of-hospital services, which may include seven day services and adult social care.
 - iv. A clear plan on managing transfers of care, including implementation of the High Impact Change Model for Managing Transfers of Care (HICM). As part of this, all HWBs must adopt the centrally-set expectations for reducing or maintaining rates of delayed transfers of care (DToc) during 2019-20 into their BCF plans.

12. The Policy Framework also sets out the **four national metrics** for the fund:

- i. Non-elective admissions (Specific acute);
- ii. Admissions to residential and care homes;
- iii. Effectiveness of reablement; and
- iv. Delayed transfers of care (DToC).

13. All BCF plans must include ambitions for each of the four metrics and plans for achieving these are a condition of access to the fund. Expectations for reducing DToC will continue to be set centrally for each HWB area. The national ambition for reducing DToC is for the average daily number of people who are ready to go home, but still awaiting discharge to be less than 4,000. Local expectations set in the BCF Operating Guidance for 2018-19 have been retained. Areas that have not already achieved their local expectation should plan to achieve this as early as possible in 2019-20.

14. The main change in the BCF Planning Requirements from 2017-19 is that separate narrative plans will be replaced with a single template that will include short narrative sections covering:

- the local approach to integration;
- plans to achieve metrics; and
- plans for ongoing implementation of the High Impact Change Model for Managing Transfers of Care.

Approval of agreed plans

15. BCF plans will be approved by NHS England following a joint NHS and local government assurance process at regional level. In addition to the national conditions and the condition to set the four national metrics, NHS England is also placing the following requirements for approval of BCF plans:

- That all funding agreed as part of the BCF plan must be transferred into one or more pooled funds established under Section 75 of the NHS Act 2006.
- That all plans are approved by NHS England in consultation with DHSC and MHCLG.

16. NHS England will approve plans for spend from the CCG minimum in consultation with DHSC and MHCLG as part of overall approval of BCF plans.

17. The DFG, iBCF and Winter Pressures grants are subject to grant conditions set out in grant determinations made under Section 31 of the Local Government Act 2003.

Maintaining progress on former national conditions

18. BCF plans in 2017-19 were required to describe how partners would continue to build on progress against former BCF national conditions to:

- Develop delivery of seven-day services across health and social care;

- Improve data sharing between health and social care; and
- Ensure a joint approach to assessments and care planning.

19. In 2019-20, areas should continue to make progress towards these goals.

Section 3 - Funding sources and expenditure plans

20. It will be a condition of the BCF that plans for spending all funding elements are jointly agreed by local authority and CCG partners. Plans will need to confirm that individual elements of the mandatory funding have been used in accordance with their purpose as set out in the BCF Policy Framework, relevant grant conditions and these requirements.

21. Scheme level spending details will need to include, where appropriate, an indication of the metric or metrics that a scheme is intended to improve. Where a planned scheme is an enabler for integration (for instance a workforce or digital integration scheme), then areas will be asked to indicate this on the spending plan (linked to the enablers identified in the [Logic Model for Integrated Care](#)) and are not required to indicate corresponding outcome metrics. Areas should also include short descriptions of schemes commissioned in the scheme level expenditure plan.

22. Areas can agree to pool additional funds into their BCF plan and associated Section 75 agreement(s). These additional contributions are not subject to the conditions of the BCF but should be recorded in the Planning Template. The mandatory contributions are set out below:

Table 1: BCF mandatory funding sources 2019-20

Minimum NHS ring-fenced from CCG allocation	£3,840 million
Disabled Facilities Grant (DFG)	£505 million
Improved Better Care Fund (iBCF)	£1,837 million
Winter Pressures grant	£240 million
Total	£6,422 million

CCG minimum contribution

23. The mandate to NHS England for 2019-20 sets out an objective to ring-fence £3.84 billion in 2019-20 within its overall allocation to CCGs to be pooled into the BCF and subject to the conditions set out in the Policy Framework and these Operating Requirements.

24. NHS England has published allocations from this national ringfence for each CCG for 2019-20, on its website. The allocations for all mandatory funding sources are pre-populated in the Planning Template at an HWB level.

25. The allocation for each CCG includes funding to support local authority delivery of reablement, Carers Breaks and implementation of duties to fund carer support under the Care Act 2014.

26. Expenditure details in Planning Templates should set out the level of resource that will be dedicated to delivery of these activities. Reablement and other support to help people remain at home or return home from hospital with support, remain important outcomes for integration and the BCF, and are also priorities in the NHS Long Term Plan.
27. National conditions two and three apply only to the minimum funding allocation from CCGs.

National condition two: NHS contribution to social care is maintained

28. National condition two requires that, in each HWB area, the contribution to social care spending is maintained in line with the percentage uplifts for the CCGs that contribute to the BCF in that HWB. The uplift applies only to the CCG minimum contribution to social care and will be applied to the minimum expectation from 2018-19 for the HWB, rather than the assured contribution in 2018-19 (if this was higher than the minimum expectation). The purpose of this condition is to ensure that support from the NHS for social care services with a health benefit is maintained in line with the overall growth in the CCG minimum contribution to the BCF.
29. As in 2017-19, the minimum expectations will be confirmed in the BCF Planning Template. Any schemes where the spend type is 'social care' and the funding source is the CCG minimum will count towards this expectation. It is for local areas to agree the schemes that will be funded from this minimum. CCGs and councils can agree larger contributions, where this will deliver value to the system and is affordable.

National condition three: Agreement to invest in NHS-commissioned out-of-hospital services

30. A minimum of £1.091 billion of the CCG contribution to the BCF in 2019-20 is ring-fenced to deliver investment or equivalent savings to the NHS, while supporting local integration aims. Each CCG's share of this funding is set out in allocations and will need to be spent as set out in the national condition. This condition will be assured through the Planning Template, based on spend allocated to primary, community, social care or mental health care, that is commissioned by CCGs from the CCG allocation.

Grant Funding to local government to be pooled into BCF plans

31. The DFG, iBCF and Winter Pressures grant monies are paid directly to local authorities under Section 31 of the Local Government Act 2003, with specific grant conditions, including a requirement that the funding is pooled in the BCF. Allocations will be pre-populated in the Planning Template. The conditions for individual grants are set out below.

