

Agenda

Health and wellbeing board

Date: **Monday 1 October 2018**

Time: **9.30 am**

Place: **The Council Chamber - The Shire Hall, St. Peter's Square, Hereford, HR1 2HX**

Notes: Please note the time, date and venue of the meeting.

For any further information please contact:

Ruth Goldwater, Governance Services

Tel: 01432 260635

Email: councillorservices@herefordshire.gov.uk

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Agenda for the Meeting of the Health and wellbeing board

Membership

Chairman

Vice-Chairman

Councillor JG Lester

Dr Ian Tait

Herefordshire Council
NHS Herefordshire Clinical
Commissioning Group

Chris Baird
Ingrid Barker
Russell Hardy
Jo Melling
Councillor P Rone
Ian Stead
Councillor EJ Swinglehurst
Simon Trickett

Director for children and families
2gether NHS Foundation Trust
Wye Valley NHS Trust
NHS England
Herefordshire Council
Healthwatch Herefordshire
Herefordshire Council
NHS Herefordshire Clinical
Commissioning Group
Director for adults and communities
Director of public health

Stephen Vickers
Karen Wright

Agenda

		Pages
PUBLIC INFORMATION		5 - 6
1. APOLOGIES FOR ABSENCE	To receive apologies for absence.	
2. NAMED SUBSTITUTES (IF ANY)	To receive any details of members nominated to attend the meeting in place of a member of the board.	
3. DECLARATIONS OF INTEREST	To receive any declarations of interests of interest by members in respect of items on the agenda.	
4. MINUTES	To approve and sign the minutes of the meeting held on 13 February 2018.	7 - 12
5. QUESTIONS FROM MEMBERS OF THE PUBLIC	To receive questions from members of the public. Questions must be submitted by 5pm three clear working days before the day of the meeting, in this case by 5pm on Tuesday 25 September 2018. Please submit questions to: councillorservices@herefordshire.gov.uk Accepted questions will be published as a supplement prior to the meeting.	
6. QUESTIONS FROM COUNCILLORS	To receive questions from councillors. Questions must be submitted by 5pm three clear working days before the day of the meeting, in this case by 5pm Tuesday 25 September 2018. Please submit questions to: councillorservices@herefordshire.gov.uk Accepted questions will be published as a supplement prior to the meeting.	
7. BETTER CARE FUND QUARTER 1 REPORT 2018/19	To review the better care fund (BCF) 2018/19 quarter one performance report and approve the integration and BCF plan 2018/19 refresh, as per the requirements of the national programme.	13 - 154
8. CHILDREN AND YOUNG PEOPLE'S PLAN 2018 - 2023	The draft Children and Young People's Plan is presented to the Health and Wellbeing Board for the consideration of any recommendations to the Cabinet Member concerning the content of the Plan.	155 - 176
9. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2017	To present the Director of Public Health Annual Report 2017 and to seek the support of the Health and Wellbeing Board in implementing the	177 - 204

recommendations.

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- Inspect agenda and public reports at least five clear days before the date of the meeting.
- Inspect minutes of the council and all committees and sub-committees and written statements of decisions taken by the cabinet or individual cabinet members for up to six years following a meeting.
- Inspect background papers used in the preparation of public reports for a period of up to four years from the date of the meeting. (A list of the background papers to a report is given at the end of each report). A background paper is a document on which the officer has relied in writing the report and which otherwise is not available to the public.
- Access to a public register stating the names, addresses and wards of all councillors with details of the membership of cabinet and of all committees and sub-committees.
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The chairman or an attendee at the meeting must take the signing in sheet so it can be checked when everyone is at the assembly point.

Minutes of the meeting of Health and wellbeing board held in Committee Room 1, The Shire Hall, St. Peter's Square, Hereford, HR1 2HX on Tuesday 13 February 2018 at 2.00 pm

Present: JG Lester (Chairman)
D Horne (Vice-Chairman)

C Baird, Director for Children's Wellbeing
S Hairsnape, NHS Herefordshire Clinical Commissioning Group
D Jones MBE, NHS Herefordshire Clinical Commissioning Group
P Rone, Cabinet Member Health and Wellbeing
M Samuels, Director for Adults and Wellbeing
I Stead, Healthwatch Herefordshire

In attendance: I Barker, 2gether NHS Foundation Trust
C Hargraves, Wye Valley NHS Trust
I Tait, NHS Herefordshire Clinical Commissioning Group

Officers: J Ives, Wye Valley NHS Foundation Trust
A Lee, 2gether NHS Foundation Trust
F Martin, 2gether NHS Foundation Trust
A Talbot-Smith, NHS Herefordshire Clinical Commissioning Group

143. APOLOGIES FOR ABSENCE

There were no apologies received.

144. NAMED SUBSTITUTES (IF ANY)

There were no substitutes.

145. DECLARATIONS OF INTEREST

There were no declarations of interest.

146. MINUTES

RESOLVED

That the minutes of the meeting held on 7 September 2017 be agreed as a correct record and signed by the chairman.

147. QUESTIONS FROM MEMBERS OF THE PUBLIC

There were no questions from members of the public.

148. QUESTIONS FROM COUNCILLORS

There were no questions from councillors.

149. BETTER CARE FUND QUARTER 2 AND QUARTER 3 REPORT 2017/18

The director for adults and wellbeing presented the report. He explained that the council and the clinical commissioning group (CCG) received funding through the Better Care Fund (BCF) via NHS England, and that further funding was channelled through the improved Better Care Fund (iBCF) to the council from the Ministry of Housing Communities and Local Government. Together, both allocations were intended to support integration of health and social care provision.

There was a requirement to provide quarterly update reports to NHS England. These were expected to be signed off by the health and wellbeing board before submission. However, the submission dates tended to be released at short notice which meant they were not aligned to health and wellbeing board meetings. The update reports for quarters 2 and 3 had therefore already been submitted to NHS England through an agreement for delegated approval from the board to the director for adults and wellbeing and the CCG accountable officer.

In presenting the headlines of the submissions for quarters 2 and 3, the following points were highlighted:

- There were significant achievements in reducing the number of people going into residential care either by avoiding or postponing need
- Targets for reducing non-elective admissions and delayed transfers of care (DToC) had been largely achieved, noting that Herefordshire had been given the largest percentage reduction target for any county in the country, being expected to reduce DToC attributable to adult social care by 69% from February 2017.
- This had been achieved although it had been a challenge and presented pressures across the system, but meant that an expanded range of care and service developments were implemented based on clinical evidence that people did better at home.
- Members were reminded of recent debate around the future of the facilities provided at the Hillside Centre, and that service developments were connected to investment in community services to enable people to benefit from being at home sooner, and which was reflected in the reduction of DToC.
- There was good performance across the system and the submissions were commended to the board.

The CCG accountable officer reinforced that this performance was positive and reflected the open relationship between the CCG and partners with meaningful outcomes for people in Herefordshire.

A board member noted that there were people included in the figures who were not Herefordshire residents, and asked what progress was being made in managing discharges across borders for those people.

The CCG accountable officer explained that there had been some difficulties for Powys residents which had been escalated to regional level to address. The Welsh Assembly Government had been involved and there was now a range of measures to get people home more quickly, and some progress had been made between English and Welsh services to support this.

The chairman asked, in view of the report's recommendations, what the board sought from this update. A member suggested that it was important to ensure that work was in progress and that the overall plan remained on target.

RESOLVED

That

- a) Performance of the Better Care Fund in quarters 2 and 3 be noted; and**
- b) the submissions for quarters 2 and 3 be accepted.**

150. IMPROVING HEALTH AND WELLBEING – A SYSTEM LEADERSHIP APPROACH TO TRANSFORMATION

The One Herefordshire director of transformation presented the paper, making the following key points:

- The Herefordshire and Worcestershire sustainability and transformation partnership (STP) was part of the national NHS programme, and Herefordshire was represented on the regional board by the director for adults and wellbeing.
- The purpose was to deliver the ‘triple aim’ of improved population health and wellbeing, high quality services, and financial sustainability and efficiency.
- STPs were being encouraged to progress towards becoming integrated care systems. These were intended to be place based and to focus on providing a wellbeing service to keep people well but being available to support when unwell.
- The developments presented significant cultural changes with closer working with partners.
- One Herefordshire was the delivery mechanism for Herefordshire, and started with the health and social care elements and working closely across the public sector, initially focused on adults and looking holistically at the individual in their own surroundings.

Responding to a question from the vice-chair about the functioning of the system, it was explained that this was about the wider approach across the system where wellbeing was everyone’s business. The principle of ‘making every contact count’ was essential to the prevention agenda and to prioritising resources. An example to illustrate the approach was around smoking cessation, which should be picked up by any professional in contact with an individual, captured in public messages and extended to employers in promoting healthy workplaces. These were the areas to establish the best approach to target in a co-ordinated way.

The director for adults and wellbeing pointed out that public health grant was set to reduce to £8million over the next few years and would eventually be phased out completely, as it would be subsumed into the council’s wider revenue. It was therefore less helpful for it to be a ring fenced grant because it did not represent the reality of what was spent by the overall system on public health, so it was imperative that all expenditure made by the council, and indeed wider partners, had positive impact.

The incoming director of public health added that the public health grant was a small concern and the key message was about the whole picture and where influence was needed.

The CCG accountable officer commented that gradual reorganisation within the system was an opportunity to reconsider the relationship with neighbours, especially with Worcestershire, moving from a transactional relationship to a consensus. It was hoped that a new culture would help to bring about the changes. There were risks but also some opportunities so it was important to take the opportunity to deliver the changes that were needed. Although it was not an easy concept to explain, the key was to bring providers into the way of working to move to a partnership based approach, where all took responsibility for the system as a whole achieving the triple aim, rather than one of commissioner and provider.

The chairman noted that the key objective was how to move forward, to use resources wisely and look at the service for the individual.

The director for adults and wellbeing commented that it was a complex environment in the context of national activity and the Herefordshire and Worcestershire footprint and the recommendations were concerned with ensuring that the health and wellbeing board was the statutory forum to set the direction for the system through the joint strategic needs assessment and the health and wellbeing strategy. Herefordshire controlled its own destiny so this forum should be at the top of the arrangement. Within this, the board needed to consider its membership and, as a function governed by the council, set this formally within the council's constitution. The board's focus was the key priorities that it had identified and it should be clear that these areas have significant impact on the level of wellbeing experienced by people, but also recognise that they are the drivers for demand on health and social care services.

Getting this right would set the system on course to provide high quality care as a direct relationship.

The chair of the CCG spoke in support of this. Herefordshire was part of the wider system and these were the issues that were important and relevant here and were what the health and wellbeing board needed to focus on as they remained relevant.

In response to a question about membership of a refreshed health and wellbeing board, the director for adults and wellbeing draw attention to the minimum membership that was set out in statute. In additional, it was appropriate for membership to represent the statutory providers so it was proposed to extend the membership to the two main NHS trusts, Wye Valley NHS Trust and 2gether NHS Foundation Trust, represented by their chairs. In terms of making this a formal arrangement, the proposal would need to be put to full council as a recommendation for a change to the council's constitution.

In response to a question from the vice-chair about whether to include Taurus Healthcare in representing GP providers, it was explained that this had been considered but that it was recommended to contain membership of the health and wellbeing board to statutory organisations. Taurus continued to be represented on the One Herefordshire group which would feed into the health and wellbeing board.

A member sought assurance that the health and wellbeing being board workshops would be arranged to enable partners' contributions to feed into the decisions taken by the health and wellbeing board. It was clarified that output from workshops would be presented to formal meetings of the board in order to maintain and deliver the board's business around its priorities.

Discussion took place regarding the appointment of the vice-chair due to concern that there was potential for one organisation to be over-represented in chairmanship of the board, which could reduce the board's effectiveness. This was not considered to be desirable so the board would need to ensure this was avoided, either through mandate or co-operation. Board members were broadly supportive of a council chair and CCG vice-chair arrangement, although it was noted that the personal attributes the individual brought to the vice-chair role were just as important as the organisation they represented.

It was also noted that the membership proposals meant that the CCG board's lay member would no longer be a member of the health and wellbeing board but assurance was provided that the member would participate in the workshops and so would continue to contribute.

RESOLVED

That:

- a) **The health and wellbeing board's strategic priorities for 2018/19 be agreed as**
- **Dementia (including end of life)**
 - **Childhood obesity (including impact on dental health)**
 - **Fuel poverty**
 - **Supporting local communities to help their residents remain healthy and independent; and**
- b) **That the health and wellbeing board membership and structure proposals be approved for submission to the council's audit and governance committee for progression as a recommendation to full council to amend the council's constitution. The proposals, in summary, being**
- **to include as formal members, the chairs of the Clinical Commissioning Group, Wye Valley NHS Trust and 2gether NHS Foundation Trust**
 - **to change the number of members for Healthwatch and the Clinical Commissioning Group to one member each, represented by the chairs of those organisations**
 - **that the chair of the Clinical Commissioning Group (or their substitute) be appointed vice-chair of the Health and Wellbeing Board**
 - **to provide a governance structure that will provide the system leadership to deliver the transformation programme.**

The meeting ended at 3.00 pm

Chairman



Meeting:	Health and wellbeing board
Meeting date:	Monday 1 October 2018
Title of report:	Better Care Fund quarter 1 report 2018 and approval of the Integration and BCF plan 2018/19 refresh
Report by:	Director for adults and wellbeing

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards);

Purpose and summary

To review the better care fund (BCF) 2018/19 quarter one performance report and approve the integration and BCF plan 2018/19 refresh, as per the requirements of the national programme. In summary, the report identifies the following points:

- The national conditions and metrics from the 2017/18 policy framework remain;
- Partners have reviewed the existing plan and refreshed to reflect scheme level changes and to identify key areas of investment for 2018/19, including urgent care investment, trusted assessor, discharge to assess, community capacity and improving quality of care in care homes;
- Quarter one performance illustrates the performance on the key metrics within the BCF plan

Recommendation(s)

That:

- (a) the better care fund (BCF) 2018/19 quarter one report, at appendix 1, as submitted to

NHS England be reviewed;

- (b) the Integration and BCF plan 2018/19 refresh, at appendix 2 and 3, as submitted to NHS England be approved; and
- (c) the board determine any actions it wishes to recommend to secure future improvement in efficiency or performance.

Alternative options

- 1. There are no alternative options, this is a national requirement. The content of the quarter one return and the Integration and BCF plan 2018/19 refresh have been approved by the council's director for adults and wellbeing and Herefordshire Clinical Commissioning Group's (CCG) accountable officer and submitted to NHS England prior to the national deadline of 20 July 2018 and 24 August 2018, however this gives the board an opportunity to review and provide feedback on the changes.

Key considerations

- 2. The Integration and BCF national operating guidance for 2017/19 was published on 18 July 2018. Local areas were provided with the opportunity to revise targets, funding allocations and narrative plans through resubmission of a planning template and brief description of rationale. Any changes had to be jointly agreed between local authority and CCG and submitted by 24 August 2018.
- 3. The four national conditions from the existing policy framework remain:
 - a. that a BCF plan must be signed off by the Health and wellbeing board (HWB), and by the constituent LA and CCG;
 - b. a demonstration of how the area will maintain in real terms the level of spending on social care services from the CCG minimum contribution to the fund in line with inflation;
 - c. that a specific proportion of the area's allocation is invested in NHS-commissioned out-of-hospital services, or retained pending release as part of a local risk sharing agreement; and
 - d. all areas implement the High Impact Change Model for Managing Transfer of Care (HICM) to support system-wide improvements in transfers of care.
- 4. The four existing national metrics remain consistent. As detailed in the resubmitted planning template (located at appendix 3), the following ambitions have been jointly agreed for 2018/19:

Metric	Existing ambition 2018/19	Refreshed ambition 2018/19	Rationale for change
Non-Elective Admissions (NEA)	16,520	19,596	To align with CCG Operating Plan, as required

Further information on the subject of this report is available from
Emma Evans, Tel: 01432 260460, email: eevans@herefordshire.gov.uk

Delayed Transfers of Care (DToC)	Total 11.1 per day	Total 13.4 per day	Partners across Herefordshire have agreed to align DToC ambitions to the national expectation, however it is recognised that achieving the required target will require substantial performance improvements Detailed breakdown of this ambition is located within appendix 2 and 3.
Reablement	85%	80%	Expansion in client cohort due to change in ethos of service- service now open to all rather than focussed on targeted service users. 80% represents realistic stretch target based on performance since change in scheme ethos.
Permanent admissions to 'Res. Care'	No changes required		

5. The refreshed narrative plan, located at appendix 2, provides an overview of current performance and a rationale of the agreed changes to the Integration and BCF plan for Herefordshire 2018/19. A reviewed planning template, as located at appendix 3, has also been submitted which reflects the detailed changes.
6. Achieving the ambitions set in relation to Delayed Transfers of Care (DToC) continue to pose a significant challenge to partners across the system. Whilst partners have agreed to align DToC targets to the national ambitions it is recognised that achieving this will require substantial performance improvements. To support the necessary improvements, partners have agreed to invest core BCF and iBCF funds in a number of additional areas throughout 2018/19, including the following:
 - a. Urgent care investment
 - b. Trusted Assessor
 - c. Discharge to Access (D2A) investment
 - d. Community capacity
 - e. Improving Quality of Care in Care homes
7. As described at appendix 2, currently the local authority hospital discharge team and the Wye Valley Trust complex discharge team work together to support hospital discharge. However, there are vast improvements to be achieved through further alignment of the teams with an integrated discharge manager having system oversight of transfers of care, whilst ensuring the statutory responsibilities of each organisations are supported.
8. During 2017/18 partners approved Herefordshire's discharge to assess (D2A) pathway. The D2A model provides an appropriate setting for needs to be assessed to determine the ongoing appropriate level of care and support. The implementation of the Integrated discharge team will facilitate the delivery of this model and assist in ensuring that discharge to assess pathways meet the needs of all people leaving acute hospital care.

9. A further area of investment agreed for 2018/19 is the implementation of a Trusted Assessor model in Herefordshire. As detailed at appendix 2, this key approach is to drive reduction in the number of delayed discharges. The underlying principle of the approach is to promote safe and timely discharges from NHS Trusts to adult social care services by undertaking assessments on behalf of the care home sector. This will streamline and reduce duplication of assessments whilst transferring the individual in a timely manner.
10. Partners recognise that Herefordshire is experiencing a decline in the quality standards of the care homes in the county which adds pressure into the transfer of care system. There are currently a number of nursing homes that have compulsory or voluntary suspensions on placements due to the quality improvements required and the number of homes identified by the CQC as 'inadequate' or 'requires improvement' has increased. To support and improve the quality in care homes a number of strategic redesigns have been approved between the local authority, CCG and acute and community trust which will be funded by the iBCF.
11. The quarter one performance report, as located at appendix 1, is the first joint reporting template issued by the national team, which combines reporting for the BCF and improved better care fund (iBCF). As detailed, at quarter one Herefordshire was on track to achieve targets for both non-elective admissions (NEA) and the rate of permanent admissions to residential care per 100,000 population (65+). Partners continue to support individuals in the community and facilitate independence, therefore reducing the rate of admissions into residential and nursing care. The adult social care pathway redesigned has been implemented and is delivering a strength based approach to support this approach
12. Herefordshire was not on track to meet target in relation to the proportion of older people who were still at home 91 days after discharge from hospital into reablement services at the end of quarter one. The Home First service, delivered by the local authority, continues to experience recruitment challenges, which impacts upon the service capacity available. During Q1 a service review has taken place and a clear implementation plan has been developed. In addition, this ambition target has been refreshed in order to reflect the expansion in client cohort due to change in ethos of service- service now open to all rather than focussed on targeted service users.

Community impact

13. The BCF and Integration plan is set within the context of the national programme of transformation and integration of health and social care. The council and CCG continue to work together to deliver on the key priorities within the plan to achieve savings and improve the delivery of services in order to achieve the priorities of the health and wellbeing strategy in the most cost effective way.

Equality duty

14. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to -

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
15. The council and CCG are committed to equality and diversity using the public sector equality duty (Equality Act 2010) to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. All equality considerations are taking into account.
16. It is not envisaged that the recommendations in this report will negatively disadvantage the following nine protected characteristics: age, disability, gender reassignment, marriage and civil partnerships, pregnancy and maternity race, religion or belief, sex and sexual orientation.
17. The BCF programme aims to deliver better outcomes for older and disabled people and supports the council in proactively delivering its equality duty under the act. This is through aiming to improve the health and wellbeing of people in Herefordshire by enabling them to take greater control over their own health and the health of their families, and helping them to remain independent within their own homes and communities.
18. There are no negative impacts for looked after children or with respect to the council's corporate parenting role.

Resource implications

19. As detailed in the resubmitted planning template, located at appendix 3, the following summary changes have been jointly agreed for 2018/19:

Herefordshire Better Care Fund Financial Summary			
Pool 1- Minimum Mandatory Fund	Original 2018/19 Budget £	Revised 2018/19 Budget £	Change to Original Budget £
Planned Social Care Expenditure	5,239,806	5,239,806	0
NHS Commissioned Out of Hospital Care	6,947,227	6,947,227	0
Total Minimum Mandatory Contribution from CCG	12,187,033	12,187,033	0
Disabled Facilities Grant (Capital)	1,852,932	1,852,932	0
Total Pool 1	14,039,965	14,039,965	0

Pool 2– Care Home Market Management	Original 2018/19 Budget £'000	Revised 2018/19 Budget £'000	Change to Original Budget £
Herefordshire CCG Contribution	8,757,286	9,564,000	806,714
Herefordshire Council Contribution	20,529,793	21,359,421	829,628
Total Pool 2	29,287,079	30,923,421	1,636,342
Pool 3- Improved Better Care Fund	Original 2018/19 Budget £'000	Revised 2018/19 Budget £'000	Change to Original Budget
IBCF Grant	4,721,971	4,721,971	0
Total Pool 3	4,721,971	4,721,971	0
Total Better Care Fund	48,049,015	49,685,357	1,636,342

20. The detail of changes at a scheme level is included within the overview document, located at appendix 4.

Legal implications

21. The Care Act 2014 amended the NHS Act 2006 to provide the legislative basis for BCF. It allows for the mandate for NHS England to include specific requirements to instruct NHS England over the BCF, and NHS England to direct Clinical Commissioning Groups to pool the necessary funding. The council is legally obliged to comply with grant conditions, which have been complied with.

Risk management

22. The board is invited to review the content of the performance template, which is based on statistical and financial information and therefore the risk is minimal.
23. There is a risk that the schemes invested in do not achieve their desired outcomes. In order to mitigate this implementation milestones and clear outcomes have been agreed for each scheme, the delivery of which is monitored on a regular basis by a dedicated project manager and reported to the better care partnership group (BCPG).
24. Partners continue to work together to ensure sufficient schemes are in place and that any identified risks are mitigated. The BCPG review risk registers for both the BCF and iBCF on a monthly basis and escalate any issues to the joint commissioning board.

Consultees

Further information on the subject of this report is available from
Emma Evans, Tel: 01432 260460, email: evevans@herefordshire.gov.uk

25. The content of the quarter one return was approved by the council's director for adults and wellbeing and Herefordshire CCG's accountable officer prior to the submission to the national teams.
26. Prior to submission of Integration and BCF plan 2018/19 refresh consultation took place with a number of key stakeholders including Wye valley trust and Herefordshire clinical commissioning group. The Joint Commissioning Board and Chair of the HWB were consulted and supported the content of the refresh prior to submission to the national team on 24 August 2018.

Appendices

Appendix 1 – Better care fund national reporting template quarter one

Appendix 2 – Integration and better care fund refresh 2018/19

Appendix 3 – BCF national planning template - Herefordshire

Appendix 4 – Detail of changes to BCF budgets 2018

Background papers

None.

Better Care Fund Template Q1 2018/19

1. Cover

Version 1.0

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and are planned for publishing in an aggregated form on the NHSE website. **Narrative sections of the reports will not be published.** However as with all information collected and stored by public bodies, all BCF information including any narrative is subject to Freedom of Information requests.
- As noted already, the BCF national partners intend to publish the aggregated national quarterly reporting information on a quarterly basis. At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- 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:	Herefordshire, County of
Completed by:	Emma Evans
E-mail:	evevans@herefordshire.gov.uk
Contact number:	01432 260460
Who signed off the report on behalf of the Health and Wellbeing Board:	Director of Adult Wellbeing

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

	Pending Fields
1. Cover	0
2. National Conditions & s75 Pooled Budget	0
3. National Metrics	0
4. High Impact Change Model	0
5. Narrative	0
6. iBCF Part 1	0
7. iBCF Part 2	0



[<< Link to Guidance tab](#)

1. Cover

	Cell Reference	Checker
Health & Wellbeing Board	C8	Yes
Completed by:	C10	Yes
E-mail:	C12	Yes
Contact number:	C14	Yes
Who signed off the report on behalf of the Health and Wellbeing Board:	C16	Yes
Sheet Complete:		Yes

2. National Conditions & s75 Pooled Budget

[^^ Link Back to top](#)

	Cell Reference	Checker
1) Plans to be jointly agreed?	C8	Yes
2) Social care from CCG minimum contribution agreed in line with Planning Requirements?	C9	Yes
3) Agreement to invest in NHS commissioned out of hospital services?	C10	Yes
4) Managing transfers of care?	C11	Yes
1) Plans to be jointly agreed? If no please detail	D8	Yes
2) Social care from CCG minimum contribution agreed in line with Planning Requirements? Detail	D9	Yes
3) Agreement to invest in NHS commissioned out of hospital services? If no please detail	D10	Yes
4) Managing transfers of care? If no please detail	D11	Yes
Have the funds been pooled via a s.75 pooled budget?	C15	Yes
Have the funds been pooled via a s.75 pooled budget? If no, please detail	D15	Yes
Have the funds been pooled via a s.75 pooled budget? If no, please indicate when	E15	Yes
Sheet Complete:		Yes

3. Metrics

[^^ Link Back to top](#)

	Cell Reference	Checker
NEA Target performance	D11	Yes
Res Admissions Target performance	D12	Yes
Reablement Target performance	D13	Yes
DToc Target performance	D14	Yes
NEA Challenges	E11	Yes
Res Admissions Challenges	E12	Yes
Reablement Challenges	E13	Yes
DToc Challenges	E14	Yes
NEA Achievements	F11	Yes
Res Admissions Achievements	F12	Yes
Reablement Achievements	F13	Yes
DToc Achievements	F14	Yes
NEA Support Needs	G11	Yes
Res Admissions Support Needs	G12	Yes
Reablement Support Needs	G13	Yes
DToc Support Needs	G14	Yes
Sheet Complete:		Yes

4. High Impact Change Model

[^^ Link Back to top](#)

	Cell Reference	Checker
Chg 1 - Early discharge planning Q1 18/19	E12	Yes
Chg 2 - Systems to monitor patient flow Q1 18/19	E13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q1 18/19	E14	Yes
Chg 4 - Home first/discharge to assess Q1 18/19	E15	Yes
Chg 5 - Seven-day service Q1 18/19	E16	Yes
Chg 6 - Trusted assessors Q1 18/19	E17	Yes
Chg 7 - Focus on choice Q1 18/19	E18	Yes
Chg 8 - Enhancing health in care homes Q1 18/19	E19	Yes
UEC - Red Bag scheme Q1 18/19	E23	Yes
Chg 1 - Early discharge planning Q2 18/19 Plan	F12	Yes
Chg 2 - Systems to monitor patient flow Q2 18/19 Plan	F13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q2 18/19 Plan	F14	Yes
Chg 4 - Home first/discharge to assess Q2 18/19 Plan	F15	Yes
Chg 5 - Seven-day service Q2 18/19 Plan	F16	Yes
Chg 6 - Trusted assessors Q2 18/19 Plan	F17	Yes
Chg 7 - Focus on choice Q2 18/19 Plan	F18	Yes
Chg 8 - Enhancing health in care homes Q2 18/19 Plan	F19	Yes
UEC - Red Bag scheme Q2 18/19 Plan	F23	Yes
Chg 1 - Early discharge planning Q3 18/19 Plan	G12	Yes
Chg 2 - Systems to monitor patient flow Q3 18/19 Plan	G13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q3 18/19 Plan	G14	Yes
Chg 4 - Home first/discharge to assess Q3 18/19 Plan	G15	Yes
Chg 5 - Seven-day service Q3 18/19 Plan	G16	Yes
Chg 6 - Trusted assessors Q3 18/19 Plan	G17	Yes
Chg 7 - Focus on choice Q3 18/19 Plan	G18	Yes
Chg 8 - Enhancing health in care homes Q3 18/19 Plan	G19	Yes
UEC - Red Bag scheme Q3 18/19 Plan	G23	Yes
Chg 1 - Early discharge planning Q4 18/19 Plan	H12	Yes
Chg 2 - Systems to monitor patient flow Q4 18/19 Plan	H13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q4 18/19 Plan	H14	Yes
Chg 4 - Home first/discharge to assess Q4 18/19 Plan	H15	Yes
Chg 5 - Seven-day service Q4 18/19 Plan	H16	Yes
Chg 6 - Trusted assessors Q4 18/19 Plan	H17	Yes
Chg 7 - Focus on choice Q4 18/19 Plan	H18	Yes
Chg 8 - Enhancing health in care homes Q4 18/19 Plan	H19	Yes
UEC - Red Bag scheme Q4 18/19 Plan	H23	Yes
Chg 1 - Early discharge planning, if Mature or Exemplary please explain	I12	Yes
Chg 2 - Systems to monitor patient flow, if Mature or Exemplary please explain	I13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams, if Mature or Exemplary please explain	I14	Yes
Chg 4 - Home first/discharge to assess, if Mature or Exemplary please explain	I15	Yes
Chg 5 - Seven-day service, if Mature or Exemplary please explain	I16	Yes
Chg 6 - Trusted assessors, if Mature or Exemplary please explain	I17	Yes
Chg 7 - Focus on choice, if Mature or Exemplary please explain	I18	Yes
Chg 8 - Enhancing health in care homes, if Mature or Exemplary please explain	I19	Yes
UEC - Red Bag scheme, if Mature or Exemplary please explain	I23	Yes
Chg 1 - Early discharge planning Challenges	J12	Yes
Chg 2 - Systems to monitor patient flow Challenges	J13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Challenges	J14	Yes
Chg 4 - Home first/discharge to assess Challenges	J15	Yes
Chg 5 - Seven-day service Challenges	J16	Yes
Chg 6 - Trusted assessors Challenges	J17	Yes
Chg 7 - Focus on choice Challenges	J18	Yes
Chg 8 - Enhancing health in care homes Challenges	J19	Yes
UEC - Red Bag Scheme Challenges	J23	Yes
Chg 1 - Early discharge planning Additional achievements	K12	Yes
Chg 2 - Systems to monitor patient flow Additional achievements	K13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Additional achievements	K14	Yes
Chg 4 - Home first/discharge to assess Additional achievements	K15	Yes
Chg 5 - Seven-day service Additional achievements	K16	Yes
Chg 6 - Trusted assessors Additional achievements	K17	Yes
Chg 7 - Focus on choice Additional achievements	K18	Yes
Chg 8 - Enhancing health in care homes Additional achievements	K19	Yes
UEC - Red Bag Scheme Additional achievements	K23	Yes
Chg 1 - Early discharge planning Support needs	L12	Yes
Chg 2 - Systems to monitor patient flow Support needs	L13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Support needs	L14	Yes
Chg 4 - Home first/discharge to assess Support needs	L15	Yes
Chg 5 - Seven-day service Support needs	L16	Yes
Chg 6 - Trusted assessors Support needs	L17	Yes
Chg 7 - Focus on choice Support needs	L18	Yes
Chg 8 - Enhancing health in care homes Support needs	L19	Yes
UEC - Red Bag Scheme Support needs	L23	Yes

Sheet Complete:

Yes

5. Narrative

[^^ Link Back to top](#)

	Cell Reference	Checker
Progress against local plan for integration of health and social care	B8	Yes
Integration success story highlight over the past quarter	B12	Yes

Sheet Complete: Yes

6. iBCF Part 1

[^^ Link Back to top](#)

