Herefordshire Council

Agenda

Health and wellbeing board

Date:	**Monday 26 July 2021**
Time:	**2.30 pm**
Place:	**Three Counties Hotel, Belmont Road, Belmont, Hereford, HR2 7BP**
Notes:	Please note the time, date and venue of the meeting. For any further information please contact: **Jenny Preece, Democratic Services** Tel: 01432 261699 Email: jennypreece@herefordshire.gov.uk

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Agenda for the Meeting of the Health and wellbeing board

Membership

Chairperson	Councillor Pauline Crockett	Cabinet member health and adult wellbeing, Herefordshire Council
Vice-Chairperson	Dr Ian Tait	Chair of NHS Herefordshire and Worcestershire Clinical Commissioning Group
	Richard Ball	Director for economy and place, Herefordshire Council
	Hayley Allison / Julie Grant	Assistant Director of Strategic Transformation / Head of Delivery and Improvement at NHS Improvement, NHS England
	Dr Mike Hearne	Managing Director, Taurus Healthcare
	Councillor David Hitchiner	Leader of the Council, Herefordshire Council
	Rebecca Howell-Jones	Acting director of public health , Herefordshire Council
	Jane Ives	Managing Director, Wye Valley NHS Trust
	Catherine Knowles	Director for children and families, Herefordshire Council
	Ivan Powell	Chair of the Herefordshire Safeguarding Adults Board
	Jonathon Pryce	Chief Fire Officer, Hereford & Worcester Fire and Rescue Service
	Paul Smith	Acting Director for Adults and Communities, Herefordshire Council
	Ian Stead	Chair of Healthwatch, Herefordshire
	Dr Ian Tait	Chair of NHS Herefordshire and Worcestershire Clinical Commissioning Group
	Councillor Diana Toynbee	Cabinet Member for Children's Services, Safeguarding and Corporate Parenting, Herefordshire Council
	Simon Trickett	Chief Executive/STP ICS Lead, NHS Herefordshire and Worcestershire CCG
	Councillor Ange Tyler	Herefordshire Community Safety Partnership / Cabinet member housing, regulatory services, and community safety
	Superintendent Edd Williams	Superintendent for Herefordshire, West Mercia Police
	Mark Yates	Chair of Herefordshire and Worcestershire Health and Care NHS Trust

Agenda

Pages

1. APPOINTMENT OF VICE-CHAIRPERSON

To appoint the vice-chairperson of the board; the Council's constitution (paragraph 2.8.10) requires that 'one of the board members representing NHS Herefordshire and Worcestershire Clinical Commissioning Group will be appointed vice chairperson annually by the board'.

2. APOLOGIES FOR ABSENCE

To receive apologies for absence.

3. NAMED SUBSTITUTES (IF ANY)

To receive details of any member nominated to attend the meeting in place of a member of the board.

4. DECLARATIONS OF INTEREST

To receive any declarations of interests of interest in respect of schedule 1, schedule 2 or other interests from members of the board in respect of items on the agenda.

5. MINUTES 9 - 16

To approve and sign the minutes of the meeting held on 8 March 2021.

6. QUESTIONS FROM MEMBERS OF THE PUBLIC

To receive any written questions from members of the public.

For details of how to ask a question at a public meeting, please see:

www.herefordshire.gov.uk/getinvolved

The deadline for the receipt of a question from a member of the public is Tuesday 20 July 2021 at 5.00 pm.

To submit a question, please email councillorservices@herefordshire.gov.uk

7. QUESTIONS FROM COUNCILLORS

To receive any written questions from councillors.

The deadline for the receipt of a question from a councillor is Tuesday 20 July 2021 at 5.00 pm, unless the question relates to an urgent matter.

To submit a question, please email councillorservices@herefordshire.gov.uk

8. HEREFORDSHIRE AND WORCESTERSHIRE LEARNING FROM LIVES AND DEATHS- PEOPLE WITH LEARNING DISABILITY (HW LEDER) ANNUAL REPORT 2020/21 17 - 74

The purpose of this report is to raise awareness of the LeDeR programme with a view to providing opportunity for the key objectives and priorities of the programme to be aligned with Health and Wellbeing Board priorities and workstreams.

9.	**CARERS STRATEGY** To consider the draft carers strategy for 2021 to 2026 from the adults and communities directorate and to determine any recommendations the Health and Wellbeing Board wishes to make.	75 - 122
10.	**BETTER CARE FUND (BCF) YEAR END REPORT 2020-2021** To review the better care fund (BCF) year-end 2020-2021 report as per the requirements of the programme.	123 - 154
11.	**MEETING SCHEDULE FOR 21-22** The schedule of meetings are proposed as follows: Monday 18 October 2021, 2:30pm Monday 6 December 2021, 2:30pm Monday 28 March 2022, 2:30pm Monday 6 June 2022, 2:30pm	

Note for board members: There will be a development session in private immediately following this board meeting in public.

The public's rights to information and attendance at meetings

In view of the continued prevalence of COVID-19, we have introduced changes to our usual procedures for accessing public meetings. These will help to keep our councillors, staff and members of the public safe.

Please take time to read the latest guidance on the council website by following the link at www.herefordshire.gov.uk/meetings and support us in promoting a safe environment for everyone. If you have any queries please contact the governance support team on 01432 260201 / 261699 or at governancesupportteam@herefordshire.gov.uk

We will review and update this guidance in line with Government advice and restrictions.

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You have a right to:

- Attend all council, cabinet, committee and sub-committee meetings unless the business to be transacted would disclose 'confidential' or 'exempt' information.
- Inspect agenda and public reports at least five clear days before the date of the meeting. Agenda and reports (relating to items to be considered in public) are available at www.herefordshire.gov.uk/meetings
- 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. Information about councillors is available at www.herefordshire.gov.uk/councillors
- Have access to a list specifying those powers on which the council have delegated decision making to their officers identifying the officers concerned by title. The council's constitution is available at www.herefordshire.gov.uk/constitution
- Access to this summary of your rights as members of the public to attend meetings of the council, cabinet, committees and sub-committees and to inspect documents.

Recording of meetings

Please note that filming, photography and recording of this meeting is permitted provided that it does not disrupt the business of the meeting.

Members of the public are advised that if you do not wish to be filmed or photographed you should let the governance services team know before the meeting starts so that anyone who intends filming or photographing the meeting can be made aware.

The reporting of meetings is subject to the law and it is the responsibility of those doing the reporting to ensure that they comply.

The council may make a recording of this public meeting or stream it live to the council's website. Such recordings form part of the record of the meeting and are made available for members of the public via the council's website.

Public transport links

The Three Counties Hotel is accessible by bus; bus stops in each direction are positioned on the Belmont Road at the front of the hotel.

Herefordshire Council

The seven principles of public life

(Nolan principles)

1. Selflessness

Holders of public office should act solely in terms of the public interest.

2. Integrity

Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

3. Objectivity

Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

4. Accountability

Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

5. Openness

Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

6. Honesty

Holders of public office should be truthful.

7. Leadership

Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.

Minutes of the meeting of Health and wellbeing board held at Online meeting on Monday 8 March 2021 at 2.30 pm

Members	Roger Allonby	Head of economic development	Herefordshire Council
	Chris Baird	Director for children and families	Herefordshire Council
	Hazel Braund	Director of partnerships and change	NHS Herefordshire and Worcestershire Clinical Commissioning Group
	Councillor Pauline Crockett (Chairperson)	Cabinet member - health and adult wellbeing	Herefordshire Council
	Susan Harris	Executive director of strategy and partnerships, and STP communications and engagement lead	Herefordshire and Worcestershire Health and Care NHS Trust
	Dr Mike Hearne	Managing director	Taurus Healthcare
	Councillor David Hitchiner	Leader of the Council	Herefordshire Council
	Rebecca Howell-Jones	Acting director of public health	Director of public health
	Jane Ives	Managing director	Wye Valley NHS Trust
	Councillor Felicity Norman	Cabinet member - children and families and deputy leader	Herefordshire Council
	Ian Stead	Chair and director	Healthwatch Herefordshire
	Professor Tamar Thompson OBE	Deputy chair and lay member	NHS Herefordshire and Worcestershire Clinical Commissioning Group
	Stephen Vickers	Director for adults and communities	Director for adults and communities

In attendance:	Mandy Appleby	Assistant director for adult social care operations	
	Ben Baugh	Democratic services officer	
	Kate Coughtrie	Deputy solicitor to the council	
	Samantha Evans	Senior lawyer	
	Amy Pitt	Assistant director talk community programme	
	Jenny Preece	Governance support assistant	
	Claire Scott	Strategic transformation senior manager	NHS England and NHS Improvement – Midlands
	Paul Smith	Assistant director all ages commissioning	
	Charlotte Worthy	Intelligence unit team leader	

10. APOLOGIES FOR ABSENCE

Apologies for absence had been received from: Hayley Allison / Julie Grant (NHS England); Richard Ball (Herefordshire Council); Chris Burdon (Herefordshire and Worcestershire Health and Care NHS Trust); Dr Ian Tait (NHS Herefordshire and Worcestershire Clinical Commissioning Group); and Simon Trickett (NHS Herefordshire and Worcestershire Clinical Commissioning Group).