Improved Better Care Fund

32. The Grant Determination issued in April 2019 sets out that the purposes will replicate those from 2017-18 and 2018-19 – and therefore that the funding be used for:
- meeting adult social care needs;
 - reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and
 - ensuring that the local social care provider market is supported.
33. The grant conditions for the iBCF also require that the local authority pool the grant funding into the local BCF and report as required.
34. iBCF funding can be allocated across any or all of the three purposes of the grant in a way that local authorities, working with CCG(s) determine best meets local needs and pressures. No fixed proportion needs to be allocated across each of the three purposes. The funding does not need to be directed to funding the changes in the High Impact Change Model (HICM). This funding does not replace, and must not be offset against, the NHS minimum contribution to adult social care.
35. Since April 2018, reporting on the iBCF has been incorporated into the main BCF reports and this will continue for 2019-20.

Winter Pressures Funding

36. The Grant Determination for Winter Pressures funding was issued in April 2019. In 2019-20, the Grant Determination sets a condition that this funding must be pooled into BCF plans. The grant conditions also require that the grant is used to support the local health and care system to manage demand pressures on the NHS with particular reference to seasonal winter pressures. This includes interventions that support people to be discharged from hospital, who would otherwise be delayed, with the appropriate social care support in place, and which help promote people's independence. This funding does not replace, and must not be offset against, the NHS minimum contribution to adult social care.
37. Each BCF plan should set out the agreed approach to use of the Winter Pressures grant, including how the funding will be utilised to ensure that capacity is available in Winter to support safe discharge and admissions avoidance. The BCF process will ensure that the use of this money has been agreed by plan signatories and the HWB, confirmed in the Planning Template.
38. Details of planned schemes and expenditure should be confirmed in the Planning Template. Reporting on the grant will be through the main BCF process.

Disabled Facilities Grant

39. The DFG continues to be allocated through the BCF. Areas should think strategically about the use of home adaptations, the use of technologies to support people to live independently in their own homes for longer, and to take a joined-up approach to improving outcomes across health, social care and housing. Creating a home environment that supports people to live safely and independently can make a significant contribution to health and wellbeing, and should be an integral part of integration plans and strategic use of the DFG can support this.

40. Innovation in this area could include combining DFG and other funding sources to create fast-track delivery systems, alongside information and advice services about local housing options. Local housing authority representatives and DFG leads should have a clear role in developing and agreeing BCF plans, supporting closer integration of housing, social care and health services.
41. DFG will continue be paid to upper-tier authorities. However, the statutory duty on local housing authorities to provide DFG to those who qualify for it will remain. Therefore, each area will need to ensure that sufficient funding is allocated from the DFG monies in the pooled budget to enable housing authorities to continue to meet their statutory duty to provide adaptations to the homes of disabled people, including in relation to young people aged 17 and under.
42. In two-tier areas, decisions around the use of the DFG funding will need to be made with the direct involvement of both tiers working jointly to support integration ambitions. DFG funding allocated by central government must be passed down to the relevant housing authorities (in full, unless jointly agreed to do otherwise) to enable them to continue to meet their statutory duty to provide adaptations and in line with these plans.
43. During these discussions, it will be important to continue to ensure that local needs for aids and adaptations are met, while also considering how adaptation delivery systems can help meet wider objectives around integration. Where some DFG funding is retained by the upper tier authority, plans should be clear that:
 - The funding is included in one of the pooled funds as part of the BCF;
 - The funding supports a strategic approach to housing and adaptations that supports the aims of the BCF; and
 - The use of the funding in this way has been developed and agreed with relevant district housing authorities.
44. Since 2008-09, the scope for how DFG funding can be used includes to support any LA expenditure incurred under the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 (RRO). This enables local government to use specific DFG funding for wider purposes.
45. This discretionary use of the funding can help improve delivery and reduce the bureaucracy involved in the DFG application process, helping to speed up the process. For example, LAs could use an alternative means test, increase the maximum grant amount, or offer a service which rapidly deals with inaccessible housing and the need for quick discharge of people from hospital. The Care Act also requires LAs to establish and maintain an information and advice service in their area. The BCF plan should consider the contribution that can be made by the housing authority and local Home Improvement Agency to the provision of information and advice, particularly around housing issues.
46. The government commissioned an [independent review](#) of the DFG in February 2018. The review was published in December 2018 and makes 45 detailed recommendations. The government is carefully considering the review and will respond to its findings in due course.

PART 2 – COMPLETING BCF PLANS

Section 4 - The Planning Template

47. BCF plans must meet all four national conditions of the Fund, as set out in the Policy Framework and operationalised by the conditions and requirements contained in this document. Under national condition one, local government and CCGs are required to agree a plan for use of the pooled funding in the BCF for 2019-20. Local NHS trusts, social care providers, voluntary and community service partners and local housing authorities must be involved in the development of plans.
48. Local partners are required to develop a joint spending plan that meets the national conditions and planning requirements. In developing BCF plans for 2019-20, local partners will be required to develop, and agree, through the relevant HWB(s) a completed Planning Template, including:
- A narrative on the approach to integration of health and social care, highlighting key changes from 2017-19;
 - Confirmed funding contributions from each partner organisation including arrangements in relation to funding within the BCF for specific purposes;
 - A scheme-level spending plan demonstrating how the fund will be spent and compliance with national conditions two and three;
 - A brief description of the overall approach to progressing the implementation of HICM along with the planned level of implementation for each of the changes; and
 - Quarterly plan figures for the national metrics on effectiveness of reablement and admissions to residential care. Metrics for non-elective admissions will be mapped directly from CCG operational plans. Areas will be expected to achieve and maintain DToC expectations agreed between NHS England and Departments, pre-populated in individual Planning Templates. Brief narratives describing how elements of the overall HWB plan will impact these metrics are required to accompany the plan figures set out on the template.