	Cell Reference	Checker
A) a) Meeting adult social care needs	D11	Yes
A) b) Reducing pressures on the NHS	E11	Yes
A) c) Ensuring that the local social care provider market is supported	F11	Yes
Initiative 1 - B1: Individual title	C18	Yes
Initiative 1 - B2: Is this a continuation of an initiative / project from 2017-18 or a new project for 2018-19?	C19	Yes
Initiative 1 - B3: 2017-18 Project names as provided in the 2017-18 returns.	C21	Yes
Initiative 1 - B4: If this is a 'New Initiative / Project' for 2018/19, the key objectives / expected outcomes.	C22	Yes
Initiative 1 - B5: Which of the following categories the initiative / project primarily falls under.	C23	Yes
Initiative 1 - B6: If "Other", please specify.	C24	Yes
Initiative 1 - B7: Planned total duration. For continuing projects, include running time before 2018/19.	C25	Yes
Initiative 1 - B8: Report on progress to date:	C26	Yes
Initiative 2 - B1: Individual title	D18	Yes
Initiative 2 - B2: Is this a continuation of an initiative / project from 2017-18 or a new project for 2018-19?	D19	Yes
Initiative 2 - B3: 2017-18 Project names as provided in the 2017-18 returns.	D21	Yes
Initiative 2 - B4: If this is a 'New Initiative / Project' for 2018/19, the key objectives / expected outcomes.	D22	Yes
Initiative 2 - B5: Which of the following categories the initiative / project primarily falls under.	D23	Yes
Initiative 2 - B6: If "Other", please specify.	D24	Yes
Initiative 2 - B7: Planned total duration. For continuing projects, include running time before 2018/19.	D25	Yes
Initiative 2 - B8: Report on progress to date:	D26	Yes
Initiative 3 - B1: Individual title	E18	Yes
Initiative 3 - B2: Is this a continuation of an initiative / project from 2017-18 or a new project for 2018-19?	E19	Yes
Initiative 3 - B3: 2017-18 Project names as provided in the 2017-18 returns.	E21	Yes
Initiative 3 - B4: If this is a 'New Initiative / Project' for 2018/19, the key objectives / expected outcomes.	E22	Yes
Initiative 3 - B5: Which of the following categories the initiative / project primarily falls under.	E23	Yes
Initiative 3 - B6: If "Other", please specify.	E24	Yes
Initiative 3 - B7: Planned total duration. For continuing projects, include running time before 2018/19.	E25	Yes
Initiative 3 - B8: Report on progress to date:	E26	Yes
Initiative 4 - B1: Individual title	F18	Yes
Initiative 4 - B2: Is this a continuation of an initiative / project from 2017-18 or a new project for 2018-19?	F19	Yes
Initiative 4 - B3: 2017-18 Project names as provided in the 2017-18 returns.	F21	Yes
Initiative 4 - B4: If this is a 'New Initiative / Project' for 2018/19, the key objectives / expected outcomes.	F22	Yes
Initiative 4 - B5: Which of the following categories the initiative / project primarily falls under.	F23	Yes
Initiative 4 - B6: If "Other", please specify.	F24	Yes
Initiative 4 - B7: Planned total duration. For continuing projects, include running time before 2018/19.	F25	Yes
Initiative 4 - B8: Report on progress to date:	F26	Yes
Initiative 5 - B1: Individual title	G18	Yes
Initiative 5 - B2: Is this a continuation of an initiative / project from 2017-18 or a new project for 2018-19?	G19	Yes
Initiative 5 - B3: 2017-18 Project names as provided in the 2017-18 returns.	G21	Yes
Initiative 5 - B4: If this is a 'New Initiative / Project' for 2018/19, the key objectives / expected outcomes.	G22	Yes
Initiative 5 - B5: Which of the following categories the initiative / project primarily falls under.	G23	Yes
Initiative 5 - B6: If "Other", please specify.	G24	Yes
Initiative 5 - B7: Planned total duration. For continuing projects, include running time before 2018/19.	G25	Yes
Initiative 5 - B8: Report on progress to date:	G26	Yes
Initiative 6 - B1: Individual title	H18	Yes
Initiative 6 - B2: Is this a continuation of an initiative / project from 2017-18 or a new project for 2018-19?	H19	Yes
Initiative 6 - B3: 2017-18 Project names as provided in the 2017-18 returns.	H21	Yes
Initiative 6 - B4: If this is a 'New Initiative / Project' for 2018/19, the key objectives / expected outcomes.	H22	Yes
Initiative 6 - B5: Which of the following categories the initiative / project primarily falls under.	H23	Yes
Initiative 6 - B6: If "Other", please specify.	H24	Yes
Initiative 6 - B7: Planned total duration. For continuing projects, include running time before 2018/19.	H25	Yes
Initiative 6 - B8: Report on progress to date:	H26	Yes
Initiative 7 - B1: Individual title	I18	Yes
Initiative 7 - B2: Is this a continuation of an initiative / project from 2017-18 or a new project for 2018-19?	I19	Yes
Initiative 7 - B3: 2017-18 Project names as provided in the 2017-18 returns.	I21	Yes
Initiative 7 - B4: If this is a 'New Initiative / Project' for 2018/19, the key objectives / expected outcomes.	I22	Yes
Initiative 7 - B5: Which of the following categories the initiative / project primarily falls under.	I23	Yes
Initiative 7 - B6: If "Other", please specify.	I24	Yes
Initiative 7 - B7: Planned total duration. For continuing projects, include running time before 2018/19.	I25	Yes
Initiative 7 - B8: Report on progress to date:	I26	Yes
Initiative 8 - B1: Individual title	J18	Yes
Initiative 8 - B2: Is this a continuation of an initiative / project from 2017-18 or a new project for 2018-19?	J19	Yes
Initiative 8 - B3: 2017-18 Project names as provided in the 2017-18 returns.	J21	Yes
Initiative 8 - B4: If this is a 'New Initiative / Project' for 2018/19, the key objectives / expected outcomes.	J22	Yes
Initiative 8 - B5: Which of the following categories the initiative / project primarily falls under.	J23	Yes
Initiative 8 - B6: If "Other", please specify.	J24	Yes
Initiative 8 - B7: Planned total duration. For continuing projects, include running time before 2018/19.	J25	Yes
Initiative 8 - B8: Report on progress to date:	J26	Yes
Initiative 9 - B1: Individual title	K18	Yes
Initiative 9 - B2: Is this a continuation of an initiative / project from 2017-18 or a new project for 2018-19?	K19	Yes
Initiative 9 - B3: 2017-18 Project names as provided in the 2017-18 returns.	K21	Yes
Initiative 9 - B4: If this is a 'New Initiative / Project' for 2018/19, the key objectives / expected outcomes.	K22	Yes
Initiative 9 - B5: Which of the following categories the initiative / project primarily falls under.	K23	Yes
Initiative 9 - B6: If "Other", please specify.	K24	Yes
Initiative 9 - B7: Planned total duration. For continuing projects, include running time before 2018/19.	K25	Yes
Initiative 9 - B8: Report on progress to date:	K26	Yes
Initiative 10 - B1: Individual title	L18	Yes
Initiative 10 - B2: Is this a continuation of an initiative / project from 2017-18 or a new project for 2018-19?	L19	Yes
Initiative 10 - B3: 2017-18 Project names as provided in the 2017-18 returns.	L21	Yes
Initiative 10 - B4: If this is a 'New Initiative / Project' for 2018/19, the key objectives / expected outcomes.	L22	Yes
Initiative 10 - B5: Which of the following categories the initiative / project primarily falls under.	L23	Yes
Initiative 10 - B6: If "Other", please specify.	L24	Yes
Initiative 10 - B7: Planned total duration. For continuing projects, include running time before 2018/19.	L25	Yes
Initiative 10 - B8: Report on progress to date:	L26	Yes

Sheet Complete: Yes

6. iBCF Part 2

	Cell Reference	Checker
C) a) The number of home care packages provided for the whole of 2018-19	D11	Yes
C) b) The number of hours of home care provided for the whole of 2018-19	E11	Yes
C) c) The number of care home placements for the whole of 2018-19	F11	Yes
D) Metric 1	C18	Yes
Sheet Complete:		Yes

[^^ Link Back to top](#)

Better Care Fund Template Q1 2018/19

2. National Conditions & s75 Pooled Budget

Selected Health and Wellbeing Board:

Herefordshire, County of

Confirmation of Nation Conditions

National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:
1) Plans to be jointly agreed? (This also includes agreement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes	
2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the Planning Requirements?	Yes	
3) Agreement to invest in NHS commissioned out of hospital services?	Yes	
4) Managing transfers of care?	Yes	

Confirmation of s75 Pooled Budget

Statement	Response	If the answer is "No" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:	If the answer to the above is "No" please indicate when this will happen (DD/MM/YYYY)
Have the funds been pooled via a s.75 pooled budget?	Yes		

Better Care Fund Template Q1 2018/19

Metrics

Selected Health and Wellbeing Board:

Herefordshire, County of

Challenges Please describe any challenges faced in meeting the planned target

Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Support Needs Please highlight any support that may facilitate or ease the achievements of metric plans

Metric	Definition	Assessment of progress against the planned target for the quarter	Challenges	Achievements	Support Needs
NEA	Reduction in non-elective admissions	On track to meet target	Achieving the NEA is challenging to partners throughout the system.	A number of key schemes continue to be delivered to assist in supporting individuals at home and avoiding admissions, where possible. Including Hospital at Home, Falls Response service and Home First.	None identified
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	Capacity within the care home market within Herefordshire continues to challenge partners, specifically in relation to complex nursing care provision.	Partners continue to support individuals in the community and facilitate independence, therefore reducing the rate of admissions into residential and nursing care. ASC pathway redesigned has been	None identified
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Not on track to meet target	The Home First service, delivered by the local authority, continue to experience recruitment challenges, which impacts upon the service capacity available.	During Q1 a service review has taken place and a clear implementation plan has been developed.	None identified
Delayed Transfers of Care	Delayed Transfers of Care (delayed days)	Not on track to meet target	Achieving the DToC target continues to pose a challenge to all partners. System target is extremely challenging.	A self assessment against the HICM has been completed during Q1. Delivering this model in Herefordshire will assist in improving flow throughout the system. Partners are currently discussing the	None identified

Better Care Fund Template Q1 2018/19

4. High Impact Change Model

Selected Health and Wellbeing Board:

Herefordshire, County of

Challenges

Please describe the key challenge

Milestones met during the quarter / Observed Impact

Please describe the milestones met

Support Needs

Please indicate any support that is needed

		Maturity Assessment			
		Q4 17/18	Q1 18/19 (Current)	Q2 18/19 (Planned)	Q3 18/19 (Planned)
Chg 1	Early discharge planning	Plans in place	Established	Established	Established
Chg 2	Systems to monitor patient flow	Not yet established	Plans in place	Plans in place	Plans in place
Chg 3	Multi-disciplinary/multi-agency discharge teams	Plans in place	Plans in place	Established	Established
Chg 4	Home first/discharge to assess	Plans in place	Plans in place	Established	Established
Chg 5	Seven-day service	Plans in place	Plans in place	Plans in place	Plans in place
Chg 6	Trusted assessors	Not yet established	Plans in place	Plans in place	Plans in place

Chg 7	Focus on choice	Plans in place	Plans in place	Established	Established
Chg 8	Enhancing health in care homes	Plans in place	Established	Established	Established

Hospital Transfer Protocol (or the Red Bag scheme)
 Please report on implementation of a Hospital Transfer Protocol (also known as the 'Red Bag

		Q4 17/18	Q1 18/19 (Current)	Q2 18/19 (Planned)	Q3 18/19 (Planned)
UEC	Red Bag scheme	Established	Established	Established	Established

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Q4 18/19 (Planned)
Mature
Established
Mature
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Established
Established

Mature
Mature

g scheme') to e
Q4 18/19 (Planned)
Mature

r system in the implementation of this change
 mentation of the change or describe any observed impact of the implemented change
 litate or accelerate the implementation of this change

Narrative	
If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Challenges
	Further work required to ensure that the whole system is aware of the EDD and are committed to working together to achieve.
	DToC analysis is completed on daily basis to understand causes of delays and identify bottlenecks.
	Currently the WVT complex discharge team and ASC hospital liaison discharge team are co-located, however improvements for integrated working are being scoped.
	The Home First service, delivered by the local authority, continue to experience recruitment challenges, which impacts upon the service capacity available. IT infrastructure difficulties have also impacted upon service delivery. Following a service review a Service Development plan has been developed for Home First service.
	Several areas of service provision are not delivered on a seven day basis e.g. community therapy services, which can often cause delays. However, seven-day services are being delivered where relevant, appropriate and demand evident.
	Overcoming barriers to implementation - building trust and ensuring model is right for Herefordshire.

	None identified
	Several providers within the Care Home sector do not engage on a regular basis which can cause difficulties and delays in implementation of developments.

enhance communication and information sharing when residents move between care settings.	
<p>If there are no plans to implement such a scheme, please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.</p>	<p>Challenges</p>
	<p>Raising awareness within the Acute Trust.</p>

ative	
Milestones met during the quarter / Observed impact	Support needs
Discharge planning for emergency admissions in A&E - new project WVT & CCG to enhance same day emergency care management for emergency presentations of medical, surgical and gynae cases, adult specific and supported by a customised & dedicated location. Aspiration is 30% emergency attendances will be managed on a same day basis, currently around 20%.	None identified
Review of long hospital stays completed to provide detailed intelligence.	None identified
Partners are working together to discuss and implement a Joint Hospital Discharge Team.	None identified
A D2A pathway proposal paper has been agreed by partners across the system and a dedicated steering group has been established to lead on the implementation of a D2A pathway in Herefordshire.	None identified
Seven day provision continues to be delivered for key services, including Home First, Hospital at Home and Falls Response Service. Seven-day services are being delivered where relevant, appropriate and demand evident.	None identified
Trusted Assessor workshop held during Q1 , facilitated by Regional Support offer, to discuss implementation of TA model with providers.	Regional support has been received

<p>The redesigned ASC pathway continues to be embedded, which has a clear focus upon client choice and strength based assessments and voluntary sector support offer - including Community Broker</p> <p>Self funder hospital discharge scheme - developed and implemented to facilitate discharge and provide help/advise/support</p>	<p>None identified</p>
<p>Clinical Professional Standards Lead continues to support care homes throughout Herefordshire with the aim to reduce admissions to hospital and improve the care standards within the care homes.</p>	<p>None identified</p>

Settings and hospital.	
Achievements / Impact	Support needs
A review of the Red Bag scheme in Herefordshire is currently being completee. A relaunch programme is being developed to futher improve the scheme.	None identified

Selected Health and Wellbeing Board:

Herefordshire, County of

Remaining Characters: 19,256

Progress against local plan for integration of health and social care

Partners across the Health and Social care system in Herefordshire remain committed to working together to deliver a system where strong communities encourage individual citizens to live healthy lives and offer support when this is required for them to maintain their independence, with sustainable, aligned health and care services for local people.

During quarter one 2018/19 partners have continued to discuss and develop integration arrangements and progress has been made in relation to a number of key integration work areas, including the following:

- * Discharge to Assess (D2A)
- * Integrated Hospital Discharge
- * High Impact Change Model implementation
- * Trusted Assessor (TA)

Further information is provided in the section below.

Please tell us about the progress made locally to the area's vision and plan for integration set out in your BCF narrative plan for 2017-19. This might include significant milestones met, any agreed variations to the plan and any challenges.

Remaining Characters: 18,058

Integration success story highlight over the past quarter

* Discharge to Assess (D2A) discussions - key partners have agreed a high level proposal paper for delivering D2A in Herefordshire. A set of clear principles for implementation and pathways have been identified. A steering group has been established to lead the implementation - further updates will be provided next quarter.

* Integrated Hospital Discharge Team and Homefirst/Hospital at Home - Currently the Wye Valley Trust (WVT) complex discharge team and Herefordshire Council adult social care (ASC) hospital liaison discharge team are co-located, however improvements are required in effective integrated working. During quarter one WVT and ASC have discussed ways in which to further integrate these teams, with plans now in place to develop a shared leadership post and align discharge teams.

* High Impact Change Model - during quarter one a system wide self assessment has been completed, utilising the tool previously published by the LGA. The assessment details achievements to date and identifies gaps/issues/current position and provides clear milestones to be met in order to achieve the next level. Partners are committed to working together to achieve 'mature' status across the model by the end of 2018/19.

* Trusted Assessor (TA) - a workshop with Residential and Nursing home providers took place during June 2018. A representative from the Lincolnshire

Please tell us about an integration success story observed over the past quarter highlighting the nature of the service or scheme and the related impact.

Better Care Fund Template Q1 2018/19

Additional improved Better Care Fund - Part 1

Selected Health and Wellbeing Board:

Herefordshire, County of

Additional improved Better Care Fund Allocation for 2018/19:

£ 2,496,032

Section A

What proportion of your additional iBCF funding for 2018-19 are you allocating towards each of the three purposes of the funding?			
	a) Meeting adult social care needs	b) Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready	c) Ensuring that the local social care provider market is supported
Please enter the amount you have designated for each purpose as a percentage of the total additional iBCF funding you have been allocated for the whole of 2018-19. If the expenditure covers more than one purpose, please categorise it according to the primary purpose. Please ensure that the sum of the percentage figures entered does not exceed 100%. If you have not designated any funding for a particular purpose, please enter 0% and do not leave a blank cell.	62%	34%	4%

Section B

What initiatives / projects will your additional iBCF funding be used to support in 2018-19?				
	Initiative/Project 1	Initiative/Project 2	Initiative/Project 3	Initiative/Project 4
B1) Provide individual titles for no more than 10 initiative / projects. If you are funding more than 10 initiatives / projects, you should list those with the largest size of investment in 2018-19. Please do not use more than 150 characters.	Admiral Dementia Nurses	Community Catalyst	Balanced Lives	Night Care Service Pilot
B2) Is this a continuation of an initiative / project from 2017-18 or a new project for 2018-19? Use the drop-down menu, options below: Continuation New initiative/project	New initiative/project	Continuation	Continuation	Continuation
Click here for a reminder of initiative / project titles submitted in Quarter 4 2017/18				
B3) If you have answered question B2 with "Continuation" please provide the name of the project as provided in the 2017-18 returns. See the link above for a reminder of the initiative / project titles submitted in Q4 2017-18. Please do not select the same project title more than once.		Community Catalyst	Balanced Lives (Belmont/College)	Night Care Service Pilot

<p>B4) If this is a "New Initiative / Project" for 2018/19, briefly describe the key objectives / expected outcomes. Please do not use more than 250 characters.</p>	<p>4 x Admiral Nurses to provide additional support in the community and in care homes and community hospitals. Aim to improve care for Dementia- reduce admissions, lower length of stay and improve discharges.</p>			
<p>B5) Use the drop-down menu provided or type in one of the categories listed to indicate which of the following categories the initiative / project primarily falls under. Hover over this cell to view the comment box for the list of categories if drop-down options are not visible.</p>	<p>3. DTOC: Reducing delayed transfers of care</p>	<p>18. Other</p>	<p>11. Prevention</p>	<p>9. NHS: Reducing pressure on the NHS</p>
<p>B6) If you have answered question B5 with "Other", please specify. Please do not use more than 50 characters.</p>		<p>Additional support in the community</p>		
<p>B7) What is the planned total duration of each initiative/project? Use the drop-down menu, options below. For continuing projects, you should also include running time before 2018/19.</p> <p>1) Less than 6 months 2) Between 6 months and 1 year 3) From 1 year up to 2 years 4) 2 years or longer</p>	<p>4. 2 years or longer</p>	<p>4. 2 years or longer</p>	<p>3. From 1 year up to 2 years</p>	<p>2. Between 6 months and 1 year</p>
<p>B8) Use the drop-down options provided or type in one of the following options to report on progress to date:</p> <p>1) Planning stage 2) In progress: no results yet 3) In progress: showing results 4) Completed</p>	<p>2. In progress: no results yet</p>	<p>3. In progress: showing results</p>	<p>3. In progress: showing results</p>	<p>3. In progress: showing results</p>

Initiative/Project 5	Initiative/Project 6	Initiative/Project 7	Initiative/Project 8	Initiative/Project 9	Initiative/Project 10
Care Navigator Frequent Fallers	Community Anticipatory Care	Care Workforce Development Programme	Self funders Hospital discharge facilitation	Housing Support Role	Clinical Professional Standards Lead
Continuation	New initiative/project	Continuation	New initiative/project	Continuation	Continuation
Care Navigator Frequent Fallers		Care Workforce Development Programme		Project information not submitted in 2017-18 reporting	Project information not submitted in 2017-18 reporting

	New investment to develop VCS-based model that will provide improved community resilience with the aim of reducing demand for statutory funded resources, whilst enhancing collaborative working.		Non-clinical care co-ordinators to take referrals for patients who are medically fit and clinically stable for discharge, but who need to choose a care or residential home before being discharged.		
11. Prevention	5. Managing Demand	17. Stabilising social care provider market - other support (e.g. training, property maintenance)	3. DTOC: Reducing delayed transfers of care	11. Prevention	17. Stabilising social care provider market - other support (e.g. training, property maintenance)
3. From 1 year up to 2 years	4. 2 years or longer	4. 2 years or longer	4. 2 years or longer	4. 2 years or longer	4. 2 years or longer
3. In progress: showing results	2. In progress: no results yet	3. In progress: showing results	2. In progress: no results yet	2. In progress: no results yet	3. In progress: showing results

Better Care Fund Template Q1 2018/19

Additional improved Better Care Fund - Part 2

Selected Health and Wellbeing Board:

Additional improved Better Fund Allocation for 2018/19:

Section C

What impact does the additional iBCF funding you have been allocated for 2018-19 have

	a) The number of home care packages provided for the whole of 2018-19:
<p>C1) Provide figures on the planned number of home care packages, hours of home care and number of care home placements you are purchasing/providing as a direct result of your additional iBCF funding allocation for 2018-19. The figures you provide should cover the whole of 2018-19. Please use whole numbers with no text, if you have a nil entry please could you enter 0 in the appropriate box.</p>	-

Section D

Indicate no more than five key metrics you will use to assess your performance.

	Metric 1	Metric 2
<p>D1) Provide a list of up to 5 metrics you are measuring yourself against. Please do not use more than 100 characters.</p>	Reduced pressures on adult social care	Reductions in Delayed Transfers of Care (DToC)

Herefordshire, County of	
£	2,496,032

on the plans you have made for the following:	
b) The number of hours of home care provided for the whole of 2018-19:	c) The number of care home placements for the whole of 2018-19:
-	-

Metric 3	Metric 4	Metric 5
Reductions in non elective admissions (NEA)	Improved care standards within care homes	Improved support to local social care provider care market

Better Care Fund Template Q1 2018/19

Additional iBCF Q4 2017/18 Project Titles

Selected Health and Wellbeing Board:

Herefordshire, County of

[<< Link to 6. iBCF Part 1](#)

Quarter 4 2017/18 Submitted Project Titles			
Project information not submitted in 2017-18 reporting			
Project Title 1	Project Title 2	Project Title 3	Project Title 4
Meeting adult social care pressures	Avoiding the need for cuts in ASC / reduced savings requirement	Additional resource to support transformation	Expansion of rapid response

Project Title 16	Project Title 17	Project Title 18	Project Title 19

Project Title 5	Project Title 6	Project Title 7	Project Title 8
Investment in technology	Community Catalyst	Night Care Service Pilot	Care Navigator Frequent Fallers

Project Title 20	Project Title 21	Project Title 22	Project Title 23

Project Title 9	Project Title 10	Project Title 11	Project Title 12
Balanced Lives (Belmont/College)	Care Workforce Development Programme		

Project Title 24	Project Title 25	Project Title 26	Project Title 27

Project Title 13	Project Title 14	Project Title 15

Project Title 28	Project Title 29	Project Title 30



**Integration and Better Care Fund
Refresh 2018-19**

August 2018

Version 10 FINAL SUBMITTED

Overview

Partners throughout the Health and Social Care system in Herefordshire continue to be committed to working together to deliver a local system *“where strong communities encourage individual citizens to live healthy lives and offer support when this is required for them to maintain their independence, with sustainable, aligned health and care services for local people”*.

The purpose of this document is to provide an overview and rationale of the agreed changes to the Integration and Better Care Fund (BCF) plan for Herefordshire 2018-19. A reviewed planning template has been submitted which reflects the changes detailed below.

Achieving the ambitions set in relation to Delayed Transfers of Care (DToC) continue to pose a significant challenge to partners across the system. Whilst partners have agreed to align DToC targets to the national ambitions it is recognised that achieving this will require substantial performance improvements. To support the necessary improvements, partners have agreed to invest core BCF and iBCF funds in a number of additional areas throughout 2018-19, including the following:

- Urgent care investment
- Trusted Assessor
- D2A investment
- Community capacity
- Improving Quality of Care in Care homes

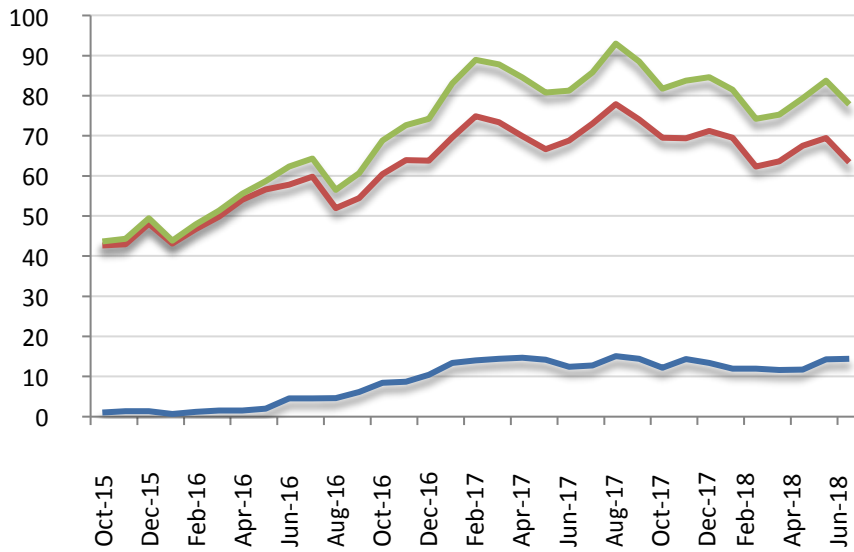
Further information regarding these areas of investment are detailed below.

Herefordshire Current Performance

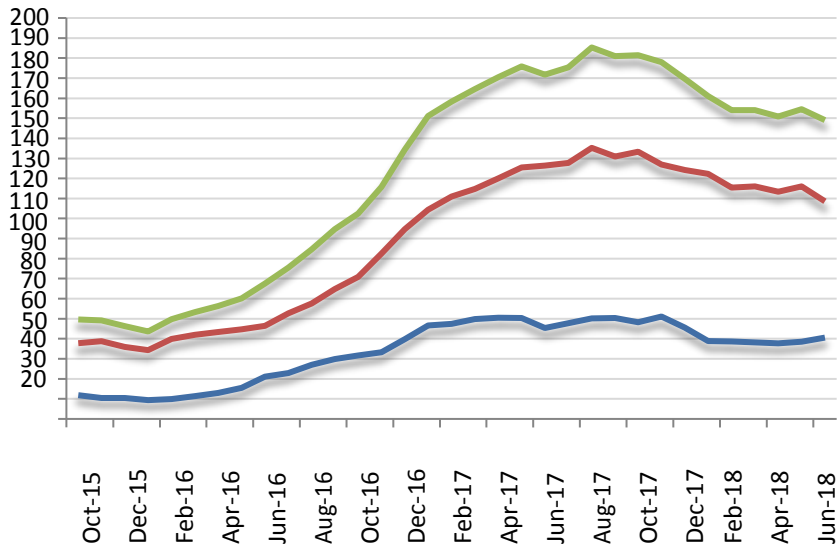
The tables below show the key areas in Herefordshire for delayed transfers of care. The graphs show that awaiting for a nursing or residential placement remains a pressure within the Herefordshire system and although in nursing care this reduced at the end of 2017 this has stabilised again resulting in patients awaiting assessments from care homes and subsequent placements.

Another area of pressure is awaiting packages of care in their own home also showing that the number of individuals awaiting either a package of care or Homefirst is increasing. Within the Herefordshire BCF and Integration plan it demonstrates the plans for the Homefirst service and investment from BCF and iBCF for the expansion and improvements. The service is an amalgamation of an external reablement and internal rapid response team, the service has been through a period of cultural and management of change process to deliver the capacity required in the market, this has resulted in reduced capacity however the local authority are projecting the capacity to improve as a result of these changes.

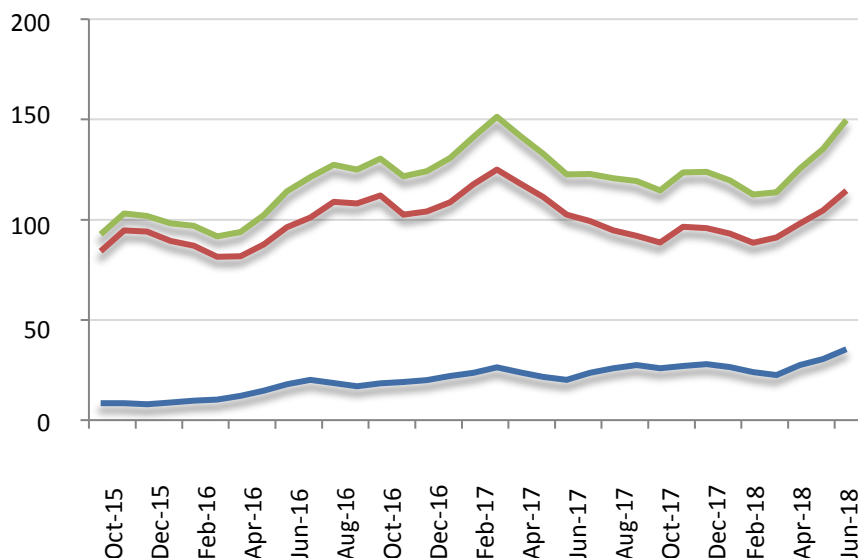
Awaiting residential home placement or availability



Awaiting nursing home placement or availability



Awaiting care package in own home



The integration developments outlined below evidence the work being undertaken to improve the transfer of care position for the system through investments from the iBCF.

Integration developments 2018-19

- **Integrated Urgent Care Model**

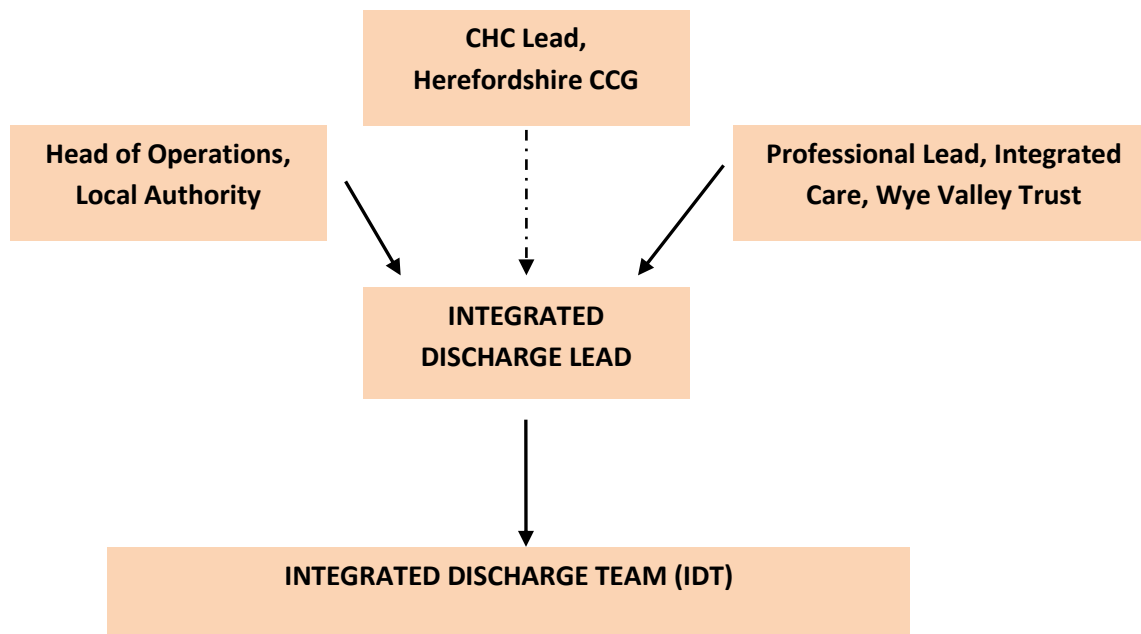
Throughout 2017-18 partners have recognised the need to further develop integrated practice in order to assist in addressing delays in transfers of care and developing services to assist in improving system outcomes. During 2018-19 an **Integrated Urgent Care Model** will be implemented across health and social care in Herefordshire.

Currently the local authority hospital discharge team and the Wye Valley Trust Complex discharge team are co-located and work together to support hospital discharge. However, there are vast improvements to be achieved through implementing a single, **integrated discharge team (IDT) function**. This will consist of a group of professionals, from both social care and health, who are co-located at the acute hospital and collaboratively work together to ensure the safe and timely discharge of patients. The main aims of the integrated discharge team will be:

1. To ensure that discharge planning begins at the point of admission to the hospital;
2. To ensure that outline assessments of complex patients' needs prior to discharge are undertaken;
3. To provide ward staff with support, education and training regarding discharge planning of both simple and complex patient discharges;
4. To work collaboratively with community agencies such as Continuing Health Care, Therapists, Social Services and Community Matrons to ensure that patient needs have been correctly assessed and are appropriately met on discharge;
5. To ensure the development of existing discharge services and transfer of care into community settings by developing key relationships with community services; and

6. To develop and produce discharge information and literature for our patients regarding the discharge process to assist them and prevent delays in their discharge.

The team will consist of the complex discharge team and hospital liaison team with both teams managed by the **Integrated Discharge Lead** (a jointly post funded through Herefordshire's core BCF and Wye Valley Trust).



- **Integrated Community Capacity (ICC) Function**

An additional key element of the Integrated Urgent Care model is the development of an **Integrated Community Capacity (ICC) Function**. The integrated/aligned teams will provide daily community capacity information to inform the MDT and IDT of the availability of health and social care services in the community. The aligning (and ideally co-location) of the teams who inform the capacity and information will comprise of:

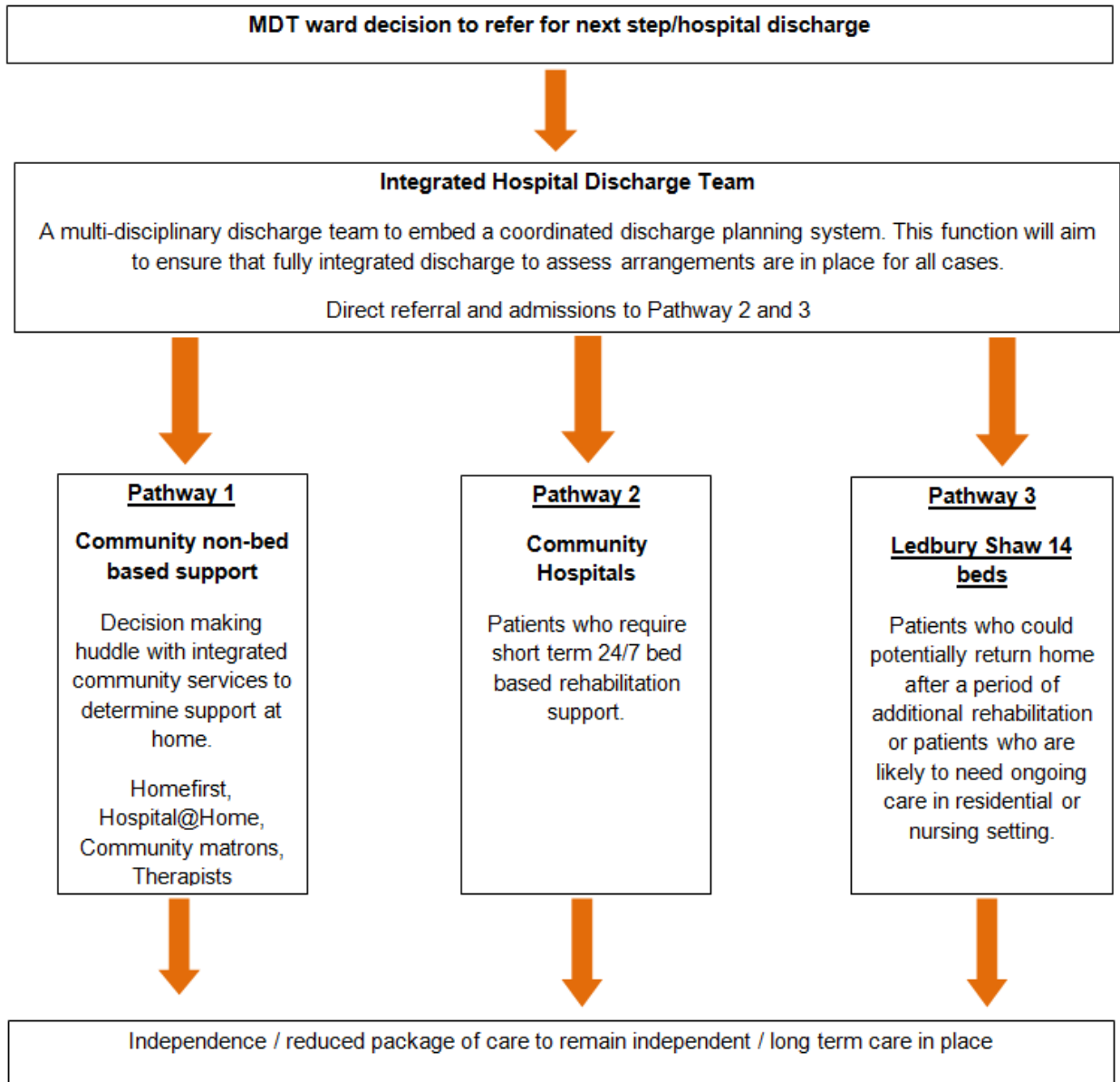
- Home First
- Hospital at Home
- AWB brokers
- Community Matrons
- Community occupational therapists and physiotherapists
- Community hospitals

The aim of the ICC will be to:

- Provide timely community capacity information to the Huddle and IDT to ensure the appropriate decision is made for discharges;
- Support with avoiding admissions to hospital;
- Support with timely discharges from hospital; and
- Support with improving the length of stay.

- **Discharge to Assess (D2A) model**

During 2017-18 partners approved Herefordshire’s D2A pathway, as illustrated below. The implementation of the Integrated discharge team will facilitate the delivery of this model and assist in ensuring that D2A pathways meet the needs of all people leaving acute hospital care and that assessments for long term needs are completed at the right time and in the right setting for the individual.