11. NAMED SUBSTITUTES

The following named substitutes were present: Claire Scott, as a non-voting attendee for Hayley Allison / Julie Grant (NHS England); Roger Allonby for Richard Ball (Herefordshire Council); Susan Harris for Chris Burdon (Herefordshire and Worcestershire Health and Care NHS Trust); Professor Tamar Thompson for Dr Ian Tait; (NHS Herefordshire and Worcestershire Clinical Commissioning Group); and Hazel Braund for Simon Trickett (NHS Herefordshire and Worcestershire Clinical Commissioning Group).

12. DECLARATIONS OF INTEREST

No declarations of interest were made.

13. MINUTES

The minutes of the previous meeting were received.

Resolved: That the minutes of the meeting held on 7 December 2020 be approved and be signed by the chairperson.

14. QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions had been received from members of the public.

15. QUESTIONS FROM COUNCILLORS

No questions had been received from councillors.

16. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

Rebecca Howell-Jones, acting director of public health, introduced the annual report, the principal points of the presentation included:

1. Course of the pandemic to date: at least 3% of the population in Herefordshire had tested positive for COVID-19 but the true number of infections would have been much higher; the pattern was generally the same as that seen across the country, albeit with some lag in terms of rising trends and with lower case rates between each wave; a peak in July 2020 was linked to a specific outbreak; and attention was drawn to the graph on ‘weekly number of COVID-19 related registered deaths in Herefordshire’ which reflected the shift in the location of deaths from care homes in the first wave to hospital in the second wave.

2. Impact of COVID-19: in addition to the effects of the virus itself (severe disease, long COVID, and deaths), there were also short and long term effects associated with the control measures (including economic, physical and mental wellbeing, healthcare seeking behaviours, and education impacts).

3. Wider impacts on health and wellbeing: attention was drawn to a table 'Health effects of social distancing measures and actions to mitigate them' by The BMJ and it was commented that the wider impacts were likely to contribute to morbidity and mortality in the county in the future; and all services and sectors in the system were asked to consider the breadth of the impacts and what could be done to mitigate the risks.

4. Living with COVID, keeping Herefordshire's most vulnerable safe: clinically extremely vulnerable people (3% of the population had been on the 'shield' list in 2020) had been asked to stay at home and isolate for extended periods of time; the clinically vulnerable (1 in 3 residents) had also been asked to undertake protection measures; the people most affected by the disease included the elderly (93% of deaths had been in the 65+ population) and the staff and residents of care homes; and there was a national picture of the virus disproportionately affecting the most deprived or BAME groups but it was not clear from the data currently to confirm whether the same had been experienced locally.

5. Economic and financial: the higher numbers of small businesses (90% employed less than 10 people) and self-employed workers (17% were self-employed, compared to 10% nationally) potentially increased vulnerabilities in the local economy; the restrictions around COVID and the implications of Brexit were likely to have impacts for the seasonal workforce; the full extent of the impacts on job losses and incomes were not yet known; and food and fuel poverty had increased nationally, and the proportion of pupils eligible for free school meals had also increased locally.

6. Wider impacts, health and social: there had been impacts on health behaviours, with people in the most deprived areas being more likely to be affected, resulting in higher levels of risk (such as obesity, smoking and alcohol harm); and mental wellbeing was a major issue, Mind had declared coronavirus 'a mental health emergency'.

7. Wider impacts, children and young people: pupils had missed out on face-to-face academic education which was likely to increase the existing attainment gap between the least and the most deprived; overall rates of attendance between lockdowns had been good in Herefordshire; and almost half of the children and young people that responded to a survey felt that their overall mental health and wellbeing was worse since the start of the coronavirus outbreak.

8. Wider impacts, environment: the impacts on the environment were not clear, for example journeys had reduced during the lockdowns but public transport patronage had decreased and single occupancy car use had increased; and there may be an emerging environmental costs, for example the need for Personal Protective Equipment (PPE) increasing the use of single-use plastic.

9. Herefordshire's response, resilience and community spirit: the relatively low direct impact on the virus was due to people playing their part and adhering to the restrictions in place; the system had worked to prevent / contain the spread of the virus and to support individuals, settings and organisations (examples included: public health and environmental health advice and practical support to minimise risk and manage outbreaks; enhanced support for care homes and the care sector; the Talk Community programme to help the most vulnerable to isolate safety; the Project Brave initiative for the homeless and rough sleepers; and grants to small businesses, community groups and parish councils); the education and childcare sector had supported students throughout the pandemic; and the community response included countless examples of individual and organisational contributions.

10. Positives: it had been a difficult and challenging time but the situation provided opportunities to build upon assets such as existing community networks and support (1,500 people had registered to volunteer as part of the Talk Community response), to expedite the use of digital technology across services, and to evolve new partnerships and ways of working.

11. The ask across the system: the population would be living with COVID for the foreseeable future and there was a need to maintain the common purpose to address the impacts of the pandemic which had both exacerbated existing inequalities and created other challenges; this would need to involve everyone; and, as a system, this needed to be done from every angle and at every level.

12. Act cohesively to address the impact of the pandemic: this included addressing health and social care needs, becoming a healthier county, addressing and rectifying the social needs and inequalities that had been created, economic recovery which ensures employment and business opportunities, and considering the environmental impact and a green recovery.

13. The board was advised that the design version of the annual report would include additional infographics.

The chairperson noted that the restoration plans would need to consider access to psychological services and how to encourage healthy behaviours; she added that the council was developing a physical activity strategy currently.

Board members were invited to comment, the principal points included:

a. Stephen Vickers said that the report set out the backdrop and response to COVID and would provide a useful benchmark. He felt that 'recovery' suggested an end stage but this should really be viewed as an opportunity to reset, rethink and build on going forward. He encouraged the public to explore the issues and the needs of the county in detail through the Understanding Herefordshire website. It was commented that Talk Community was at the centre of the council's response and increasingly so in terms of the system.

   Examples of work ongoing and in development included: the linkages within the County Plan to increasing the overall mental and physical health and wellbeing of residents from an all ages perspective; mental health and wellbeing training for community leaders; debt and money management services; the redesign of the 'front-door' service; joint working between directorates; the holiday activity fund scheme; the development of new models of accommodation for vulnerable people; the community meal offer; embracing the principles of 'no second night out' and 'housing first', with linkages to Project Brave; developing an assistive technology approach, including the delivery of a demonstration centre at Hillside; the development of a network of community-led hubs, with 17 established during the pandemic; and integrated services hubs.

   The board needed to be mindful of the work around the new Integrated Care System and consider its own role and functions to ensure that it could deliver against its objectives.

   The assistant director talk community emphasised the crucial role of communities, particularly in terms of the COVID response but also to flooding emergencies, and commented on the Talk Community business initiative which was working with businesses to support employees with health and wellbeing.

The assistant director all ages commissioning said that public health and commissioning departments had worked closely on the council's response, in collaboration with the other directorates and health partners. He outlined some of the work that had been undertaken in terms of care homes and the provision of PPE to a wide range of people who could potentially come into contact with somebody with coronavirus symptoms. He considered that the system was operating as a team and this provided a good indicator of the potential of the Integrated Care System.

b. Susan Harris explained that mental health services had transferred in April 2020, from the former 2gether NHS Foundation Trust to Herefordshire and Worcestershire Health and Care NHS Trust, and the workforce was thanked for the effective transfer during the pandemic.

It was reported that further investment had come into mental health pathways, for core and specialised services. Overviews were provided on the community mental health transformation programme, improving access to psychological therapies, the 'Now we're talking for healthy minds' campaign, the 'Now were talking with art' campaign, and the recovery college service.