Completing the Planning Template

Narratives

49. BCF narrative plans for 2017-19 set out how CCGs and local government were making progress towards integration by 2020, both through BCF funded schemes and more widely. The agreed BCF narrative will be collected through the Planning Template for 2019-20 and it is expected that they will be shorter and focussed on updates to 2017-19 plans.
50. As in 2017-19, BCF plans should represent the joint plan for integration of health and social care locally, with clear governance through the HWB. The narrative sections of the template should confirm these arrangements, particularly highlighting how these have developed since 2017-19. Where a single narrative is agreed across two or more HWB areas, for instance to reflect jointly agreed approaches across a wider geography (for example, Sustainability and

Transformation Partnership (STP)/Integrated Care System (ICS)), this narrative can be submitted in the template of one of the HWBs. Separate Planning Templates will still need to be submitted for all HWBs, with completed expenditure, metrics and confirmations tabs, to enable assurance of the national conditions on behalf of NHSE and Departments.

51. All confirmations of compliance with the requirements will be collected nationally through the Planning Template. Guidance on completing these are included in the Planning Template.

52. Narratives will need to describe:

- The approach to joining up care around the person.
- Approaches to joint commissioning and delivery of health and social care at HWB level.
- How the BCF plan and relevant elements of the STP/ICS plan align, including any jointly owned outcomes.

Joining up care around the person

53. Plans should set out the approach locally to person centred care. This may include single assessments, personal budgets, and Integrated Personalised Commissioning (IPC). There is no specific requirement to fund particular types of activity through the BCF, but the agreed local approach and links to these agendas should be set out in the narrative section. Further information on IPC is set out below.

Integrated Personalised Commissioning

Building on the learning from IPC, NHS England published their vision for personalised care in January 2019. This includes a comprehensive model for personalised care that brings together 6 key components. The components are:-

- Shared decision making
- Personalised care and support planning
- Enabling choice, including legal rights to choice
- Social prescribing and community-based support
- Supported self-management
- Personal health budgets and integrated personal budgets.

There are currently 21 demonstrator sites including three integration accelerator sites (Lincolnshire, Nottinghamshire and Gloucestershire) who are implementing this model and learning will be shared as soon as available on [NHS England website](#).

Some examples from the programme include:

- In Lincolnshire, Nottinghamshire, and Gloucestershire, the council and the NHS are introducing joined-up assessment and personalised

care and support planning for people who have health and social care needs.

- Tower Hamlets are working across health and social care to provide people with integrated provision of wheelchairs and home equipment
- Gloucestershire and Hampshire, the NHS and local government are working together to train staff to deliver personalised care.

Other parts of the country are encouraged to consider this approach and how they can plan to support the roll out of this comprehensive model including joint working to expand the use of joint assessments and care and support planning, integrated personal budgets and expand social prescribing schemes in partnership with primary care networks.

HWB level plans

54. Plans should set out the high-level approach to integrated care in the area. This could include:

- Approaches to joint commissioning
- Delivery of integrated care, preventative services and population health management.
- Approaches to integration with housing and other local services, including work with the local voluntary sector.

Links to system level plans

55. Narrative plans should set out the alignment locally between the BCF plan and the STP or STPs it overlaps.

56. The NHS Long Term Plan sets out how STPs and ICSs should work with local government to plan and commission health and care services at 'place' level – usually HWB level, including shared decisions on the use of resources. This will include production of five-year plans by each ICS and STP in 2019. The expectation is that local systems will align these geographies in a way that makes sense in relation to local authority and health boundaries. The Long Term Plan sets an expectation that all ICSs will have a partnership board that includes representation from local government and that ICSs and HWBs will work closely together. One key consideration should be how data and information will be made accessible and shared across sectors.

Continuing to address inequalities in BCF plans

57. Local partners should continue to consider how the activities in their BCF plan will address health inequalities in the area in line with duties in the Health and Social Care Act 2012, and reduce inequalities for people with protected characteristics under the Public Sector Equality Duty in the Equality Act 2010, building on approaches agreed in 2017-19 plans. Local strategies for reducing inequalities across the constituent organisations can be referenced where appropriate, but the narrative plan must include a short overview of any priorities and investment to address inequalities.

Implementation of the High Impact Change Model for Managing Transfers of Care

58. National condition four requires health and social care partners in all areas to work together to:

- Agree a clear plan for managing transfers of care and improved integrated services at the interface of health and social care that reduces DToC, encompassing the HICM, and home based intermediate care (including reablement).
- Continue to embed the HICM.

59. In the HICM section of the Planning Template, areas should set out the current state of implementation for each of the eight changes in the model and the planned level of implementation by March 2020. Areas should agree a narrative describing the priorities and actions for 2019-20 to embed the model, including:

- Details of changes;
- Anticipated improvements to care and discharge, minimising delays and ensuring that as many people as possible are discharged safely to their normal place of residence.

60. Areas were expected to implement the model during 2017-19 as part of the BCF planning and operational requirements, and should be able to confirm that each of the eight changes are at least established. If this is not the case for any of the changes, the plan should set out what is being done to ensure that the relevant change is implemented as soon as possible.

61. Where all parties in an area have implemented a variation on the model (for example if an existing, successful, approach would be duplicated by elements of the change model) the plan should briefly explain the rationale for this, that sets out how the aims of the specific change are met. All partners, including relevant A&E Delivery Boards, should be involved in agreeing the approach.

62. The LGA, Association of Directors of Adult Social Services (ADASS), NHS England and NHS Improvement and Government are reviewing the HICM and a new version will be published later in the year. For the purposes of the BCF in 2019-20, areas should set out their plans against the existing model.

Developing approaches to managing transfers of care

63. In 2017-18, the Better Care Support programme commissioned Newton, to work with nine HWBs in 14 health and care systems experiencing persistent challenges with levels of DToC. In addition to the specific diagnostic, planning and improvement work done in these systems, the findings have been brought together into a report [‘People First, manage what matters’](#).

64. The report makes several recommendations for all areas to consider:

- Ensure that those making decisions about people’s discharge from acute settings have robust, timely and accurate information about the flow and capacity within the entire system (enabled by interoperability, data and information sharing between health and social care).

- Question the outcomes achieved for people once discharged.
- Put rigorous systems of outcome measuring and monitoring in place.
- Assess the effectiveness of system-wide leadership.
- Ensure that the mechanisms of governance in place are aligned with the outcomes the system is seeking to achieve.
- Align resource allocation with achieving the best outcomes for people, rather than with current patterns of discharge decision-making.