- **Trusted Assessor**

The ‘Trusted Approach’ approach is an initiative driven by the NHS to reduce the number of delayed discharges. The underlying principle of the approach is to promote safe and timely discharges from NHS Trusts to adult social care services. The new approach allows adult social care providers to adopt and use assessments carried out while people are still in hospital, as long as the assessment was made under a suitable ‘Trusted Assessor Agreement.’

A Trusted Assessor model will be implemented in Herefordshire during 2018-19, the desired outcomes of which will include:

- To reduce the number of assessments and re-assessments being carried out per person;
- To reduce the waiting time for assessments to be carried out;
- To support and facilitate timely and safe discharges from hospital to care homes, therefore reducing the number of delays in transfers of care; and
- To streamline the processes of transfer from hospital to care home.

• **Integrated Quality and Compliance function and Improving Quality in Care Homes**

Herefordshire is experiencing a decline in the quality standards of the care homes in Hereford which adds pressure into the transfer of care system. There are currently a number of nursing homes that have compulsory or voluntary suspensions on placements due to the quality improvements required and the number of homes identified by the CQC as ‘inadequate’ or ‘requires improvement’ has increased.

To support and improve the quality in care homes a number of strategic redesigns have been approved between the local authority, CCG and acute and community trust which will be funded by the iBCF, these include:

- To develop a joint health and social care, care home quality team with an integrated joint team lead.
- Investment in a robust training programme
- To establish a rapid nurse-led intervention team that provides clinical, delivery support and guidance to homes
- To develop a framework of providers to provide peer support and resilience
- To develop and implement a ‘nurse training programme’ for senior carers to become nurses within the care home sector.

These transformational redesigns have been approved for 18 months to support the market and the lives of the residents in Herefordshire.

Changes to national metric ambitions

As detailed in the resubmitted planning template, the following ambitions have been jointly agreed for 2018-19:

National metric	Non-elective admissions
Existing ambition 2018-19	16,520
Refreshed ambition 2018-19	19,596
Rationale	To align with CCG Operating Plan, as required

National metric	Delayed Transfers of Care (DToC)			
Existing ambition 2018-19	2017/18 previously agreed plans			
	Per day			
	NHS	ASC	Joint	Total
	6.8	4.3	0.0	11.1
Refreshed ambition 2018-19	2018/19 expectations			
	Per day			
	NHS	ASC	Joint	Total
	8.5	4.0	0.9	13.4
Rationale	Partners across Herefordshire have agreed to align DToC ambitions to the national expectation, however it is recognised that achieving the required target will require substantial performance improvements.			

National metric	Reablement
Existing ambition 2018-19	85%
Refreshed ambition 2018-19	80%
Rationale	Expansion in client cohort due to change in ethos of service- service now open to all rather than focussed on targeted service users. 80% represents realistic stretch target based on performance since change in scheme ethos.

National metric	Permanent admission to Residential care – no changes required
-----------------	--

Changes to schemes

As detailed in the resubmitted planning template, the following summary changes have been jointly agreed for 2018-19:

Herefordshire Better Care Fund Financial Summary			
Pool 1- Minimum Mandatory Fund	Original 2018/19 Budget £	Revised 2018/19 Budget £	Change to Original Budget £
Planned Social Care Expenditure	5,239,806	5,239,806	0
NHS Commissioned Out of Hospital Care	6,947,227	6,947,227	0
Total Minimum Mandatory Contribution from CCG	12,187,033	12,187,033	0
Disabled Facilities Grant (Capital)	1,852,932	1,852,932	0
Total Pool 1	14,039,965	14,039,965	0
Pool 2– Care Home Market Management			
	Original 2018/19 Budget £'000	Revised 2018/19 Budget £'000	Change to Original Budget £
Herefordshire CCG Contribution	8,757,286	9,564,000	806,714
Herefordshire Council Contribution	20,529,793	21,359,421	829,628
Total Pool 2	29,287,079	30,923,421	1,636,342
Pool 3- Improved Better Care Fund			
	Original 2018/19 Budget £'000	Revised 2018/19 Budget £'000	Change to Original Budget
IBCF Grant	4,721,971	4,721,971	0
Total Pool 3	4,721,971	4,721,971	0
Total Better Care Fund	48,049,015	49,685,357	1,636,342

The detail of changes at a scheme level are included with this annex as appendix one below

APPENDIX ONE- DETAIL OF CHANGES TO BCF BUDGET



Appendix One- D
- of Changes to BCF

Planning Template for BCF: due on 11/09/2017

Better Care Fund 2017-19 Planning Template

Sheet: Guidance

Overview

This template is to be read and used in conjunction with the BCF Policy Framework document and the BCF Planning Requirements document which provides the background and further details on the planning requirements for 2017-2019.

The purpose of this template is to collect the BCF planning information for each HWB which includes confirmation of National Conditions, specific funding requirements, scheme level financial information and planning metrics for the period 2017-2019.

This template should also be aligned to the BCF narrative plan documents for the BCF schemes being planned for 2017-2019 by the HWB.

Note on entering information into this template

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

Yellow: Data needs inputting in the cell

Blue: Pre-populated cell

2. All cells in this template requiring a numerical input are restricted to values between 0 and 1,000,000,000

3. This template captures data for two years 2017-19

Data needs inputting in the cell

Pre-populated cell

Note on viewing the sheets optimally

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

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

Checklist (click to go to tab)

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

Summary (click to go to tab)

1. This sheet summarises the key planning information provided on the template to be used for review and plan-assurance.
2. Print guidance: By default this sheet has been set up to print across 4 pages, landscape mode and A4.

1. Cover (click to go to tab)

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Please enter the following information on this sheet:
 - Several area assurance contact roles have been pre-populated for you to fill in, please enter the name of that contact and their email address for use in resolving any queries regarding the return;
 - Please add any further area contacts that you would wish to be included in official correspondence. Please include their job title, and their email address.
3. 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 5 cells are green should the template be sent to england.bettercaresupport@nhs.net

2. HWB Funding Sources (click to go to tab)

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's Better Care Fund plan and pooled budget for 2017-19. It will be pre-populated with the minimum CCG contributions to the BCF, the DFG allocations and the iBCF allocations. These cannot be changed. The sheet also requests a number of confirmations in regard to the funding that is made available through the BCF for specific purposes.

2. This sheet captures the various funding sources that contribute to the total BCF pool for the Local Area. The DFG, iBCF and CCG minimum funding streams are pre-populated and do not need re-entering.

Please enter the following information on this sheet:

- Additional contributions from Local Authorities or CCGs: as applicable are to be entered on this tab on the appropriate sections highlighted in "yellow".
- Additional Local Authority contributions: Please detail any additional Local Authority funding contributions by selecting the relevant authorities within the HWB and then entering the values of the contributions. Please use the comment boxes alongside to add any specific detail around this additional contribution.
- Additional CCG contributions: Please detail any additional CCG funding contributions by selecting the relevant CCGs. Please note, only contributions assigned to a CCG will be included in the 'Total Additional CCG Contribution' figure.
- Funding contributions narrative: Please enter any comments in the "Funding Contributions Narrative" field to offer any information that could be useful to further clarify or elaborate on the funding sources allocations entered including any assumptions that may have been made.
- Specific funding requirements: This section requests confirmation on the specific funding requirements for 2017-19. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for further details. These are mandatory conditions and will need to be confirmed through the planning assurance process. Please select "Yes" where the funding requirement can be confirmed as having been met, or "No" to indicate that the requirement is unconfirmed. Where "No" is selected as the status, please provide further detail in the comments box alongside to indicate the actions being taken or considered towards confirming the requirement.

3. HWB Expenditure Plan (click to go to tab)

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 demonstrate how the national policy framework is being achieved.

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. In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this tab 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 lines.

2. Scheme Name:

- This is a free field. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.

3. 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.

4. 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.
- 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. Commissioner:

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

6. 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.

7. 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.

8. Scheme Duration:

- Please select the timeframe for which the scheme is planned for from the drop down list: whether 2017-18, 2018-19 or Both Years.

9. Expenditure (£) 2017-19:

- Please enter the planned spend for the scheme (Based on the duration of the scheme, please enter this information for 2017-18, 2018-19 or both)

This is the only detailed information on BCF schemes being collected centrally for 2017-19 but it is expected that detailed plans and narrative plans will continue to be developed locally and this information will be consistent across them.

4. HWB Metrics (click to go to tab)

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 2017-19. The BCF requires plans to be set for 4 nationally defined metrics. This should build on planned and actual performance on these metrics in 2016-17.

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

- The NEA plan totals are pre-populated with activity data from CCG Operating Plan submissions for all contributing CCGs, which has then been mapped to the HWB footprint to provide a default HWB level NEA activity plan for 2017-19. This is to align with the wider CCG Ops planning for this metric
- If the BCF schemes are aiming for additional NEA reductions which are not already built into the CCG Operating Plan numbers for NEAs, please select "Yes" to the question "Are you planning on additional quarterly reductions". This will make the cells in the table below editable. Please enter the additional quarterly planned NEA reductions for 2017-19 in these cells.
- Where an additional reduction in NEA activity is planned for through the BCF schemes, an option is provided to set out an associated NEA performance related contingency reserve arrangement (this is described in the Planning Requirements document). When opting to include this arrangement, please select "Yes" on the NEA cost question. This will enable any adjustments to be made to the NEA cost assumptions (just below) which are used to calculate the contingency reserve fund. Please add a reason for any adjustments made to the cost of NEA
- Further information on planning further reductions in Non-Elective Activity and associated contingency reserve arrangements is set out within the BCF Planning Requirements document.

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 2014 based subnational population projections.
- The annual rate is then calculated and populated based on the entered information.
- Please add a commentary in the column alongside to provide any useful information in relation to how you have agreed this figure.

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 add a commentary in the column alongside to provide any useful information in relation to how you have agreed this figure.

4. Delayed Transfers of Care (DToc) planning:

- Please refer to the BCF Planning Requirements 17/19 when completing this section.
- This section captures the planned Delayed Transfers Of Care (delayed days) metric for 2017/19
- Please input the delayed days figure for each quarter.
- The total delayed days and the quarterly rate is then calculated based on this entered information
- The denominator figure in row 95 is pre-populated (population - aged 18+, 2014 based SNPP). This figure is utilised to calculate the quarterly rate.
- Please add a commentary in the column alongside to provide any supporting or explanatory information in relation to how this metric has been planned.

5. National Conditions (click to go to tab)

This sheet requires the Health & Wellbeing Board to confirm whether the national conditions detailed in the Better Care Fund Planning Guidance are on track to be met through the delivery of your plan in 2017-19. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for 2017-19 where the BCF national conditions are set out in full. Please answer as at the time of completion.

On this tab please enter the following information:

1. Confirmation status for 2017/18 and 2018/19:

For each national condition please use the 2017/18 column to select 'Yes' or 'No' to indicate whether there is a clear plan set out to meet the condition for 2017/18 and again for 2018/19. Selecting 'Yes' confirms meeting the National Condition for the Health and Well Being board as per the BCF Policy Framework and Planning Requirements for 17/19

2. Where the confirmation selected is 'No', please use the comments box alongside to indicate when it is expected that the condition will be met / agreed if it is not being currently. Please detail in the comments box issues and/or actions that are being taken to meet the condition, when it is expected that the condition will be met and any other supporting information.

CCG - HWB Mapping (click to go to tab)

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

Planning Template for BCF: due on 11/09/2017

Better Care Fund 2017-19 Planning Template

Sheet: Checklist

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

Complete Template

1. Cover

	Cell Reference	Checker
Health and Well Being Board	C10	Yes
Completed by:	C13	Yes
E-mail:	C15	Yes
Contact number:	C17	Yes
Who has signed off the report on behalf of the Health and Well Being Board:	C19	Yes
Area Assurance Contact Details	C22 : G31	Yes

Sheet Completed:	Yes
------------------	-----

2. HWB Funding Sources

	Cell Reference	Checker
Are any additional LA Contributions being made on 2017/18? If yes please detail below	C35	Yes
Are any additional LA Contributions being made on 2018/19? If yes please detail below	D35	Yes
Local authority additional contribution:	B38 : B40	Yes
Gross Contribution (2017/18)	C41	Yes
Gross Contribution (2018/19)	D41	Yes
Comments (if required)	F38	N/A
Are any additional CCG Contributions being made on 2017/18? If yes please detail below;	C62	Yes
Are any additional CCG Contributions being made on 2018/19? If yes please detail below;	D62	Yes
Additional CCG Contribution:	B65	Yes
Gross Contribution (2017/18)	C65	Yes
Gross Contribution (2018/19)	D65	Yes
Comments (if required)	F65	N/A
Funding Sources Narrative	B83	N/A
1. Is there agreement about the use of the Disabled Facilities Grant and are arrangements in place for the transfer of DFG funds to the local housing authority? (2017/18)	C91	Yes
2. i) In areas with two tiers of local government, can you confirm that the full amount of Disabled Facilities Grant will be passed to local housing authorities? (2017/18)	C93	Yes
2. ii) In areas with two tiers of local government, can you confirm that relevant district councils have agreed how Disabled Facilities Grant will be spent in line with ambitions in the BCF to support integrated approaches to health, social care and housing? (2017/18)	C94	Yes
3. Is there agreement that at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified? (2017/18)	C95	Yes
4. Is there agreement on the amount of funding that will be dedicated to carer-specific support from within the BCF pool? (2017/18)	C96	Yes
5. Is there agreement on how funding for reablement included within the CCG contribution to the fund is being used? (2017/18)	C97	Yes
6. Is the iBCF grant included in the pooled BCF fund? (2017/18)	C98	Yes
1. Is there agreement about the use of the Disabled Facilities Grant and are arrangements in place for the transfer of DFG funds to the local housing authority? (2018/19)	D91	Yes
2. i) In areas with two tiers of local government, can you confirm that the full amount of Disabled Facilities Grant will be passed to local housing authorities? (2018/19)	D93	Yes
2. ii) In areas with two tiers of local government, can you confirm that relevant district councils have agreed how Disabled Facilities Grant will be spent in line with ambitions in the BCF to support integrated approaches to health, social care and housing? (2018/19)	D94	Yes
3. Is there agreement that at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified? (2018/19)	D95	Yes
4. Is there agreement on the amount of funding that will be dedicated to carer-specific support from within the BCF pool? (2018/19)	D96	Yes
5. Is there agreement on how funding for reablement included within the CCG contribution to the fund is being used? (2018/19)	D97	Yes
6. Is the iBCF grant included in the pooled BCF fund? (2018/19)	D98	Yes
1. Is there agreement about the use of the Disabled Facilities Grant and are arrangements in place for the transfer of DFG funds to the local housing authority? Comments	E91	Yes
2. i) In areas with two tiers of local government, can you confirm that the full amount of Disabled Facilities Grant will be passed to local housing authorities? Comments	E93	Yes
2. ii) In areas with two tiers of local government, can you confirm that relevant district councils have agreed how Disabled Facilities Grant will be spent in line with ambitions in the BCF to support integrated approaches to health, social care and housing? Comments	E94	Yes
3. Is there agreement that at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified? Comments	E95	Yes
4. Is there agreement on the amount of funding that will be dedicated to carer-specific support from within the BCF pool? Comments	E96	Yes
5. Is there agreement on how funding for reablement included within the CCG contribution to the fund is being used? Comments	E97	Yes
6. Is the iBCF grant included in the pooled BCF fund? Comments	E98	Yes
Sheet Completed:		Yes

3. HWB Expenditure Plan

	Cell Reference	Checker
Scheme ID	B18 : B267	Yes
Scheme Name	C18 : C267	Yes
Scheme Type (see table below for descriptions)	D18 : D267	Yes
Sub Types	E18 : E267	Yes
Please specify if 'Scheme Type' or 'Sub Type' is 'other'	F18 : F267	Yes
Area of Spend	G18 : G267	Yes
Please specify if 'Area of Spend' is 'other'	H18 : H267	Yes
Commissioner	I18 : I267	Yes
if Joint Commissioner % NHS	J18 : J267	Yes
if Joint Commissioner % LA	K18 : K267	Yes
Provider	L18 : L267	Yes
Source of Funding	M18 : M267	Yes
Scheme Duration	N18 : N267	Yes
2017/18 Expenditure (£000's)	O18 : O267	Yes
2018/19 Expenditure (£000's)	P18 : P267	Yes
New or Existing Scheme	Q18 : Q267	Yes

Sheet Completed:	Yes
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4. HWB Metrics

	Cell Reference	Checker
4.1 - Are you planning on any additional quarterly reductions?	E18	Yes
4.1 - HWB Quarterly Additional Reduction Figure - Q1 (2017/18)	F20	Yes
4.1 - HWB Quarterly Additional Reduction Figure - Q2 (2017/18)	G20	Yes
4.1 - HWB Quarterly Additional Reduction Figure - Q3 (2017/18)	H20	Yes
4.1 - HWB Quarterly Additional Reduction Figure - Q4 (2017/18)	I20	Yes
4.1 - HWB Quarterly Additional Reduction Figure - Q1 (2018/19)	J20	Yes
4.1 - HWB Quarterly Additional Reduction Figure - Q2 (2018/19)	K20	Yes
4.1 - HWB Quarterly Additional Reduction Figure - Q3 (2018/19)	L20	Yes
4.1 - HWB Quarterly Additional Reduction Figure - Q4 (2018/19)	M20	Yes
4.1 - Are you putting in place a local contingency fund agreement on NEA?	E24	Yes
4.1 - Cost of NEA (2017/18)	E30	Yes
4.1 - Cost of NEA (2018/19)	E31	Yes
4.1 - Comments (2017/18) (if required)	F30	N/A
4.1 - Comments (2018/19) (if required)	F31	N/A
4.2 - Residential Admissions : Numerator : Planned 17/18	H48	Yes
4.2 - Residential Admissions : Numerator : Planned 18/19	I48	Yes
4.2 - Comments (if required)	J47	N/A
4.3 - Reablement : Numerator : Planned 17/18	H57	Yes
4.3 - Reablement : Denominator : Planned 17/18	H58	Yes
4.3 - Reablement : Numerator : Planned 18/19	I57	Yes
4.3 - Reablement : Denominator : Planned 18/19	I58	Yes
4.3 - Comments (if required)	J56	N/A
4.4 - Delayed Transfers of Care : Planned Q1 17/18	I65	Yes
4.4 - Delayed Transfers of Care : Planned Q2 17/18	J65	Yes
4.4 - Delayed Transfers of Care : Planned Q3 17/18	K65	Yes
4.4 - Delayed Transfers of Care : Planned Q4 17/18	L65	Yes
4.4 - Delayed Transfers of Care : Planned Q1 18/19	M65	Yes
4.4 - Delayed Transfers of Care : Planned Q2 18/19	N65	Yes
4.4 - Delayed Transfers of Care : Planned Q3 18/19	O65	Yes
4.4 - Delayed Transfers of Care : Planned Q4 18/19	P65	Yes
4.4 - Comments (if required)	Q64	N/A

Sheet Completed:	Yes
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5. National Conditions

	Cell Reference	Checker
1) Plans to be jointly agreed (2017/18)	C14	Yes
2) NHS contribution to adult social care is maintained in line with inflation (2017/18)	C15	Yes
3) Agreement to invest in NHS commissioned out of hospital services (2017/18)	C16	Yes
4) Managing transfers of care	C17	Yes
1) Plans to be jointly agreed (2018/19)	D14	Yes
2) NHS contribution to adult social care is maintained in line with inflation (2018/19)	D15	Yes
3) Agreement to invest in NHS commissioned out of hospital services (2018/19)	D16	Yes
4) Managing transfers of care	D17	Yes
1) Plans to be jointly agreed, Comments	E14	Yes
2) NHS contribution to adult social care is maintained in line with inflation, Comments	E15	Yes
3) Agreement to invest in NHS commissioned out of hospital services, Comments	E16	Yes
4) Managing transfers of care	E17	Yes

Sheet Completed:	Yes
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Planning Template for BCF: due on 11/09/2017

Summary of Health and Well-Being Board 2017-19 Planning Template

Being Board:

Herefordshire, County of

Data Submission Period:

2017-19

Summary

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

2. HWB Funding Sources

	2017/18 Gross Contribution	2018/19 Gross Contribution
Total Local Authority Contribution exc iBCF	£21,852,640	£23,212,353
Total iBCF Contribution	£3,572,743	£4,721,971
Total Minimum CCG Contribution	£11,959,797	£12,187,033
Total Additional CCG Contribution	£8,594,000	£9,564,000
Total BCF pooled budget	£45,979,180	£49,685,357

Specific Funding Requirements for 2017-19

	2017/18 Response	2018/19 Response
1. Is there agreement about the use of the Disabled Facilities Grant and are arrangements in place for the transfer of DFG funds to the local housing authority?	Yes	Yes
2. In areas with two tiers of local government:		
i) Are there plans to pass down the full amount of Disabled Facilities Grant from the county to each of the district authorities?		
ii) If a portion of the DFG funding has been retained by the county, have the relevant district councils agreed to this approach? If applicable, please detail in the comments box how the retained portion of DFG will be spent to support integrated approaches to health, social care and housing.		
3. Is there agreement that at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified?	Yes	Yes
4. Is there agreement on the amount of funding that will be dedicated to carer-specific support from within the BCF pool?	Yes	Yes
5. Is there agreement on how funding for reablement included within the CCG contribution to the fund is being used?	Yes	Yes
6. Is the iBCF grant included in the pooled BCF fund?	Yes	Yes

3. HWB Expenditure Plan

Summary of BCF Expenditure (*)	2017/18 Expenditure	2018/19 Expenditure
Acute	£0	£0
Mental Health	£0	£0
Community Health	£6,885,691	£7,132,947
Continuing Care	£8,594,000	£9,564,000
Primary Care	£0	£0
Social Care	£30,499,489	£32,988,410
Other	£0	£0
Total	£45,979,180	£49,685,357

Summary of BCF Expenditure from Minimum CCG Contribution (***)	2017/18 Expenditure	2018/19 Expenditure
Acute	£0	£0
Mental Health	£0	£0
Community Health	£6,817,691	£6,947,227
Continuing Care	£0	£0
Primary Care	£0	£0
Social Care	£5,142,106	£5,239,806
Other	£0	£0
Total	£11,959,797	£12,187,033

→

Summary of NHS Commissioned Out of Hospital Services Spend from MINIMUM BCF Pool (**)

	2017/18 Expenditure	2018/19 Expenditure
Mental Health	£0	£0
Community Health	£6,477,614	£6,797,227
Continuing Care	£0	£0
Primary Care	£0	£0
Social Care	£57	£20
Other	£0	£0
Total	£6,477,671	£6,797,247
NHS Commissioned OOH Ringfence	£3,398,635	£3,463,209

Additional NEA Reduction linked Contingency Fund

	2017/18 Fund	2018/19 Fund
NEA metric linked contingency fund held from the ringfenced local allocation for NHS OOH spend	£0	£0

BCF Expenditure on Social Care from Minimum CCG Contribution

	2016/17	2017/18	2018/19
Minimum Mandated Expenditure on Social Care from the CCG minimum		£5,142,106	£5,239,806
Planned Social Care expenditure from the CCG minimum	£5,051,681	£5,142,106	£5,239,806

Annual % Uplift Planned	1.8%	1.9%	Below minimum mandated uplift
Minimum mandated uplift % (Based on inflation)	1.79%	1.90%	

4. HWB Metrics

4.1 HWB NEA Activity Plan

	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Total 17/18	Total 18/19
Total HWB Planned Non-Elective Admissions	4,046	3,971	4,285	4,312	4,022	3,948	4,261	4,288	16,614	16,520
HWB Quarterly Additional Reduction Figure	0	0	0	0	0	0	0	0	0	0
HWB NEA Plan (after reduction)	4,046	3,971	4,285	4,312	4,022	3,948	4,261	4,288	16,614	16,520
Additional NEA reduction delivered through the BCF									£0	£0

4.2 Residential Admissions

	Annual rate	Planned 17/18	Planned 18/19
Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population		551	550

4.3 Reablement

	Annual %	Planned 17/18	Planned 18/19
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services		85.0%	80.0%

4.4 Delayed Transfers of Care

Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)	Quarterly rate	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
		1,113	821	664	649	792	800	800	783

5. National Conditions

National Conditions For The BCF 2017-19	Does your BCF plan for 2017/18 set out a clear plan to meet this condition?	Does your BCF plan for 2018/19 set out a clear plan to meet this condition?
1) Plans to be jointly agreed	Yes	Yes
2) NHS contribution to adult social care is maintained in line with inflation	Yes	Yes
3) Agreement to invest in NHS commissioned out of hospital services	Yes	Yes
4) Managing transfers of care	Yes	Yes

Footnotes

* **Summary of BCF Expenditure** is the sum of the self-reported HWB amounts allocated to the 7 different 'areas of spend' that have been provided by HWBs in their plans (from the 4. HWB Expenditure Plan tab), where:

Area of Spend = Acute, Mental Health, Community Health, Continuing Care, Primary Care, Social Care & Other

** **Summary of NHS Commissioned out of hospital services spend from MINIMUM BCF Pool** is the sum of the amounts allocated to the 6 individual out of hospital 'areas of spend' that have been provided in tab 4. HWB Expenditure Plan, where;

Area of Spend = Mental Health, Community Health, Continuing Care, Primary Care, Social Care & Other (everything other than Acute)

Commissioner = CCG, NHS England or Joint (if joint we use the NHS% of the value)

Source of Funding = CCG Minimum Contribution

*****Summary of BCF Expenditure from Minimum CCG contribution** is the sum of the self-reported HWB amounts allocated to the 7 different 'areas of spend' from the minimum CCG contribution that have been provided by HWBs in their plans (from the 4. HWB Expenditure Plan tab), where:

Area of Spend = Acute, Mental Health, Community Health, Continuing Care, Primary Care, Social Care & Other

Source of Funding = CCG Minimum Contribution

Planning Template for BCF: due on 11/09/2017

Better Care Fund 2017-19 Planning Template

Sheet: 1. Cover Sheet

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

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Health and Well Being Board	Herefordshire, County of
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Completed by:	Amy Pitt, Better Care Fund & Integration Manager
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E-Mail:	apitt@herefordshire.gov.uk
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Contact Number:	01432 383758
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Who signed off the report on behalf of the Health and Well Being Board:	Director for Adults and Wellbeing
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	Role:	Title and Name:	E-mail:
Area Assurance Contact Details*	Health and Wellbeing Board Chair	Cllr Jonathan Lester	jlester@herefordshire.gov.uk
	Clinical Commissioning Group Accountable Officer (Lead)	Accountable Officer, Simon Trickett	Simon.Trickett@nhs.net
	Additional Clinical Commissioning Group(s) Accountable Officers	Director of Operations, Hazel Braund	Hazel.Braund@herefordshireccg.nhs.uk
	Local Authority Chief Executive	CEO Herefordshire Council,	Alistair.Neill@herefordshire.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)	Interim Director for Adults and Wellbeing, Stephen Vickers	Stephen.Vickers@herefordshire.gov.uk
	Better Care Fund Lead Official	BCF and Integration Manager,	apitt@herefordshire.gov.uk
	LA Section 151 officer	Chief Finance Officer, Andrew	Andrew.Lovegrove@herefordshire

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

***Only those identified will be addressed in official 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 Template

	No. of questions answered
1. Cover	6
2. HWB Funding Sources	31
3. HWB Expenditure Plan	16
4. HWB Metrics	29
5. National Conditions	12

Are any additional LA Contributions being made in 2017/18 or 2018/19? If yes please detail below	Yes	Yes
--	-----	-----

Local Authority Additional Contribution	2017/18 Gross Contribution	2018/19 Gross Contribution
Herefordshire, County of	£20,147,000	£21,359,421
Total Local Authority Contribution	£21,852,640	£23,212,353

Comments - please use this box clarify any specific uses or sources of funding
Pooling of Care Home Placements Budgets for Market Management
Budget changed to reflect increased budgets for 2018/19

iBCF Contribution	2017/18 Gross Contribution	2018/19 Gross Contribution
Herefordshire, County of	£3,572,743	£4,721,971
Total iBCF Contribution	£3,572,743	£4,721,971

8

CCG Minimum Contribution	2017/18 Gross Contribution	2018/19 Gross Contribution
NHS Herefordshire CCG	£11,959,797	£12,187,033
Total Minimum CCG Contribution	£11,959,797	£12,187,033

Are any additional CCG Contributions being made in 2017/18 or 2018/19? If yes please detail below	Yes	Yes
---	-----	-----

Additional CCG Contribution	2017/18 Gross Contribution	2018/19 Gross Contribution
NHS Herefordshire CCG	£8,594,000	£9,564,000
Total Additional CCG Contribution	£8,594,000	£9,564,000

Comments - please use this box clarify any specific uses or sources of funding
Pooling of Care Home Placements Budgets for Market Management
Budget changed to reflect increased budgets for 2018/19

82

	2017/18	2018/19
Total BCF pooled budget	£45,979,180	£49,685,357

Funding Contributions Narrative

Specific funding requirements for 2017-19	Response	Response	If the selected response for either year is 'No', please detail in the comments box
1. Is there agreement about the use of the Disabled Facilities Grant and are arrangements in place for the transfer of DFG funds to the local housing authority?	Yes	Yes	
2. In areas with two tiers of local government:			
i) Are there plans to pass down the full amount of Disabled Facilities Grant from the county to each of the district authorities?			
ii) If a portion of the DFG funding has been retained by the county, have the relevant district councils agreed to this approach? If applicable, please detail in the comments box how the retained portion of DFG will be spent to support integrated approaches to health, social care and housing.			
3. Is there agreement that at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified?	Yes	Yes	
4. Is there agreement on the amount of funding that will be dedicated to carer-specific support from within the BCF pool?	Yes	Yes	
5. Is there agreement on how funding for reablement included within the CCG contribution to the fund is being used?	Yes	Yes	
6. Is the iBCF grant included in the pooled BCF fund?	Yes	Yes	

Planning Template for BCF: due on 11/09/2017

Sheet: 3. Health and Well-Being Board Expenditure Plan

Selected Health and Well Being Board:

Herefordshire, County of

Data Submission Period:

2017-19

3. HWB Expenditure Plan

[<< Link to Guidance tab](#)

[Link to Summary sheet](#)

Running Balances		
	2017/18	2018/19
BCF Pooled Total balance	£0	£0
Local Authority Contribution balance exc iBCF	£0	£0
CCG Minimum Contribution balance	£0	£0
Additional CCG Contribution balance	£0	£0
iBCF	£0	£0
Running Totals		
	2017/18	2018/19
Planned Social Care spend from the CCG minimum	£5,142,106	£5,239,806
Ringfenced NHS Commissioned OOH spend	£6,477,671	£6,797,247

Below Minimum Mandated Spend

Expenditure															
Scheme ID	Scheme Name	Scheme Type (see table below for descriptions)	Sub Types	Please specify if 'Scheme Type' is 'other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Scheme Duration	2017/18 Expenditure (£)	2018/19 Expenditure (£)	New/ Existing Scheme
1	Community Equipment & Adaptations	16. Other		Integrated Community Equipment Store	Social Care		Joint	0.0%	100.0%	Private Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£200,000	£200,000	Existing
2	Home Improvement Urgent Response	9. High Impact Change Model for Managing Transfer of Care	3. Multi-Disciplinary/Multi-Agency Discharge		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£75,000	£0	Existing
3	Reablement Services	11. Intermediate care services	4. Reablement/Rehabilitation services		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£420,000	£0	Existing
4	RAAC (Rapid Access to Assessment & Care)	11. Intermediate care services	1. Step down		Social Care		Local Authority			Private Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£400,000	£66,667	Existing
4	RAAC (Rapid Access to Assessment & Care)	11. Intermediate care services	1. Step down		Community Health		Joint	100.0%	0.0%	Private Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£240,000	£0	Existing
5	Intermediate Care Services (Kington Court)	14. Residential placements	5. Nursing home		Social Care		Joint	0.0%	100.0%	Private Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£370,000	£0	Existing
5	Intermediate Care Services (Kington Court)	11. Intermediate care services	1. Step down		Community Health		Joint	100.0%	0.0%	Private Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£534,000	£0	Existing
6	ASC Duty Team	10. Integrated care planning	1. Care planning		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£159,000	£0	Existing
8	Rapid Response	11. Intermediate care services	3. Rapid/Crisis Response		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£628,000	£0	Existing
9	Hospital Liaison	9. High Impact Change Model for Managing Transfer of Care	3. Multi-Disciplinary/Multi-Agency Discharge		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£147,000	£0	Existing
10	Occupational Therapy (DFG)	10. Integrated care planning	4. Other	Staff to deliver assessments for DFG Adaptations	Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£149,000	£134,016	Existing
11	Emergency Respite Placements	14. Residential placements	5. Nursing home		Social Care		Local Authority			Private Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£131,000	£131,000	Existing
12	Brokerage Team	2. Care navigation / coordination	1. Care coordination		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£225,000	£189,086	Existing
13	Carers Support Services	3. Carers services	1. Carer advice and support		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£216,000	£200,000	Existing
14	DoLS Assessments	16. Other		Additional Resources for DoLS Assessments	Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£499,500	£500,000	Existing
15	Community Learning Disability Team	16. Other		Community Health Services for LD	Social Care		Local Authority			NHS Mental Health Provider	CCG Minimum Contribution Only	2017/18 Only	£331,000		Existing

Selected Health and Well Being Board:

Herefordshire, County of

Data Submission Period:

2017-19

3. HWB Expenditure Plan

<< Link to Guidance tab

Link to Summary sheet

Running Balances			2017/18	2018/19
BCF Pooled Total balance			£0	£0
Local Authority Contribution balance exc BCF			£0	£0
CCG Minimum Contribution balance			£0	£0
Additional CCG Contribution balance			£0	£0
iBCF			£0	£0
Running Totals			2017/18	2018/19
Planned Social Care spend from the CCG minimum			£5,142,106	£5,239,606
Ringfenced NHS Commissioned OOH spend			£6,477,671	£6,797,247