It was commented that the investment coming into mental health pathways was timely and it was essential to maximise collaboration to avoid duplication and ensure easier access to early support for mental health.

c. Chris Baird paid tribute to colleagues working in early years and education, especially as this was a significant day with schools reopening to all pupils; with positive reactions demonstrating the emotional wellbeing benefits of socialisation.

The annual report highlighted some of the issues that children and young people and their families had faced during the pandemic. It was noted that a huge amount of work had been undertaken to enable the children of key workers and vulnerable families to attend nurseries and schools, and to support others through the delivery of education remotely. Representatives of the sector continued to meet regularly to review delivery and to identify gaps in provision.

The annual report also highlighted some of the areas where organisations (as well as individuals, families, and communities) needed to work together as society reopened. Mr Baird concurred that it should not be characterised as 'recovery', rather it was about living in different circumstances, and it was important to build upon the collective spirit and relationships that had developed during this period of adversity. He also emphasised the need to be vigilant to new challenges emerging, especially as contact increased with children and young people and with their families, and as needs became more apparent.

d. Jane Ives agreed that partners were working in a different ways and that this was very positive, enabling decisions to be made together and more rapidly. However, this was for a single purpose and without financial limitations. The system was now moving back towards a more complex situation, restoring services, addressing the legacy of people waiting for treatment, and dealing with more challenging financial positions. It was important to reflect on learning, to retain good ways of working, and to maintain focus as a board on inequalities and on the prevention agenda.

e. Dr Hearne commented that this was a year of collaboration, culminating in an impressive effort from the whole system with the vaccination rollout.

The table on ‘Health effects of social distancing measures and actions to mitigate them’ illustrated the need to improve visibility, develop relationships, and help each other to achieve objectives moving forward. He added that the role of the board would be crucial in holding the system to account and identifying the right priorities.

f. Ian Stead said that Healthwatch Herefordshire had been very impressed with the joint working in the county, especially during the first lockdown as there had been no templates to follow. He added that it would be important to understand the lessons that had been learned, in case of any similar situation in the future.

Restoring services would be a massive challenge which could only be addressed through continued collaboration and improvements to ways of working. Other challenges were also emerging, such as providing services to digitally excluded people, and Talk Community would have a key role in enabling access to information and services.

g. Councillor Norman commented on the particular challenges for teachers and school staff, such as devising and developing online education, maintaining contact with the most vulnerable children, and providing support to parents.

The pandemic had been a worrying time for children and young people, and adults. As the situation moved on, there would be a need to explore different ways of supporting mental and physical health and wellbeing; for example, supporting schools with the development of green travel plans to encourage exercise and healthier lifestyles. It was noted that the ‘Growing up in Herefordshire 2021’ survey would provide local information on lifestyles and behaviours.

Councillor Norman expressed concern about the significant increase in poverty, with many families struggling, as demonstrated by the increase in the proportion of pupils eligible for free school meals. It was emphasised that some of the issues and problems were not just local but national, and a coordinated approach to the underlying issues was needed. Nevertheless, the way that the local system had responded provided confidence that interesting and innovative solutions could be found.

h. Professor Thompson welcomed the presentation by the acting director of public health, as it had resulted in a rich and informative conversation, and commented on the need to translate the learning into an action plan for the board.

Rebecca Howell-Jones acknowledged the single purpose, energy and drive during the last twelve months and the need to carry this forward as a system to address inequalities.

Stephen Vickers said that there was work to do, including thinking about how the system could make a difference and hold itself to account, and this was connected to the development of the Integrated Care System and the One Herefordshire partnership approach. There was also a need to set up the programme of work to ensure that the board was effective.

Ian Stead added that circumstances had changed and there was an opportunity to take a fresh look at the board in order to take the agenda forward.

In addition to the recommendation suggested in the report and reflecting upon the various initiatives and campaigns that had been referenced during the meeting, the chairperson recommended that links to services and resources be added to Health and Wellbeing Board materials where appropriate. The resolution below was then approved by the board.

Resolved: That

a. The Health and Wellbeing Board has noted and considered the findings of the report, and will provide leadership in addressing inequalities created by, or exacerbated by, the COVID-19 pandemic, through recognition of these challenges, communicating the key messages of the report to their constituent members, and identifying further actions that can be taken by constituent organisations and across the system; and

b. Appropriate links to services and resources be added to the Health and Wellbeing Board webpages.

17. DATE OF NEXT MEETING

Monday 7 June 2021 at 2.30 pm.

The meeting ended at 3.48 pm **Chairperson**

Herefordshire Council

Title of report: Herefordshire and Worcestershire Learning from Lives and Deaths- People with Learning Disability (HW LeDeR) Annual Report 2020/21

Meeting: Health and wellbeing board

Meeting date: Monday 26 July 2021

Report by: Associate Director of Nursing and Quality, NHS Herefordshire and Worcestershire Clinical Commissioning Group

Classification

Open

Decision type

This is not an executive decision

Wards affected

All Wards

Purpose

The Health and Wellbeing Board Strategy and the Learning Disability Strategy for Herefordshire recognise that people with a learning disability are one of the groups within our local communities who are vulnerable to experiencing health inequality. The purpose of sharing this Annual Report for 2020/21 is to raise awareness of the LeDeR programme with a view to providing opportunity for the key objectives and priorities of the programme to be aligned with Health and Wellbeing Board priorities and workstreams.

Recommendation(s)

THAT:

a) **the Health and Wellbeing Board note the Herefordshire and Worcestershire Learning from Lives and Deaths- People with Learning Disability Annual Report for 2020/21 and the programmes key findings for people with a learning disability in Herefordshire.**

Alternative options

1. There are no alternative options. In the national LeDeR Policy published in March 2021 NHS England require that NHS Clinical Commissioning Groups share the Annual Report for the system LeDeR Programme at each Health and Wellbeing Board in public aligned to their Integrated Care System footprint. Partners across the health and social care system are committed to working together and in collaboration with people with lived experience, to improve health outcomes and achieve healthier, longer and

happier lives for local people. Consideration of the social determinants of health is a fundamental element for consideration when addressing health inequality and premature death.

Key considerations

2. People with a Learning Disability continue to be some of the most marginalised individuals within our local communities and experience some of the greatest health inequalities. Data to the end of 2019 (latest available national data) confirms that men with a learning disability die on average 22 years younger than men in the general population and woman die on average 27 years younger. The median age of death across England is 60 years.

3. LeDeR is a national service improvement programme commissioned by NHS England. The programme was developed following a recommendation of the Confidential Inquiry into the Premature Deaths of People with Learning Disability published in 2013. The programme roll-out was phased across England and commenced in the Midlands during late 2017. The purpose of the programme is to identify and implement learning that will prevent premature death and reduce health inequality for people with a Learning Disability.

4. The programme provides an infrastructure for reviewing the life and death of individuals notified to our system by the national LeDeR web-based platform. Learning, good practice and recommendations are collated from each individual LeDeR Review and analysed into themes to form system priorities for action.

5. The NHS Long Term Plan and the NHS 2021/22 Priorities and Operational Planning Guidance requires that systems demonstrate evidence of implementing actions arising from LeDeR Reviews and that individual reviews are completed within 6 months of notification to enable timely learning to be extracted.

6. A new national LeDeR Policy was published in March 2021. Implementation of the Policy is required during 2021/22 and includes revised governance and Integrated Care System (ICS) workforce arrangements and a broadening of the scope to include adults with a diagnosis of Autism.

7. A 3 minute youtube video by Dr Roger Banks on the revised LeDeR Programme can be viewed here https://www.youtube.com/watch?v=v2b9ZU-4tRM

8. The LeDeR Policy 2021 requires that each ICS develop a 3 year LeDeR Strategy. Learning from LeDeR and our priorities for change are a key thread that runs through the Learning Disability and Autism 3 Year Plan approved by the Learning Disability Partnership Board and ICS Learning Disability and Autism Programme Board in April 2021.

9. The HW LeDeR Annual Report for 2020/21 outlines how as a collaborative partnership we have learnt from the outcomes of reviews, since 2017 and specifically over the last 12 months to April 2021, and how we have started to influence the shaping of services to achieve improvements in outcomes.

Key points of learning from 2020/21 data about the lives and deaths of people with a Learning Disability within Herefordshire

10. The number of notifications made for Herefordshire dropped during 2020/21. There were no confirmed or suspected COVID related deaths of a person with a learning disability reported for Herefordshire during wave 1 or 2 of the COVID pandemic.