65. Local areas are encouraged to take these recommendations into account in developing their ongoing implementation of the HICM.

Reablement and the NHS Long Term Plan

66. The Long Term Plan outlines how the NHS, over the next five years, will be implementing the commitments to invest in reablement, crisis response and intermediate care services, to increase their responsiveness and reduce delays in people receiving the right care in the right place. The NHS has set itself a target for services to be in place to support people within two days for reablement and two hours for crisis response. These targets are not BCF conditions, and areas are not required to implement any specific schemes or allocate BCF funds to their implementation in 2019-20. Local health systems will need to continue to work with social care colleagues to deliver these commitments over the coming years and agree the approach to commissioning and co-ordination to ensure that these services are in place and deliver the best outcomes for individuals who need them.

Further guidance

67. There is an increasing range of material available to support local systems with the practical development of joint integration strategies and integrated services. The NHS England Integrating Better project recently produced a practical guide based on learning from 16 areas, which is available to health and care practitioners as part of the STP/ICS library of good practice. The LGA also provide a range of support, tools and case studies, such as through the recently published evidence review and case studies of integrated care or the support provided through its Care and Health Improvement Programme. Further guidance includes:

- BCF 'How to' [guides](#) are available on the BCF pages of the NHS England Website;
- Guidance supporting the High Impact Change Model, which can be found on the [LGA website](#);
- A series of 'Quick guides' from NHS England to support [health and social care systems](#);
- [The Logic Model for Integrated Care](#), developed by the Social Care Institute for Excellence on behalf of government.

Expenditure plans

68. The Planning Template will include the scheme-level spending plan for the use of the full value of the budgets pooled through the BCF. These plans will need to include:

- area of spend;
- scheme type;
- commissioner type;
- provider type;
- funding source;
- the metrics that the scheme is intended to influence;
- total 2018-19 investment (if existing scheme);
- total 2019-20 investment;
- the anticipated number of beneficiaries (for certain schemes).

69. To understand and account for the impact of funding committed to the BCF, the Policy Framework makes a commitment that more information on the impact of the BCF will be collected, through the planning process. The BCF Planning Template for 2019-20 will collect this through:

- Clear narratives on the four national metrics describing the activity that is being commissioned through the BCF to support achieving these ambitions, including preventative approaches.
- Scheme level data to indicate the metric(s) or integration enablers that schemes are intended to impact on (where appropriate).
- Planned outputs from certain scheme types (comprising significant spend areas that have easily definable outputs).

70. Detailed instructions on completing this are included in the guidance section of the Template.

71. Expenditure plans must include indicative outputs for the scheme types listed in Table 2.

Table 2: Output measures for selected BCF scheme types.

Service	Unit
Domiciliary care	Packages/hours of care
Reablement/rehabilitation	Packages/hours of care
Bed-based intermediate care Step up/step down	Number of beds
Residential placements	Placements
Personalised care at home	Packages

72. There will be an option to select the output unit that is relevant to the scheme – for instance for a domiciliary care scheme this might be total hours or number of packages planned. Plans will not need to show additional packages.

73. As the Planning Template is now collecting more information on the outputs expected from schemes, iBCF reporting will be significantly reduced. Local authority finance directors have still been asked to certify that the iBCF grant is being used exclusively on adult social care in 2019-20.

74. This information will not be used to make judgements on value for money or to make assurance decisions, but will be used to understand how the BCF is used and the levels of activity it supports. National partners recognise that further work is needed to improve measurements of the impact of integrated approaches through the BCF. They will work with local areas to develop models to inform future programmes.

75. CCGs should ensure that these returns mirror their operational planning returns for 2019-20, submitted through central UNIFY and finance return templates. This will include some of the same data, for example funding contributions and baseline Non-elective admission metrics agreed in the CCG operational plans. There will be a national reconciliation process to ensure the data provided matches in all cases.

Section 5 - National metrics

76. The BCF Policy Framework confirms that the existing four national metrics will continue as conditions for the fund. The metrics are:

- a. Non-elective admissions (Specific acute);
- b. Admissions to residential and care homes;
- c. Effectiveness of reablement; and
- d. Delayed transfers of care;

77. Information on all four metrics will continue to be collected nationally. The table below sets out a summary of the information required and where this will be collected. The detailed definitions of all metrics are set out in Appendix 2.

Table 3: National Metrics

Metric	Collection method	Data required
Non-elective admissions (Specific acute)	<ul style="list-style-type: none"> • Collected nationally through UNIFY at CCG level • HWB level figures confirmed through BCF Planning Template 	Quarterly HWB level activity plan figures for 2019-20.
Admissions to residential and care homes	<ul style="list-style-type: none"> • Collected through nationally developed high level Planning Template 	Plans should confirm an annual metric for 2019-20
Effectiveness of reablement	<ul style="list-style-type: none"> • Collected through nationally developed high level Planning Template 	Plans should confirm an annual metric for 2019-20

Metric	Collection method	Data required
Delayed transfers of care	<ul style="list-style-type: none"> Collected nationally through UNIFY at CCG level HWB level figures confirmed through the Planning Template 	Local expectations will be set at HWB level and prepopulated in the metrics tab of each HWB Template.

Metric plans

78. BCF plans must include narratives that describe how the schemes and enabling activity for health and social care integration in the agreed BCF plan will support the delivery of each metric.
79. These narratives should include any significant changes from 2017-19 plans, including any schemes that have been decommissioned or planned new schemes.

Non-elective admissions (NEAs)

80. The detailed definition of the NEA metric is set out in the [Planning Round Technical Definitions](#). Figures submitted in CCG operating plan returns have been pre-populated into the Template centrally and mapped accordingly. HWBs will be expected to agree CCG level activity plans for reducing NEAs as part of the operational planning process and through the BCF to ensure broader system ownership of the non-elective admission plan as part of a whole system integrated care approach.