Below Minimum Mandated Spend

Expenditure															
Scheme Descriptions Link >>															
Scheme ID	Scheme Name	Scheme Type (see table below for descriptions)	Sub Types	Please specify if 'Scheme Type' is 'other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Scheme Duration	2017/18 Expenditure (£)	2018/19 Expenditure (£)	New/ Existing Scheme
16	Care Home Placements	14. Residential placements	4. Care home		Social Care		Local Authority			Private Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£284,000	£469,500	Existing
16	Long-Term Packages of Care	14. Residential placements	5. Nursing home		Social Care		Local Authority			Private Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£283,500	£469,500	Existing
20	Supporting Independent Lives	3. Carers services	2. Implementation of Care Act		Social Care		Local Authority			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£140,000	£112,000	Existing
21	WISH	3. Carers services	1. Carer advice and support		Social Care		Local Authority			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£72,000	£15,718	Existing
22	Advocacy	3. Carers services	1. Carer advice and support		Social Care		Local Authority			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£75,000	£142,950	Existing
24	Safeguarding	3. Carers services	1. Carer advice and support		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£103,000	£103,000	Existing
25	Homelessness Discharge & Prevention	3. Carers services	1. Carer advice and support		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£70,000	£86,332	Existing
32	Community Services Transformation- Pool 2	11. Intermediate care services	4. Reablement/Rehabilitation services		Social Care		Local Authority			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£114,106	£211,976	Existing
32	Community Services Transformation- Pool 2	11. Intermediate care services	4. Reablement/Rehabilitation services		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£63,691	£193,227	Existing
27	Integrated Community Care	12. Personalised healthcare at home	2. Other - Physical health / wellbeing		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£3,866,000	£3,866,000	Existing
28	Virtual Ward- Hospital At Home	12. Personalised healthcare at home	2. Other - Physical health / wellbeing		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£782,000	£0	Existing
28	Virtual Ward- Risk Stratification	12. Personalised healthcare at home	2. Other - Physical health / wellbeing		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£782,000	£0	Existing
29	Falls First Response	11. Intermediate care services	3. Rapid/Crisis Response		Community Health		CCG			Private Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£123,000	£123,000	Existing
30	Childrens Short Breaks / Respite	3. Carers services	3. Respite services		Community Health		Local Authority			Private Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£340,000	£150,000	Existing
31	Carer's Support	3. Carers services	1. Carer advice and support		Social Care		Local Authority			Private Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£50,000	£50,000	Existing
33	Disabled Facilities Grant	4. DFG - Adaptations			Social Care		Local Authority			Local Authority	Local Authority Contribution	Both 2017/18 and 2018/19	£1,705,640	£1,852,932	Existing
34	Care Home Market Management	14. Residential placements	5. Nursing home		Continuing Care		CCG			Private Sector	Additional CCG Contribution	Both 2017/18 and 2018/19	£8,594,000	£9,564,000	Existing
34	Care Home Market Management	14. Residential placements	5. Nursing home		Social Care		Local Authority			Private Sector	Local Authority Contribution	Both 2017/18 and 2018/19	£20,147,000	£21,359,421	Existing
101	BCF Performance & Contact Management	7. Enablers for integration	3. Programme management		Social Care		Local Authority			Local Authority	Improved Better Care Fund	Both 2017/18 and 2018/19	£47,000	£26,983	Existing
102	Digital Delivery Programme Manager	7. Enablers for integration	2. System IT Interoperability		Social Care		Local Authority			Local Authority	Improved Better Care Fund	Both 2017/18 and 2018/19	£36,000	£53,773	Existing
103	BCF Project Management	7. Enablers for integration	3. Programme management		Social Care		Local Authority			Local Authority	Improved Better Care Fund	Both 2017/18 and 2018/19	£164,000	£39,604	Existing
104	BCF Joint Strategic Finance Lead	7. Enablers for integration	10. Joint commissioning infrastructure		Social Care		Local Authority			Local Authority	Improved Better Care Fund	Both 2017/18 and 2018/19	£54,000	£91,095	Existing
105	BCF Minor Investments Fund	7. Enablers for integration	10. Joint commissioning infrastructure		Social Care		Local Authority			Local Authority	Improved Better Care Fund	Both 2017/18 and 2018/19	£15,000	£15,000	Existing
106	Strategic System Evaluation	7. Enablers for integration	2. System IT Interoperability		Social Care		Local Authority			Local Authority	Improved Better Care Fund Only	2017/18	£15,000		Existing
201	ASC Needs- Support outturn position	14. Residential placements	5. Nursing home		Social Care		Local Authority			Local Authority	Improved Better Care Fund	Both 2017/18 and 2018/19	£819,000	£819,000	Existing
202	ASC Needs- LD Placements	14. Residential placements	5. Nursing home		Social Care		Local Authority			Local Authority	Improved Better Care Fund	Both 2017/18 and 2018/19	£350,000	£350,000	Existing

Selected Health and Well Being Board:

Herefordshire, County of

Data Submission Period:

2017-19

3. HWB Expenditure Plan

<< Link to Guidance tab

Link to Summary sheet

Running Balances			2017/18	2018/19
BCF Pooled Total balance			£0	£0
Local Authority Contribution balance exc iBCF			£0	£0
CCG Minimum Contribution balance			£0	£0
Additional CCG Contribution balance			£0	£0
iBCF			£0	£0
Running Totals			2017/18	2018/19
Planned Social Care spend from the CCG minimum			£5,142,106	£5,239,606
Ringfenced NHS Commissioned OOH spend			£6,477,671	£6,797,247

Below Minimum Mandated Spend

Expenditure															
Scheme ID	Scheme Name	Scheme Type (see table below for descriptions)	Sub Types	Please specify if 'Scheme Type' is 'other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Scheme Duration	2017/18 Expenditure (£)	2018/19 Expenditure (£)	New/ Existing Scheme
203	ASC Needs- Maintaining ASC Staffing Levels	10. Integrated care planning	3. Review teams (reviewing placements/packages)		Social Care		Local Authority			Local Authority	Improved Better Care Fund	Both 2017/18 and 2018/19	£200,000	£400,000	Existing
204	ASC Needs- Stabilising the Provider Market- NH Placements	14. Residential placements	5. Nursing home		Social Care		Local Authority			Local Authority	Improved Better Care Fund	Both 2017/18 and 2018/19	£624,000	£624,000	Existing
205	ASC Needs- Stabilising the Provider Market- Vulnerable Groups	14. Residential placements	5. Nursing home		Social Care		Local Authority			Local Authority	Improved Better Care Fund	Both 2017/18 and 2018/19	£522,000	£480,000	Existing
206	AWB Professional Standards Leads	7. Enablers for integration	5. Workforce development		Social Care		Local Authority			Local Authority	Improved Better Care Fund	Both 2017/18 and 2018/19	£56,000	£89,146	Existing
207	Housing Support Lead	7. Enablers for integration	10. Joint commissioning infrastructure		Social Care		Local Authority			Local Authority	Improved Better Care Fund	Both 2017/18 and 2018/19	£21,000	£44,573	Existing
301	Risk Stratification Coordinator	2. Care navigation / coordination	1. Care coordination		Social Care		Local Authority			Charity / Voluntary Sector	Improved Better Care Fund	Both 2017/18 and 2018/19	£31,000	£46,460	Existing
302	Expansion of Rapid Response Service	11. Intermediate care services	3. Rapid/Crisis Response		Social Care		Local Authority			Local Authority	Improved Better Care Fund	Both 2017/18 and 2018/19	£161,000	£280,418	Existing
303	Enhanced Adults Wellbeing Pathway Roles	2. Care navigation / coordination	1. Care coordination		Social Care		Local Authority			Local Authority	Improved Better Care Fund	Both 2017/18 and 2018/19	£90,000	£148,526	Existing
304	Dementia Nurses	9. High Impact Change Model for Managing Transfer of Care	4. Home First/Discharge to Access		Community Health		CCG			Charity / Voluntary Sector	Improved Better Care Fund	Both 2017/18 and 2018/19	£42,000	£87,136	Existing
401	Nursing Home Professional Standards Leads	9. High Impact Change Model for Managing Transfer of Care	8. Enhancing Health in Care Homes		Community Health		CCG			CCG	Improved Better Care Fund	Both 2017/18 and 2018/19	£26,000	£54,584	Existing
402	Assess Use of Technology in Care Homes	9. High Impact Change Model for Managing Transfer of Care	8. Enhancing Health in Care Homes		Social Care		Local Authority			CCG	Improved Better Care Fund	Both 2017/18 and 2018/19	£23,000	£22,500	Existing
35	Dom Care Packages	6. Domiciliary care at home	1. Dom care packages		Social Care		Local Authority			Private Sector	CCG Minimum Contribution	2018/19 Only		£225,538	Existing
36	Acorns Childrens Hospice- Carer's Support	3. Carers services	3. Respite services		Community Health		CCG			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£30,000	£30,000	Existing
37	Michael's Hospice Carer's Support	3. Carers services	3. Respite services		Community Health		CCG			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£57,000	£247,000	Existing
406	Community Transformation Pool 1	9. High Impact Change Model for Managing Transfer of Care	8. Enhancing Health in Care Homes		Social Care		Local Authority			Private Sector	Improved Better Care Fund	Both 2017/18 and 2018/19	£276,743	£39,357	Existing
17	Integrated Commissioning Posts	7. Enablers for integration	3. Programme management		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	2018/19 Only		£102,375	New
29	Falls First Response Service	11. Intermediate care services	3. Other - Physical health/wellbeing		Social Care		Local Authority			Private Sector	CCG Minimum Contribution	2018/19 Only		£40,848	New
38	Home First Service	9. High Impact Change Model for Managing Transfer of Care	4. Home First/Discharge to Access		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	2018/19 Only		£1,072,760	New
39	ART / Hospital Liaison Team	9. High Impact Change Model for Managing Transfer of Care	3. Multi-Disciplinary/Multi-Agency Discharge		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	2018/19 Only		£298,506	New
42	Home First Enhancement- D2A	9. High Impact Change Model for Managing Transfer of Care	4. Home First/Discharge to Access		Social Care		Local Authority			Private Sector	CCG Minimum Contribution	2018/19 Only		£390,630	New
43	Integrated Discharge Lead	9. High Impact Change Model for Managing Transfer of Care	3. Multi-Disciplinary/Multi-Agency Discharge		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	2018/19 Only		£13,443	New
44	Integrated Quality Analyst	7. Enablers for integration	1. Data Integration		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	2018/19 Only		£13,961	New
40	Discharge to Assess Beds (Ledbury ICU)	9. High Impact Change Model for Managing Transfer of Care	4. Home First/Discharge to Access		Community Health		CCG			Private Sector	CCG Minimum Contribution	2018/19 Only		£774,000	New

Selected Health and Well Being Board:

Herefordshire, County of

Data Submission Period:

2017-19

3. HWB Expenditure Plan

<< Link to Guidance tab

Link to Summary sheet

Running Balances			2017/18	2018/19
BCF Pooled Total balance			£0	£0
Local Authority Contribution balance exc BCF			£0	£0
CCG Minimum Contribution balance			£0	£0
Additional CCG Contribution balance			£0	£0
iBCF			£0	£0
Running Totals			2017/18	2018/19
Planned Social Care spend from the CCG minimum			£5,142,106	£5,239,606
Ringfenced NHS Commissioned OOH spend			£6,477,671	£6,797,247

Below Minimum Mandated Spend

Expenditure															
Scheme ID	Scheme Name	Scheme Type (see table below for descriptions)	Sub Types	Please specify if 'Scheme Type' is 'other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Scheme Duration	2017/18 Expenditure (£)	2018/19 Expenditure (£)	New/ Existing Scheme
41	Virtual Ward / Hospital At Home	12. Personalised healthcare at home	2. Other - Physical health / wellbeing		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	2018/19 Only		£1,564,000	New
208	Night Care Team	9. High Impact Change Model for Managing Transfer of Care	9. Other	Alter Hours Discharge Support	Social Care		Local Authority			Private Sector	Improved Better Care Fund	2018/19 Only		£152,714	New
209	Community Catalyst	7. Enablers for integration	6. Community asset mapping		Social Care		Local Authority			Charity / Voluntary Sector	Improved Better Care Fund	2018/19 Only		£15,500	New
212	Special Assessments Team	10. Integrated care planning	3. Review teams (reviewing placements/packages)		Social Care		Local Authority			Local Authority	Improved Better Care Fund	2018/19 Only		£221,089	New
213	Additional WISH Posts	2. Care navigation / coordination	2. Single Point of Access		Social Care		Local Authority			Local Authority	Improved Better Care Fund	2018/19 Only		£66,692	New
214	Customer Support Officer	2. Care navigation / coordination	1. Care coordination		Social Care		Local Authority			Local Authority	Improved Better Care Fund	2018/19 Only		£22,137	New
305	Care Navigator Frequent Fallers	2. Care navigation / coordination	1. Care coordination		Community Health		Local Authority			Charity / Voluntary Sector	Improved Better Care Fund	2018/19 Only		£44,000	New
306	Balanced Lives Hereford	16. Other		Postural Stability training	Social Care		Local Authority			Charity / Voluntary Sector	Improved Better Care Fund	2018/19 Only		£50,000	New
307	Hospital Discharge Facilitation for Self Funders	9. High Impact Change Model for Managing Transfer of Care	7. Focus on Choice		Social Care		Local Authority			Local Authority	Improved Better Care Fund	2018/19 Only		£90,261	New
309	Additional Community Brokers	7. Enablers for integration	6. Community asset mapping		Social Care		Local Authority			Local Authority	Improved Better Care Fund	2018/19 Only		£66,409	New
311	Increase 3rd Sector / VCS Capacity	7. Enablers for integration	8. Voluntary Sector Business Development		Social Care		Local Authority			Charity / Voluntary Sector	Improved Better Care Fund	2018/19 Only		£50,000	New
312	Additional Staff for DZA Beds	9. High Impact Change Model for Managing Transfer of Care	4. Home First/Discharge to Access		Social Care		Local Authority			Private Sector	Improved Better Care Fund	2018/19 Only		£25,000	New
313	Trusted Assessors	9. High Impact Change Model for Managing Transfer of Care	6. Trusted Assessors		Social Care		Local Authority			Local Authority	Improved Better Care Fund	2018/19 Only		£28,373	New
314	Social Care Urgent Care Staff	9. High Impact Change Model for Managing Transfer of Care	8. Enhancing Health in Care Homes		Social Care		Local Authority			Local Authority	Improved Better Care Fund	2018/19 Only		£54,583	New
403	Care Workforce Development Programme	9. High Impact Change Model for Managing Transfer of Care	9. Other	Workforce Development, Recruitment & Retention in	Social Care		Local Authority			Private Sector	Improved Better Care Fund	2018/19 Only		£31,690	New
404	Improving Quality of Care in Care Homes	9. High Impact Change Model for Managing Transfer of Care	8. Enhancing Health in Care Homes		Social Care		Local Authority			Local Authority	Improved Better Care Fund	2018/19 Only		£91,368	New

Selected Health and Well Being Board:
Herefordshire, County of

Data Submission Period:
2017-19

3. HWB Expenditure Plan

<< Link to Guidance tab

[Link to Summary sheet](#)

Running Balances	2017/18	2018/19
BCF Pooled Total balance	£0	£0
Local Authority Contribution balance exc BCF	£0	£0
CCG Minimum Contribution balance	£0	£0
Additional CCG Contribution balance	£0	£0
IBCF	£0	£0
Running Totals	2017/18	2018/19
Planned Social Care spend from the CCG minimum	£5,142,106	£5,239,606
Ringfenced NHS Commissioned OOH spend	£6,477,671	£6,797,247

Below Minimum Mandated Spend

Expenditure															
Scheme Descriptions Link >>															
Scheme ID	Scheme Name	Scheme Type (see table below for descriptions)	Sub Types	Please specify if 'Scheme Type' is 'other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Scheme Duration	2017/18 Expenditure (£)	2018/19 Expenditure (£)	New/ Existing Scheme

[Link back to the top of the sheet >>](#)

Scheme Type	Description	Sub type
1. Assistive Technologies	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).	1. Telecare 2. Wellness services 3. Digital participation services 4. Other
2. Care navigation / coordination	A service to help people find their way to appropriate services and support and thus also 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. This is often as part of a multi-agency team which can be on line or use 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.	1. Care coordination 2. Single Point of Access 3. Other
3. 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.	1. Carer advice and support 2. Implementation of Care Act 3. Respite services 4. Other
4. DFG - Adaptations	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.	
5. DFG - Other Housing	This covers expenditure on housing and housing-related services other than adaptations; eg. supported housing units.	
6. Domiciliary care at home	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.	1. Dom care packages 2. Dom care workforce development 3. Other
7. 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.	1. Data Integration 2. System IT Interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. Community asset mapping 7. New governance arrangements 8. Voluntary Sector Business Development 9. Employment services 10. Joint commissioning infrastructure 11. Other
8. Healthcare services to Care Homes	Improve the availability and quality of primary and community health services delivered to care home residents. Support the Care Home workers to improve the delivery of non-essential healthcare skills. This includes provider led interventions in care homes and commissioning activities eg. joint commissioning/quality assurance for residential and nursing homes.	1. Other - Mental health / wellbeing 2. Other - Physical health / wellbeing 3. Other
9. High Impact Change Model for Managing Transfer of Care	The 8 changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system.	1. Early Discharge Planning 2. Systems to Monitor Patient Flow 3. Multi-Disciplinary/Multi-Agency Discharge Teams 4. Home First/Discharge to Access 5. Seven-Day Services 6. Trusted Assessors 7. Focus on Choice 8. Enhancing Health in Care Homes 9. Other
10. Integrated care planning	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. 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.	1. Care planning 2. Integrated care packages 3. Review teams (reviewing placements/packages) 4. Other
11. 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 delivered by a combination of professional groups. Services could include Step up/down, Reablement (restorative of self-care), Rapid response or crisis response including that for falls.	1. Step down 2. Step up 3. Rapid/Crisis Response 4. Reablement/Rehabilitation services 5. Other
12. Personalised healthcare 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. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term and end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in the Personalised Healthcare at Home scheme type.	1. Other - Mental health /wellbeing 2. Other - Physical health/wellbeing 3. Other
13. Primary 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.	1. Social Prescribing 2. Other - Mental health /wellbeing 3. Other - Physical health/wellbeing 4. Other
14. 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.	1. Supported living 2. Learning disability 3. Extra care 4. Care home 5. Nursing home 6. Other
15. Wellbeing centres	Wellbeing centres provide a space to offer a range of support and activities that promote holistic wellbeing or to help people to access them elsewhere in the community or local area. They can typically be commissioned jointly and provided by the third sector.	
16. 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.	

Planning Template for BCF: due on 11/09/2017

Sheet: 4. Health and Well-Being Board Better Care Fund Metrics

Selected Health and Well Being Board:

Herefordshire, County of

Data Submission Period:

2017-19

4. HWB Metrics

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

4.1 HWB NEA Activity Plan

	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Total 17/18	Total 18/19
HWB Non-Elective Admission Plan* Totals	4,046	3,971	4,285	4,312	4,022	3,948	4,261	4,288	16,614	16,520

Are you planning on any additional quarterly reductions?

No

If yes, please complete HWB Quarterly Additional Reduction Figures

HWB Quarterly Additional Reduction	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Total 17/18	Total 18/19
HWB NEA Plan (after reduction)										
HWB Quarterly Plan Reduction %										

Are you putting in place a local contingency fund agreement on NEA?

No

	2017/18	2018/19
BCF revenue funding from CCGs ring-fenced for NHS out of hospital commissioned services/contingency fund **	£3,398,635	£3,463,209

Cost of NEA as used during 16/17***	£1,767	Please add the reason, for any adjustments to the cost of NEA for 17/18 or 18/19 in the cells below
Cost of NEA for 17/18 ***		
Cost of NEA for 18/19 ***		

	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Total 17/18
Additional NEA reduction delivered through BCF (2017/18)					
	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Total 18/19
Additional NEA reduction delivered through BCF (2018/19)					
HWB Plan Reduction % (2017/18)					
HWB Plan Reduction % (2018/19)					

The CCG Total Non-Elective Admission Plans are taken from the latest CCG NEA plan figures included in the Unify2 planning template, aggregated to quarterly level, extracted on 10/07/2017

* This is calculated as the % contribution of each CCG to the HWB level plan, based on the CCG-HWB mapping (see CCG - HWB Mapping tab)

** Within the sum subject to the condition on NHS out of hospital commissioned services/contingency fund, for any local area putting in place a contingency fund for 2017/18 or 2018/19 as part of its BCF planning,

*** Please use the following document and amend the cost if necessary: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/577083/Reference_Costs_2015-16.pdf

4.2 Residential Admissions

		15/16 Actual	16/17 Plan	17/18 Plan	18/19 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	416.6	491.8	550.5	549.8	
	Numerator	183	221	252	257	
	Denominator	43,926	44,937	45,775	46,741	

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 2014 based Sub-National Population Projections for Local Authorities in England;

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1>

Population figures for Cornwall and Isles of Scilly and Bournemouth and Poole has been combined to form Cornwall & Scilly and Bournemouth & Poole respectively to create a Residential Admissions rate for these two Health and Well-Being Boards.

4.3 Reablement

		15/16 Actual	16/17 Plan	17/18 Plan	18/19 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 %	84.7%	85.0%	85.0%	80.0%	
	Numerator	72	85	85	80	
	Denominator	85	100	100	100	

4.4 Delayed Transfers of Care

		16-17 Actuals				17-18 plans				18-19 plans				Comments
		Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	
Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)	Quarterly rate	1118.9	1045.8	1453.7	1415.9	1113.5	820.8	663.8	649.4	791.7	800.4	800.4	783.0	DToc Targets revised to match new national ambitions published July 2018
	Numerator (total)	1,714	1,602	2,227	2,182	1,716	1,265	1,023	1,007	1,228	1,241	1,241	1,220	
	Denominator	153,191	153,191	153,191	154,110	154,110	154,110	154,110	155,058	155,058	155,058	155,058	155,829	

Delayed Transfers Of Care (delayed days) from hospital per 100,000 population (aged 18+) population projections are based on a calendar year using the 2014 based Sub-National Population Projections for Local Authorities in England;

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1>

Population figures for Cornwall and Isles of Scilly and Bournemouth and Poole has been combined to form Cornwall & Scilly and Bournemouth & Poole respectively to create a DTOC rate for these two Health and Well-Being Boards.



Planning Template for BCF: due on 11/09/2017

Sheet: 5. National Conditions

Selected Health and Well Being Board:

Herefordshire, County of

Data Submission Period:

2017-19

5. National Conditions

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

National Conditions For The Better Care Fund 2017-19	Does your BCF plan for 2017/18 set out a clear plan to meet this condition?	Does your BCF plan for 2018/19 set out a clear plan to meet this condition?	If the selected response for either year is 'No', please detail in the comments box issues and/or actions that are being taken to meet the condition.
1) Plans to be jointly agreed	Yes	Yes	
2) NHS contribution to adult social care is maintained in line with inflation	Yes	Yes	
3) Agreement to invest in NHS commissioned out of hospital services	Yes	Yes	
4) Managing transfers of care	Yes	Yes	

CCG to Health and Well-Being Board Mapping for 2017-19

HWB Code	LA Name	CCG Code	CCG Name	% CCG in HWB	% HWB in CCG
E09000002	Barking and Dagenham	07L	NHS Barking and Dagenham CCG	90.2%	87.9%
E09000002	Barking and Dagenham	08F	NHS Havering CCG	7.0%	8.5%
E09000002	Barking and Dagenham	08M	NHS Newham CCG	0.3%	0.5%
E09000002	Barking and Dagenham	08N	NHS Redbridge CCG	2.2%	3.0%
E09000002	Barking and Dagenham	08W	NHS Waltham Forest CCG	0.0%	0.1%
E09000003	Barnet	07M	NHS Barnet CCG	91.0%	92.5%
E09000003	Barnet	07P	NHS Brent CCG	1.9%	1.7%
E09000003	Barnet	07R	NHS Camden CCG	0.9%	0.6%
E09000003	Barnet	09A	NHS Central London (Westminster) CCG	0.2%	0.1%
E09000003	Barnet	07X	NHS Enfield CCG	2.9%	2.4%
E09000003	Barnet	08D	NHS Haringey CCG	2.1%	1.6%
E09000003	Barnet	08E	NHS Harrow CCG	1.2%	0.8%
E09000003	Barnet	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	94.5%	98.2%
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	93.7%	98.3%
E06000022	Bath and North East Somerset	11H	NHS Bristol CCG	0.3%	0.8%
E06000022	Bath and North East Somerset	11X	NHS Somerset CCG	0.2%	0.5%
E06000022	Bath and North East Somerset	12A	NHS South Gloucestershire CCG	0.0%	0.1%
E06000022	Bath and North East Somerset	99N	NHS Wiltshire CCG	0.1%	0.3%
E06000055	Bedford	06F	NHS Bedfordshire CCG	37.5%	97.4%
E06000055	Bedford	06H	NHS Cambridgeshire and Peterborough CCG	0.4%	1.9%
E06000055	Bedford	04G	NHS Nene CCG	0.2%	0.6%
E09000004	Bexley	07N	NHS Bexley CCG	93.5%	89.4%
E09000004	Bexley	07Q	NHS Bromley CCG	0.0%	0.1%
E09000004	Bexley	09J	NHS Dartford, Gravesham and Swanley CCG	1.4%	1.5%
E09000004	Bexley	08A	NHS Greenwich CCG	7.6%	8.8%
E09000004	Bexley	08L	NHS Lewisham CCG	0.1%	0.1%
E08000025	Birmingham	13P	NHS Birmingham Crosscity CCG	91.9%	53.3%
E08000025	Birmingham	04X	NHS Birmingham South and Central CCG	96.8%	24.3%
E08000025	Birmingham	05C	NHS Dudley CCG	0.2%	0.0%
E08000025	Birmingham	05J	NHS Redditch and Bromsgrove CCG	3.0%	0.4%
E08000025	Birmingham	05L	NHS Sandwell and West Birmingham CCG	40.4%	18.8%
E08000025	Birmingham	05P	NHS Solihull CCG	15.2%	3.0%
E08000025	Birmingham	05Y	NHS Walsall CCG	0.5%	0.1%
E06000008	Blackburn with Darwen	00Q	NHS Blackburn with Darwen CCG	89.0%	95.8%
E06000008	Blackburn with Darwen	00T	NHS Bolton CCG	1.2%	2.3%
E06000008	Blackburn with Darwen	00V	NHS Bury CCG	0.2%	0.2%
E06000008	Blackburn with Darwen	01A	NHS East Lancashire CCG	0.7%	1.6%
E06000009	Blackpool	00R	NHS Blackpool CCG	86.7%	97.5%
E06000009	Blackpool	02M	NHS Fylde & Wyre CCG	2.5%	2.5%
E08000001	Bolton	00T	NHS Bolton CCG	97.3%	97.6%
E08000001	Bolton	00V	NHS Bury CCG	1.4%	0.9%
E08000001	Bolton	00X	NHS Chorley and South Ribble CCG	0.2%	0.1%
E08000001	Bolton	01G	NHS Salford CCG	0.6%	0.5%
E08000001	Bolton	02H	NHS Wigan Borough CCG	0.8%	0.9%
E06000028 & E06000029	Bournemouth & Poole	11J	NHS Dorset CCG	45.9%	100.0%
E06000036	Bracknell Forest	10G	NHS Bracknell and Ascot CCG	82.1%	94.6%
E06000036	Bracknell Forest	99M	NHS North East Hampshire and Farnham CCG	0.6%	1.1%
E06000036	Bracknell Forest	10C	NHS Surrey Heath CCG	0.1%	0.1%
E06000036	Bracknell Forest	11C	NHS Windsor, Ascot and Maidenhead CCG	1.8%	2.3%
E06000036	Bracknell Forest	11D	NHS Wokingham CCG	1.4%	1.9%

E08000032	Bradford	02N	NHS Airedale, Wharfedale and Craven CCG	67.4%	18.6%
E08000032	Bradford	02W	NHS Bradford City CCG	99.4%	22.2%
E08000032	Bradford	02R	NHS Bradford Districts CCG	97.9%	57.9%
E08000032	Bradford	02T	NHS Calderdale CCG	0.2%	0.0%
E08000032	Bradford	02V	NHS Leeds North CCG	0.6%	0.2%
E08000032	Bradford	03C	NHS Leeds West CCG	1.7%	1.1%
E08000032	Bradford	03J	NHS North Kirklees CCG	0.2%	0.0%
E09000005	Brent	07M	NHS Barnet CCG	2.2%	2.4%
E09000005	Brent	07P	NHS Brent CCG	89.9%	86.5%
E09000005	Brent	07R	NHS Camden CCG	4.0%	2.9%
E09000005	Brent	09A	NHS Central London (Westminster) CCG	1.2%	0.7%
E09000005	Brent	07W	NHS Ealing CCG	0.5%	0.6%
E09000005	Brent	08C	NHS Hammersmith and Fulham CCG	0.3%	0.2%
E09000005	Brent	08E	NHS Harrow CCG	5.8%	4.0%
E09000005	Brent	08Y	NHS West London (K&C & QPP) CCG	4.5%	2.8%
E06000043	Brighton and Hove	09D	NHS Brighton and Hove CCG	97.8%	99.7%
E06000043	Brighton and Hove	09G	NHS Coastal West Sussex CCG	0.1%	0.2%
E06000043	Brighton and Hove	99K	NHS High Weald Lewes Havens CCG	0.3%	0.1%
E06000023	Bristol, City of	11E	NHS Bath and North East Somerset CCG	0.1%	0.0%
E06000023	Bristol, City of	11H	NHS Bristol CCG	94.4%	97.9%
E06000023	Bristol, City of	12A	NHS South Gloucestershire CCG	3.7%	2.1%
E09000006	Bromley	07N	NHS Bexley CCG	0.2%	0.1%
E09000006	Bromley	07Q	NHS Bromley CCG	94.7%	95.1%
E09000006	Bromley	07V	NHS Croydon CCG	1.1%	1.3%
E09000006	Bromley	08A	NHS Greenwich CCG	1.5%	1.2%
E09000006	Bromley	08K	NHS Lambeth CCG	0.1%	0.1%
E09000006	Bromley	08L	NHS Lewisham CCG	2.0%	1.8%
E09000006	Bromley	99J	NHS West Kent CCG	0.1%	0.2%
E10000002	Buckinghamshire	10Y	NHS Aylesbury Vale CCG	91.3%	35.3%
E10000002	Buckinghamshire	06F	NHS Bedfordshire CCG	0.6%	0.5%
E10000002	Buckinghamshire	10H	NHS Chiltern CCG	96.0%	59.7%
E10000002	Buckinghamshire	06N	NHS Herts Valleys CCG	1.2%	1.4%
E10000002	Buckinghamshire	08G	NHS Hillingdon CCG	0.8%	0.4%
E10000002	Buckinghamshire	04F	NHS Milton Keynes CCG	1.3%	0.7%
E10000002	Buckinghamshire	04G	NHS Nene CCG	0.1%	0.2%
E10000002	Buckinghamshire	10Q	NHS Oxfordshire CCG	0.6%	0.7%
E10000002	Buckinghamshire	10T	NHS Slough CCG	2.8%	0.8%
E10000002	Buckinghamshire	11C	NHS Windsor, Ascot and Maidenhead CCG	1.3%	0.4%
E08000002	Bury	00T	NHS Bolton CCG	0.8%	1.2%
E08000002	Bury	00V	NHS Bury CCG	94.1%	94.3%
E08000002	Bury	01A	NHS East Lancashire CCG	0.0%	0.2%
E08000002	Bury	01D	NHS Heywood, Middleton and Rochdale CCG	0.4%	0.5%
E08000002	Bury	14L	NHS Manchester CCG	0.7%	2.1%
E08000002	Bury	01G	NHS Salford CCG	1.4%	1.9%
E08000033	Calderdale	02R	NHS Bradford Districts CCG	0.4%	0.7%
E08000033	Calderdale	02T	NHS Calderdale CCG	98.5%	98.9%
E08000033	Calderdale	03A	NHS Greater Huddersfield CCG	0.3%	0.3%
E08000033	Calderdale	01D	NHS Heywood, Middleton and Rochdale CCG	0.1%	0.1%
E10000003	Cambridgeshire	06F	NHS Bedfordshire CCG	1.1%	0.7%
E10000003	Cambridgeshire	06H	NHS Cambridgeshire and Peterborough CCG	72.0%	96.7%
E10000003	Cambridgeshire	06K	NHS East and North Hertfordshire CCG	0.8%	0.7%
E10000003	Cambridgeshire	99D	NHS South Lincolnshire CCG	0.4%	0.0%
E10000003	Cambridgeshire	07H	NHS West Essex CCG	0.2%	0.1%
E10000003	Cambridgeshire	07J	NHS West Norfolk CCG	1.5%	0.4%
E10000003	Cambridgeshire	07K	NHS West Suffolk CCG	4.0%	1.4%
E09000007	Camden	07M	NHS Barnet CCG	0.2%	0.3%
E09000007	Camden	07P	NHS Brent CCG	1.3%	1.9%
E09000007	Camden	07R	NHS Camden CCG	84.0%	89.2%
E09000007	Camden	09A	NHS Central London (Westminster) CCG	5.8%	4.8%
E09000007	Camden	08D	NHS Haringey CCG	0.5%	0.6%
E09000007	Camden	08H	NHS Islington CCG	3.3%	3.1%
E09000007	Camden	08Y	NHS West London (K&C & QPP) CCG	0.3%	0.2%
E06000056	Central Bedfordshire	10Y	NHS Aylesbury Vale CCG	2.0%	1.5%
E06000056	Central Bedfordshire	06F	NHS Bedfordshire CCG	56.8%	95.2%
E06000056	Central Bedfordshire	06K	NHS East and North Hertfordshire CCG	0.3%	0.6%
E06000056	Central Bedfordshire	06N	NHS Herts Valleys CCG	0.4%	0.8%
E06000056	Central Bedfordshire	06P	NHS Luton CCG	2.3%	1.9%
E06000049	Cheshire East	01C	NHS Eastern Cheshire CCG	96.4%	50.4%
E06000049	Cheshire East	04J	NHS North Derbyshire CCG	0.4%	0.3%
E06000049	Cheshire East	05G	NHS North Staffordshire CCG	1.1%	0.6%
E06000049	Cheshire East	05N	NHS Shropshire CCG	0.1%	0.0%
E06000049	Cheshire East	01R	NHS South Cheshire CCG	98.6%	45.5%
E06000049	Cheshire East	01W	NHS Stockport CCG	1.6%	1.3%
E06000049	Cheshire East	02A	NHS Trafford CCG	0.2%	0.1%
E06000049	Cheshire East	02D	NHS Vale Royal CCG	0.7%	0.2%
E06000049	Cheshire East	02E	NHS Warrington CCG	0.7%	0.4%
E06000049	Cheshire East	02F	NHS West Cheshire CCG	1.9%	1.2%