11. LeDeR performance measures improved during 2020/21 across the ICS. For Herefordshire significant improvements were made in the average time to complete reviews. Metrics for the whole programme (performance since 2017) were influenced by legacy workforce arrangements that were resolved in 2019. Authorship of reviews continues to rely upon a small, dedicated resource and the majority of reviews are now completed within 7 months.

12. 86% of people who died in Herefordshire were aged over 50 years- this compares to an England average of 72%. 46% of people who died were over 65 years compared to 38% for England. 6% of deaths reported were for those aged 24 years or younger, compared to 11% across England. Overall people with a learning disability are living longer lives in Herefordshire compared to the England average.

13. In Herefordshire the median age of death for men with a learning disability is 64 years, compared to a median age of 61 years for England. The median age for women is 61 years, the same as that for England.

14. The achieved place of death (people spending their last days in their usual place of residence or not in an acute hospital bed) has consistently been better in Herefordshire than for the England average. Many examples of personalised end of life care were of a very good standard.

15. Underlying health conditions recorded within completed LeDeR Reviews reflect that people who have died in Herefordshire had a higher recorded rate of epilepsy, cardio-vascular disease and mental health condition than those recorded across England. Diabetes was recorded for 14% of individuals and obesity for 16%.

16. Deaths from cancer accounted for 11% of notifications (lower than the England average) and deaths from cardio-vascular disease accounted for 20% (similar to the England average). The most frequently listed cause of death was pneumonia (same as England average).

What we achieved during 2020/21

17. Learning and recommendations extracted from completed reviews are themed to help our LeDeR Learning into Action Group determine key priorities. A workstream (Priority Action Group) is developed for each key priority area. During 2020/21 we were able to increase the input of carers and experts by experience from Herefordshire into workstreams to inform and shape service improvement.

18. The COVID-19 pandemic resulted in some aspects of workstream activity being paused to enable a focus on emerging areas of significant need including COVID-19 guidance, vaccination access and Annual Health Checks.

19. Actions taken (detailed within the Annual Report on pages 34-36) supported the following outcomes:

    -84.9% uptake of Annual Health Checks across the ICS (within Herefordshire over 80% of GP Practices undertook Annual Health Checks for at least 75% of their Learning Disability population and over 35% of GP Practices exceeded 90%).

    -a coproduced resource pack to support Primary Care Networks to sustain high completion rates and high levels of quality of Annual Health Checks https://herefordshireandworcestershireccg.nhs.uk/our-work/learning-disabilites-and-autism/annual-health-checks

    -an increase of 14-25 year olds on GP Learning Disability Registers

    -88% uptake of COVID-19 vaccination for people with a Learning Disability by the end of March (including uptake across care settings ahead of the national offer) with further increases to exceed 90% into April and May.

    -COVID-19 testing in Learning Disability care settings ahead of the national offer to support the management and reduction of outbreaks.

    -increased assurance and confidence that national media reports of the discriminatory application of Do Not Resuscitate decisions for people with a learning disability were not widespread within our system.

20. Our priorities for supporting people to develop longer, healthier and happier lives have been co-produced and will form the basis of our LeDeR Strategy. These are outlined below and in table 6 on page 38 of the Annual Report:
    - Emotional well-being and good mental health
    - Choice and shared decision making for periods of acute ill-health or toward end of life.
    - Recognising and responding to health need through Annual Health Checks
    - Maximising protection from respiratory conditions
    - Good bowel health
    - Preventing health needs associated with obesity.

    All priorities are underpinned by the following enabling principles:

    -people with lived experience remain at the heart of the LeDeR programme
    -Meaningful inclusion and choice inform better health outcomes and decisions (including mental capacity assessment and best interest decisions)
    -our system workforce needs to be equipped to recognise and respond to the personalised adjustments that enable access and equity
    - collaborative working and information sharing achieve great things.

Community impact

21. The LeDeR programme, its achievements to date and its priorities for further improvement align with the intentions of the Health and Wellbeing Board Strategy for Herefordshire and with priority 3 of the Herefordshire Learning Disability Strategy. Learning and themes extracted from LeDeR reviews enables health and social care partners to evaluate the expectation that people with a learning disability will achieve access to good standards of healthcare and live healthy and longer lives. There is opportunity, through evolving models of Population Health Management within Integrated Care Partnership arrangements for Herefordshire, to address health equity for people with a Learning Disability or Autism and in doing so develop transferable ways of delivering health and social care that meet the needs of other marginalised groups.

22. The collaborative development of a LeDeR Strategy will be based on the LeDeR learning and themes identified to date, the identified needs of the population (including data available from Learning Disability Needs Assessment) and will be informed by the lived experience of people within Herefordshire and Worcestershire.

Environmental Impact

23. The implementation of the LeDeR programme supports the Councils commitment to the environment by making best use of technology to support experts by experience, family carers and other partners to contribute to LeDeR reviews and engage in LeDeR forums and workstreams without the need for travel. During the course of 2020/21 this has strengthened the capacity of experts with lived experience to engage more frequently. Technology advances this year have also increased capacity for reviewing care records remotely when undertaking LeDeR reviews, reducing the frequency for copying and posting paper care records to reviewers quite significantly.

Equality duty

24. 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.

    The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and

demonstrate that we are paying ‘due regard’ in our decision making in the design of policies and in the delivery of services. All partners within the LeDeR Steering Group are committed to narrowing the gap in health inequality experienced by people with a learning disability and have confirmed, through a shared terms of reference, that this is one of the main principles at the heart of what we set out to do.

Resource implications

25. The LeDeR programme workforce is currently funded by the Clinical Commissioning Groups and Herefordshire and Worcestershire Health and Care NHS Trust. The ICS is required to review the workforce supporting this programme during 2021/22. There are no anticipated funding implications for the Council. Improvement workstreams that form part of the 3 Year Learning Disability and Autism plan will be overseen by the Learning Disability and Autism Programme Board, chaired by the Director of Adult Services for Herefordshire Council.

Legal implications

26. There are no legal implications. The Health and Wellbeing board are being asked to note the contents of the report accordingly.

Risk management

27. Any risks associated with the performance of the LeDeR programme or a failure to progress the implementation of learning identified from LeDeR reviews will be escalated to the Learning Disability and Autism Programme Board and onto the ICS Executive. Due to delays in the roll-out of the revised national LeDeR platform some metrics will be suspended for part of 2021/22. Potential risks relating to the implementation of the new national Policy are expected to be resolved ahead of the required implementation date of 1st April 2022.

Consultees

28. The LeDeR Programme has a solid foundation of consulting with experts with lived experience, family carers and advocacy organisations. The Annual Report sets out how we engage with partners within LeDeR and Partnership Board forums to consider learning and decide what action to take in response to learning identified. We are currently consulting with experts by experience on the co-production of an Easy Read version of the Annual Report.

Appendices

Appendix A: Herefordshire and Worcestershire LeDeR Annual Report 2020/21.

Background papers

None.

Appendix A

Herefordshire and Worcestershire
Integrated Care System

Annual Report 2020/2021

Learning Disabilities Mortality Review **(LeDeR)** Programme (Herefordshire and Worcestershire)

June 2021

Rachael Skinner - Associate Director of Nursing & Quality and LeDeR Lead Area Coordinator

Learning Disabilities Mortality Review (LeDeR) Programme

Table of contents

1. Introduction

The Learning Disabilities Mortality Review (LeDeR) programme was established to support local areas to implement a consistent format for the review of deaths of people with learning disabilities. The key principles of the programme are to identify learning from the review of deaths, for learning to inform service improvement initiatives and for those initiatives to affect meaningful change in improving outcomes for local people.

The LeDeR programme was implemented at a time of considerable focus on the deaths of patients in the NHS. Phased roll-out of the programme reached Herefordshire and Worcestershire in the autumn of 2017. The initial introduction of the programme coincided with the introduction of the Learning from Deaths guidance which made clear the expectation that the LeDeR methodology would be the preferred format for reviewing deaths for people with a learning disability. The LeDeR programme is commissioned on behalf of NHS England (NHSE) and during 2020/2021 continued to be hosted by the University of Bristol.