Delayed transfers of care

81. The BCF Policy Framework for 2019-20 retains the centrally set expectation for reducing DToC nationally to below 4,000 delays per day across England. The expectations set for HWBs for 2018-19 in the BCF Operating Guidance 2017-19 have been retained and are pre-populated in each area's Planning Template. Where an area has not met their expectation, they should ensure that there are plans in place to do so as soon as possible. Where areas have already met these expectations, they should continue to implement joint plans to manage discharge and flow to minimise delays.
82. Progress in reducing DToC will continue to be monitored regularly by national partners. Support for areas experiencing significant challenges (and areas keen to further improve and innovate) will continue to be provided through the Better Care Support offer based on performance over time, taking into account the overall rate of delays as well as the distance from BCF plan expectations. This will include a review of progress prior to Winter.
83. Narratives for implementing the HICM and reducing DToC must set out how CCGs, LAs, NHS providers of acute, community and mental health bed-based services and providers of social care will work together to achieve the DToC expectation. Local plans should focus on system wide approaches to ensuring that people are discharged in a safe and timely way to the most appropriate setting, taking account of guidance referenced in Section 4 of this document.

84. Expectations for reducing DToC in 2019-20 are articulated as a single HWB ambition and have not been split into separate NHS and social care expectations. This is intended to support joint working and accountability at system level and BCF plans should describe how these ambitions will be met locally through integrated, collaborative approaches.

PART 3 - ASSURANCE, APPROVAL AND INTERVENTION

Section 6 - Local plan development, sign off and assurance

85. Plans will be assured and moderated regionally, which will be a joint NHS and local government process. Recommendations for approval of BCF plans will be made following cross regional calibration of outcomes to ensure consistent application of the requirements nationally. From April 2019, the NHS has moved to a new regional structure with integrated NHS England and NHS Improvement regional offices. Moderation of HWB BCF plans will be carried out at the new NHS regional footprint, with full involvement of local government.
86. The main Planning Requirements included in this document (summarised on Appendix 1) and a set of underpinning key lines of enquiry (KLOE) have been produced to support a consistent assurance process. These will be available to local areas on the planning requirements confirmations sheet within the Planning Template.
87. The Better Care Support team (BCST) will provide a range of resources to help local areas develop their plans, including signposting to support and advice available on integrated care, technical support on the BCF planning requirements, and continuing to share examples of good practice. Better Care Managers (BCMs) will provide practical support and advice during the planning process.
88. The assurance of plans will be a single stage, with an assessment of whether a plan should be approved or not approved. Plans should be submitted by 27 September 2019, having been approved or scheduled to be approved by the relevant HWB(s).
89. Areas are asked to send their Planning Template to their BCM, copied to england.bettercaresupport@nhs.net. The BCST will collate data from the Planning Template to assist regional assurance. If an agreed plan is not submitted by the deadline, the BCSt will work with the local BCM to agree appropriate support for the area to agree a plan promptly. Areas will be expected to take up this support. If it appears that a plan is unlikely to be agreed locally within a reasonable timeframe, formal escalation will be considered.
90. The assurance process, including reconciling any data issues, will be a joint NHS England and local government process. Local government has been funded to carry out assurance via regional local government leads. BCMS and the BCST will work with these teams to ensure they are fully briefed on the requirements of the BCF for 2019-20 and have capacity in place to participate in the process. The confirmations sheet in the Planning Template sets out the main planning requirements for the BCF and associated KLOEs. NHS regional finance teams will be involved in assurance, particularly in assuring that larger increases to social care from the CCG minimum contribution are affordable and present value to the NHS.

Calibration and plan approval

91. Following regional assurance and moderation, the BCST will co-ordinate a cross-regional calibration exercise with regional colleagues to provide assurance that plans have been assured in a consistent way across England. The BCST will

provide data on provisional assurance outcomes and facilitate the cross-regional discussion to agree a consistent approach to assurance outcomes across all regions. This may result in regions being asked to revisit recommendations from assurance panels where it is agreed that the requirements have not been applied consistently. Following this, recommendations and advice for approval will be provided to DHSC and MHCLG and then to NHS England for approval of spending plans from the CCG minimum contribution.

Table 4: BCF assurance categories

Category	Description
Approved	<ul style="list-style-type: none"> • Plan agreed by HWB. • Plan meets all national conditions. • Agreement on use of local authority grants (DFG, iBCF and Winter Pressures). • Metrics are set and plans agreed for delivery of these metrics. • No or only limited work needed to gather additional information on plan – where there is no impact on national conditions or metrics.
Not approved	<ul style="list-style-type: none"> • One or more of the following apply: <ul style="list-style-type: none"> • Plan is not agreed. • One or more national conditions not met. • No local agreement on use of local authority grants (DFG, iBCF and Winter Pressures). • Plans not agreed for delivery of metrics.

92. Formal approval of BCF plans and authorisation for CCGs to use the CCG minimum element of the BCF will be given by NHS England, following agreement with DHSC and MHCLG that all conditions are met. These decisions will be based on the advice of the assurance process set out above. Where plans are not initially approved, the BCST may implement a programme of support, with partners, to help areas to achieve approval as soon as possible or consider placing the area into formal escalation.

93. Following formal approval, CCG funding agreed within BCF plans must be transferred into one or more pooled funds established under Section 75 of the NHS Act 2006.

Section 7 - Intervention and escalation

94. Escalation will be considered in the event that:

- CCGs and local authority are not able to agree and submit a plan to their HWB; or
- The HWB do not approve the final plan; or
- Regional assurers rate a plan as 'not approved'.

95. The purpose of escalation is to assist areas to reach agreement on a compliant plan. It is not an arbitration or mediation process. This will initially be a regional process. If regional escalation is not able to address the outstanding planning requirements, senior representatives from all local parties who are required to agree a plan, including the HWB chair, will be invited to a National Escalation Panel meeting to discuss concerns and identify a way forward.
96. If a plan is not approved, the area should not proceed with the signing of a Section 75 agreement in relation to NHS monies.