E06000050	Cheshire West and Chester	01C	NHS Eastern Cheshire CCG	1.1%	0.7%
E06000050	Cheshire West and Chester	01F	NHS Halton CCG	0.2%	0.0%
E06000050	Cheshire West and Chester	01R	NHS South Cheshire CCG	0.5%	0.2%
E06000050	Cheshire West and Chester	02D	NHS Vale Royal CCG	99.3%	29.3%
E06000050	Cheshire West and Chester	02E	NHS Warrington CCG	0.4%	0.3%
E06000050	Cheshire West and Chester	02F	NHS West Cheshire CCG	96.9%	69.3%
E06000050	Cheshire West and Chester	12F	NHS Wirral CCG	0.3%	0.3%
E09000001	City of London	07R	NHS Camden CCG	0.2%	6.4%
E09000001	City of London	09A	NHS Central London (Westminster) CCG	0.0%	1.8%
E09000001	City of London	07T	NHS City and Hackney CCG	1.8%	72.7%
E09000001	City of London	08H	NHS Islington CCG	0.1%	3.0%
E09000001	City of London	08V	NHS Tower Hamlets CCG	0.4%	15.9%
E09000001	City of London	08Y	NHS West London (K&C & QPP) CCG	0.0%	0.1%
E06000052	Cornwall & Scilly	11N	NHS Kernow CCG	99.7%	99.4%
E06000052	Cornwall & Scilly	99P	NHS North, East, West Devon CCG	0.4%	0.6%
E06000047	County Durham	00D	NHS Durham Dales, Easington and Sedgfield CCG	97.2%	52.6%
E06000047	County Durham	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.1%	0.0%
E06000047	County Durham	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.1%	0.0%
E06000047	County Durham	13T	NHS Newcastle Gateshead CCG	0.7%	0.7%
E06000047	County Durham	00J	NHS North Durham CCG	96.6%	46.1%
E06000047	County Durham	00P	NHS Sunderland CCG	1.2%	0.6%
E08000026	Coventry	05A	NHS Coventry and Rugby CCG	74.4%	99.9%
E08000026	Coventry	05H	NHS Warwickshire North CCG	0.3%	0.1%
E09000008	Croydon	07Q	NHS Bromley CCG	1.6%	1.3%
E09000008	Croydon	07V	NHS Croydon CCG	95.4%	93.3%
E09000008	Croydon	09L	NHS East Surrey CCG	3.0%	1.3%
E09000008	Croydon	08K	NHS Lambeth CCG	2.9%	2.8%
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%	0.4%
E10000006	Cumbria	01H	NHS Cumbria CCG	97.4%	100.0%
E10000006	Cumbria	01K	NHS Morecambe Bay CCG	0.2%	0.0%
E06000005	Darlington	00C	NHS Darlington CCG	98.2%	96.2%
E06000005	Darlington	00D	NHS Durham Dales, Easington and Sedgfield CCG	1.2%	3.1%
E06000005	Darlington	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.0%	0.1%
E06000005	Darlington	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.5%
E06000015	Derby	04R	NHS Southern Derbyshire CCG	50.0%	100.0%
E10000007	Derbyshire	02Q	NHS Bassetlaw CCG	0.2%	0.0%
E10000007	Derbyshire	05D	NHS East Staffordshire CCG	8.0%	1.4%
E10000007	Derbyshire	01C	NHS Eastern Cheshire CCG	0.3%	0.0%
E10000007	Derbyshire	03X	NHS Erewash CCG	92.4%	11.3%
E10000007	Derbyshire	03Y	NHS Hardwick CCG	94.6%	12.3%
E10000007	Derbyshire	04E	NHS Mansfield and Ashfield CCG	2.0%	0.5%
E10000007	Derbyshire	04J	NHS North Derbyshire CCG	98.2%	35.9%
E10000007	Derbyshire	04L	NHS Nottingham North and East CCG	0.3%	0.0%
E10000007	Derbyshire	04M	NHS Nottingham West CCG	5.2%	0.6%
E10000007	Derbyshire	03N	NHS Sheffield CCG	0.5%	0.4%
E10000007	Derbyshire	04R	NHS Southern Derbyshire CCG	48.2%	33.1%
E10000007	Derbyshire	01W	NHS Stockport CCG	0.1%	0.0%
E10000007	Derbyshire	01Y	NHS Tameside and Glossop CCG	14.0%	4.3%
E10000007	Derbyshire	04V	NHS West Leicestershire CCG	0.5%	0.2%
E10000008	Devon	11J	NHS Dorset CCG	0.3%	0.3%
E10000008	Devon	11N	NHS Kernow CCG	0.3%	0.2%
E10000008	Devon	99P	NHS North, East, West Devon CCG	70.1%	80.6%
E10000008	Devon	11X	NHS Somerset CCG	0.4%	0.3%
E10000008	Devon	99Q	NHS South Devon and Torbay CCG	51.1%	18.5%
E08000017	Doncaster	02P	NHS Barnsley CCG	0.3%	0.3%
E08000017	Doncaster	02Q	NHS Bassetlaw CCG	1.4%	0.5%
E08000017	Doncaster	02X	NHS Doncaster CCG	96.7%	97.8%
E08000017	Doncaster	03L	NHS Rotherham CCG	1.5%	1.2%
E08000017	Doncaster	03R	NHS Wakefield CCG	0.1%	0.2%

E1000009	Dorset	11J	NHS Dorset CCG	52.5%	95.9%
E1000009	Dorset	11X	NHS Somerset CCG	0.6%	0.7%
E1000009	Dorset	11A	NHS West Hampshire CCG	2.0%	2.5%
E1000009	Dorset	99N	NHS Wiltshire CCG	0.8%	0.9%
E08000027	Dudley	13P	NHS Birmingham Crosscity CCG	0.3%	0.6%
E08000027	Dudley	05C	NHS Dudley CCG	93.2%	90.8%
E08000027	Dudley	05L	NHS Sandwell and West Birmingham CCG	3.9%	6.9%
E08000027	Dudley	06A	NHS Wolverhampton CCG	1.8%	1.5%
E08000027	Dudley	06D	NHS Wyre Forest CCG	0.7%	0.2%
E09000009	Ealing	07P	NHS Brent CCG	1.7%	1.5%
E09000009	Ealing	09A	NHS Central London (Westminster) CCG	0.2%	0.1%
E09000009	Ealing	07W	NHS Ealing CCG	86.8%	90.7%
E09000009	Ealing	08C	NHS Hammersmith and Fulham CCG	5.8%	3.0%
E09000009	Ealing	08E	NHS Harrow CCG	0.4%	0.3%
E09000009	Ealing	08G	NHS Hillingdon CCG	0.7%	0.5%
E09000009	Ealing	07Y	NHS Hounslow CCG	4.8%	3.6%
E09000009	Ealing	08Y	NHS West London (K&C & QPP) CCG	0.7%	0.4%
E06000011	East Riding of Yorkshire	02Y	NHS East Riding of Yorkshire CCG	97.4%	85.0%
E06000011	East Riding of Yorkshire	03F	NHS Hull CCG	9.5%	8.1%
E06000011	East Riding of Yorkshire	03M	NHS Scarborough and Ryedale CCG	0.7%	0.2%
E06000011	East Riding of Yorkshire	03Q	NHS Vale of York CCG	6.5%	6.6%
E10000011	East Sussex	09D	NHS Brighton and Hove CCG	1.1%	0.6%
E10000011	East Sussex	09F	NHS Eastbourne, Hailsham and Seaford CCG	100.0%	34.7%
E10000011	East Sussex	09P	NHS Hastings and Rother CCG	99.7%	33.3%
E10000011	East Sussex	99K	NHS High Weald Lewes Havens CCG	98.1%	29.6%
E10000011	East Sussex	09X	NHS Horsham and Mid Sussex CCG	2.8%	1.2%
E10000011	East Sussex	99J	NHS West Kent CCG	0.8%	0.7%
E09000010	Enfield	07M	NHS Barnet CCG	1.1%	1.3%
E09000010	Enfield	07T	NHS City and Hackney CCG	0.1%	0.1%
E09000010	Enfield	06K	NHS East and North Hertfordshire CCG	0.3%	0.5%
E09000010	Enfield	07X	NHS Enfield CCG	95.4%	90.8%
E09000010	Enfield	08D	NHS Haringey CCG	7.7%	6.9%
E09000010	Enfield	06N	NHS Herts Valleys CCG	0.1%	0.2%
E09000010	Enfield	08H	NHS Islington CCG	0.2%	0.1%
E10000012	Essex	07L	NHS Barking and Dagenham CCG	0.1%	0.0%
E10000012	Essex	99E	NHS Basildon and Brentwood CCG	99.8%	18.2%
E10000012	Essex	06H	NHS Cambridgeshire and Peterborough CCG	0.1%	0.0%
E10000012	Essex	99F	NHS Castle Point and Rochford CCG	95.3%	11.6%
E10000012	Essex	06K	NHS East and North Hertfordshire CCG	1.7%	0.7%
E10000012	Essex	08F	NHS Havering CCG	0.3%	0.0%
E10000012	Essex	06L	NHS Ipswich and East Suffolk CCG	0.2%	0.0%
E10000012	Essex	06Q	NHS Mid Essex CCG	100.0%	25.6%
E10000012	Essex	06T	NHS North East Essex CCG	98.6%	22.6%
E10000012	Essex	08N	NHS Redbridge CCG	3.0%	0.6%
E10000012	Essex	99G	NHS Southend CCG	3.3%	0.4%
E10000012	Essex	07G	NHS Thurrock CCG	1.4%	0.2%
E10000012	Essex	08W	NHS Waltham Forest CCG	0.5%	0.1%
E10000012	Essex	07H	NHS West Essex CCG	97.1%	19.7%
E10000012	Essex	07K	NHS West Suffolk CCG	2.3%	0.4%
E08000037	Gateshead	13T	NHS Newcastle Gateshead CCG	38.9%	97.9%
E08000037	Gateshead	00J	NHS North Durham CCG	0.9%	1.1%
E08000037	Gateshead	00L	NHS Northumberland CCG	0.5%	0.8%
E08000037	Gateshead	00N	NHS South Tyneside CCG	0.3%	0.2%
E10000013	Gloucestershire	11M	NHS Gloucestershire CCG	97.6%	98.6%
E10000013	Gloucestershire	05F	NHS Herefordshire CCG	0.5%	0.1%
E10000013	Gloucestershire	10Q	NHS Oxfordshire CCG	0.2%	0.2%
E10000013	Gloucestershire	12A	NHS South Gloucestershire CCG	0.3%	0.1%
E10000013	Gloucestershire	05R	NHS South Warwickshire CCG	0.5%	0.2%
E10000013	Gloucestershire	05T	NHS South Worcestershire CCG	1.1%	0.5%
E10000013	Gloucestershire	99N	NHS Wiltshire CCG	0.2%	0.2%
E09000011	Greenwich	07N	NHS Bexley CCG	5.1%	4.2%
E09000011	Greenwich	07Q	NHS Bromley CCG	1.1%	1.3%
E09000011	Greenwich	08A	NHS Greenwich CCG	88.7%	89.7%
E09000011	Greenwich	08L	NHS Lewisham CCG	4.2%	4.7%
E09000012	Hackney	07R	NHS Camden CCG	0.8%	0.7%
E09000012	Hackney	09A	NHS Central London (Westminster) CCG	0.2%	0.1%
E09000012	Hackney	07T	NHS City and Hackney CCG	90.4%	94.4%
E09000012	Hackney	08D	NHS Haringey CCG	0.6%	0.6%
E09000012	Hackney	08H	NHS Islington CCG	4.4%	3.6%
E09000012	Hackney	08V	NHS Tower Hamlets CCG	0.5%	0.5%
E06000006	Halton	01F	NHS Halton CCG	98.2%	96.6%
E06000006	Halton	01J	NHS Knowsley CCG	0.2%	0.2%
E06000006	Halton	99A	NHS Liverpool CCG	0.3%	1.1%
E06000006	Halton	02E	NHS Warrington CCG	0.6%	1.0%
E06000006	Halton	02F	NHS West Cheshire CCG	0.6%	1.2%

E09000013	Hammersmith and Fulham	07P	NHS Brent CCG	0.3%	0.5%
E09000013	Hammersmith and Fulham	07R	NHS Camden CCG	0.1%	0.1%
E09000013	Hammersmith and Fulham	09A	NHS Central London (Westminster) CCG	2.4%	2.4%
E09000013	Hammersmith and Fulham	07W	NHS Ealing CCG	0.6%	1.2%
E09000013	Hammersmith and Fulham	08C	NHS Hammersmith and Fulham CCG	90.4%	87.7%
E09000013	Hammersmith and Fulham	07Y	NHS Hounslow CCG	0.5%	0.7%
E09000013	Hammersmith and Fulham	08X	NHS Wandsworth CCG	0.1%	0.2%
E09000013	Hammersmith and Fulham	08Y	NHS West London (K&C & QPP) CCG	6.4%	7.2%
E10000014	Hampshire	10G	NHS Bracknell and Ascot CCG	0.7%	0.0%
E10000014	Hampshire	09G	NHS Coastal West Sussex CCG	0.2%	0.0%
E10000014	Hampshire	11J	NHS Dorset CCG	0.5%	0.3%
E10000014	Hampshire	10K	NHS Fareham and Gosport CCG	98.6%	14.5%
E10000014	Hampshire	09N	NHS Guildford and Waverley CCG	2.9%	0.5%
E10000014	Hampshire	10M	NHS Newbury and District CCG	5.9%	0.5%
E10000014	Hampshire	10N	NHS North & West Reading CCG	0.9%	0.0%
E10000014	Hampshire	99M	NHS North East Hampshire and Farnham CCG	76.4%	12.4%
E10000014	Hampshire	10J	NHS North Hampshire CCG	99.2%	16.0%
E10000014	Hampshire	10R	NHS Portsmouth CCG	4.4%	0.7%
E10000014	Hampshire	10V	NHS South Eastern Hampshire CCG	95.5%	14.6%
E10000014	Hampshire	10X	NHS Southampton CCG	5.3%	1.1%
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%
E10000014	Hampshire	11D	NHS Wokingham CCG	0.6%	0.0%
E09000014	Haringey	07M	NHS Barnet CCG	1.1%	1.5%
E09000014	Haringey	07R	NHS Camden CCG	0.6%	0.5%
E09000014	Haringey	09A	NHS Central London (Westminster) CCG	0.1%	0.0%
E09000014	Haringey	07T	NHS City and Hackney CCG	3.0%	3.1%
E09000014	Haringey	07X	NHS Enfield CCG	1.3%	1.4%
E09000014	Haringey	08D	NHS Haringey CCG	87.8%	91.5%
E09000014	Haringey	08H	NHS Islington CCG	2.4%	2.0%
E09000015	Harrow	07M	NHS Barnet CCG	4.3%	6.3%
E09000015	Harrow	07P	NHS Brent CCG	3.6%	4.8%
E09000015	Harrow	07W	NHS Ealing CCG	1.2%	1.9%
E09000015	Harrow	08E	NHS Harrow CCG	89.7%	84.4%
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%	0.5%
E06000001	Hartlepool	00K	NHS Hartlepool and Stockton-On-Tees CCG	32.5%	99.5%
E09000016	Havering	07L	NHS Barking and Dagenham CCG	3.3%	2.8%
E09000016	Havering	08F	NHS Havering CCG	91.7%	96.4%
E09000016	Havering	08M	NHS Newham CCG	0.1%	0.1%
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	98.1%	97.3%
E06000019	Herefordshire, County of	05N	NHS Shropshire CCG	0.3%	0.5%
E06000019	Herefordshire, County of	05T	NHS South Worcestershire CCG	0.8%	1.3%
E10000015	Hertfordshire	10Y	NHS Aylesbury Vale CCG	0.4%	0.0%
E10000015	Hertfordshire	07M	NHS Barnet CCG	0.2%	0.0%
E10000015	Hertfordshire	06F	NHS Bedfordshire CCG	0.1%	0.0%
E10000015	Hertfordshire	06H	NHS Cambridgeshire and Peterborough CCG	2.1%	1.6%
E10000015	Hertfordshire	10H	NHS Chiltern CCG	0.1%	0.0%
E10000015	Hertfordshire	06K	NHS East and North Hertfordshire CCG	96.9%	46.6%
E10000015	Hertfordshire	07X	NHS Enfield CCG	0.4%	0.1%
E10000015	Hertfordshire	08E	NHS Harrow CCG	0.6%	0.1%
E10000015	Hertfordshire	06N	NHS Herts Valleys CCG	98.1%	50.8%
E10000015	Hertfordshire	08G	NHS Hillingdon CCG	2.3%	0.6%
E10000015	Hertfordshire	06P	NHS Luton CCG	0.4%	0.0%
E10000015	Hertfordshire	07H	NHS West Essex CCG	0.8%	0.2%
E09000017	Hillingdon	10H	NHS Chiltern CCG	0.1%	0.1%
E09000017	Hillingdon	07W	NHS Ealing CCG	5.2%	6.9%
E09000017	Hillingdon	08C	NHS Hammersmith and Fulham CCG	0.5%	0.3%
E09000017	Hillingdon	08E	NHS Harrow CCG	2.3%	1.9%
E09000017	Hillingdon	08G	NHS Hillingdon CCG	94.3%	89.9%
E09000017	Hillingdon	07Y	NHS Hounslow CCG	1.0%	0.9%

E09000018	Hounslow	07W	NHS Ealing CCG	5.7%	7.8%
E09000018	Hounslow	08C	NHS Hammersmith and Fulham CCG	1.0%	0.7%
E09000018	Hounslow	08G	NHS Hillingdon CCG	0.2%	0.2%
E09000018	Hounslow	07Y	NHS Hounslow CCG	88.2%	86.8%
E09000018	Hounslow	09Y	NHS North West Surrey CCG	0.3%	0.4%
E09000018	Hounslow	08P	NHS Richmond CCG	5.6%	3.9%
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	4.6%	5.2%
E09000019	Islington	09A	NHS Central London (Westminster) CCG	0.5%	0.4%
E09000019	Islington	07T	NHS City and Hackney CCG	3.3%	4.1%
E09000019	Islington	08D	NHS Haringey CCG	1.3%	1.6%
E09000019	Islington	08H	NHS Islington CCG	89.4%	88.7%
E09000020	Kensington and Chelsea	07P	NHS Brent CCG	0.0%	0.1%
E09000020	Kensington and Chelsea	07R	NHS Camden CCG	0.2%	0.4%
E09000020	Kensington and Chelsea	09A	NHS Central London (Westminster) CCG	4.0%	5.2%
E09000020	Kensington and Chelsea	08C	NHS Hammersmith and Fulham CCG	1.0%	1.2%
E09000020	Kensington and Chelsea	08Y	NHS West London (K&C & QPP) CCG	63.8%	93.1%
E10000016	Kent	09C	NHS Ashford CCG	100.0%	8.3%
E10000016	Kent	07N	NHS Bexley CCG	1.2%	0.2%
E10000016	Kent	07Q	NHS Bromley CCG	0.9%	0.2%
E10000016	Kent	09E	NHS Canterbury and Coastal CCG	100.0%	14.2%
E10000016	Kent	09J	NHS Dartford, Gravesham and Swanley CCG	98.3%	16.5%
E10000016	Kent	09L	NHS East Surrey CCG	0.1%	0.0%
E10000016	Kent	08A	NHS Greenwich CCG	0.1%	0.0%
E10000016	Kent	09P	NHS Hastings and Rother CCG	0.3%	0.0%
E10000016	Kent	99K	NHS High Weald Lewes Havens CCG	0.6%	0.0%
E10000016	Kent	09W	NHS Medway CCG	6.0%	1.1%
E10000016	Kent	10A	NHS South Kent Coast CCG	100.0%	12.9%
E10000016	Kent	10D	NHS Swale CCG	99.9%	7.1%
E10000016	Kent	10E	NHS Thanet CCG	100.0%	9.2%
E10000016	Kent	99J	NHS West Kent CCG	98.7%	30.3%
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	90.5%	98.6%
E09000021	Kingston upon Thames	08J	NHS Kingston CCG	87.1%	95.6%
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	0.9%	1.5%
E09000021	Kingston upon Thames	08T	NHS Sutton CCG	0.1%	0.1%
E09000021	Kingston upon Thames	08X	NHS Wandsworth CCG	0.3%	0.6%
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	1.3%	0.7%
E08000034	Kirklees	03A	NHS Greater Huddersfield CCG	99.5%	54.7%
E08000034	Kirklees	03C	NHS Leeds West CCG	0.3%	0.2%
E08000034	Kirklees	03J	NHS North Kirklees CCG	98.9%	42.4%
E08000034	Kirklees	03R	NHS Wakefield CCG	1.5%	1.2%
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	2.5%	8.0%
E08000011	Knowsley	01T	NHS South Sefton CCG	0.2%	0.1%
E08000011	Knowsley	01X	NHS St Helens CCG	2.3%	2.8%
E09000022	Lambeth	07R	NHS Camden CCG	0.1%	0.1%
E09000022	Lambeth	09A	NHS Central London (Westminster) CCG	0.8%	0.5%
E09000022	Lambeth	07V	NHS Croydon CCG	0.7%	0.8%
E09000022	Lambeth	08K	NHS Lambeth CCG	85.9%	92.6%
E09000022	Lambeth	08R	NHS Merton CCG	1.1%	0.6%
E09000022	Lambeth	08Q	NHS Southwark CCG	1.8%	1.6%
E09000022	Lambeth	08X	NHS Wandsworth CCG	3.6%	3.8%

E10000017	Lancashire	02N	NHS Airedale, Wharfedale and Craven CCG	0.2%	0.0%
E10000017	Lancashire	00Q	NHS Blackburn with Darwen CCG	11.0%	1.5%
E10000017	Lancashire	00R	NHS Blackpool CCG	13.3%	1.8%
E10000017	Lancashire	00T	NHS Bolton CCG	0.3%	0.0%
E10000017	Lancashire	00V	NHS Bury CCG	1.4%	0.2%
E10000017	Lancashire	00X	NHS Chorley and South Ribble CCG	99.8%	14.5%
E10000017	Lancashire	01H	NHS Cumbria CCG	1.4%	0.6%
E10000017	Lancashire	01A	NHS East Lancashire CCG	99.0%	30.0%
E10000017	Lancashire	02M	NHS Fylde & Wyre CCG	97.5%	11.8%
E10000017	Lancashire	01E	NHS Greater Preston CCG	100.0%	17.1%
E10000017	Lancashire	01D	NHS Heywood, Middleton and Rochdale CCG	0.9%	0.2%
E10000017	Lancashire	01J	NHS Knowsley CCG	0.1%	0.0%
E10000017	Lancashire	01K	NHS Morecambe Bay CCG	99.8%	12.9%
E10000017	Lancashire	01T	NHS South Sefton CCG	0.5%	0.0%
E10000017	Lancashire	01V	NHS Southport and Formby CCG	3.1%	0.3%
E10000017	Lancashire	01X	NHS St Helens CCG	0.5%	0.0%
E10000017	Lancashire	02G	NHS West Lancashire CCG	97.0%	8.8%
E10000017	Lancashire	02H	NHS Wigan Borough CCG	0.8%	0.2%
E08000035	Leeds	02W	NHS Bradford City CCG	0.6%	0.0%
E08000035	Leeds	02R	NHS Bradford Districts CCG	0.7%	0.3%
E08000035	Leeds	02V	NHS Leeds North CCG	96.4%	24.2%
E08000035	Leeds	03G	NHS Leeds South and East CCG	98.4%	31.7%
E08000035	Leeds	03C	NHS Leeds West CCG	97.9%	43.0%
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	2.3%	2.0%
E06000016	Leicester	04C	NHS Leicester City CCG	92.5%	95.3%
E06000016	Leicester	04V	NHS West Leicestershire CCG	2.7%	2.7%
E10000018	Leicestershire	03V	NHS Corby CCG	0.6%	0.0%
E10000018	Leicestershire	03W	NHS East Leicestershire and Rutland CCG	85.4%	39.9%
E10000018	Leicestershire	04C	NHS Leicester City CCG	7.5%	4.2%
E10000018	Leicestershire	04N	NHS Rushcliffe CCG	5.4%	1.0%
E10000018	Leicestershire	04Q	NHS South West Lincolnshire CCG	5.6%	1.1%
E10000018	Leicestershire	04R	NHS Southern Derbyshire CCG	0.7%	0.5%
E10000018	Leicestershire	05H	NHS Warwickshire North CCG	1.6%	0.4%
E10000018	Leicestershire	04V	NHS West Leicestershire CCG	96.2%	52.9%
E09000023	Lewisham	07Q	NHS Bromley CCG	1.4%	1.5%
E09000023	Lewisham	09A	NHS Central London (Westminster) CCG	0.2%	0.1%
E09000023	Lewisham	08A	NHS Greenwich CCG	2.1%	1.9%
E09000023	Lewisham	08K	NHS Lambeth CCG	0.3%	0.3%
E09000023	Lewisham	08L	NHS Lewisham CCG	91.8%	92.4%
E09000023	Lewisham	08Q	NHS Southwark CCG	3.8%	3.8%
E10000019	Lincolnshire	06H	NHS Cambridgeshire and Peterborough CCG	0.2%	0.3%
E10000019	Lincolnshire	03W	NHS East Leicestershire and Rutland CCG	0.2%	0.0%
E10000019	Lincolnshire	03T	NHS Lincolnshire East CCG	99.2%	32.0%
E10000019	Lincolnshire	04D	NHS Lincolnshire West CCG	98.5%	30.5%
E10000019	Lincolnshire	04H	NHS Newark & Sherwood CCG	2.4%	0.4%
E10000019	Lincolnshire	03H	NHS North East Lincolnshire CCG	2.7%	0.6%
E10000019	Lincolnshire	03K	NHS North Lincolnshire CCG	2.6%	0.6%
E10000019	Lincolnshire	99D	NHS South Lincolnshire CCG	90.8%	19.6%
E10000019	Lincolnshire	04Q	NHS South West Lincolnshire CCG	93.3%	16.2%
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	2.2%	4.4%
E06000032	Luton	06P	NHS Luton CCG	97.3%	95.6%
E08000003	Manchester	00V	NHS Bury CCG	0.3%	0.1%
E08000003	Manchester	01D	NHS Heywood, Middleton and Rochdale CCG	0.5%	0.2%
E08000003	Manchester	14L	NHS Manchester CCG	90.9%	95.5%
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	1.6%	0.8%
E08000003	Manchester	01Y	NHS Tameside and Glossop CCG	0.4%	0.2%
E08000003	Manchester	02A	NHS Trafford CCG	4.1%	1.6%
E06000035	Medway	09J	NHS Dartford, Gravesham and Swanley CCG	0.2%	0.2%
E06000035	Medway	09W	NHS Medway CCG	94.0%	99.5%
E06000035	Medway	10D	NHS Swale CCG	0.1%	0.0%
E06000035	Medway	99J	NHS West Kent CCG	0.2%	0.3%

E09000024	Merton	07V	NHS Croydon CCG	0.5%	0.9%
E09000024	Merton	08J	NHS Kingston CCG	3.5%	3.0%
E09000024	Merton	08K	NHS Lambeth CCG	1.0%	1.6%
E09000024	Merton	08R	NHS Merton CCG	87.5%	81.1%
E09000024	Merton	08T	NHS Sutton CCG	3.4%	2.7%
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	52.2%	99.5%
E06000042	Milton Keynes	06F	NHS Bedfordshire CCG	1.5%	2.5%
E06000042	Milton Keynes	04F	NHS Milton Keynes CCG	95.5%	96.1%
E06000042	Milton Keynes	04G	NHS Nene CCG	0.6%	1.3%
E08000021	Newcastle upon Tyne	13T	NHS Newcastle Gateshead CCG	58.6%	95.1%
E08000021	Newcastle upon Tyne	99C	NHS North Tyneside CCG	6.0%	4.1%
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	0.5%	0.3%
E09000025	Newham	07T	NHS City and Hackney CCG	0.1%	0.0%
E09000025	Newham	08M	NHS Newham CCG	96.6%	97.7%
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%	12.3%
E10000020	Norfolk	06L	NHS Ipswich and East Suffolk CCG	0.2%	0.0%
E10000020	Norfolk	06V	NHS North Norfolk CCG	100.0%	18.7%
E10000020	Norfolk	06W	NHS Norwich CCG	100.0%	23.8%
E10000020	Norfolk	99D	NHS South Lincolnshire CCG	0.2%	0.0%
E10000020	Norfolk	06Y	NHS South Norfolk CCG	98.9%	25.4%
E10000020	Norfolk	07J	NHS West Norfolk CCG	98.5%	18.5%
E10000020	Norfolk	07K	NHS West Suffolk CCG	2.6%	0.7%
E06000012	North East Lincolnshire	03T	NHS Lincolnshire East CCG	0.8%	1.2%
E06000012	North East Lincolnshire	03H	NHS North East Lincolnshire CCG	95.9%	98.6%
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	1.1%	1.4%
E06000013	North Lincolnshire	03H	NHS North East Lincolnshire CCG	1.4%	1.4%
E06000013	North Lincolnshire	03K	NHS North Lincolnshire CCG	97.2%	96.8%
E06000024	North Somerset	11E	NHS Bath and North East Somerset CCG	1.6%	1.5%
E06000024	North Somerset	11H	NHS Bristol CCG	0.3%	0.6%
E06000024	North Somerset	11T	NHS North Somerset CCG	99.1%	97.7%
E06000024	North Somerset	11X	NHS Somerset CCG	0.0%	0.2%
E08000022	North Tyneside	13T	NHS Newcastle Gateshead CCG	1.0%	2.5%
E08000022	North Tyneside	99C	NHS North Tyneside CCG	93.0%	96.3%
E08000022	North Tyneside	00L	NHS Northumberland CCG	0.7%	1.1%
E10000023	North Yorkshire	02N	NHS Airedale, Wharfedale and Craven CCG	32.4%	8.3%
E10000023	North Yorkshire	01H	NHS Cumbria CCG	1.2%	1.0%
E10000023	North Yorkshire	00C	NHS Darlington CCG	1.3%	0.2%
E10000023	North Yorkshire	02X	NHS Doncaster CCG	0.2%	0.1%
E10000023	North Yorkshire	00D	NHS Durham Dales, Easington and Sedgfield CCG	0.2%	0.1%
E10000023	North Yorkshire	01A	NHS East Lancashire CCG	0.1%	0.0%
E10000023	North Yorkshire	02Y	NHS East Riding of Yorkshire CCG	1.4%	0.7%
E10000023	North Yorkshire	03D	NHS Hambleton, Richmondshire and Whitby CCG	98.5%	22.9%
E10000023	North Yorkshire	03E	NHS Harrogate and Rural District CCG	99.9%	26.2%
E10000023	North Yorkshire	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.0%
E10000023	North Yorkshire	02V	NHS Leeds North CCG	3.0%	1.0%
E10000023	North Yorkshire	03G	NHS Leeds South and East CCG	0.5%	0.2%
E10000023	North Yorkshire	03M	NHS Scarborough and Ryedale CCG	99.3%	19.2%
E10000023	North Yorkshire	03Q	NHS Vale of York CCG	32.7%	18.7%
E10000023	North Yorkshire	03R	NHS Wakefield CCG	2.0%	1.2%

E10000021	Northamptonshire	10Y	NHS Aylesbury Vale CCG	0.1%	0.0%
E10000021	Northamptonshire	06F	NHS Bedfordshire CCG	0.1%	0.0%
E10000021	Northamptonshire	06H	NHS Cambridgeshire and Peterborough CCG	1.6%	1.9%
E10000021	Northamptonshire	03V	NHS Corby CCG	99.1%	9.7%
E10000021	Northamptonshire	05A	NHS Coventry and Rugby CCG	0.3%	0.2%
E10000021	Northamptonshire	03W	NHS East Leicestershire and Rutland CCG	1.9%	0.8%
E10000021	Northamptonshire	04F	NHS Milton Keynes CCG	3.2%	1.2%
E10000021	Northamptonshire	04G	NHS Nene CCG	98.8%	84.9%
E10000021	Northamptonshire	10Q	NHS Oxfordshire CCG	1.2%	1.1%
E10000021	Northamptonshire	99D	NHS South Lincolnshire CCG	0.9%	0.2%
E06000057	Northumberland	01H	NHS Cumbria CCG	0.0%	0.1%
E06000057	Northumberland	13T	NHS Newcastle Gateshead CCG	0.3%	0.4%
E06000057	Northumberland	00J	NHS North Durham CCG	0.2%	0.2%
E06000057	Northumberland	99C	NHS North Tyneside CCG	1.0%	0.7%
E06000057	Northumberland	00L	NHS Northumberland CCG	98.0%	98.6%
E06000018	Nottingham	04K	NHS Nottingham City CCG	89.7%	95.3%
E06000018	Nottingham	04L	NHS Nottingham North and East CCG	4.7%	2.0%
E06000018	Nottingham	04M	NHS Nottingham West CCG	4.3%	1.2%
E06000018	Nottingham	04N	NHS Rushcliffe CCG	4.3%	1.5%
E10000024	Nottinghamshire	02Q	NHS Bassetlaw CCG	97.3%	13.5%
E10000024	Nottinghamshire	02X	NHS Doncaster CCG	1.6%	0.6%
E10000024	Nottinghamshire	03W	NHS East Leicestershire and Rutland CCG	0.3%	0.1%
E10000024	Nottinghamshire	03X	NHS Erewash CCG	7.6%	0.9%
E10000024	Nottinghamshire	03Y	NHS Hardwick CCG	5.0%	0.6%
E10000024	Nottinghamshire	04D	NHS Lincolnshire West CCG	0.4%	0.1%
E10000024	Nottinghamshire	04E	NHS Mansfield and Ashfield CCG	98.0%	22.5%
E10000024	Nottinghamshire	04H	NHS Newark & Sherwood CCG	97.6%	15.6%
E10000024	Nottinghamshire	04K	NHS Nottingham City CCG	10.3%	4.6%
E10000024	Nottinghamshire	04L	NHS Nottingham North and East CCG	95.0%	17.3%
E10000024	Nottinghamshire	04M	NHS Nottingham West CCG	90.5%	10.2%
E10000024	Nottinghamshire	04N	NHS Rushcliffe CCG	90.4%	13.6%
E10000024	Nottinghamshire	04Q	NHS South West Lincolnshire CCG	0.7%	0.1%
E10000024	Nottinghamshire	04R	NHS Southern Derbyshire CCG	0.6%	0.4%
E10000024	Nottinghamshire	04V	NHS West Leicestershire CCG	0.1%	0.0%
E08000004	Oldham	01D	NHS Heywood, Middleton and Rochdale CCG	1.5%	1.4%
E08000004	Oldham	14L	NHS Manchester CCG	0.8%	2.1%
E08000004	Oldham	00Y	NHS Oldham CCG	94.6%	96.3%
E08000004	Oldham	01Y	NHS Tameside and Glossop CCG	0.2%	0.2%
E10000025	Oxfordshire	10Y	NHS Aylesbury Vale CCG	6.1%	1.8%
E10000025	Oxfordshire	10H	NHS Chiltern CCG	0.1%	0.0%
E10000025	Oxfordshire	11M	NHS Gloucestershire CCG	0.2%	0.2%
E10000025	Oxfordshire	04G	NHS Nene CCG	0.1%	0.1%
E10000025	Oxfordshire	10M	NHS Newbury and District CCG	0.1%	0.0%
E10000025	Oxfordshire	10N	NHS North & West Reading CCG	2.0%	0.3%
E10000025	Oxfordshire	10Q	NHS Oxfordshire CCG	97.3%	96.6%
E10000025	Oxfordshire	05R	NHS South Warwickshire CCG	0.6%	0.2%
E10000025	Oxfordshire	12D	NHS Swindon CCG	2.6%	0.8%
E06000031	Peterborough	06H	NHS Cambridgeshire and Peterborough CCG	22.8%	96.3%
E06000031	Peterborough	99D	NHS South Lincolnshire CCG	5.1%	3.7%
E06000026	Plymouth	99P	NHS North, East, West Devon CCG	29.2%	100.0%
E06000044	Portsmouth	10K	NHS Fareham and Gosport CCG	1.4%	1.3%
E06000044	Portsmouth	10R	NHS Portsmouth CCG	95.6%	98.4%
E06000044	Portsmouth	10V	NHS South Eastern Hampshire CCG	0.3%	0.3%
E06000038	Reading	10N	NHS North & West Reading CCG	61.6%	36.2%
E06000038	Reading	10Q	NHS Oxfordshire CCG	0.2%	0.6%
E06000038	Reading	10W	NHS South Reading CCG	79.8%	60.6%
E06000038	Reading	11D	NHS Wokingham CCG	3.1%	2.7%
E09000026	Redbridge	07L	NHS Barking and Dagenham CCG	5.6%	3.8%
E09000026	Redbridge	08F	NHS Havering CCG	0.8%	0.7%
E09000026	Redbridge	08M	NHS Newham CCG	1.5%	1.8%
E09000026	Redbridge	08N	NHS Redbridge CCG	92.6%	88.7%
E09000026	Redbridge	08W	NHS Waltham Forest CCG	3.4%	3.2%
E09000026	Redbridge	07H	NHS West Essex CCG	1.8%	1.7%
E06000003	Redcar and Cleveland	03D	NHS Hambleton, Richmondshire and Whitby CCG	1.0%	1.0%
E06000003	Redcar and Cleveland	00M	NHS South Tees CCG	47.4%	99.0%