During 2020/2021 all deaths continued to receive an Initial Review. Where there are areas of concern in relation to the care of the person who has died, or if it is felt that further learning could be gained, a more detailed Multi-Agency Review (MAR) of the person's life and death is facilitated. LeDeR does not replace other statutory formats and processes for reviewing a person's death where concerns exist. On completion of the review (Initial or MAR), recommendations are made and an action planning process identifies service improvements that may be indicated. More information about the national programme can be found on the website for LeDeR hosted by the University of Bristol http://www.bristol.ac.uk/sps/leder/about/ or after 1st June 2021 on the NHS England website https://www.england.nhs.uk/learning-disabilities/improving-health/mortality-review/ . Easy read information about the programme and its publications can be found at http://www.bristol.ac.uk/sps/leder/easy-read-information/

This report provides an update on the progress and impact made across Herefordshire and Worcestershire during the period covering 1st April 2020 to 31st March 2021, the third full year of programme implementation for our system. It builds on the achievements made up to March 2020, and covers local progress for Herefordshire and Worcestershire in our first year as an integrated programme across both counties within our evolving Integrated Care System (ICS). A new national LeDeR Policy was published in March 2021 and the requirements of this are reflected in appendix 3. The report reflects some of the extraordinary efforts of our partners to work together through a year that many will never forget. This includes the initial and subsequent peaks in the number of cases of the COVID-19 pandemic and some of the consequential implications of 'lockdown'. It will undoubtedly take some time to fully appreciate the impact of COVID-19, on individuals health and on the health inequality of people with a learning disability. We will continue to remain mindful of this as we review lives and deaths during 2021/22 and beyond.

2. Delivery of the LeDeR programme in Herefordshire and Worcestershire

2.1 Our Purpose- what we set out to do

The overriding principle, clearly set out in the Terms of Reference for each forum within the meeting structure that supports the LeDeR Programme across Herefordshire and Worcestershire, is to affect meaningful change and improve outcomes for local people. The outcomes that we are aspiring to achieve include supporting longer, healthier and happier lives for people with a Learning Disability across our Integrated Care System. In each previous year we have set out a work plan, agreed in partnership, based on the thematic recommendations arising from LeDeR Reviews. The infrastructure of the LeDeR programme then works closely with partners from and beyond the infrastructure of the Learning Disability Partnership Board arrangements in each county, to collaborate, to form ideas and action solutions.

Partnerships within the LeDeR programme across Herefordshire and Worcestershire (H&W) are built on the firm legacy of inclusion and placing experts by lived experience at the heart of what we do. The foundations of the Learning Disability Partnership Boards and Transforming Care Partnership infrastructure enable representation from people with a Learning Disability, family carers, advocacy, social care, commissioners, Public Health, Safeguarding, specialist Learning Disability Teams and our Acute NHS Trust providers to contribute to our programme outcomes. Local people inform local outcomes and we each hold each other to account for what we set out to achieve.

2.2 Our Governance - The local framework for enabling and assuring delivery of the programme

Over the course of 2020/2021 our local framework for overseeing and gaining assurance about how our programme operates has evolved. Some of our plans to embed an integrated H&W Steering Group and county-based Learning into Action Groups were interrupted by the COVID-19 pandemic. The newly established Steering Group with revised membership formally met only once. Updates on performance were provided by email and communication was maintained with strategic partners through other forums including the STP Mortality Oversight Group, Learning Disability Partnership Boards and the STP Learning Disability and Autism Board.

A focus was placed on continuing to engage with each county-based Learning into Action Group. Updates were provided to the Adult Safeguarding Board in each county on two occasions during this year, such was the concern regarding the impact of the COVID-19 pandemic on the mortality of people with a learning disability.

The LeDeR Steering Group (Appendix one) and Learning into Action Groups each have clear Terms of Reference, agreed by membership, that reflect:

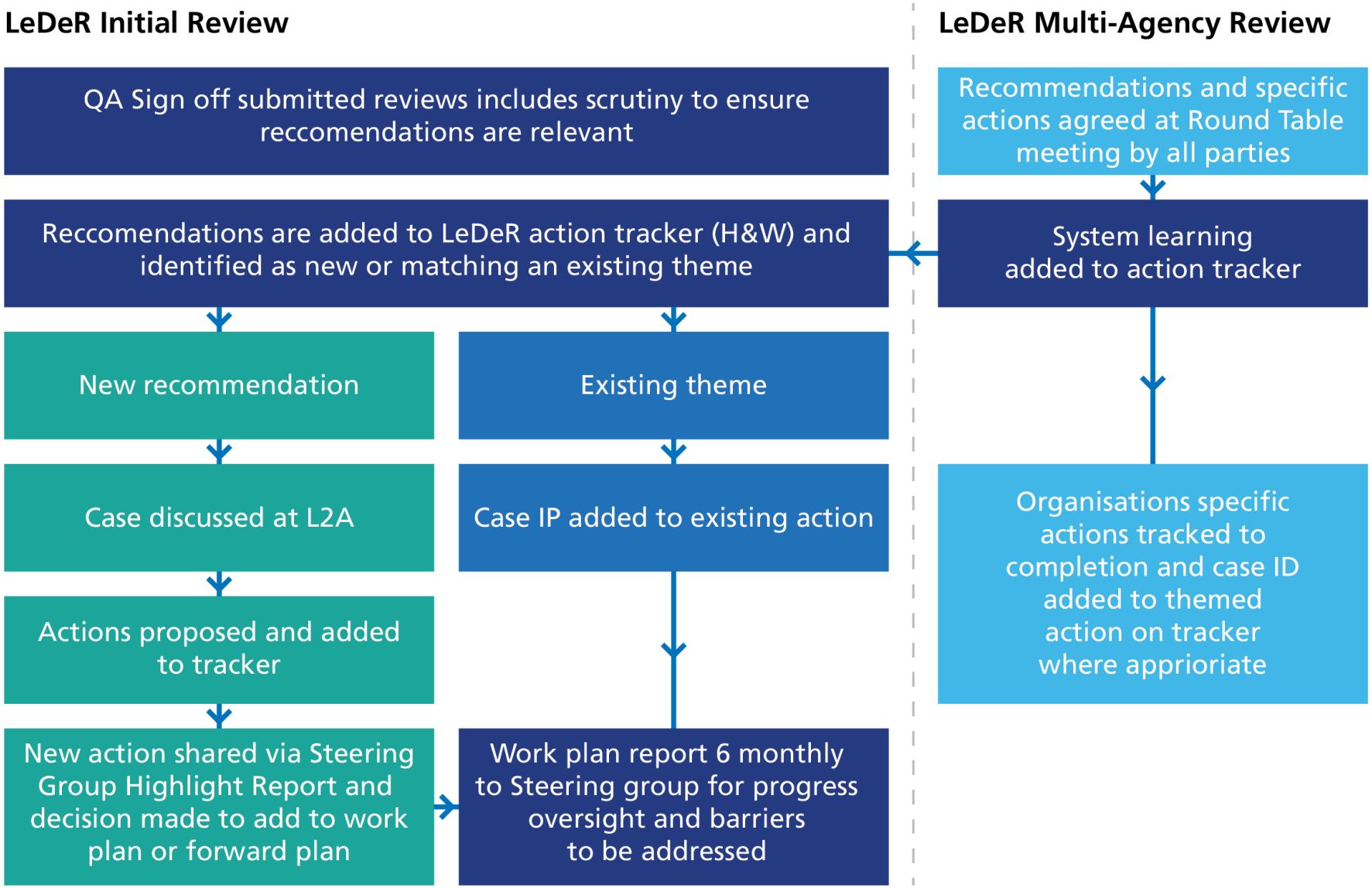
- The scope and purpose of the forum
- Representative membership (predominantly at strategic level for the Steering Group and operational level for the Learning into Action Group)
- Governance arrangements including responsibility, accountability, and reporting arrangements.

The performance of the programme (how well it is meeting NHS England targets for the timely allocation and completion of reviews) and progress with Priority Action workstreams are reported, at different but proportionate levels of detail, to both the Steering Group and the Learning into Action Groups.

The LeDeR Programme Senior Responsible Officer (SRO) is Lisa Levy, HWCCG Chief Nursing Officer. The LeDeR Lead Area Coordinator is Rachael Skinner, HWCCG Associate Director of Nursing & Quality. LeDeR programme updates are reported to the HW Learning Disability and Autism Programme Board. This Annual Report will reported to the Health and Wellbeing Board for each Local Authority in our system, in Public.