Section 8 - Monitoring continued compliance with the conditions of the fund

97. BCMs and the wider BCST will monitor continued compliance against the national conditions (including the metrics) through the BCF reporting process described below and their wider interactions with local areas.
98. If an area is not compliant with any of the conditions of the BCF, or if the funds are not being spent in accordance with the agreed plan resulting in a risk to meeting the national conditions, or if performance against metrics is problematic, the BCST, in consultation with national partners, may make a recommendation to initiate an escalation process. Any intervention will be appropriate to the risk or issue identified.
99. It is recognised that owing to various circumstances, places may wish to amend plans in-year to:
- Modify or decommission schemes
 - Increase investment or include new schemes.
100. In such instances, any changes to assured and approved BCF plans arising in-year must be jointly agreed between the LA and the CCGs and continue to meet the conditions and requirements of the BCF. A jointly agreed and HWB approved resubmission of an updated BCF Planning Template with an accompanying rationale will be required. If the need arises to amend BCF plans in-year please contact the relevant BCM in the first instance.
101. The intervention and escalation process (outlined in subsequent sections) ultimately leads to NHS England exercising its powers of intervention provided by NHS Act 2006, in consultation with DHSC and MHCLG, as the last resort.

Section 9 - Reporting in 2019-20

102. The primary purpose of BCF reporting is to ensure a clear and accurate account of continued compliance with the key requirements and conditions of the Fund. The secondary purpose is to inform policy making, the national support offer and local practice sharing by providing a fuller insight from narrative feedback on local progress, challenges and highlights on the implementation of BCF plans and progress on wider integration.
103. To serve these purposes, areas are required to provide quarterly reporting for the BCF over 2019-20 in relation to the CCG minimum contribution and the Winter Pressures grant.

104. These reports are discussed and signed-off by HWBs (or with appropriate delegation) as part of their responsibility for overseeing BCF plans locally. National partners recommend that this approach is built into s.75 agreements. Monitoring will include confirmation that s.75 agreement is in place.

105. The reporting template will be made available to the local systems with associated guidance and timetables via the Better Care Exchange, an online platform that all Better Care leads are able to access.

Section 10 – Timetable for planning and assurance

106. The submission and assurance process will follow the timetable below:

Table 5: BCF Planning and assurance timetable

BCF planning submission from local Health and Wellbeing Board areas (agreed by CCGs and local government). All submissions will need to be sent to the local BCM, and copied to england.bettercaresupport@nhs.net	By 27 September
Scrutiny of BCF plans by regional assurers, assurance panel meetings, and regional moderation	By 30 October
Regionally moderated assurance outcomes sent to BCST	By 30 October
Cross regional calibration	By 5 November
Assurance recommendations considered by Departments and NHSE	5 – 15 November
Approval letters issued giving formal permission to spend (CCG minimum)	Week commencing 18 November
All Section 75 agreements to be signed and in place	By 15 December

Appendix 1 - BCF planning requirements

Condition/Requirement	Collection method	Assurance approach
<p>Jointly agreed plan including;</p> <ul style="list-style-type: none"> • Confirmation of funding contributions • National conditions • Scheme level spending plan 	<p>Collected through single Planning Template, submitted to Better Care Managers and copied to england.bettercaresupport@nhs.net</p>	<p>Assured regionally by relevant NHS teams and local government assurers, with regional moderation involving the LGA and ADASS at NHS regional level, supported by collation and analysis of data on national conditions and expenditure plans carried out nationally.</p>
<p>National Metrics</p>	<p>Submitted through UNIFY (NEA) and through the Planning Template (Effectiveness of Reablement and Residential admissions)</p>	<p>Collated and analysed nationally, with feedback provided to relevant NHS teams and local government assurers for regional moderation and assurance process.</p> <p>Regional assurance will also confirm that the area has a coherent plan for achieving these metrics.</p>

Appendix 2 - Specification of Better Care Fund metrics

Metric One: Total Non-elective spells (specific acute) per 100,000 population

Outcome sought	A reduction in the number of unplanned acute admissions to hospital.
Rationale	Effective prevention and risk management of vulnerable people through effective, integrated Out-of-Hospital services will improve outcomes for people with care needs and reduce costs by avoiding preventable acute interventions and keeping people in non-acute settings.
Definition	<p>Description: Total number of specific acute (replaces General & Acute) non-elective spells per 100,000 population.</p> <p>Numerator: Number of specific acute non-elective spells in the period.</p> <p>Data definition: A Non-Elective Admission is one that has not been arranged in advance. Specific Acute Non-Elective Admissions may be an emergency admission or a transfer from a Hospital Bed in another Health Care Provider.</p> <p>Number of specific acute hospital provider spells for which:</p> <ul style="list-style-type: none"> • Der_Management_Type is 'EM' and 'NE' <p>Where 'EM' = Emergency and 'NE' = Non-Elective</p> <p>Please refer the Joint Technical definitions for Performance and Activity (2019-20) and see Appendix A- SUS Methodology for details of derivations and Appendix B for full list of Treatment Function Code categorisation.</p> <p>Denominator: ONS mid-year population estimate for all ages (mid-year projection for population)</p>
Source	<p>Secondary Uses Service NCDR(SEM) – SUS+ NCDRis derived from SUS+ (SEM) and not the SUS+ PbR Mart. Adjustments are made to the data to correct for improbably high or low data points and ensure a consistent time series; this is in line with monthly activity reporting within NHS England. For more details see Joint Technical definitions for Performance and Activity (2019-20).</p> <p>Population statistics (ONS)</p>
Reporting schedule for data source	<p>Collection frequency: Numerator collected monthly (aggregated to quarters for monitoring). Denominator is annual.</p> <p>Timing of availability: data is available approximately 6 weeks after the period end.</p>
Historic	From 2017-18, total number of specific acute non elective spells replaces non elective (general and acute) episodes metric

Metric Two: Long term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population

Outcome sought	Overarching measure: Delaying and reducing the need for care and support.
Rationale	Avoiding permanent placements in residential and nursing care homes is a good measure of delaying dependency, and the inclusion of this measure in the framework supports local health and social care services to work together to reduce avoidable admissions. Research suggests that, where possible, people prefer to stay in their own home rather than move into residential care. However, it is acknowledged that for some client groups that admission to residential or nursing care homes can represent an improvement in their situation.
Definition	<p>Description: Annual rate of older people whose long term support needs are best met by admission to residential and nursing care homes.</p> <p>Numerator: The sum of the number of council-supported older people (aged 65 and over) whose long term support needs were met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care). This data is taken from Short- and Long-Term Support (SALT) collected by NHS Digital</p> <p>Denominator: Size of the older people population in area (aged 65 and over). This should be the appropriate Office for National Statistics (ONS) mid-year population estimate or projection.</p>
Source	<p>Adult Social Care Outcomes Framework: NHS Digital (SALT)</p> <p>Population statistics (ONS)</p>
Reporting schedule for data source	<p>Collection frequency: Annual (collected Apr-March)</p> <p>Timing of availability: data typically available 6 months after year end.</p>
Historic	Data first collected 2014-15 following a change to the data source.