E09000027	Richmond upon Thames	08C	NHS Hammersmith and Fulham CCG	0.4%	0.4%
E09000027	Richmond upon Thames	07Y	NHS Hounslow CCG	4.9%	7.0%
E09000027	Richmond upon Thames	08J	NHS Kingston CCG	1.5%	1.4%
E09000027	Richmond upon Thames	08P	NHS Richmond CCG	91.7%	90.5%
E09000027	Richmond upon Thames	99H	NHS Surrey Downs CCG	0.0%	0.1%
E09000027	Richmond upon Thames	08X	NHS Wandsworth CCG	0.3%	0.6%
E08000005	Rochdale	00V	NHS Bury CCG	0.6%	0.6%
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	3.4%	3.2%
E08000018	Rotherham	02Q	NHS Bassetlaw CCG	1.0%	0.4%
E08000018	Rotherham	02X	NHS Doncaster CCG	1.1%	1.3%
E08000018	Rotherham	03L	NHS Rotherham CCG	97.9%	93.5%
E08000018	Rotherham	03N	NHS Sheffield CCG	0.8%	1.6%
E06000017	Rutland	06H	NHS Cambridgeshire and Peterborough CCG	0.0%	0.4%
E06000017	Rutland	03V	NHS Corby CCG	0.3%	0.6%
E06000017	Rutland	03W	NHS East Leicestershire and Rutland CCG	9.8%	85.7%
E06000017	Rutland	99D	NHS South Lincolnshire CCG	2.7%	11.9%
E06000017	Rutland	04Q	NHS South West Lincolnshire CCG	0.4%	1.5%
E08000006	Salford	00T	NHS Bolton CCG	0.3%	0.3%
E08000006	Salford	00V	NHS Bury CCG	1.9%	1.4%
E08000006	Salford	14L	NHS Manchester CCG	0.9%	2.2%
E08000006	Salford	01G	NHS Salford CCG	94.0%	94.8%
E08000006	Salford	02A	NHS Trafford CCG	0.2%	0.2%
E08000006	Salford	02H	NHS Wigan Borough CCG	0.9%	1.1%
E08000028	Sandwell	13P	NHS Birmingham Crosscity CCG	3.0%	6.2%
E08000028	Sandwell	04X	NHS Birmingham South and Central CCG	0.2%	0.2%
E08000028	Sandwell	05C	NHS Dudley CCG	3.0%	2.7%
E08000028	Sandwell	05L	NHS Sandwell and West Birmingham CCG	54.0%	89.2%
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	96.1%	51.8%
E08000014	Sefton	01V	NHS Southport and Formby CCG	96.9%	41.8%
E08000014	Sefton	02G	NHS West Lancashire CCG	0.3%	0.1%
E08000019	Sheffield	02P	NHS Barnsley CCG	0.8%	0.4%
E08000019	Sheffield	03Y	NHS Hardwick CCG	0.4%	0.0%
E08000019	Sheffield	04J	NHS North Derbyshire CCG	0.7%	0.3%
E08000019	Sheffield	03L	NHS Rotherham CCG	0.3%	0.1%
E08000019	Sheffield	03N	NHS Sheffield CCG	98.6%	99.2%
E06000051	Shropshire	05F	NHS Herefordshire CCG	0.4%	0.3%
E06000051	Shropshire	05G	NHS North Staffordshire CCG	0.4%	0.3%
E06000051	Shropshire	05N	NHS Shropshire CCG	96.6%	95.4%
E06000051	Shropshire	01R	NHS South Cheshire CCG	0.5%	0.3%
E06000051	Shropshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	1.2%	0.9%
E06000051	Shropshire	05T	NHS South Worcestershire CCG	1.0%	1.0%
E06000051	Shropshire	05X	NHS Telford and Wrekin CCG	2.3%	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	10H	NHS Chiltern CCG	3.1%	6.5%
E06000039	Slough	09Y	NHS North West Surrey CCG	0.0%	0.1%
E06000039	Slough	10T	NHS Slough CCG	96.6%	93.1%
E06000039	Slough	11C	NHS Windsor, Ascot and Maidenhead CCG	0.4%	0.4%
E08000029	Solihull	13P	NHS Birmingham Crosscity CCG	1.9%	6.2%
E08000029	Solihull	04X	NHS Birmingham South and Central CCG	0.4%	0.6%
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	05P	NHS Solihull CCG	83.6%	92.1%
E08000029	Solihull	05R	NHS South Warwickshire CCG	0.3%	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	11J	NHS Dorset CCG	0.5%	0.7%
E10000027	Somerset	11T	NHS North Somerset CCG	0.9%	0.3%
E10000027	Somerset	99P	NHS North, East, West Devon CCG	0.3%	0.5%
E10000027	Somerset	11X	NHS Somerset CCG	98.5%	97.3%
E10000027	Somerset	99N	NHS Wiltshire CCG	0.1%	0.0%

E06000025	South Gloucestershire	11E	NHS Bath and North East Somerset CCG	0.6%	0.5%
E06000025	South Gloucestershire	11H	NHS Bristol CCG	5.0%	8.9%
E06000025	South Gloucestershire	11M	NHS Gloucestershire CCG	0.8%	1.8%
E06000025	South Gloucestershire	12A	NHS South Gloucestershire CCG	95.1%	88.7%
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	94.7%	99.5%
E06000045	Southampton	11A	NHS West Hampshire CCG	0.2%	0.5%
E06000033	Southend-on-Sea	99F	NHS Castle Point and Rochford CCG	4.7%	4.6%
E06000033	Southend-on-Sea	99G	NHS Southend CCG	96.7%	95.4%
E09000028	Southwark	07R	NHS Camden CCG	0.4%	0.3%
E09000028	Southwark	09A	NHS Central London (Westminster) CCG	2.2%	1.4%
E09000028	Southwark	08K	NHS Lambeth CCG	6.6%	7.7%
E09000028	Southwark	08L	NHS Lewisham CCG	2.0%	1.8%
E09000028	Southwark	08Q	NHS Southwark CCG	94.4%	88.7%
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	91.1%	96.3%
E08000013	St. Helens	02E	NHS Warrington CCG	0.0%	0.1%
E08000013	St. Helens	02H	NHS Wigan Borough CCG	0.7%	1.2%
E10000028	Staffordshire	13P	NHS Birmingham Crosscity CCG	0.5%	0.4%
E10000028	Staffordshire	04Y	NHS Cannock Chase CCG	99.3%	14.9%
E10000028	Staffordshire	05C	NHS Dudley CCG	1.4%	0.5%
E10000028	Staffordshire	05D	NHS East Staffordshire CCG	92.0%	14.6%
E10000028	Staffordshire	01C	NHS Eastern Cheshire CCG	0.6%	0.1%
E10000028	Staffordshire	04J	NHS North Derbyshire CCG	0.7%	0.2%
E10000028	Staffordshire	05G	NHS North Staffordshire CCG	95.1%	23.5%
E10000028	Staffordshire	05N	NHS Shropshire CCG	1.0%	0.4%
E10000028	Staffordshire	01R	NHS South Cheshire CCG	0.5%	0.1%
E10000028	Staffordshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	96.1%	23.7%
E10000028	Staffordshire	04R	NHS Southern Derbyshire CCG	0.5%	0.3%
E10000028	Staffordshire	05V	NHS Stafford and Surrounds CCG	99.5%	16.6%
E10000028	Staffordshire	05W	NHS Stoke on Trent CCG	8.9%	2.9%
E10000028	Staffordshire	05X	NHS Telford and Wrekin CCG	1.0%	0.2%
E10000028	Staffordshire	05Y	NHS Walsall CCG	1.6%	0.5%
E10000028	Staffordshire	05H	NHS Warwickshire North CCG	1.2%	0.3%
E10000028	Staffordshire	06A	NHS Wolverhampton CCG	2.7%	0.9%
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	95.0%	96.5%
E08000007	Stockport	01Y	NHS Tameside and Glossop CCG	0.3%	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%	0.5%
E06000004	Stockton-on-Tees	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.1%	0.1%
E06000004	Stockton-on-Tees	00K	NHS Hartlepool and Stockton-On-Tees CCG	66.9%	98.6%
E06000004	Stockton-on-Tees	00M	NHS South Tees CCG	0.4%	0.6%
E06000021	Stoke-on-Trent	05G	NHS North Staffordshire CCG	3.4%	2.7%
E06000021	Stoke-on-Trent	05V	NHS Stafford and Surrounds CCG	0.5%	0.3%
E06000021	Stoke-on-Trent	05W	NHS Stoke on Trent CCG	91.1%	97.0%
E10000029	Suffolk	06H	NHS Cambridgeshire and Peterborough CCG	0.1%	0.2%
E10000029	Suffolk	06M	NHS Great Yarmouth and Waveney CCG	52.3%	16.4%
E10000029	Suffolk	06L	NHS Ipswich and East Suffolk CCG	99.6%	52.8%
E10000029	Suffolk	06T	NHS North East Essex CCG	1.4%	0.6%
E10000029	Suffolk	06Y	NHS South Norfolk CCG	1.1%	0.4%
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%	0.8%
E08000024	Sunderland	00J	NHS North Durham CCG	2.2%	2.0%
E08000024	Sunderland	00N	NHS South Tyneside CCG	0.4%	0.2%
E08000024	Sunderland	00P	NHS Sunderland CCG	98.5%	96.1%

E10000030	Surrey	10G	NHS Bracknell and Ascot CCG	1.7%	0.2%
E10000030	Surrey	07Q	NHS Bromley CCG	0.4%	0.1%
E10000030	Surrey	09G	NHS Coastal West Sussex CCG	0.2%	0.0%
E10000030	Surrey	09H	NHS Crawley CCG	6.6%	0.7%
E10000030	Surrey	07V	NHS Croydon CCG	1.2%	0.4%
E10000030	Surrey	09L	NHS East Surrey CCG	96.6%	14.1%
E10000030	Surrey	09N	NHS Guildford and Waverley CCG	94.0%	17.0%
E10000030	Surrey	09X	NHS Horsham and Mid Sussex CCG	1.5%	0.3%
E10000030	Surrey	07Y	NHS Hounslow CCG	0.6%	0.2%
E10000030	Surrey	08J	NHS Kingston CCG	4.4%	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%	29.4%
E10000030	Surrey	08P	NHS Richmond CCG	0.6%	0.1%
E10000030	Surrey	10V	NHS South Eastern Hampshire CCG	0.1%	0.0%
E10000030	Surrey	99H	NHS Surrey Downs CCG	97.1%	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%
E10000030	Surrey	11C	NHS Windsor, Ascot and Maidenhead CCG	8.5%	1.1%
E09000029	Sutton	07V	NHS Croydon CCG	1.0%	1.9%
E09000029	Sutton	08J	NHS Kingston CCG	3.4%	3.3%
E09000029	Sutton	08K	NHS Lambeth CCG	0.1%	0.2%
E09000029	Sutton	08R	NHS Merton CCG	6.4%	6.7%
E09000029	Sutton	99H	NHS Surrey Downs CCG	1.4%	2.0%
E09000029	Sutton	08T	NHS Sutton CCG	94.5%	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	96.2%	98.3%
E06000030	Swindon	99N	NHS Wiltshire CCG	0.7%	1.4%
E08000008	Tameside	14L	NHS Manchester CCG	2.3%	5.9%
E08000008	Tameside	00Y	NHS Oldham CCG	3.6%	3.8%
E08000008	Tameside	01W	NHS Stockport CCG	1.7%	2.2%
E08000008	Tameside	01Y	NHS Tameside and Glossop CCG	85.1%	88.1%
E06000020	Telford and Wrekin	05N	NHS Shropshire CCG	1.7%	2.9%
E06000020	Telford and Wrekin	05X	NHS Telford and Wrekin CCG	96.7%	97.1%
E06000034	Thurrock	07L	NHS Barking and Dagenham CCG	0.2%	0.2%
E06000034	Thurrock	99E	NHS Basildon and Brentwood CCG	0.2%	0.3%
E06000034	Thurrock	08F	NHS Havering CCG	0.2%	0.3%
E06000034	Thurrock	07G	NHS Thurrock CCG	98.4%	99.2%
E06000027	Torbay	99Q	NHS South Devon and Torbay CCG	48.9%	100.0%
E09000030	Tower Hamlets	07R	NHS Camden CCG	1.1%	0.9%
E09000030	Tower Hamlets	09A	NHS Central London (Westminster) CCG	0.4%	0.3%
E09000030	Tower Hamlets	07T	NHS City and Hackney CCG	0.9%	0.9%
E09000030	Tower Hamlets	08H	NHS Islington CCG	0.1%	0.1%
E09000030	Tower Hamlets	08M	NHS Newham CCG	0.2%	0.3%
E09000030	Tower Hamlets	08V	NHS Tower Hamlets CCG	98.9%	97.5%
E08000009	Trafford	14L	NHS Manchester CCG	2.7%	6.9%
E08000009	Trafford	01G	NHS Salford CCG	0.1%	0.1%
E08000009	Trafford	02A	NHS Trafford CCG	95.6%	92.8%
E08000009	Trafford	02E	NHS Warrington CCG	0.1%	0.1%
E08000036	Wakefield	02P	NHS Barnsley CCG	0.9%	0.6%
E08000036	Wakefield	03G	NHS Leeds South and East CCG	1.0%	0.8%
E08000036	Wakefield	03C	NHS Leeds West CCG	0.1%	0.2%
E08000036	Wakefield	03J	NHS North Kirklees CCG	0.6%	0.3%
E08000036	Wakefield	03R	NHS Wakefield CCG	94.5%	98.1%
E08000030	Walsall	13P	NHS Birmingham Crosscity CCG	1.8%	4.6%
E08000030	Walsall	04Y	NHS Cannock Chase CCG	0.7%	0.3%
E08000030	Walsall	05L	NHS Sandwell and West Birmingham CCG	1.6%	3.2%
E08000030	Walsall	05Q	NHS South East Staffs and Seisdon Peninsular CCG	0.1%	0.0%
E08000030	Walsall	05Y	NHS Walsall CCG	92.7%	90.6%
E08000030	Walsall	06A	NHS Wolverhampton CCG	1.4%	1.3%
E09000031	Waltham Forest	07T	NHS City and Hackney CCG	0.3%	0.3%
E09000031	Waltham Forest	08M	NHS Newham CCG	1.2%	1.6%
E09000031	Waltham Forest	08N	NHS Redbridge CCG	1.4%	1.4%
E09000031	Waltham Forest	08W	NHS Waltham Forest CCG	94.3%	96.6%

E09000032	Wandsworth	09A	NHS Central London (Westminster) CCG	0.9%	0.5%
E09000032	Wandsworth	08C	NHS Hammersmith and Fulham CCG	0.5%	0.3%
E09000032	Wandsworth	08J	NHS Kingston CCG	0.1%	0.0%
E09000032	Wandsworth	08K	NHS Lambeth CCG	3.0%	3.2%
E09000032	Wandsworth	08R	NHS Merton CCG	2.9%	1.7%
E09000032	Wandsworth	08P	NHS Richmond CCG	1.3%	0.8%
E09000032	Wandsworth	08X	NHS Wandsworth CCG	88.3%	93.1%
E09000032	Wandsworth	08Y	NHS West London (K&C & QPP) CCG	0.6%	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	2.3%	2.0%
E06000007	Warrington	02E	NHS Warrington CCG	97.8%	96.9%
E06000007	Warrington	02H	NHS Wigan Borough CCG	0.2%	0.3%
E10000031	Warwickshire	13P	NHS Birmingham Crosscity CCG	0.2%	0.2%
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	0.8%	0.2%
E10000031	Warwickshire	05P	NHS Solihull CCG	0.6%	0.3%
E10000031	Warwickshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	0.8%	0.3%
E10000031	Warwickshire	05R	NHS South Warwickshire CCG	96.2%	45.5%
E10000031	Warwickshire	05H	NHS Warwickshire North CCG	96.7%	30.9%
E10000031	Warwickshire	04V	NHS West Leicestershire CCG	0.5%	0.3%
E06000037	West Berkshire	10M	NHS Newbury and District CCG	93.2%	66.4%
E06000037	West Berkshire	10N	NHS North & West Reading CCG	35.3%	23.5%
E06000037	West Berkshire	10J	NHS North Hampshire CCG	0.7%	0.9%
E06000037	West Berkshire	10Q	NHS Oxfordshire CCG	0.2%	1.1%
E06000037	West Berkshire	10W	NHS South Reading CCG	8.7%	7.5%
E06000037	West Berkshire	99N	NHS Wiltshire CCG	0.1%	0.4%
E06000037	West Berkshire	11D	NHS Wokingham CCG	0.1%	0.1%
E10000032	West Sussex	09D	NHS Brighton and Hove CCG	1.2%	0.4%
E10000032	West Sussex	09G	NHS Coastal West Sussex CCG	99.5%	57.7%
E10000032	West Sussex	09H	NHS Crawley CCG	93.4%	13.9%
E10000032	West Sussex	09L	NHS East Surrey CCG	0.3%	0.0%
E10000032	West Sussex	09N	NHS Guildford and Waverley CCG	3.1%	0.8%
E10000032	West Sussex	99K	NHS High Weald Lewes Havens CCG	1.0%	0.2%
E10000032	West Sussex	09X	NHS Horsham and Mid Sussex CCG	95.7%	25.8%
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%	1.9%
E09000033	Westminster	07R	NHS Camden CCG	3.0%	3.4%
E09000033	Westminster	09A	NHS Central London (Westminster) CCG	80.4%	71.2%
E09000033	Westminster	08C	NHS Hammersmith and Fulham CCG	0.1%	0.1%
E09000033	Westminster	08K	NHS Lambeth CCG	0.1%	0.2%
E09000033	Westminster	08Y	NHS West London (K&C & QPP) CCG	23.4%	23.2%
E08000010	Wigan	00T	NHS Bolton CCG	0.2%	0.2%
E08000010	Wigan	01G	NHS Salford CCG	0.9%	0.7%
E08000010	Wigan	01X	NHS St Helens CCG	3.8%	2.3%
E08000010	Wigan	02E	NHS Warrington CCG	0.4%	0.2%
E08000010	Wigan	02G	NHS West Lancashire CCG	2.7%	0.9%
E08000010	Wigan	02H	NHS Wigan Borough CCG	96.7%	95.6%

E06000054	Wiltshire	11E	NHS Bath and North East Somerset CCG	0.8%	0.3%
E06000054	Wiltshire	11J	NHS Dorset CCG	0.3%	0.4%
E06000054	Wiltshire	11M	NHS Gloucestershire CCG	0.4%	0.5%
E06000054	Wiltshire	10M	NHS Newbury and District CCG	0.8%	0.2%
E06000054	Wiltshire	11X	NHS Somerset CCG	0.3%	0.4%
E06000054	Wiltshire	12A	NHS South Gloucestershire CCG	0.9%	0.5%
E06000054	Wiltshire	12D	NHS Swindon CCG	1.2%	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	10G	NHS Bracknell and Ascot CCG	12.3%	10.8%
E06000040	Windsor and Maidenhead	10H	NHS Chiltern CCG	0.6%	1.2%
E06000040	Windsor and Maidenhead	09Y	NHS North West Surrey CCG	0.2%	0.5%
E06000040	Windsor and Maidenhead	10Q	NHS Oxfordshire CCG	0.0%	0.1%
E06000040	Windsor and Maidenhead	10T	NHS Slough CCG	0.6%	0.6%
E06000040	Windsor and Maidenhead	10C	NHS Surrey Heath CCG	0.1%	0.0%
E06000040	Windsor and Maidenhead	11C	NHS Windsor, Ascot and Maidenhead CCG	88.1%	85.5%
E06000040	Windsor and Maidenhead	11D	NHS Wokingham CCG	1.3%	1.3%
E08000015	Wirral	02F	NHS West Cheshire CCG	0.4%	0.3%
E08000015	Wirral	12F	NHS Wirral CCG	99.7%	99.7%
E06000041	Wokingham	10G	NHS Bracknell and Ascot CCG	3.2%	2.6%
E06000041	Wokingham	10N	NHS North & West Reading CCG	0.2%	0.1%
E06000041	Wokingham	10Q	NHS Oxfordshire CCG	0.1%	0.4%
E06000041	Wokingham	10W	NHS South Reading CCG	11.5%	9.5%
E06000041	Wokingham	11D	NHS Wokingham CCG	93.5%	87.4%
E08000031	Wolverhampton	05C	NHS Dudley CCG	1.4%	1.6%
E08000031	Wolverhampton	05L	NHS Sandwell and West Birmingham CCG	0.1%	0.3%
E08000031	Wolverhampton	05Q	NHS South East Staffs and Seisdon Peninsular CCG	1.7%	1.4%
E08000031	Wolverhampton	05Y	NHS Walsall CCG	3.5%	3.6%
E08000031	Wolverhampton	06A	NHS Wolverhampton CCG	93.8%	93.2%
E10000034	Worcestershire	13P	NHS Birmingham Crosscity CCG	0.4%	0.5%
E10000034	Worcestershire	04X	NHS Birmingham South and Central CCG	2.5%	1.3%
E10000034	Worcestershire	05C	NHS Dudley CCG	0.8%	0.4%
E10000034	Worcestershire	11M	NHS Gloucestershire CCG	0.5%	0.6%
E10000034	Worcestershire	05F	NHS Herefordshire CCG	1.0%	0.3%
E10000034	Worcestershire	05J	NHS Redditch and Bromsgrove CCG	95.9%	27.9%
E10000034	Worcestershire	05N	NHS Shropshire CCG	0.3%	0.1%
E10000034	Worcestershire	05P	NHS Solihull CCG	0.5%	0.2%
E10000034	Worcestershire	05R	NHS South Warwickshire CCG	2.3%	1.1%
E10000034	Worcestershire	05T	NHS South Worcestershire CCG	97.1%	49.0%
E10000034	Worcestershire	06D	NHS Wyre Forest CCG	98.4%	18.7%
E06000014	York	03E	NHS Harrogate and Rural District CCG	0.1%	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

Revisions to 2018/19 BCF Budget Planning Ten		
Scheme ID	Protection of Adult Social Care (PASC) Included in Minimum Spend to be Applied to Social Care	Original 2018/19 Budget
1	Community Equipment and Adaptations	£200,000
2	Home Improvement (Urgent Response)	£75,750
3	New Reablement service	£420,000
4	RAAC / IRS	£400,000
5	Intermediate Care Services (Kington Court)	£370,000
6	ASC Duty Team	£160,590
8	Rapid Response	£634,280
9	Hospital Liaison	£148,470
10	Occupational Therapy	£150,490
11	Emergency Respite	£131,000
12	AWB Brokerage Function	£227,250
13	Carers Support Services	£200,000
14	Deprivation of Liberty Safeguarding (DoLS) Assessments	£500,000
16	Care Home Placements	£569,000
17	Integrated Commissioning Posts	£0
29	Falls First Response Service	£0
31	Carers Support	£50,000
32	Transformation Pool 2- NHS Community Services	£192,595
35	Home Care Packages (inc Reablement)	£331,000
38	Home First Service	£0
39	ART Duty & Hospital Liaison Team	£0
42	Home First Enhancement- D2A	£0
43	Integrated Discharge Lead	£0
44	Integrated Quality Analyst	£0
	Sub Total- Protection of Adult Social Care	£4,760,425

Scheme ID	Care Act BCF Spend Included in Minimum Spend to be Applied to Social Care	Original 2018/19 Budget
20	Information, advice and support - SIL Contract / hub	£140,000
21	Information, advice and support - WISH Website	£72,000
22	Advocacy	£75,000
24	Safeguarding	£103,000
25	Homelessness Discharge & Prevention	£70,000
32	Transformation Pool 2- NHS Community Services	£19,381
	Sub Total- Care Act Funding	£479,381

	Total Minimum Mandated Spend on Social Care	£5,239,806
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Scheme ID	NHS Commissioned Out of Hospital Spend	Original 2018/19 Budget
4	Intermediate Care - Step up/down community bed	£240,000
5	Intermediate Care - Reablement (Kington Court)	£534,000
27	Integrated Community Care (Community Health Services)	£3,866,000
28	Hospital at Home service	£782,000
28	Risk Stratification in Primary Care	£782,000
29	Falls First Response service	£123,000
30	Short Breaks- Children & Families	£150,000
32	Transformation Pool 2- NHS Community Services	£193,227
36	Acorns Childrens Hospice	£30,000
37	St Michael's Hospice Carer's Support	£247,000
40	Discharge to Assess Beds (Ledbury ICU)	£0
41	Virtual Ward / Hospital at Home	£0
	Sub Total- NHS Commissioned Out of Hospital Spend	£6,947,227

	Total Protection of Adult Social Care Funding	£4,760,425
	Total BCF Care Act Funding	£479,381
	Total Minimum Mandated Spend on Social Care	£5,239,806

	Total NHS Commissioned Out of Hospital Spend	£6,947,227
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	Total BCF Mandated CCG Minimum Contribution	£12,187,033
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Scheme ID	Capital Allocations	Original 2018/19 Budget
33	Disabled Facilities Grant	£1,852,932
	Total BCF Capital	£1,852,932

	Total Pool One- Mandated Revenue & Capital Allocations	£14,039,965
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Scheme ID	BCF Pool Two- Care Home Market Management	Draft 2018/19 Budget
34	Care Home Market Management CCG contribution	£8,757,286
34	Care Home Market Management LA contribution	£20,529,793
	Total Pool Two- Care Home Market Management	£29,287,079

Scheme ID	BCF Pool Three- Improved Better Care Fund (IBCF)	Draft 2018/19 Budget
101	BCF Performance & Contact Management	£94,000
102	Digital Delivery Programme Manager	£72,000
103	BCF Project Management	£238,000
104	BCF Joint Strategic Finance Lead	£84,000
105	BCF Minor Investments Fund	£15,000
201	ASC Needs- Financial Out-turn Position	£819,000
202	ASC Needs- LD Placements	£350,000
203	ASC Needs- Maintaining ASC Staffing Levels	£200,000
204	ASC Needs- Stabilising the Provider Market- NH Placements	£624,000
205	ASC Needs- Stabilising the Provider Market- Vulnerable Groups	£480,000
206	AWB Professional Standards Leads	£112,000
207	Housing Support Lead	£21,000

208	Night Care Team	£0
209	Community Catalyst	£0
212	Special Assessments Team	£0
213	Additional WISH Posts	£0
214	Customer Support Officer (Carol)	£0
301	Community Based Personal Resilience Planning	£63,000
302	Expansion of Rapid Response Service	£284,000
303	Enhanced Adults Wellbeing Pathway Roles	£158,000
304	Dementia Nurses	£84,000
305	Care Navigator Frequent Fallers	£0
306	Balanced Lives Hereford	£0
307	Hospital Discharge Facilitation for Self Funders	£0
309	Additional Community Brokers	£0
311	Increase 3rd Sector & VCS Capacity	£0
312	Additional staff for Shaw D2A Beds	£0
313	Trusted Assessors	£0
314	Social Care Urgent Care Staff	£0
401	Nursing Home Professional Standards Leads	£52,000
402	Assess Use of Technology in Care Homes	£0
403	Care Workforce Development Programme	£0
404	Improving Quality of Care in Care Homes	£0
406	Community Transformation Pool 1	£971,971
	Total Pool Three- IBCF	£4,721,971

	Total Pool One- Mandated Revenue & Capital Allocations	£14,039,965
	Total Pool Two- Care Home Market Management	£29,287,079
	Total Pool Three- IBCF	£4,721,971
	Total Better Care Fund	£48,049,015

	Total CCG Contributions
	Total Council Contributions
	TOTAL BCF

Appendix 1: Budget Plan Update (changes to 2018/19 Budget Plan submitted)

Revised 2018/19 Budget	Change to Original Budget	Description
£200,000	£0	No Change
£0	(£75,750)	Change a)
£0	(£420,000)	Change b)
£66,667	(£333,333)	Change c)
£0	(£370,000)	Change d)
£0	(£160,590)	Change e)
£0	(£634,280)	Change b)
£0	(£148,470)	Change e)
£134,016	(£16,474)	Change f)
£131,000	£0	No Change
£189,086	(£38,164)	Change f)
£200,000	£0	No Change
£500,000	£0	
£939,000	£370,000	Change d)
£102,375	£102,375	Change g)
£40,848	£40,848	Change g)
£50,000	£0	No Change
£192,595	£0	
£225,538	(£105,462)	Change g)
£1,072,760	£1,072,760	Change b)
£298,506	£298,506	Change e)
£390,630	£390,630	Change c)
£13,443	£13,443	Change h)
£13,961	£13,961	
£4,760,425	£0	

Revised 2018/19 Budget	Change to Original Budget	De
£112,000	(£28,000)	Change i)
£15,718	(£56,282)	Change j)
£142,950	£67,950	Change k)
£103,000	£0	No Change
£86,332	£16,332	Change f)
£19,381	£0	No Change
£479,381	£0	

£5,239,806	£0	
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Revised 2018/19 Budget	Change to Original Budget	De
£0	(£240,000)	Change m)
£0	(£534,000)	Change m)
£3,866,000	£0	No Change
£0	(£782,000)	Change n)
£0	(£782,000)	
£123,000	£0	No Change
£150,000	£0	
£193,227	(£0)	
£30,000	£0	
£247,000	£0	
£774,000	£774,000	Change m)
£1,564,000	£1,564,000	Change n)
£6,947,227	(£0)	

£4,760,425	£0	
£479,381	£0	
£5,239,806	£0	

£6,947,227	(£0)	
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£12,187,033	£0	
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Revised 2018/19 Budget	Change to Original Budget	De
£1,852,932	£0	No Change
£1,852,932	£0	

£14,039,965	£0	
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Revised 2018/19 Budget	Change to Original Budget	De
£9,564,000	£806,714	Change o)
£21,359,421	£829,628	
£30,923,421	£1,636,342	

Revised 2018/19 Budget	Change to Original Budget	De
£26,983	(£67,017)	Change f)
£53,773	(£18,227)	Change p)
£39,604	(£198,396)	Change f)
£91,095	£7,095	Change p)
£15,000	£0	No Change
£819,000	£0	
£350,000	£0	
£400,000	£200,000	
£624,000	£0	
£480,000	£0	
£89,146	(£22,854)	Change f)
£44,573	£23,573	

£152,714	£152,714	Change q)
£15,500	£15,500	
£221,089	£221,089	Change r)
£66,692	£66,692	
£22,137	£22,137	
£46,460	(£16,540)	Change s)
£280,418	(£3,582)	Change f)
£148,526	(£9,474)	
£87,136	£3,136	Change s)
£44,000	£44,000	Change q)
£50,000	£50,000	
£90,261	£90,261	Change b)
£66,409	£66,409	Change r)
£50,000	£50,000	Change t)
£25,000	£25,000	
£28,373	£28,373	
£54,583	£54,583	
£54,584	£2,584	Change p)
£22,500	£22,500	Change q)
£31,690	£31,690	
£91,368	£91,368	Change t)
£39,357	(£932,614)	Change u)
£4,721,971	£0	

£14,039,965	£0	
£30,923,421	£1,636,342	
£4,721,971	£0	
£49,685,357	£1,636,342	

September 2017)
Description of Change to 2018/19 Budget in Submitted Plan
Funding no longer required- all staff costs capitalised through DFG
Reablement & Rapid Response teams combined into Scheme 38 Homefirst Service
RAAC Framework ended May 2018. 10 months' budget transferred to Scheme 42 for spot purchase of home care and short term care home packages
Contract ended Feb 2018. Budget transferred to Scheme 16 to fund spot purchase of care home packages
ASC Duty & Hospital Liaison Teams combined into single team- ART / Liaison (Scheme 39)
Reablement & Rapid Response teams combined into Scheme 38 Homefirst Service
ASC Duty & Hospital Liaison Teams combined into single team- ART / Liaison (Scheme 39)
Pay costs revised based on AWB Restructure
Pay costs revised based on AWB Restructure
Kington Court Contract (Scheme 5) ended Feb 2018. Budget transferred to Scheme 16 to fund spot purchase of care home packages
Pay costs revised based on AWB Restructure
Part of Funding previously applied to scheme 15 CLDT used to bring Council element of Falls First Response Joint contract into BCF
Agreed reduction in budget to part fund schemes 17 and 29
Reablement & Rapid Response teams combined into Scheme 38 Homefirst Service
ASC Duty & Hospital Liaison Teams combined into single team- ART / Liaison (Scheme 39)
RAAC Framework ended May 2018. 10 months' budget transferred to Scheme 42 for spot purchase of home care and short term care home packages plus balance of pay costs changes
New Integrated Posts to improve assessment, discharge flow and quality analysis

Description of Change to 2018/19 Budget in Submitted Plan

Negotiated reduction in contract value

£60k reduction due website development costs not required in 2018/19, £3,719 addition for promotional materials and printing

£82,950 increase to bring in the remainder of the Onside Advocacy contract less £15k reduction due to underspend on IMCAs and IMHAs in 2017/18

Pay costs revised based on AWB Restructure

Description of Change to 2018/19 Budget in Submitted Plan

RAAC Framework ended May 2018. Budget moved to Scheme 40 D2A Beds

Contract ended Feb 2018. Budget moved to Scheme 40 D2A Beds

Scheme 28 combined into single budget and renamed as scheme 41 Virtual Ward / Hospital at Home

Budget for Schemes 4 and 5 (both ended) transferred to D2A Beds (Shaw Ledbury ICU contract)

Scheme 28 combined into single budget and renamed as scheme 41 Virtual Ward / Hospital at Home



Description of Change to 2018/19 Budget in Submitted Plan



Description of Change to 2018/19 Budget in Submitted Plan

Budgets revised to reflect actual budgets for 2018/19



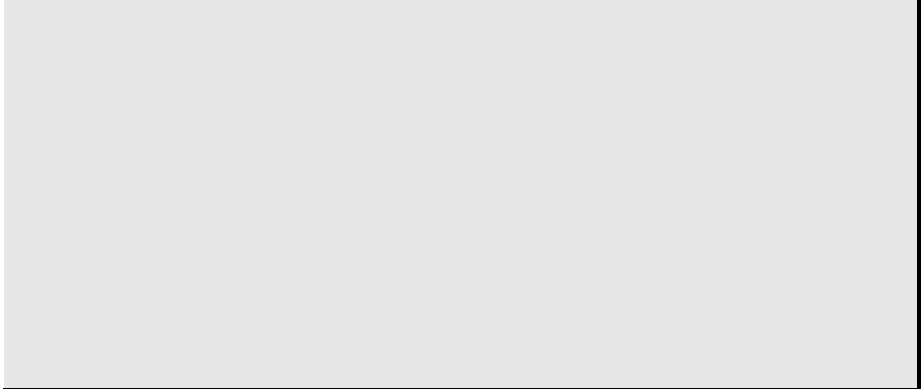
Description of Change to 2018/19 Budget in Submitted Plan

Pay costs revised based on AWB Restructure

Pay costs revised based on 2018/19 NHS Pay Award

Pay costs revised based on AWB Restructure

Pay costs revised based on 2018/19 NHS Pay Award



Pay costs revised based on AWB Restructure

New Pilot Scheme funded from Transformation Pool 1

Additional Posts funded from Transformation Pool 1

Scheme re-costed based on projected pay costs from provider

Pay costs revised based on AWB Restructure

Scheme re-costed based on projected pay costs from provider

New Pilot Scheme funded from Transformation Pool 1

Pay costs revised based on AWB Restructure

Additional Posts funded from Transformation Pool 1

New schemes for August 2018 plan refresh

Pay costs revised based on 2018/19 NHS Pay Award

New Pilot Scheme funded from Transformation Pool 1

New scheme for August 2018 plan refresh

Funding Allocated to new schemes set out above (primarily changes q, r and t)



Herefordshire Better Care Fund Financial Summary

Pool 1- Minimum Mandatory Fund	Original 2018/19 Budget £
Planned Social Care Expenditure	5,239,806
NHS Commissioned Out of Hospital Care	6,947,227
Total Minimum Mandatory Contribution from CCG	12,187,033
Disabled Facilities Grant (Capital)	1,852,932
Total Pool 1	14,039,965
Pool 2– Care Home Market Management	Original 2018/19 Budget £'000
Herefordshire CCG Contribution	8,757,286
Herefordshire Council Contribution	20,529,793
Total Pool 2	29,287,079
Pool 3- Improved Better Care Fund	Original 2018/19 Budget £'000
IBCF Grant	4,721,971
Total Pool 3	4,721,971
Total Better Care Fund	48,049,015

Revised 2018/19 Budget £	Change to Original Budget £
5,239,806	0
6,947,227	0
12,187,033	0
1,852,932	0
14,039,965	0
Revised 2018/19 Budget £'000	Change to Original Budget £
9,564,000	806,714
21,359,421	829,628
30,923,421	1,636,342
Revised 2018/19 Budget £'000	Change to Original Budget
4,721,971	0
4,721,971	0
49,685,357	1,636,342

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Meeting:	Health and Wellbeing Board
Meeting date:	Monday 1st October 2018
Title of report:	Children and Young People's Plan 2018 - 2023
Report by:	Cabinet member young people and children's wellbeing

Classification

Open

Decision type

Budget and policy framework

Wards affected

(All Wards);

Purpose and summary

The draft Children and Young People's Plan is presented to the Health and Wellbeing Board for the consideration of any recommendations to the Cabinet Member concerning the content of the Plan.