Within the reporting period the implementation of the programme has been reviewed and revised in response to emerging best practice to support effective delivery. The consolidated Reviewer group, made up of a dedicated resource of individual's whose body of work is focused solely on the LeDeR programme, has been expanded to ensure consistency across both counties. The Clinical Lead for LeDeR, substantively employed by the CCG, has been joined on an interim basis by a LeDeR Clinical Officer. Their role will be to conduct and lead Review completion, further strengthen Reviewer support and supervision and work with the LeDeR Clinical Lead to oversee and coordinate the sharing of best practice and the progress of Priority Action workstreams in taking forward agreed areas of service improvement. A clear process is in place to ensure that the recommendations arising from LeDeR reviews inform the LeDeR work plan and Priority Action Group themes (see table 1). The LeDeR Team and programme implementation will continue to be supported by an administrative and project support resource.

Figure 1 - How the outcomes of reviews informed H&W LeDeR work plan during 2020/21



Undertaking a review can often result in exposure to distressing details of the circumstances leading up to a person's death. Contact with bereaved relatives and care staff can also be emotionally demanding. It is therefore important that reviewers are supported appropriately in order that they can carry out their role effectively and with compassion. The requirement for remote working and the impact of the pandemic (both emotionally and in terms of the volume of notifications requiring timely completion) has meant that the LeDeR Clinical Lead role has been as vital as ever in supporting Reviewer wellbeing and an outstanding level of timely and consistently high standard completed reviews.

The process for the quality assurance and approval of all completed reviews has been maintained throughout this year, despite periods of redeployment to alternative but vital clinical roles during the pandemic. The length of time taken between the initial submission and approval of a completed LeDeR review is at times longer than we would like and this was particularly true during the period where we worked in close partnership with NHS England and the North East Commissioning Support Unit to address a backlog of reviews to December 2020. The process of quality assurance does however mean that the friends and families of people with a learning disability who lose a loved one can feel confident that relevant aspects of learning are drawn from each LeDeR review with the aim of influencing improvements in the healthy future lives of others. Where the potential for care gaps or failings are apparent within the detail of an individual LeDeR review the LeDeR programme will work alongside colleagues and families to ensure alignment or escalation to appropriate statutory processes including NHS provider Serious Incident reporting, Safeguarding Reviews and Coroners Office proceedings.

<u>Responding to the recommendations of the Oliver McGowan Review</u>

In November 2016 Thomas Oliver McGowan (known as Oliver) died. In May 2017 (when the LeDeR process was in its infancy) a LeDeR Review was commenced by South Gloucestershire CCG following a request by NHS England. Concerns were raised by Oliver's family about the outcomes of the review and the way in which the outcomes had been determined. An independent review was commissioned and in October 2020 the report of that independent review was published. The report made a series of recommendations for the way in which the LeDeR programme should be conducted. Appendix two contains the HWCCG response to these recommendations.

2.3. Collaboration and Partnerships

The contribution of our experts with lived experience, both individuals with a learning disability and family carers, are central to the delivery of the LeDeR programme for H&W. Here is what our partners had to say about how it feels to be involved in LeDeR across Herefordshire and Worcestershire.

'They always ask us what we think - I think it's good they listen to what we have to say.

''Lots of good things have come out of LeDeR and Health Checkers are always involved'.

HealthCheckers, Speak Easy NOW

It's rewarding to sit in LeDeR meetings as equal partners, under inspirational leadership, and to have a voice in making things better for people with learning disabilities. We feel encouraged to use our lived experience to suggest measures to help prevent unnecessary deaths for people with learning disabilities.

Anne Duddington and Alison Price
Family carer representatives,
Worcestershire Association of Carers

'It's not easy to think about dying. It makes me feel sad and a bit upset'.

'Talking about people dying is morbid and makes me sad. I don't want to think about it too much but I know we can learn things from doing it'.

HealthCheckers, Speak Easy NOW

'I liked the lady who made the poo cake. She made me laugh.'

HealthCheckers, Speak Easy NOW

'Some of the information is very complicated.'

'I don't always understand what they're talking about but it's OK to say that. They try to make hard things easier for us to understand'

'LeDeR people talk to us in ways we can tnderstand. I like that,'

HealthCheckers, Speak Easy NOW

"Carer representatives, with a variety of support from WAC, give up huge amounts of time to support the LeDeR work. In recognition of this input, the growing opportunities of carer involvement within LeDeR and the value of being experts by experience in this role, it would be positive to give consideration to offering some sort of honorarium or additional support to continue to fulfil this and future roles."

Jenny Hewitt, Carer Engagement Lead, on behalf of Carer Reps, Worcestershire Association of Carers (WAC).

"Supporting carer reps as part of this work, demonstrates a real sense of collaborative working and really taking on board the views of carers. The co-productive approach is to be celebrated. It is an outstanding approach to collaborative working and sets a standard to other areas of work."

Jenny Hewitt, Carer Engagement Lead, on behalf of Carer Reps, Worcestershire Association of Carers (WAC).

2.4. Performance of Herefordshire and Worcestershire LeDeR

The system for receiving notifications of the deaths of people with a learning disability registered with a Herefordshire or Worcestershire GP went live on 1st October 2017 Notifications continue to be predominantly made by Community Learning Disability Nurses or Learning Disability Acute Liaison Nurses. Unlike in the previous year no family members have initiated a notification during this reporting period.

Any person can make a notification by accessing http://www.bristol.ac.uk/sps/leder/notify-a-death/ The pattern of notifications received by Herefordshire and Worcestershire is detailed in table 2. To the end of February 2021 a total of 160 deaths have been reported to LeDeR for Herefordshire and Worcestershire (due to the transition of the LeDeR platform hosting arrangements no notifications have been received for March 2021 and reported notifications for March will be visible to each CCG on 1st June 2021)

Table 1: Notifications made to Herefordshire and Worcestershire LeDeR. 2018-2021

Herefordshire						Worcestershire					
Notifications received	Q1 (April – June)	Q2 (July – Sept)	Q3 (Oct-Dec	Q4 (Jan-March)	Full Year	Notifications received	Q1 (April – June)	Q2 (July – Sept)	Q3 (Oct-Dec	Q4 (Jan-March)	Full Year
2018-19	3	3	6	6	**18**	2018-19	10	3	7	12	**32**
2019-20	6	4	2	4	**16**	2019-20	7	2	6	8	**23**
2020-21	3	5	0	3	**11**	2020-21	22	6	1	7	**36**

For both counties, but more significantly within Worcestershire, the number of notifications fell overall during 2019-2020. During the first quarter of 2020-21 the COVID pandemic impacted mortality across the UK and the number of notifications for Worcestershire were almost equal to the total number of notifications for the whole of the preceding year. Notifications made from Herefordshire did not increase during the COVID pandemic and were actually lower than the previous year. 2021/22 will bring new opportunities to ensure that all parts of our system are aware of the importance of making notifications to the LeDeR programme. This will strengthen confidence that we are taking every opportunity to learn from peoples lives and deaths.

As part of the LongTerm NHS Plan CCGs are monitored for the number of reviews that are completed within 6 months of notification. Herefordshire and Worcestershire LeDeR are committed to ensuring that reviews are completed within 6 months where able (excludes those cases open to the Coroner or subject to Safeguarding processes, provider Serious Incident investigation or Complaints processes or Child Death Overview panel review).

Before the beginning of this reporting period processes had been refined to support the timeliness of review completion. Administration support was secured to ensure that electronic notes were requested to be available at the commencement of each review. Family and / or residential care provider contact was coordinated by the CCG. In March 2020 however the LAC and LeDeR Clinical lead were redeployed to a COVID Infection Prevention and Control (IPC) cell as part of the Incident Control response. This resulted in delays in allocation with a knock-on impact for timely review completion. Rather than focusing on Review completion the CCG LeDeR Team worked proactively with care settings to support the minimisation of outbreaks and its impact on mortality.

Performance of the Herefordshire and Worcestershire LeDeR programmes is important because of its ability to support the completion of timely mortality reviews to affect meaningful change in areas where contributory or modifiable factors influencing avoidable or premature mortality are identified. Rapid Review templates were completed for all confirmed or suspected COVID-19 deaths to enable the identification of learning to inform the ongoing efforts of the IPC cell.

For cases notified up to 30th June 2020 there was a requirement to complete 100% of reviews by 19th December 2020. H&W achieved this requirement within the agreed timescale.

Figures 2-4 reflect our performance to allocate notifications to Reviewer within 3 months and to complete a review within 6 months.