Metric Three: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services

Outcome sought	<p>Delaying and reducing the need for care and support When people develop care needs, the support they receive takes place in the most appropriate setting and enables them to regain their independence.</p>
Rationale	<p>There is strong evidence that reablement services lead to improved outcomes and value for money across the health and social care sectors. Reablement seeks to support people and maximise their level of independence, in order to minimise their need for ongoing support and dependence on public services.</p> <p>This measures the benefit to individuals from reablement, intermediate care and rehabilitation following a hospital episode, by determining whether an individual remains living at home 91 days following discharge – the key outcome for many people using reablement services. It captures the joint work of social services, health staff and services commissioned by joint teams, as well as adult social care reablement.</p>
Definition	<p>The proportion of older people aged 65 and over discharged from hospital to their own home or 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 (including a place in extra care housing or an adult placement scheme setting), who are at home or in extra care housing or an adult placement scheme setting 91 days after the date of their discharge from hospital.</p> <p>Numerator: Number of older people discharged from acute or community hospitals to their own home or 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 (including a place in extra care housing or an adult placement scheme setting), who are at home or in extra care housing or an adult placement scheme setting 91 days after the date of their discharge from hospital. This should only include the outcome for those cases referred to in the denominator.</p> <p>The numerator will be collected from 1 January to 31 March during the 91-day follow-up period for each case included in the denominator. This data is taken from SALT collected by NHS Digital.</p> <p>Denominator: Number of older people discharged from acute or community hospitals from hospital to their own home or 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 (including a place in extra care housing or an adult placement scheme setting).</p> <p>The collection of the denominator will be between 1 October and 31 December.</p> <p>This data is taken from SALT collected by NHS Digital</p> <p>Alongside this measure is the requirement that there is no decrease in the proportion of people (aged 65 and over) offered rehabilitation services following discharge from acute or community hospital.</p>
Source	Adult Social Care Outcomes Framework
Reporting schedule for data source	<p>Collection frequency: Annual (although based on 2x3 months data – see definition above)</p> <p>Timing of availability: data typically available 6 months after year end.</p>
Historic	Data first collected 2011-12 (currently five years data final available (2011-12, 2012-13, 2013-14, 2014-15 and 2015-16)

Metric Four: Delayed transfers of care from hospital per 100,000 population

Outcome sought	Effective joint working of hospital services (acute, mental health and non-acute) and community-based care in facilitating timely and appropriate transfer from all hospitals for all adults.
Rationale	<p>This is an important marker of the effective joint working of local partners, and is a measure of the effectiveness of the interface between health and social care services. Minimising delayed transfers of care (DTOCs) and enabling people to live independently at home is one of the desired outcomes of social care.</p> <p>The DToC metric reflects the system wide rate of delayed transfers and activity to address it will involve efforts within and outside of the BCF.</p>
Definition	<p>Total number of DToCs (delayed days) per 100,000 population (attributable to either NHS, social care or both)*</p> <p>A DToC occurs when a patient is ready for transfer from a hospital bed, but is still occupying such a bed.</p> <p>A patient is ready for transfer when:</p> <p>(a) a clinical decision has been made that the patient is ready for transfer AND (b) a multi-disciplinary team decision has been made that the patient is ready for transfer AND (c) the patient is safe to discharge/transfer.</p> <p>Numerator: The total number of delayed days (for patients aged 18 and over) for all months of baseline/payment period*</p> <p>Denominator: ONS mid-year population estimate (mid-year projection for 18+ population)</p> <p>*Note: this is different to ASCOF Delayed Transfer of Care publication which uses 'patient snapshot' collected for one day each month.</p>
Source	<p>DToCs (NHS England)</p> <p>Population statistics (ONS)</p>
Reporting schedule for data source	<p>Collection Frequency: Numerator collected monthly (aggregated to quarters for monitoring). Denominator is annual. Timing: data is published approximately 6 weeks after the period end.</p>
Historic	Data first collected Aug 2010

Appendix 3 - Support, escalation and intervention

Where performance issues or concerns over compliance with the requirements of the BCF are identified, the BCST and BCM will take steps to return the area to compliance. Broadly this will involve the following steps:

<p>1. Trigger –</p> <ul style="list-style-type: none"> a. Concern during planning process that a compliant plan will not be agreed b. BCF plan not submitted c. BCF plan submitted does not meet one or more planning requirement 	<p>The BCM and regional partners in consultation with the BCST will consider whether to recommend specific support or if the area should be recommended for escalation.</p> <p>Initially support may be appropriate or a defined timescale set for the issue to be rectified.</p>
<p>2. Informal support</p>	<p>If appropriate, the BCM will work with the area to advise on the issue and consider, with local leaders, what further support may be provided. This may include support through regional NHS or local government structures. Alternatively, it may be decided that it is appropriate to move straight to formal support or a formal regional meeting.</p>
<p>3. Formal Support</p>	<p>The BCM will work with the BCST to agree provision of support.</p>
<p>4. Formal regional meeting</p>	<p>Areas will be invited to a formal meeting with regional NHS and local government representatives and the BCST to discuss the concerns, plans to address these and a timescale for addressing the issues identified.</p>
<p>5. Commencing Escalation as part of non-compliance</p>	<p>If, following the regional meeting, a solution is not found or issues are not addressed in the timescale agreed, escalation to national partners will be considered. If escalation is recommended, BCF national partners will be consulted on next steps.</p> <p>To commence escalation, a formal letter will be sent, setting out the reasons for escalation, consequences of non-compliance and informing the parties of next steps, including date and time of the Escalation Panel.</p>