The draft Children and Young People's Plan (CYPP) includes priorities which will enable continued service improvement to support positive outcomes for all children and young people throughout Herefordshire. The plan establishes key priorities and outlines how they will be achieved through work undertaken by all participating partner agencies.

More detailed delivery plans for each priority are being formulated alongside partners and relevant multi-agency groups that will identify specific actions, governance arrangements and expected timescales for realising the goals set out in the CYP Plan.

Recommendation(s)

That:

- (a) **The Health and Wellbeing Board provide comment on the attached draft in order to inform development of the final version of Herefordshire’s final Children and Young People’s Plan;**
- (b) **That the Health and Wellbeing Board considers its key role and any necessary action it should take in helping to achieve the proposed priorities**

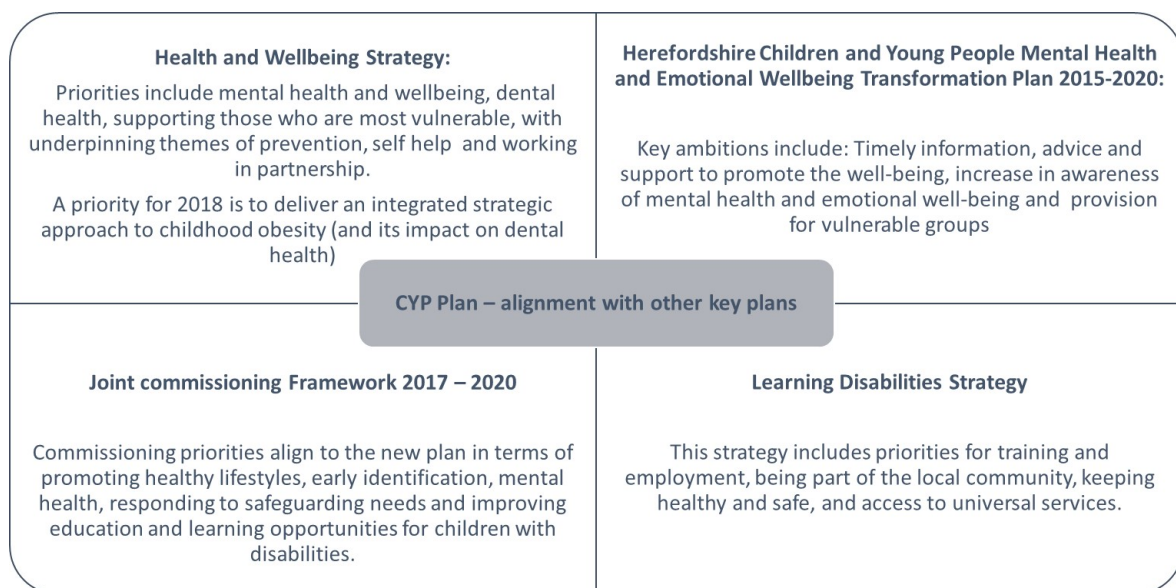
Alternative options

1. The Children and Young People’s Partnership could continue to work within the 2015-2018 plan. This approach however, will mean the partnership is working to deliver priorities that are out of date, do not acknowledge achievements made since 2015, may not reflect current views of children and young people in Herefordshire, may not respond to trends highlighted within the latest Joint Strategic Needs Assessment, and does not enable the effective alignment to other relevant strategies across the partnership.

Key considerations

2. The Children and Young People’s plan is an integral component of the Herefordshire Health and Wellbeing Strategy and together they form the strategic agenda of the Herefordshire Health and Wellbeing Board relating to children and young people.
3. The current Children and Young People's Plan covers the period of 2015 – 2018, with the aim of ensuring that ‘The children and young people of Herefordshire have a great start in life and grow up healthy, happy and safe within supportive family environments’.
4. The Children and Young People's partnership have therefore been preparing for the development of a new plan which highlights progress over the current plan period, review the current evidence base on issues relating to local children and young people, and clearly set out improvement plans from now onwards.
5. In order to allow for adequate consultation on the draft plan, it is now intended that the plan will be finalised and put before full council in February 2019 for final endorsement.
6. The Herefordshire Children and Young People’s Partnership oversees the development and delivery of the Children and Young People’s (CYP) Plan. The partnership includes representatives from:
 - Herefordshire Council
 - Herefordshire Clinical Commissioning Group
 - West Mercia Police
 - West Mercia Youth Justice Board
 - 2gether NHS Foundation Trust
 - Healthwatch
 - Herefordshire Voluntary Organisations Support Service
7. The plan is an integral component of the Herefordshire Health and Wellbeing Strategy and together they are intended to drive the strategic agenda of the Herefordshire Health and Wellbeing Board relating to children and young people. Key partnership strategies including (but not limited to) Herefordshire Children and Young People Mental Health and Emotional Wellbeing Transformation Plan 2015-2020, the Joint commissioning Framework 2017 – 2020, and the Learning Disability Strategy have been considered

alongside the development of the new CYP plan to ensure it aligns and supports their delivery:



8. A review of Herefordshire’s current performance relating to the previous 2015-2018 priorities has been undertaken. Each priority area has been reviewed to determine areas of progress and to highlight areas where further focus is necessary over the coming years to further improve outcomes for children and young people in Herefordshire.

9. Achievements and challenges (2015-2018):

- a. Priority 1 - Early Help: The Family First programme has successfully supported over 890 families (target of 600) in need of early help, of which 198 have achieved sustainable change. Lead workers have been identified for each family who have co-ordinated relevant services to meet the family’s needs. The programme continues to broaden its work with partners to support early identification, ensuring families are identified at an early stage.

The Early help offer was highlighted as an area to be strengthened throughout the engagement work undertaken, particularly with professionals, and a new Early Help Strategy will be prepared to consider actions that will help to tackle ongoing challenges for families in Herefordshire including domestic abuse and neglect.

- b. Priority 2 - Early Years: The percentage of mothers who breastfeed their babies in the first 48hrs after delivery has improved (from 67.7% in 2014/15 to 74.8% in 2016/17) and is 0.3% above the national average. Seventy five per cent of children at the end of the reception year achieved a good level of development and Herefordshire was again in the top quartile of local authorities in England in 2017. The number of 3 & 4 year old children benefitting from early education in a good/ outstanding provider has risen from 87% in 2015 to 94% in 2017.

It is recognised that the prevalence children who are overweight or obese is still an issues that needs to be addressed locally, and although improvements have been recently reported in terms of oral health, Herefordshire continues to perform below the national average.

- c. Priority 3 - Mental health and emotional wellbeing: A joint review into special educational needs and disabilities by the CQC and Ofsted in September 2016 acknowledged the low waiting times and flexible provision by Child and Adolescent Mental Health Services. Herefordshire has achieved improvements in both waiting times for assessment and treatment for these services. The Herefordshire Children and Young People Mental Health and Emotional Wellbeing Transformation Plan 2015-2020 has been refreshed, including a clear roadmap for further improvement.

Engagement highlighted mental health as a key area that must be reflected within the new CYP plan. Increasing awareness and early support around emotional wellbeing and mental health were particular areas of focus.

- d. Priority 4 - Children and young people in need of safeguarding: Herefordshire has improved the local response to child sexual exploitation with strong partnerships in place, and an increased ability to identify those which may be at risk. We have increased the number of foster carers which bucks the regional trend.

The number of looked after children in Herefordshire remains high and the new plan will provide an opportunity to consider how a stronger early help offer can help to prevent children becoming looked after.

- e. Priority 5 - Addressing challenges for teenagers: Admission episodes (crude rate per 100,000) for alcohol specific conditions is 40.7 for Herefordshire (14/15 – 16/17) and has continued to decline, in line with national trends. There have been improvements in the support available through the 16 plus team which supports young people as they transition into adulthood. The rate of first time entrants to the criminal justice system has reduced (from 565.2 in 2015 to 529 in 2016) although this is still higher than the England average and is a priority area for the Community Safety Partnership.

Increasing opportunities for children and young people to contribute to their local community and to be better prepared for adulthood were key themes through the engagement work with children and young people and are captured in the new plan.

- f. Priority 6 - Children and young people with disabilities: The proportion of Education health and care plans issued within 20 weeks is in the top quartile, 89.84% compared to 55.65 nationally (2016) and Herefordshire has successfully ensured that 100% of children and young people with special educational needs statements now have a plan in place, meeting the national target of April 2018.

Recognition of the additional challenges faced by children with special educational needs and disabilities has been central to the increased focus on improving educational attainment and preparing for adulthood.

- 10. The new draft Children and Young People's plan 2018 – 2023 has involved significant engagement with children and young people, families, providers and staff across partner agencies, areas requiring further focus have been identified and are outlined below.

- 11. Over the next 5 years the partnership pledges are :

Keeping children and young people safe – BE SAFE FROM HARM

Improving children and young people's health and wellbeing – BE HEALTHY

Further information on the subject of this report is available from Amanda Price, Richard Watson
Tel: 01432 383047, email: amanda.price@herefordshire.gov.uk, rwatson@herefordshire.gov.uk

Helping ALL children and young people succeed – BE AMAZING

Ensuring that children and young people are influential in our communities – FEEL PART OF THE COMMUNITY

12. The draft CYP Plan sets out our vision and priorities for children and families in Herefordshire and recognises that everyone has a role to play in making Herefordshire an even better place to grow and prepare for adulthood, including communities, families and children and young people themselves.
13. The Plan (Appendix 1) is intended to be succinct, public facing, and to clearly highlight areas that require partnership focus over the coming 5 years in order to deliver positive change for children and young people in Herefordshire.
14. The priority areas identified are summarised in the attached one page plan (Appendix 2). Both of the final documents will be made available once adopted by Herefordshire Council on our website.
15. The CYP partnership is developing more detailed delivery plans reflecting each of the priority areas. Progress will be reported on a quarterly basis to the CYP Partnership board.

Community impact

16. The county has an older age profile and numbers of children have declined in Herefordshire by around 7% over the last decade. However, the number of under-fives and births has been rising for the best part of the last decade. The next five years are expected to yield a gradual increase in the numbers of children, to around 33,200 by 2023.
17. The new CYP plan has taken into account relevant evidence relating to children and young people in Herefordshire, to ensure that partnership actions address key local priorities. The plan intends to provide a framework within which partners can not only bring about change within their own field, but will also enable partners to work together to target interventions successfully, and ensure maximum impact.
18. The plan also recognises the central role that individuals, families and communities have in improving the lives of children and young people, and this will be further reflected within more detailed delivery plans.

Equality duty

19. Under section 149 of the Equality Act 2010, the ‘general duty’ on public authorities is set out as follows:
20. A public authority must, in the exercise of its functions, have due regard to the need to -
 - a. eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - b. advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

- c. foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
21. The CYP Plan is an opportunity to establish partnership actions which can promote equality, foster positive relations and address discrimination in Herefordshire.
22. The plan includes an Equality statement which states the partnership's commitment to equality and confirms that equality issues will be considered fully at each stage of any development of plans or implementation of new services. Where required this will include the undertaking of individual Equality Impact Assessments.

Resource implications

23. Although the new CYP plan will not have any direct resource implications, it does highlight investment in Children and young people's services across the partnership, and provides an opportunity to identify:
- a. Priority areas which may be responded to more efficiently;
 - b. Emerging issues which may require review of available resources;
 - c. Opportunities to use partnership resources more effectively.
24. Any potential resource implications relating to specific actions will be fully explored within delivery plans and be reported via appropriate governance on a case by case basis.

Legal implications

25. The CYP forms part of the policy framework for the council in accordance with children and young people's plan (England) regulations 2005.

Risk management

26. As an overarching strategic plan there are a number of risks associated with its development as highlighted below:

Risk / opportunity	Mitigation
The plan does not effectively reflect key priorities that relate to children and young people in Herefordshire	The Plan has been developed alongside a number of key stakeholders, including over 300 children and young people. The consultation provides further opportunity to ensure the priorities contained within the plan are reflective of the views of children and young people in Herefordshire.
Ambitions reflected in the plan are unrealistic due to the limited partnership resource to support delivery	It is necessary for the plan to articulate key ambitions of the partnership, this will enable contributors to identify how resources available can be better aligned or more efficiently utilised. Quarterly monitoring will be undertaken in order to track delivery.

Lack of partnership engagement inhibits delivery

Joint ownership of the CYP plan will be explicit at the outset.

The Plan has been aligned to other key partnership plans and strategies including the Health and Wellbeing Strategy for Herefordshire.

Governance arrangements will be robust, with clear accountability.

A risk log will be developed alongside the plan and will be regularly reviewed by the CYP partnership.

Consultees

27. To ensure that the CYP Plan is informed by a broad range stakeholder perspectives a significant number of engagement activities have been undertaken involving over 400 representatives across Herefordshire. This has included direct engagement with children and young people (over 300), professionals involved in the delivery of key actions within the current plan, and a broad range of key partners including providers of services for young people and children. In total over 400 people have contributed to the development of the draft plan either through workshops, partnerships meetings or surveys.
28. Engagement included visits to schools across Herefordshire, groups including carers, children in care, children of service families, disabled children and their families, and children and young people with mental health needs. In summary:
- a. The importance of mental health was prominent in almost all groups involved in the engagement work: 'There needs to be more understanding and better access to early help. Knowing where to get help is really important'.
 - b. Many groups focussed on increasing aspirations and supporting those who needed extra help to reach their goals: 'There is a lack of support for young people who are transitioning into adults'.
 - c. Some children and young people told us that that they sometimes didn't feel safe in some parts of the county. They also wanted more education on safety, including online safety and on healthy relationships.
 - d. It was clear from talking with children and young people that their communities and the local environment were issues that really mattered to them. They wanted to feel part of the community, find ways to contribute and to have their voices heard. Protecting the local environment, and having places locally where they could mix and be more active was a common theme.
29. The draft plan is now subject to a period of consultation in order to ensure that it effectively reflects key priority areas, appropriate high level actions and key measures. The consultation period will also provide an opportunity to begin formulating more detailed delivery plans and reporting mechanisms to ensure effective oversight of delivery.

Appendices

Appendix A: The Draft Children and Young People's Plan 2018 - 2023

Further information on the subject of this report is available from Amanda Price, Richard Watson
Tel: 01432 383047, email: amanda.price@herefordshire.gov.uk, rwatson@herefordshire.gov.uk

Background papers

None

Giving children and young people a great start in life

Herefordshire's Children and Young People's Plan

Foreword

The Children and Young People's Plan sets out our vision and priorities for children, young people and families in Herefordshire. We believe that everyone has a role to play; we can all contribute to making Herefordshire a great place to grow up.

Children and young people are at the heart of this plan. We have listened to their views and their experience of growing up in Herefordshire. They have told us about the things that matter to them and what things make a positive difference in their lives. We have listened to the views of families, staff and service providers as well as reviewed our local performance to help us to better understand the key areas for us to focus on in this plan.

It is encouraging that many children and young people have told us how much they like living in Herefordshire. They like the friendly communities, the good schools and report that interaction with professionals, including health professionals and social workers, is a positive experience; they also enjoy and appreciate the countryside, wildlife and quality of the environment.

There are also some exciting changes happening in Hereford in the coming years, including our new University focusing on engineering, and a new Cyber Security Centre, helping to make Herefordshire a more attractive place for young people to live, study and plan their careers.

We have achieved a great deal in the county over the last few years. The educational attainment of our children and young people is something to be proud of; this speaks to the unstinting efforts of our schools and teachers.

We have also worked with our partners to improve support for mental health and will continue our efforts to keep this important area in sharp focus.

The range of support provided for children and young people across the county makes a huge difference to their quality of life and supporting families at the earliest opportunity remains key to our approach. We need to ensure that there is a sound joint understanding of thresholds of need across our range of multi-agencies so that we can effectively keep children safe. However, we are living in challenging times when rising needs are making ever increasing demands on public services; we need to ensure that we are doing all we can to target support so that it makes a difference, particularly to our most vulnerable, so that we enable families to thrive and young people to make a successful transition to adulthood.

Herefordshire Council and its partners have the wellbeing of children and young people as a core priority. We are working hard together to deliver a high standard of care, education, opportunity and support to all our children and young people and to increase their understanding of living in our diverse communities. We work with multiple partners to bring an integrated approach which will underpin the safeguarding, wellbeing and nurturing of children and young people. This plan identifies the areas which are to be the focus for the plan period – we have achieved a great deal over the last few years to be proud of, but there is always more to do, improvements to make, more to achieve.....so, let's get on with it.

Our vision for Children and Young People in Herefordshire

We will work to ensure that:

'The children and young people of Herefordshire have a great start in life and grow up healthy, happy and safe within supportive family environments'.

A profile of Herefordshire

Herefordshire has the fourth lowest population density in England, with a land area of 2,180km² but a population of only 189,300 (2016).

Most of the county (95%) is rural and 53% of the population live in rural areas.

The county has an older age population profile than England & Wales, with 24% of the population aged 65 or older compared to 18% nationally; 16.8% of the current population are aged 0-15yrs compared to 19% nationally.

Numbers of children have declined by around 7% over the last decade. However, the number of under-fives and births have been rising for the best part of the last decade. The next five years are expected to yield a gradual increase in the numbers of children, to around 33,200 by 2023.

The percentage of pupils with special educational needs support is higher than the national average (15.4% in 2017 compared to 11.6%).

Unemployment in the county is low, but average earnings in the county are significantly below both the regional and national averages. Average house prices are high compared with elsewhere in the region.

The county receives annual net inflows of people of all ages except 18-20 year-olds moving elsewhere in the UK – the ages at which young people are most likely to be moving away to study.

Where are we now?

Since the previous Children and Young People's Plan was introduced in 2015, there have been many achievements to be proud of in Herefordshire. Just some of these are highlighted below:

- The teen pregnancy rate has reduced year on year in Herefordshire and is now 14.5% per 1,000, which equates to just 44 pregnancies (2016). This is the lowest rate in the region and one of the lowest compared to other similar areas (the rate has almost halved since 2010).
- Changes in models of care to support children in mental health crisis have been implemented, including extended provision for urgent assessments for young people experiencing a crisis. This is now available seven days per week in partnership with the local Children's Ward.

- A review into special educational needs and disabilities by the CQC and Ofsted in September 2016 acknowledged the low waiting times and flexible provision by Child and Adolescent Mental Health Services.
- 2017 saw Herefordshire youngsters out-performing pupils nationally in the Year1 Phonics Screening Check. 84 per cent of Herefordshire pupils achieved the threshold mark or better compared to 81 per cent across England. This represents a rise of 15 percentage points since 2013.
- There is clear evidence that standards are rising in both primary and secondary schools and academies across the county. In 2017 the performance of all pupils in Year R in Herefordshire ranked in the top 25% (top quartile) of all local authorities, with 75% achieving a good level of development; this maintains our positive upward trend since 2013. Boys in Herefordshire outperformed the England average in 2017 and Herefordshire girls were amongst the highest performers in the country.
- Great progress has been made in implementing Education Health and Care (EHC) plans¹ – all children and young people with special educational needs statements now have a plan in place.
- In total 198 families in need of early help have been supported to make sustainable change.
- We have increased the number of foster carers recruited by the council which bucks the regional trend.
- The rate (per 100,000 youth population) of first time entrants to the criminal justice system has reduced (from 565.2 in 2015 to 447 in 2017), although this is still higher than the national average (295) and is currently a priority for the Community Safety Partnership.

“Amazing schools”
and “amazing town.”
Herefordshire child

Establishing our focus for the next 5 years

In developing the plan, over 300 children and young people from across Herefordshire have been involved, through visiting schools, youth groups and clubs. This has included (but is not limited to) primary and secondary school aged children, children and young people with disabilities, those with mental health issues, children in care and young carers.

Children and young people have shared what it is like growing up in Herefordshire now, the main issues that affect them, and about what they believe are the most important things that need to change over the next few years.

Families and professionals have shared the challenges faced locally and ideas to make a positive change.

Alongside this performance in key areas has been considered, helping to identify areas that need greater focus.

The section below outlines the key findings:

¹ An EHC plan is the document which replaces Statements of SEN and Learning Difficulties assessments for children and young people with special educational needs

Health and wellbeing



Children and young people said:

'We want more opportunities to be active in our own community and better information and advice about keeping healthy'.

'Access to dentists can sometimes be difficult in rural areas'

The importance of mental health was prominent in almost all groups involved in the engagement work: 'There needs to be more understanding and better access to early help. Knowing where to get help is really important'.

The facts say:

- Almost a quarter of reception age children (4-5yrs) and over a third of year 6 children (aged 10-11yrs) are overweight or obese (2016/17). This was viewed as a key priority area for professionals.
- Recently released data shows that the percentage of five year olds free of decayed, missing or filled teeth has increased by 10.8% (2014/15 = 58.7%, 2016/17 = 69.5%), however it is still below the England figure (76.7%). Engagement with professionals highlighted this as a priority area of focus.
- In Herefordshire, an estimated 8,620 children and young people require support with their mental health or emotional resilience. Although waiting times for assessment and treatment for Child and Adolescent Mental Health Services have improved considerably, there are a number of children that would benefit from support at an earlier stage with their mental health.

Education and moving into adulthood

GET EXPERIENCE

**STAND OUT
FROM THE CROWD**



Children and young people said:

Many groups interviewed focused on how some need extra help to reach their goals.

'There is a need to make sure every child has an equal education'

'We need more work experience opportunities, including jobs for under 16's'

'Make the most of the new university, support to follow your dreams'.

The facts say:

- As highlighted, standards have been rising in primary and secondary schools and academies but, children and young people who are eligible for free school meals continue to attain less well than their classmates.

- A recent national report highlighted that Herefordshire is a 'cold spot' in relation to social mobility² in fact ranking 271 out of 324 for local authorities across the country. Herefordshire children are less likely to be in education and training than the England average, and children have told us they want more opportunities to experience work and better chances to realise their ambitions and to prepare them for adult life.
- The achievement of children and young people with an Education Health and Care plan could also improve as this group achieves less well in Herefordshire than the same group nationally. Engagement undertaken with professionals has highlighted the need to better support children who may face challenges that could limit their achievement, including children with disabilities and children with autism.

Safe environments

In discussions on safety, children and young people focussed largely on community safety, safe environments outside of the home, and on their understanding of how to keep themselves safe. In developing the plan, additional aspects were considered in discussing with professionals who work with children and young people and in reviewing the data.



Children and young people said:

Children and young people told us that that they don't always feel safe in some parts of the county. They also want more education on safety, including online safety and healthy relationships.

Children and young people also highlighted concerns about the danger of traffic and that some poorer roads are difficult to cycle on:

'We want Herefordshire roads to be safer for children and young people'.

Professionals in Herefordshire who work with children and young people are aware of the high numbers of children who become looked after across our county. These professionals have consistently highlighted the need for a stronger approach to early identification and early help, including better intervention on specific issues such as domestic abuse and neglect.

The facts say:

- In Herefordshire between 2014 and 2016, 19 children per 100,000 have been killed or seriously injured on England's roads. Although the numbers are small, this is higher than the England average (17 per 100,000).
- In 2016/17 there were 300 looked after children in Herefordshire. This is 84 per 10,000 of the population which much higher than the national average of 62 per 10,000.

² Social mobility may be defined as the ability of individuals or groups to move upward or downward in status based on wealth, occupation, education, or some other social variable.

Environment and community



Children and young people said:

It was clear from talking with children and young people that their communities and the local environment are issues that really matter to them. They want to feel part of the community, find ways to contribute and to have their voices heard. Protecting the local environment, and having places locally where they could mix and be more active was a common theme for most children.

‘Want to be involved in community developments and activities’

Many children and young people want to have a better understanding of people from different backgrounds, from different areas, or who are facing particular challenges, including disabilities. Children highlighted that they are keen to find ways to create more opportunities to be inclusive, and for local communities to be accessible for all.

The facts say:

This is a broad area and although there are a number of measures that could be used, a key theme is the involvement of children and young people in the shaping of their communities. More engagement work will be undertaken to explore these issues further and to determine how we can measure improvements.

Where do we need to be?

As a result of this work four priorities have been identified that will drive the work of the partnership.

Over the next 5 years our pledges are:

1. Keeping children and young people safe – **BE SAFE FROM HARM**
2. Improving children and young people’s health and wellbeing – **BE HEALTHY**
3. Helping ALL children and young people succeed – **BE AMAZING**
4. Ensuring that children and young people are influential in our communities – **FEEL PART OF THE COMMUNITY**

For each pledge, we have considered where we want to get to, ideas of how change could be achieved, and how we will know if we’ve succeeded. This plan on a page is our roadmap for the next five years (see appendix 1).

Delivery of the plan

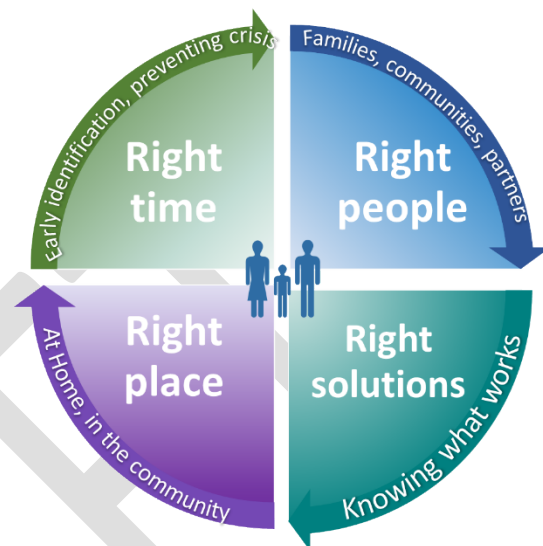
Those who have worked alongside us in the development of the plan are passionate about making a difference and improving the lives of children and young people across Herefordshire – it's not just about what we do but also how we do it. We have therefore agreed four principles that we will use to help guide the plan's delivery. These are:

Right time: Early identification of families and early intervention to prevent crisis

Right people: Recognising and involving all key partners in achieving change, including families, communities and children and young people.

Right solutions: use evidence to understand what works

Right place: wherever possible, supporting children, young people and families at home, in their communities.



We will ensure the child and young person is at the centre of all we do.

The Children and Young People's Plan is overseen by the Herefordshire Children and Young People's Partnership (CYPP) with partner agencies working together to address issues affecting children, young people and their families. The plan contributes to delivering the Health and Wellbeing Strategy for Herefordshire and is aligned with a number of key partnership plans.

All partners engaged in the delivery of this plan are committed to providing equitable rights for children and young people in Herefordshire, whatever their disability, age, gender, race, nationality, religion, marital status, maternity, sexual orientation or background. The plan is an opportunity to make sure equal rights are fully considered when:

- providing services
- purchasing and procuring services
- employing staff
- working in partnership with other organisations
- engaging with our communities

We believe that promoting equality is essential for the creation of a cohesive society and for a strong economy.

The Children and Young People's Partnership Board will oversee the development of more detailed delivery plans and identify or develop multi- agency groups that are best placed to deliver against our pledges.

Progress will be monitored on a quarterly basis by the board, including the ongoing review and development of targets to track progress. Children, young people and families will be

involved in an annual review of what we have delivered to ensure the areas of focus and priority actions are the right ones for the whole plan period.

There are no specific resources allocated to support the implementation of the plan, but partners, with an estimated spend of £42.6 million in children and young people's provision, will identify:

- Priority areas which may be responded to more efficiently;
- Emerging issues which may require review of available resources;
- Opportunities to use partnership resources more effectively.

Any potential resource implications relating to specific actions will be fully explored within delivery plans.

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GIVING CHILDREN AND YOUNG PEOPLE A GREAT START IN LIFE

Herefordshire's Children and Young People's Plan

OUR PLEDGES	WHAT ARE WE GOING TO DO?	HOW WILL WE KNOW IF WE'VE MADE A DIFFERENCE?
<p>Be SAFE FROM HARM and</p> <p>Be safe with others You will live with supportive families and carers and have a better understanding of healthy and positive relationships.</p> <p>We will increase our early help and social care support; we will work together to make clear decision so you receive the right support at the right time.</p> <p>Feel safer You will know how to keep safe where you live so that you are confident when you go out.</p>	<ul style="list-style-type: none"> • Ensure that all agencies focus on and are accountable for the priorities identified in this plan • Improve safeguarding in children's services by increasing social work capacity and improving social work practice; implementing a consistent approach to thresholds of need; developing our approach to edge of care services; building on our targeted early help to provide support at the right time. 	<ul style="list-style-type: none"> • Children's services will be rated good by Ofsted • The number of children who either become looked after or are on a child protection plans will reduce so that it is in line with our population • Young people will feedback that there are no unsafe locations in Herefordshire
<p>172</p> <p>Be HEALTHY and</p> <p>Lead a healthier lifestyle You will have better information to help you keep active and eat healthily.</p> <p>Have healthier teeth You and your family will receive better advice about the importance of good oral health.</p> <p>Be confident to talk about mental health You will have better support to meet your emotional and mental health needs.</p>	<ul style="list-style-type: none"> • Target support for children and families from pre-birth and maternity services through infancy to school readiness • Ensure that there is a co-ordinated and comprehensive offer to support children's social, emotional and mental health • Support dental health initiatives, including ensuring access to dentists in specific areas and for particular groups of children, and investigating the feasibility of fluoridation of water supply in Herefordshire 	<ul style="list-style-type: none"> • The percentage of reception age children who are overweight or obese will be below national average • The percentage of children with decayed, missing or filled teeth will be no more than national average. • Mental health hospital admission rates will reduce.
<p>Be AMAZING and</p> <p>Have a great start in life We will support you to have a great start in life and to overcome barriers to your achievement.</p> <p>Be better prepared for adulthood You will receive better guidance on careers to help you make informed choices.</p> <p>Have better chances of success You will have more opportunities to develop the skills you will need for the world of work.</p>	<ul style="list-style-type: none"> • Implement the new education strategy so that there is a better range of curriculum options, particularly around technical qualifications and work-related learning, which enable all children and young people to succeed 	<ul style="list-style-type: none"> • Results in Herefordshire will be in the top 25% of all local authorities at the end of the primary and secondary phases of education, and in Year R, for all groups of pupils • The proportion of young people who are either going to university or who are in education and training will be above national average

**FEEL PART OF
THE
COMMUNITY
and**

Live in a happier community

With your help, we will tackle discrimination and ensure everyone feels valued in our community.

Be more influential

We will work with you so that you are involved both in decision making in our community and in delivering this Children and Young People's Plan.

- Develop opportunities with partner agencies, including Herefordshire Council and NMITE, to engage children and young people on topical issues in our community

- Surveys of children and young people's views will demonstrate that they feel engaged and positive about their ability to make a difference to their communities

BY 2023 HEREFORDSHIRE CHILDREN AND YOUNG PEOPLE WILL:

DRAFT

Giving children and young people a great start in life

Herefordshire's Children and Young People's Plan 2018 - 2023

By 2023 Herefordshire children and young people will:



BE SAFE FROM HARM and

Be safe with others

We will increase our early help and social care support; we will work together to make clear decisions so you receive the right support at the right time.

You will live with supportive families and have a better understanding of healthy and positive relationships.

Feel safer

You will know how to keep safe where you live so that you are confident when you go out.



Be AMAZING and

Have a great start in life

We will support you to have a great start in life and to overcome barriers to your achievement

Be better prepared for adulthood

You will receive better guidance on careers to help you make informed choices

Have better chances of success

You will have more opportunities to develop the skills you will need for the world of work



Be HEALTHY and

Lead a healthier lifestyle

You will have better information to help you keep active and eat healthily

Have healthier teeth

You and your family will receive better advice about the importance of good oral health

Be confident to talk about mental health

You will have better support to meet your emotional and mental health needs



FEEL PART OF THE COMMUNITY and

Live in a happier community

With your help, we will tackle discrimination and ensure everyone feels valued in our community

Be more influential

We will work with you so that you are involved in decision making in our community and to deliver the Children and Young People's Plan



To find out more see the full plan: xxxxxxxx

This plan is owned by all agencies, working alongside children, young people, families and communities across Herefordshire to provide the right support at the right time

Delivered in partnership with: West Mercia Police, Herefordshire CCG, HVOSS, 2gether NHS Trust and West Mercia Youth Justice Service



Meeting:	Health and wellbeing board
Meeting date:	Monday 1 October 2018
Title of report:	Director of Public Health Annual Report 2017
Report by:	Director of public health

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards);

Purpose and summary

The purpose of this paper is to present the Director of Public Health Annual Report 2017 and to seek the support of the Health and Wellbeing Board in implementing the recommendations.

Directors of Public Health have a statutory requirement to write an independent annual report on the health of their population. The Director of Public Health Annual Report is a vehicle for informing local people about the health of their community, as well as providing necessary information for decision makers in local health services and authorities on health gaps and priorities that need to be addressed. The report is informed by and sits alongside the Joint Strategic Needs Assessment, which was presented to the Board in April 2018.

The report identifies that whilst Herefordshire has been witnessing a gradual improvement in healthy life expectancy, there remains significantly lower than life expectancy at birth. The overall improvements in health and wellbeing can mask the inequalities in health between those living in the most and least deprived neighborhoods, and between different minority ethnic groups.

The recommendations set out in the report, identify key areas for action to embed health in all policies, to tackle overweight and obesity, improve children's mental health, to develop a strategic and coordinated approach to embedding community focused and strengths based approaches and to focus on how to build the resilience of our health and social systems.

The report recommends that the Health and Wellbeing Board provide leadership to the process of implementing the recommendations and seeks assurance from the Director of Public Health that progress is being made.

Recommendation(s)

That:

- (a) The Health and Wellbeing Board provides leadership to the process of implementing the recommendations of the Director of Public Health Annual Report by communicating the key messages of the report to their constituent members;**
- (b) The Health and Wellbeing Board receives quarterly reports from the Director of Public Health on the progress being made in leading the implementation of the recommendations and as part of this process considers how it will support the Director of Public Health in overcoming barriers that may arise.**

Alternative options

- 1. The Health and Wellbeing Board may receive the report but determine that they will put in place different arrangements to support the implementation of the recommendations following discussion at the meeting.