The time taken to complete reviews varies and a number of cases continued to be on hold due to statutory processes (for example pending Coroner's Inquest or Child Death Overview Panel processes). During 2020/21 the impact of reduced contact for those who lost loved ones who died in a care setting or hospital that they were unable to visit until a dying persons final hours, affected families significantly. The impact on bereavement response led some families to need some time to be able to engage with the LeDeR process. The timeliness of allocation to a Reviewer is also impacted by Reviewer capacity. Performance for timely allocation to a Reviewer and the completion of Reviews has improved significantly over 2020/21. Whole programme performance will continue to reflect challenges experienced in the early stages of the programme and the impact of the pandemic in Q1 of 2020/21. From 1st June 2020 72% of reviews have been completed within 182 days and 90% completed within 190 days.

Figure 2 - Notification to allocation - % within 91 days (Herefordshire and Worcestershire)

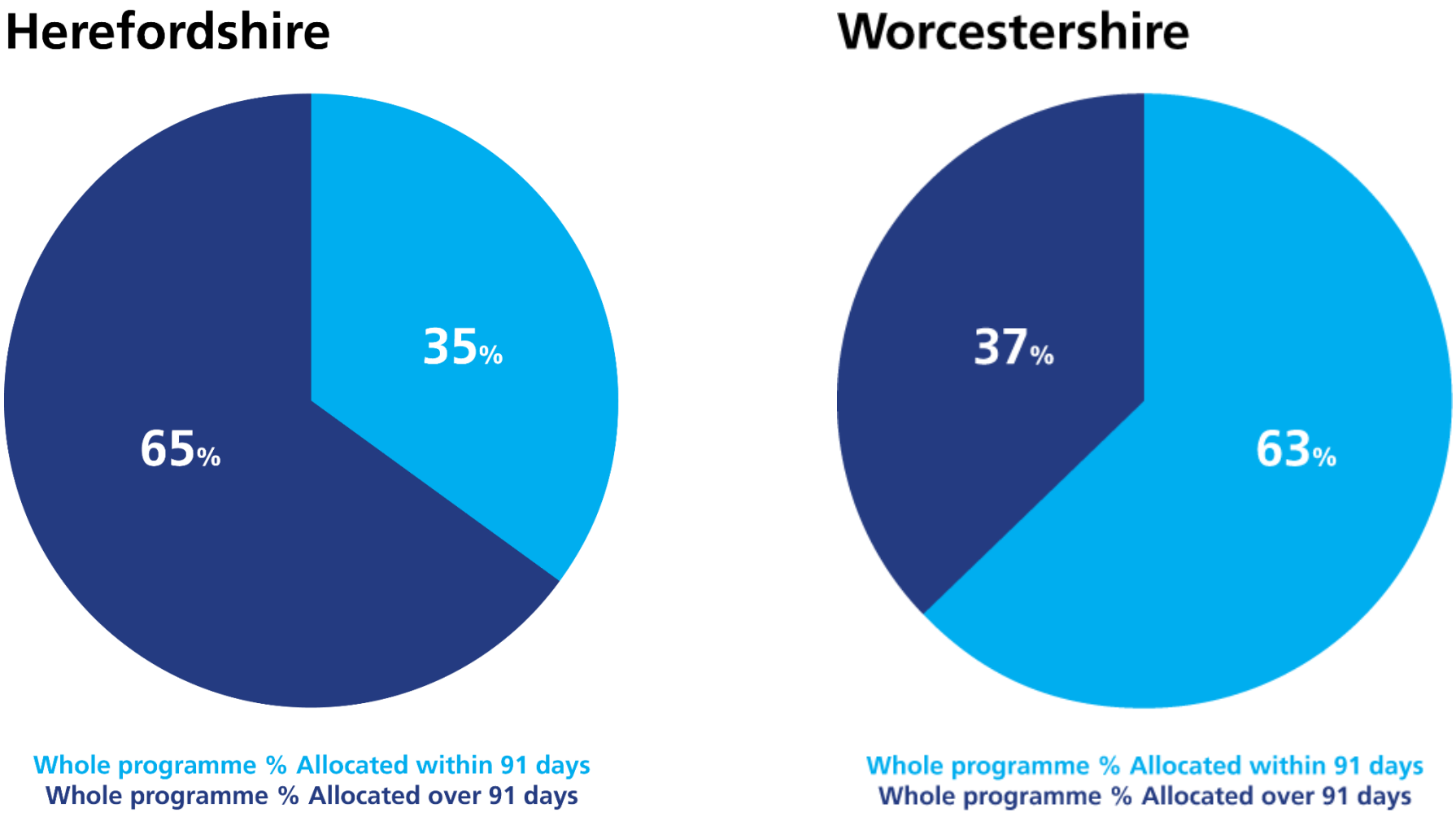


Figure 3 - Average number of days to allocation

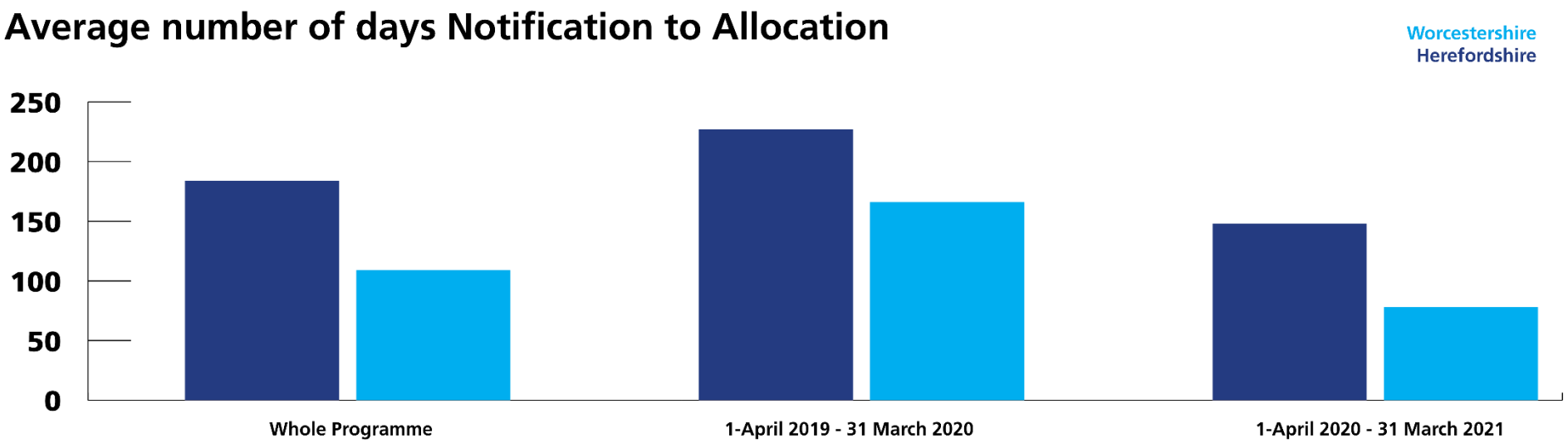
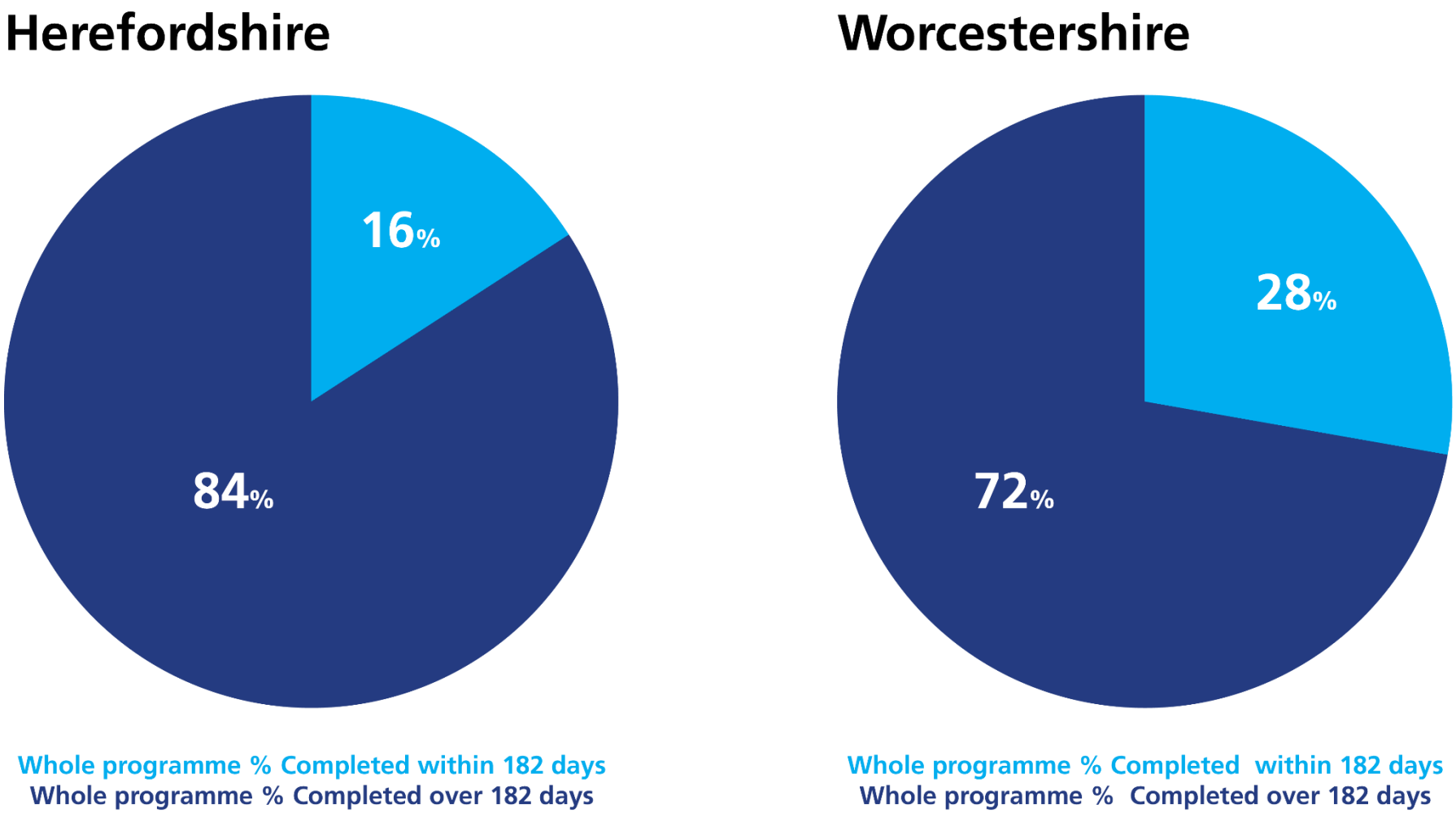
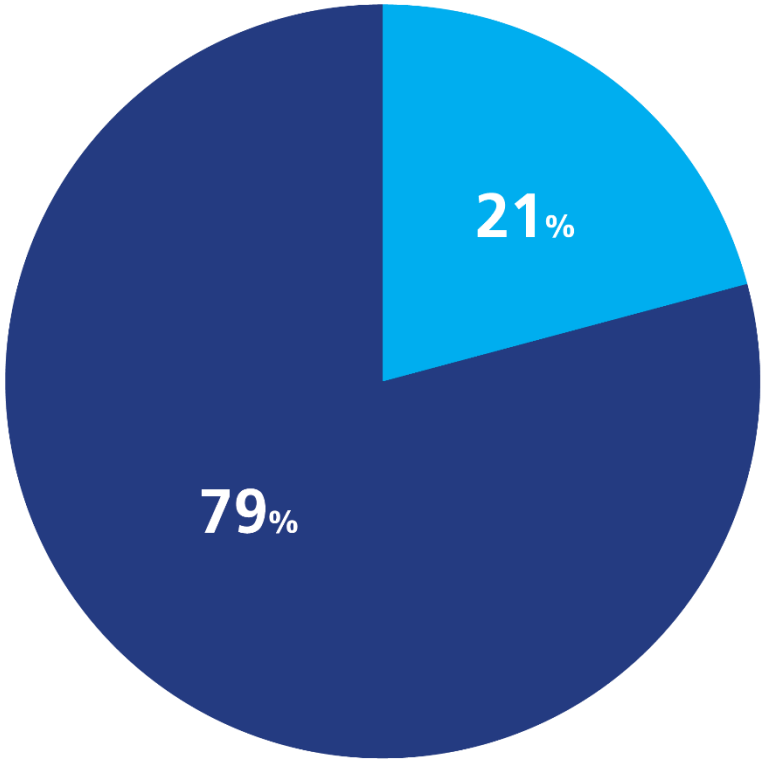


Figure 4 - Notification to completion - % within 182 days

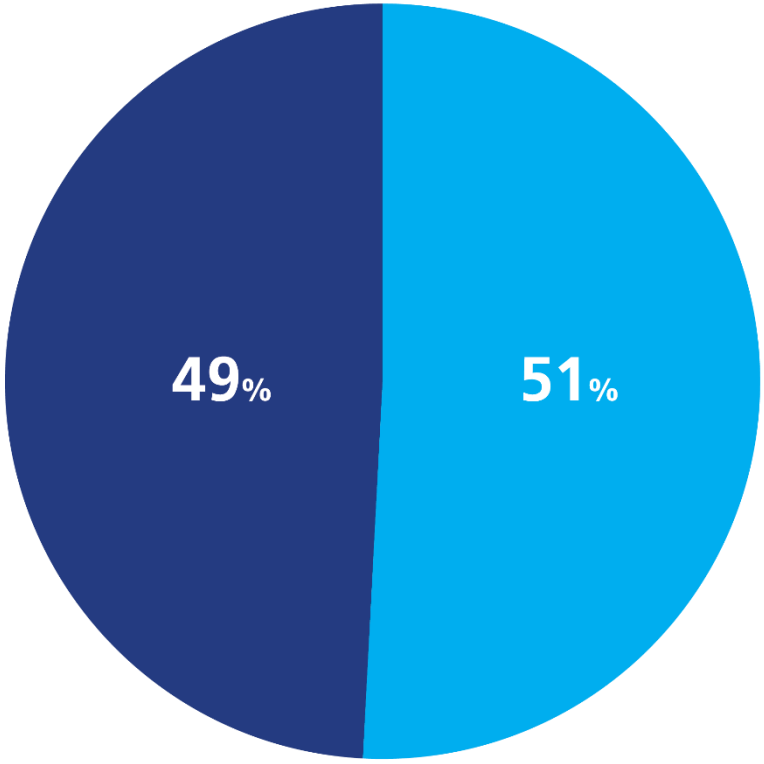


ICS - % Completed within 182 days from notification - 2019/20



April19 - March20 % Completed within 182 days
April19 - March20 % Completed over 182 days

ICS - % Completed within 182 days from notification - 2020/21



April20 - March21 % Completed within 182 days
April20 - March21 % Completed over 182 days

3. Learning from LeDeR Reviews