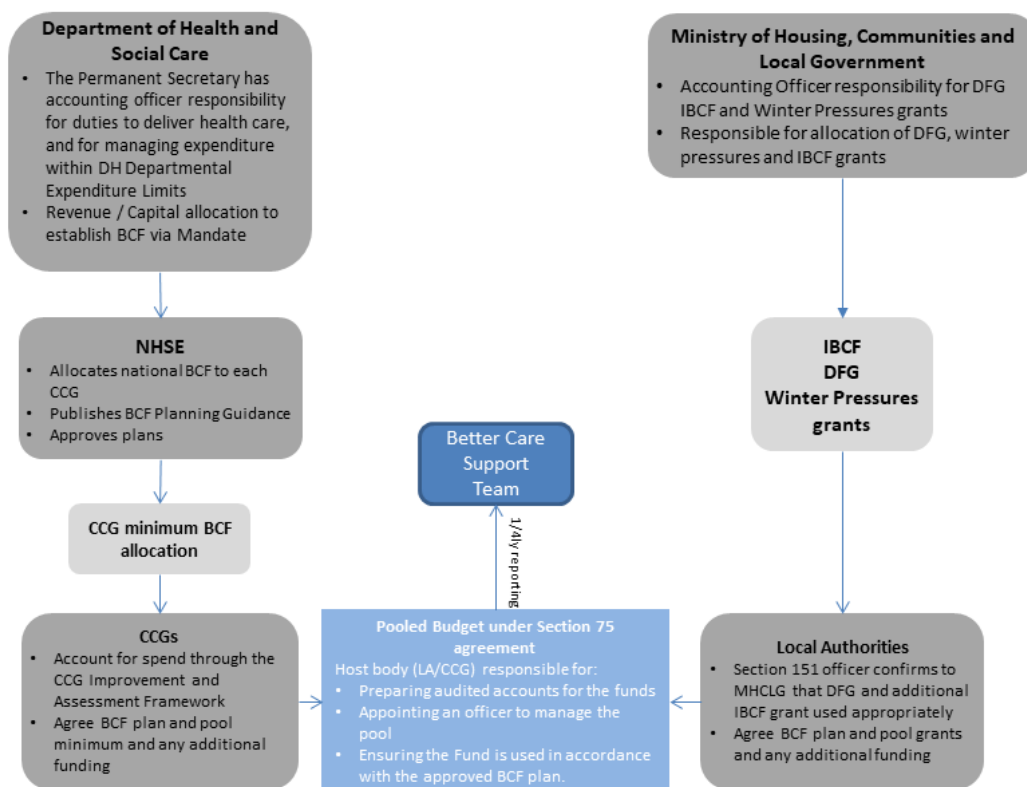
<p>6. The Escalation Panel</p>	<p>The Escalation Panel will be jointly chaired by MHCLG and DHSC senior officials, supported by the BCST, with representation from:</p> <ul style="list-style-type: none"> • NHS England • LGA <p>Representation from the local area needs to include the:</p> <ul style="list-style-type: none"> • Health and Wellbeing Board Chair • Accountable Officers from the relevant CCG(s) • Senior officer(s) from LA
<p>7. Formal letter and clarification of agreed actions</p>	<p>The local area representatives will be issued with a letter, summarising the Escalation Panel meeting and clarifying the next steps and timescales for submitting a compliant plan. If support was requested by local partners or recommended by the Escalation Panel, an update on what support will be made available will be included.</p>
<p>8. Confirmation of agreed actions</p>	<p>The BCM will track progress against the actions agreed and ensure that the issues are addressed within the agreed timescale. Any changes to the timescale must be formally agreed with the BCST.</p>
<p>9. Consideration of further action</p>	<p>If it is found at the escalation meeting that agreement is not possible or that the concerns are sufficiently serious then intervention options will be considered. Intervention will also be considered if actions agreed at an escalation meeting do not take place in the timescales set out. Intervention could include:</p> <ul style="list-style-type: none"> • Agreement that the Escalation Panel will work with the local parties to agree a plan. • Appointment of an independent expert to make recommendations on specific issues and support the development of a plan to address the issues – this might be used if the local parties cannot reach an agreement on elements of the plan. • Appointment of an advisor to develop a compliant plan, where the Escalation Panel does not have confidence that the area can deliver a compliant plan. • Appointment of an advisor or support to address performance issues, including progress towards agreed DToC metrics. • Withholding BCF payments that are due to be made.

	<ul style="list-style-type: none"> • Directing the CCG as to how the minimum BCF allocation should be spent. <p>The implications of intervention will be considered carefully and any action agreed will be based on the principle that patients and service users should, at the very least, be no worse off.</p>
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NHS England has the ability to direct the use of the CCG funds where an area fails to meet one of the BCF conditions and NHS England considers that the CCG(s) in question is failing, has failed or is at significant risk of failing to discharge any of its functions. This includes the duties under Sections 14Z1 (duty to promote integration), 14Q (duty as to effectiveness, efficiency etc), 14R (duty as to improvement in quality of services) and 14T (duty as to reducing inequalities) of the NHS Act 2006. If a CCG fails to develop a plan that can be approved by NHS England or if a local plan cannot be agreed, any proposal to direct use of the fund and/or impose a spending plan on a local area, and the content of any imposed plan, will be subject to consultation with DHSC and MHCLG ministers. The final decision will then be taken by NHS England. Once a decision has been taken any directions would be made under Section 14Z21 of the NHS Act 2006.

The Escalation Panel may make recommendations that an area should amend plans that relate to spending of the DFG, Winter Pressures or iBCF. This money is not subject to NHS England powers to direct. A BCF plan will not be approved, however, if there is not agreement between health and local government partners on the use of these grants (a requirement of national condition one). Departments will consider recovering grant payments or withholding future payments of grant if the conditions continue to not be met.

Appendix 4 – Funding flows and accountability



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If you have any queries about this document, please contact the Better Care Support Team at: england.bettercaresupport@nhs.net

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