Key considerations

- 2. The Director of Public Health Annual report identifies that overall the county compares favourably with national average statistics when considering levels of employment, homelessness, alcohol-related hospital admissions, levels of physical activity and smoking and proportion of children achieving a good level of development.
- 3. By contrast the report identifies the need to reduce obesity and high-blood pressure, which are examples of modifiable risk factors associated with some of our others of concerns, stroke and coronary heart disease.
- 4. The report also highlights the ongoing concern that inequalities remain across the county, of note is the variation in the levels of smoking, school attainment, premature deaths and life expectancy and healthy life expectancy. Amongst children, we in particular concerned about dental health and obesity, priorities already identified by the Health and Wellbeing Board.
- 5. The report summaries the use of the public health ring-fenced grant allocated to the council and provides case studies of some of the services that been invested in to improve the health and wellbeing of the population.
- 6. In the final chapter, the annual report recommends that the Health and Wellbeing Board should lead and galvanise efforts to take forward the recommendations over the next two years. The Director of Public Health proposes that the board schedule update reports into their programme, in order that they can be assured of the progress. This process will also enable the Director of Public Health to work with the Board on specific issues, concerns and challenges as they arise. The recommendations include:

Further information on the subject of this report is available from
Karen Wright, , email: Karen.Wright@herefordshire.gov.uk

7. **Strengthening our approach to embedding health in all policies, strategies and commissioned services.** This will involve focussing initially on the Hereford City Plan and Neighbourhood Plans and identifying areas in which greater consideration can be given to improve health and wellbeing through environmental improvements. The process will also involve reviewing the evidence of best practice from other areas, developing a toolkit for action to support planning, licencing and policy makers in taking account of health impact. Further areas The Health and Wellbeing Board and constituent members are asked to consider the outcomes this work and how this can be applied to their respective organisations.
8. Strengthening how we embed **Making Every Contact Count (MECC)** across our organisations will form another strand of the work to embed health into all policies. We are currently having challenges in extending this at an industrial scale, due in part the lack of prioritisation of the training offer across our organisations. This needs to be prioritised at a strategic level. The Health and Wellbeing Board members should lead the prioritisation of MECC in their own organisations and promote this as part of their involvement in the **Healthy Living Network**. Individuals and organisations signing up to the Healthy Living Network will be able to access training and support in order that they can develop local programmes and campaigns to tackle local health issues.
9. Developing an **Oral Health Plan** and **Healthy Weight Plan** as mechanisms to tackle the longstanding issue of dental decay and obesity in children. These are already priorities of the Health and Wellbeing Board and have been the subject of a Children's Scrutiny Spotlight session. The Healthy Weight Plan will be developed through the Strategic Prevention Board. An Oral Health Partnership is being set up and this group will lead the work in producing a robust Oral Health Needs Assessment to inform the focus on the future work programme. The Oral Health Plan will identify specific actions for the Health and Wellbeing and partner organisations. It is recommended that Health and Wellbeing Board consider the recommendations of the both plans when they is produced in 2019.
10. **Building individual, family and community resilience** underpins our efforts to **improving childhood mental health** and enabling people to self-care. The Strengths based and community focussed working is being taken forward as an approach across the county. It is recommended that a future Health and Wellbeing Board development workshop be used to secure commitment to a shared strategic approach. The Strategic Prevention Board, will support the development of this work.
11. The **ageing well plan** will address the findings of the Ageing Well Needs Assessment, focussing on how we can effectively promote self- care to enable people to improve quality of life and maintain independence into older age. This area of work will part of the recommended approach to **building a sustainable health and social care system**. The Strategic Prevention Board members will work with colleagues across the organisation to develop the plan and bring proposals through ICAB and the council's governance arrangements before making recommendations for action by the Health and Wellbeing Board.

Community impact

Further information on the subject of this report is available from
 Karen Wright, , email: Karen.Wright@herefordshire.gov.uk

12. The Director of Public Health Annual Report recommendations are all designed to have a positive impact on the community by delivering more robust and effective approaches to improve health and tackling inequalities.
13. The recommendations specifically identify priority areas which can have a positive impact on looked after children and/or care leavers. These include improving mental health and resilience of children, strengthening the community focussed and strengths based approaches, improving oral health and developing a healthy weight plan. The recommendation of strengthening how we embed health in all policies will provide a more rigorous approach to ensuring the impacts of policy, strategy and commissioning decisions on health are considered.
14. The report recommends that the council considers adding fluoride to the water mains water supplies as one of measures to improve oral health of children. This process is a longer term piece of work, which starts with an Oral Health Needs Assessment being produced, followed by a feasibility study, which would need to be commissioned. The Oral Health Partnership will be responsible for implementing this work

Equality duty

Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to -

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

This report identifies the need to more effectively tackle inequalities and to reach our most vulnerable communities. This will support public authorities in exercising their equality duties.

Resource implications

15. The resource implications of the report are in the main staff time to develop the new approaching to working. These areas of work are prioritised within the Public Health Team, but will need the support of partner organisations. The resource implications of specific programmes will be costed and businesses cases developed on an ongoing basis. The Local Authority currently receives the Public Health Ring-fenced Grant which will support the implementation of the recommendations.

Legal implications

16. The Health and Social Care Act 2012 (s30) added in a new s.73A to the National Health Service Act 2006 requiring the appointment of a Director of Public Health. Under subsection s.73B (5), the Director is required to prepare an annual report on

the health of the people in the area of the council and the council is required to publish this report.

17. Under the NHS Act 2006 as amended by the Health and Social Care Act 2012, councils are required to take particular steps in exercising public health functions. The terms of reference of the Health and Wellbeing Board are set out in the council's Constitution.
18. The recommendations in the report are in accordance with the legislation.

Risk management

19. The risks and opportunities associated with the delivery of the recommendations of the Director of Public Health Annual Report are identified below:

Risk / opportunity	Mitigation
Insufficient resource and partner agency support to deliver the recommendations of the Director of Public Health Annual Report.	Partners reprioritise areas of work to create the capacity needed. Target work in areas of greatest priority
Lack of public support to the implement health improvement programmes	Implement evidenced based practice based on local insight from priority groups where possible.
Opportunity to develop more effective community focussed models of working focussed on areas of inequality.	Develop our approach based on evidence which consider all the elements of community focussed working, including building community capacity.
Risks of demand outstripping the supply of community support.	Involve voluntary sector partners in the development of the approach.
Lack of public and or political support for adding fluoride to the water.	Follow the PHE toolkit which sets out a clear process for working through each stage which required to be completed prior to a decision being formally made to add fluoride to the water supply.

Consultees

20. None.

Appendices

Appendix 1: The Director of Public Health Annual Report 2017

Background papers

None identified.

Director of Public Health Report 2017

183



Acknowledgements

Dr Arif Mahmood Consultant in Public Health
Caryn Cox Consultant in Public Health
Rebecca Howell-Jones Consultant in Public Health
Lindsay MacHardy Public Health Specialist
Sophie Hay Health Improvement Practitioner
Charlotte Worthy Intelligence Unit Team Leader and team
Kristan Pritchard Healthy Improvement Practitioner

Videos

Sarah Volpe and **Zoe Hooper**, Active HERE
John Walker and **Steve Genner**, Cycle training
Cath Warren Bright Futures 4 Youth
Emma Gardner Herefordshire and Worcestershire Sports Partnership and **Jackie McMillan** from Halo Leisure Services
Luke Bennett Healthy lifestyle trainer service
Cel Spellman Health Uncovered

Design and graphics

Nick Winwood
Alun Herbert

Communications

Andie Jordan

Contents

1. Introduction	4
2. Herefordshire health and wellbeing profile	6
3. Council public health spend	13
4. Case studies	16
5. Our future vision	21

1. Introduction

Welcome to my first Annual Director of Public Health Report. Last year's report was focused on adults' health and wellbeing and gave an account of the factors that could affect health and wellbeing and what an individual could do to prevent or minimise the risk of ill health. This year's report is an opportunity for me to share some examples of the good work we are already doing and set out my strategic approach to improve the health and wellbeing of the people of Herefordshire.

Herefordshire has been witnessing a gradual rise in the healthy life expectancy, but it is significantly lower than life expectancy at birth. There is also a gap in the healthy life expectancy and life expectancy at birth between those living in the most and least deprived neighbourhoods. Therefore, the key public health challenge is not only to increase the healthy life expectancy and bring it closer to life expectancy at birth, but also to reduce the inequality gap between those living in the most and least deprived neighbourhoods. In order to reduce the inequality gap, I will focus on influencing the wider determinants of health and adopt assets and strengths based approaches. We all know that Herefordshire is a resourceful county and is blessed with numerous valuable community assets.

Herefordshire Council has been receiving a Department of Health and Social Care Ring Fenced Grant since 2013, which has largely been used to commission public health services. Additionally, the council also commissions a number of other services, such as children's centres, leisure facilities and Fastershire's digital inclusion programme, which have an impact on the health and wellbeing of

the population. I will continue strengthening the joined up working across the council, facilitating and enabling individuals and teams to embed public health interventions in their core business, to help deliver and achieve public health outcomes. This is part of my approach to achieve our ambition of making public health everyone's business.

We have been working in a difficult financial climate and increased demand for health and social care is compounding these financial pressures on both Herefordshire Council and NHS commissioners. Therefore, developing more effective prevention to reduce preventable multiple long term conditions and demand management are key challenges across the health and social care system. In this context, I'm quite heartened by the One Herefordshire vision and believe that public health will play a pivotal role in translating this vision into reality with tangible outcomes for the people of Herefordshire.

Finally, I look forward to working with colleagues across the county, who have already been doing a great amount of work to make a difference to the health and wellbeing of our county's residents.



Karen Wright
Director of Public Health

We welcome the Annual Director of Public Health Report 2017, which is the first report from our new Director of Public Health, who joined Herefordshire Council in March 2018. At the very outset, Karen has expressed her vision to “make Herefordshire Council a public health council”. We appreciate this is a very ambitious and challenging task, but we believe in her commitment and enthusiasm. This report sets out her joined up partnership approach, which will turn this vision into a reality.

This report highlights a number of successes we have achieved with our partners over the last few years to improve the health and wellbeing of our residents. We’re delighted that people in Herefordshire are living longer, but we need to ensure the additional years of life gained through increased life expectancy, are of a good quality which minimise disabilities and maximise independence.

The report also covers a number of population health challenges facing Herefordshire, but we’re pleased to see a strategic approach is being developed to tackle them, and we’re reassured that Karen and her public health team will drive the prevention agenda across the county. By endorsing her approach, we aim to maximise influencing the wider determinants of health to create a supportive environment where adopting healthy lifestyles is easy and practicable and sustainable in the long term.

We also acknowledge the mounting pressure on the health and social care system and managing growing demand within the available limited resources will be a key challenge. The One Herefordshire vision offers a plausible solution to build a sustainable health and

social care system within the county and the report confirms the Director of Public Health’s commitment to support this vision. We also need to continue striving to build resilient communities, where a culture of mutual support flourishes to underpin the One Herefordshire vision.

Finally, we look forward to seeing the development and delivery of the prevention agenda across the county.



Councillor Jonathan Lester
Leader of the Council



Alistair Neill
Chief Executive



Councillor Paul Rone
Cabinet member for Health and Wellbeing



Stephen Vickers
Interim Director for Adults and Wellbeing

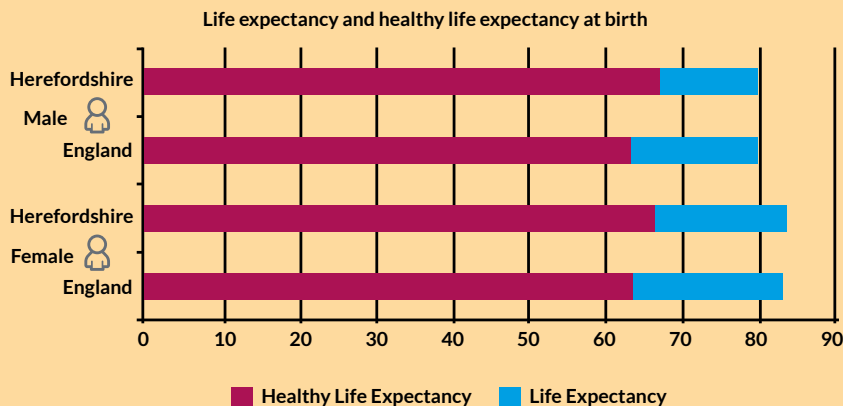
2. Herefordshire health and wellbeing profile

Overall life expectancy and mortality

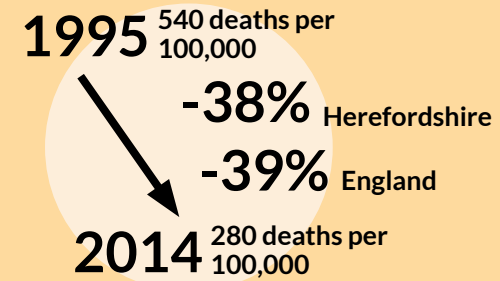
People born in Herefordshire are expected to live for longer, and in good health, than their peers nationally.

Life expectancy: For males born in Herefordshire in 2014-16 the average life expectancy is 80.1 years, while for females it is 83.6 years. Both figures have declined slightly since 2012-14, but for males is similar to England and higher than the West Midlands region and for females, higher than for both.

Healthy Life Expectancy: In 2014-16 the healthy life expectancy in Herefordshire was 67.4 years for males and 66.5 years for females, both higher than the national figures.



Directly age-standardised premature mortality rates



Both mortality and premature (below 75) mortality continue to fall, and remain lower than national levels, and compared to similar areas

The all cause directly age standardised mortality rate for Herefordshire in 2016 was 937 per 100,000, lower than the England rate (960) and representing an overall downward trend from 1,054 in 2007.

Between 1995 and 2014 the directly age-standardised premature mortality rate in Herefordshire has shown a steady downward trend, falling from 540 to 280 per 100,000 of the population (a fall of 38 per cent – similar to the 39 per cent seen nationally and amongst comparators).

Premature death (under 75 years)

All deaths in 2016/17: 2,097

Premature (<75 years) deaths in 2016/17: 608

Herefordshire

3.5 in 12 people in Herefordshire die prematurely



England

4 in 12 people in England die prematurely



Three leading causes of premature death in Herefordshire

- Cancer (44%)
- Cardiovascular Disease (22%)
- Respiratory Disease (10%)





What Herefordshire does well

Employment

Unemployment rate of 3.1% remains significantly lower than nationally (4.4%) and regionally (5.4%) and is at its lowest since 2004/05



Homelessness

Homelessness rates are lower in Herefordshire than England

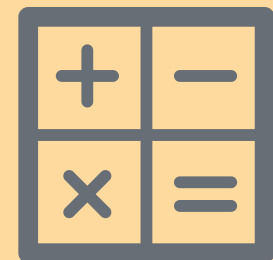
Rates of homeless applications

1.4 per 1000 Herefordshire
compared to
5.0 per 1000 England

Good Level of Development (GLD)

Children achieving GLD at the end of reception class:

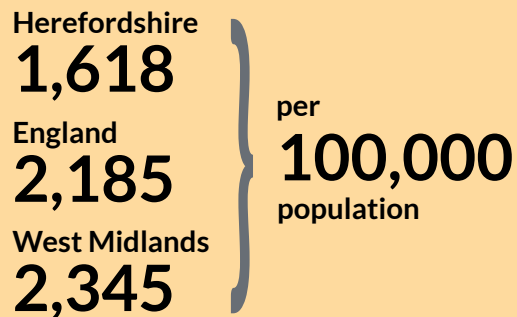
Herefordshire
75%
England
71%



What Herefordshire does well

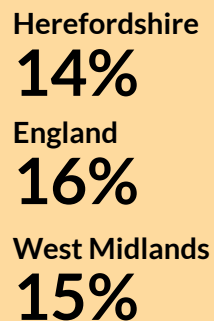
Alcohol harm

Hospital admissions for alcohol-related conditions (all ages):



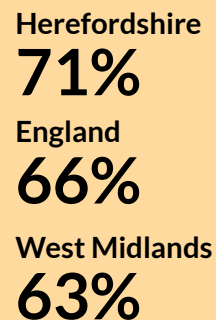
Smoking

Adults who smoke:



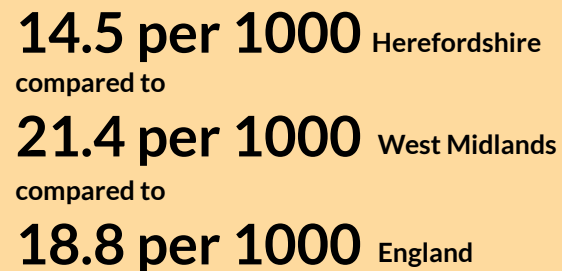
Physical Activity

Adults undertaking 150 minutes of moderate physical activity:



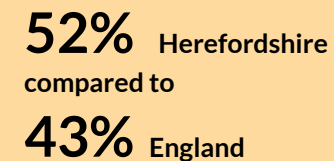
Teenage pregnancy

Teenage pregnancies remain lower both nationally and regionally



Breastfeeding

More mothers in Herefordshire breastfeed their babies



Immunisations

Childhood immunisation rates are good, with uptake for most now exceeding the target level of 95%.



What concerns us most

Earnings

Female earnings are 10% less than males



19% lower than England

13% lower than West Midlands

Fuel poverty

Herefordshire **17%** (13,300 households)

England **11%**

West Midlands **14%**



Alcohol harm - children

Hospital admission rates for alcohol specific conditions amongst under 18s:

Herefordshire **41**

England **34**

West Midlands **29**

per **100,000** population

Mental health - children

Under 18 mental health related hospital admissions:

Herefordshire **167**

England **82**

West Midlands **84**

per **100,000** under 18s

Note: Comparisons between areas must be made with caution for this indicator. Local protocols are known to result in children and young people being counted as a hospital admission where similar hospital presentation and care in other areas would not be counted as such. It is likely that these figures reflect different protocols rather than differences in underlying health.

Dementia

The percentage of over 65 year olds estimated to have dementia who have been formally diagnosed is below the national target (66.7%)

Herefordshire **59%** diagnosed

England **68%** diagnosed

West Midlands **66%** diagnosed

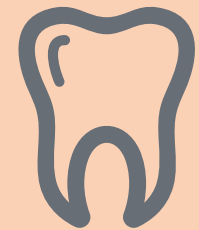
Dental health

Five year olds with at least one decayed, missing or filled tooth:

Herefordshire **31%**

England **23%**

West Midlands **26%**



What concerns us most

Obesity

Overweight or obese adults:

Herefordshire

63%

England

61%

West Midlands

64%



Overweight or obese children
(10-11 year olds):

Herefordshire

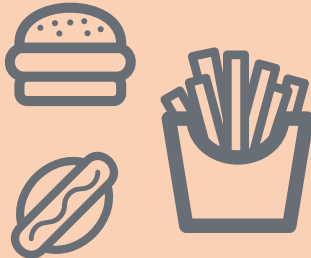
35%

England

34%

West Midlands

37%



High blood pressure

Percentage of patients with hypertension
recorded by general practice:

Herefordshire

16%

England

14%

West Midlands

15%



Stroke

Percentage of patients with Stroke
or Transient Ischaemic Attack (TIA)
recorded by general practice:

Herefordshire

2.3%

England

1.7%

West Midlands

1.8%

Coronary heart disease

Percentage of patients with CHD
recorded by general practice:

Herefordshire

3.5%

England

3.2%

West Midlands

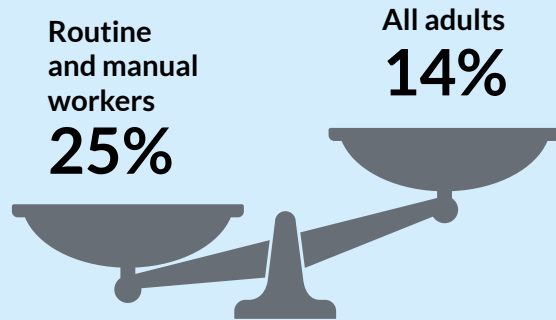
3.2%



Health inequalities

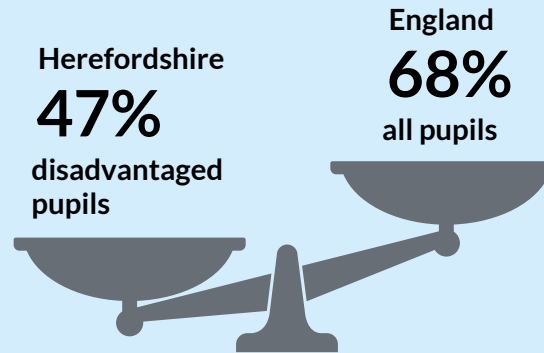
Smoking

Adults in routine and manual occupations in Herefordshire are much more likely to smoke than the population overall



School achievement

Disadvantaged children are less likely to reach the expected standard in reading, writing and maths at Key Stage 2



Premature deaths

People living in the most deprived areas of Herefordshire are:

29% more likely to die prematurely of coronary heart disease;

71% more likely to die prematurely of stroke;

22% more likely to die prematurely of cancer;

19% more likely to die prematurely by suicide; than those in the least deprived areas.



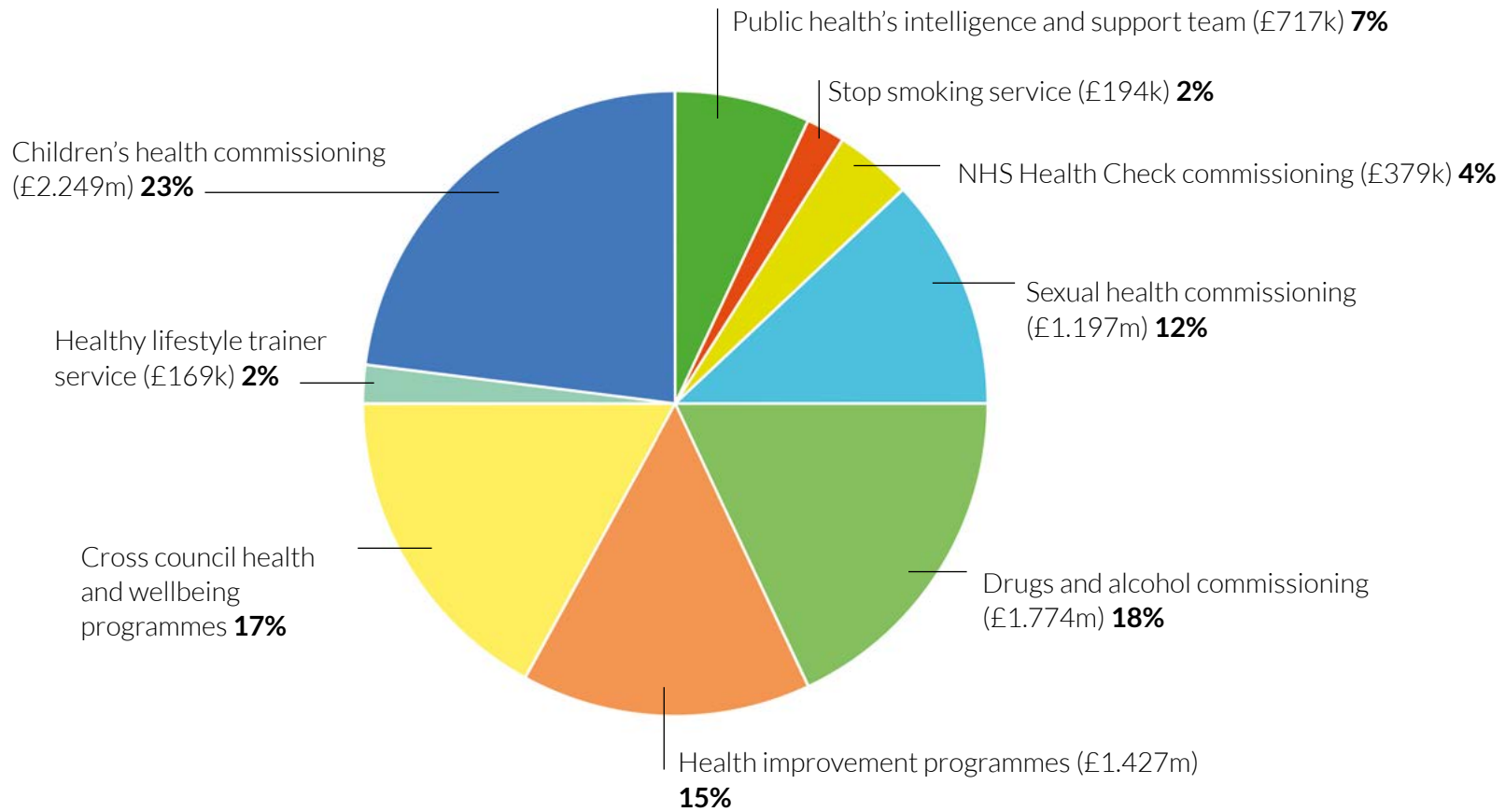
Life expectancy

Females born in the most deprived areas of Herefordshire can expect to live 2.6 years less than those living in the least deprived areas; males 3.9 years less.



3. Council public health spend

Public health grant 2016/17
Herefordshire's allocated budget: £9.706million



Sexual health commissioning (£1.2m)

We commission an Integrated Sexual Health Service, which provides the following services:

- Open access to diagnosis and treatment of sexually transmitted infections (STIs) services through booked appointments and drop in clinics in Hereford city centre
- Open access to free contraception services at the Sexual Health Clinic in Hereford and at GP practices
- The prevention and testing of people at higher risk of contracting HIV
- Provision of online testing for STIs and HIV
- Provision of free emergency hormonal contraception at community pharmacies
- A free condom distribution service to under 25's

Drugs and alcohol commissioning (£1.8m)

We commission an Integrated Substance Misuse Service, which offers:

- Open access structured psychosocial treatment to support recovery from drug and alcohol misuse in Hereford, Ledbury, Leominster and Ross-on-Wye
- Substitute prescribing clinics in Hereford, Ledbury, Leominster and Ross-on-Wye and in partnership with selected GP practices
- Access routes to peer support and recovery networks
- Group psychosocial interventions
- Skill based activities
- Young person's drug and alcohol service
- In-reach service at Hereford County Hospital's A&E Department
- Criminal justice service delivery in partnership with police and probation
- Needle exchange
- Blood borne virus testing

Children's health commissioning (£2.2m)

We commission public health nursing service, bringing together health visiting and school nursing. This offers universal and targeted services for families with children and young people up to 19 years. The National Child Measurement Programme weighs and measures reception class and year 6 children across the county, while the Healthy Start Vitamins Scheme provides free vitamins to eligible mothers and children.

Health improvement programmes (£1.4m)

We commission / deliver a number of health improvement programmes, including:

- A falls prevention / postural stability pilot programme, which aims to reduce falls across the county
- Active HERE which targets inactive residents and supports them to become more active
- A number of local and national awareness campaigns, including mental wellbeing, healthy eating and physical activity
- Making Every Contact Count (MECC) through the implementation and development of local training and resources
- The ASSIST Programme, which is a smoking prevention programme aiming to reduce adolescent smoking prevalence by working with influential year 8 students to become peer supporters

NHS Health Check commissioning (£0.4m)

This service offers a cardiovascular disease (CVD) risk assessment for healthy individuals aged 40 to 74 every five years. Any individuals identified as being at a higher CVD risk, are signposted to appropriate services for prevention or treatment interventions.

Stop smoking service (£0.2m)

The public health team offers support and advice to those who want to quit smoking as part of a universal offer. The stop smoking service offers behavioural support and pharmacotherapy to targeted groups, such as pregnant women and high risk individuals with long term medical conditions.

Healthy lifestyle trainer service (£0.2m)

This service offers free and confidential practical advice and support to people aged 16 years and over who want to address their lifestyle behaviours such as quitting smoking, eating, drinking, reducing risk of diabetes.

4. Case studies

How has the public health team helped to support people in Herefordshire?

Here's a few interesting short films to demonstrate the positive impact of our work....

Active HERE

Active HERE is a joint Sport England and Herefordshire public health funded project designed to support inactive people to become more physically active.

Did you know?

7 in 10 inactive people who engaged with Active HERE became more active

Take a look at the Active Here infographic on page 16

Watch our film...



Sarah Volpe and Zoe Hooper, Active HERE

Cycling for children

Free holiday cycling activities are offered for children including Learn to Ride, Cycle Skills, Fix-It and Scooter Skills Sessions. Bikeability cycle training is also provided for all Year 5 and Year 6 primary pupils.

Did you know?

Between April 2017 and end of March 2018

251 children attended the Learn to Ride course

318 children attended the Cycle Skills/Bike Club courses

1092 children achieved Bikeability level 2

Watch our film...



John Walker and Steve Genner, Cycle training



Age

- Aged 18-34 (11%)
- Aged 35-44 (7%)
- Aged 45-59 (27%)
- Aged 60 and over (44%)
- Not Declared (11%)

What mattered to the person

- Socialising with others
- Fitting in
- Feeling confident
- Motivated due to support
- Independent of activity providers
- Bridges the gap between contemplating activity and taking part



Gender

- Male (21%)
- Female (79%)



Ethnic Background

- White British (89%)
- Other Ethnic Background (4%)
- Not Declared (7%)

79 providers of physical activity sessions

Over 250 activities available



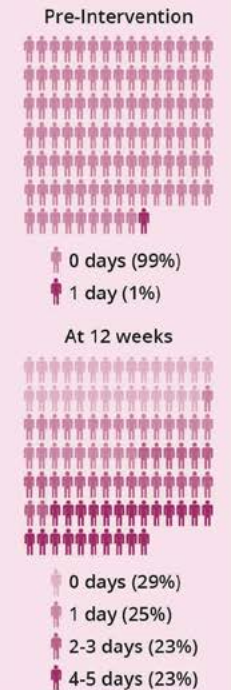
How participants heard about Active HERE

- Signposted from health provider (33%)
- Promotional Event (26%)
- Word of mouth (18%)
- Poster or leaflet (11%)
- Signposted from 3rd party (9%)
- Local media (3%)

Significant barriers to participating in physical activity prior to joining Active HERE:

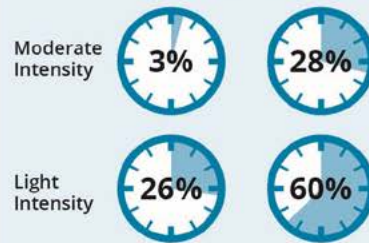
- Difficulty finding local sessions
- Seasonal activities
- Chronic illness and fatigue
- Worries about safety of activity for health condition
- Concerns about not fitting in to a group

Number of days per week taking part in sport



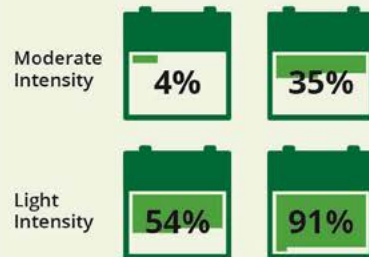
30+ minutes spent exercising

Pre-Intervention At 12 weeks



1+ Days of Exercise Per Week

Pre-Intervention At 12 weeks



Long-Term Health Conditions

- None (40%)
- One (31%)
- Two (17%)
- Three (7%)
- Four or more (5%)

Utility of a person-centred intervention

- Provision of tailored information, suitable to an individual's circumstances
- Regular contact with an interested person

Average Self-Efficacy scores



Pre-intervention (29.00/40)



At 12 weeks (33.22/40)

In partnership with



DECIPHer-ASSIST Programme

ASSIST is a peer support smoking prevention programme which trains influential Year 8 students to work as peer supporters. Peer supporters are trained and supported to have informal conversations about the risk of smoking and the benefits of being smoke free.

Did you know*?

8 Herefordshire high schools have been part of the programme

14 programmes have been delivered

335 year 8 students have trained to become a peer supporter

1,473 peer conversations have taken place (so far)

* Between 2015 and 2018

Watch our film...



Cath Warren, Bright futures 4 Youth

Postural stability pilot

This pilot programme helps older people increase their strength and balance by doing exercises in groups.

Did you know*?

Over **900** fall related hospital admissions were recorded for residents aged 65 and over

Two thirds (approximately) were female

Deprived areas in Herefordshire have the highest rate of fall related hospital admissions

* In 2015/16



Emma Gardner, Herefordshire and Worcestershire Sports Partnership and Jackie McMillan from Halo Leisure Services

Healthy lifestyle trainer service

This service is free and confidential and offers practical advice and support to people aged 16 years and over who want to change their lifestyle.

Did you know?

572 health assessments have been carried out in the last 12 months

302 personal health plans have been completed and of these, 50% achieved the outcomes in their plan and 30% part achieved them.

People who took part found that they:

- lost weight
- were more active
- felt better and healthier
- ate more fruit and vegetables and less fried and fatty food
- drank less alcohol

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Luke Bennett, Herefordshire Council's healthy lifestyle trainer service

Teen health podcasts Health Uncovered with Cel Spellman

Herefordshire's public health team took part in the development of a health podcast trial aimed at getting more young people in tune with their health and wellbeing. The podcasts were by young people for young people.

Did you know?

10 teen health podcasts were created

9,000 downloads (so far) and counting

859 downloads for Herefordshire's mental health podcast, which is the third most popular download

Watch our film...



Cell Spellman

5. Our future vision

Over the coming year I am recommending that One Herefordshire and our Health and Wellbeing Board lead and galvanise efforts to take the following priorities forward.

Over the next few years we will:

1. Strengthen our approach to embedding **health in all policies, strategies and commissioned services**. A key priority will be to influence the Hereford Area Plan and significant Neighbourhood Plans to ensure that we take every opportunity to create environments that support health and wellbeing.
2. Work with Herefordshire's Health and Wellbeing Board and other partners to develop a comprehensive **oral health plan** to tackle issues of poor oral health in children. A key priority will be to completing an oral health needs assessment and identifying the range of options that would best suit Herefordshire. This would include looking at fluoridating the mains water supply.
3. Work with Herefordshire's Health and Wellbeing Board and other partners to develop and implement a **healthy weight plan** which focuses on reducing obesity in children. A key priority will be to use current data to target our work with communities, schools and parents.
4. Work with partners to develop a co-ordinated approach which focuses on what people can do to take care of themselves and **build individual and community resilience**. The key priorities will be aligning the developing approaches already in place to ensure people are connected to local assets and frontline staff are

equipped with the skills and confidence to work with communities and **Make Every Contact Count**.

5. Work with our partners to develop an **ageing well plan**, which responds to the findings in the ageing well needs assessment and the deep dive analysis of the problems of cardiovascular disease and hypertension. A key priority will be to keep people active and connected throughout their life to reduce the risk of multiple long term conditions developing, which can reduce healthy life expectancy.
6. Develop the **Healthy Living Network** to enable community and voluntary organisations, businesses, partners and residents to actively champion health and wellbeing improvements in their area.
7. Work with schools and early years settings to better understand the underlying issues impacting on **children's mental health and self-esteem** and embed evidenced based interventions to promote resilience and good relationships. A key priority will be to use the two and a half year integrated check on children, to identify any early issues in priority groups.
8. Develop a **sustainable health and social care service** in Herefordshire by maximising the opportunities to reduce demand on services in the first instance.

Watch our film...



Karen Wright, Director of Public Health