Learning from the information and recommendations provided by initial notifications and completed reviews is a key focus of the LeDeR programme implementation for Herefordshire and Worcestershire system. It enables us to, where possible, benchmark outcomes or experiences for people within our system compared to the regional or national average and supports us to understand if we are making progress over time. The national LeDeR Annual Report (latest available is for 2019 and was published during 2020) will be used as a benchmark throughout this section where data is available.

3.1 Reflections on the characteristics of deaths of people with a learning disability from Herefordshire and Worcestershire, notified to LeDeR.

Age profile of notifications

Table 2 –median age of death for men and women

	Median age for women (2017-2020)	Median age for men (2017-2020)	Median age for women (2020-2021	Median age for men (2020-2021)
England (2019)	59 years	61 years	Not yet available	Not yet available
Midlands (2019)	59 years	60 years	Not yet available	Not yet available
ICS	61 years	61 years	64 years	63 years
Herefordshire	61 years	64 years	71 years *	67 years
Worcestershire	61 years	60 years	61 years	62 years

*Based on very small numbers of deaths

Table 3 - age group at death as a percentage of all notifications made

Age bracket	4-17 yrs	18-24 yrs	25-49 yrs	50-64 yrs	65 yrs and above
England	7%	4%	16%	35%	37%
ICS	2%	5.6%	13%	40%	39.4%
Herefordshire	2%	4%	12%	40%	46%
Worcestershire	2%	6.5%	14%	40.5%	37%

What does this tell us about the age of death within our system?

For notifications made between 2017 and March 2021 the median age of death across H&W is marginally higher than the Midlands and England average for women with a learning disability and has improved over the period of the programme.

For notifications made between 2017 and March 2021 the median age of death across H&W for men with a learning disability is marginally better than the median for the Midlands region and the same as the England median age.

The median age of death for those residing in Herefordshire continues to be significantly better for both men and women.

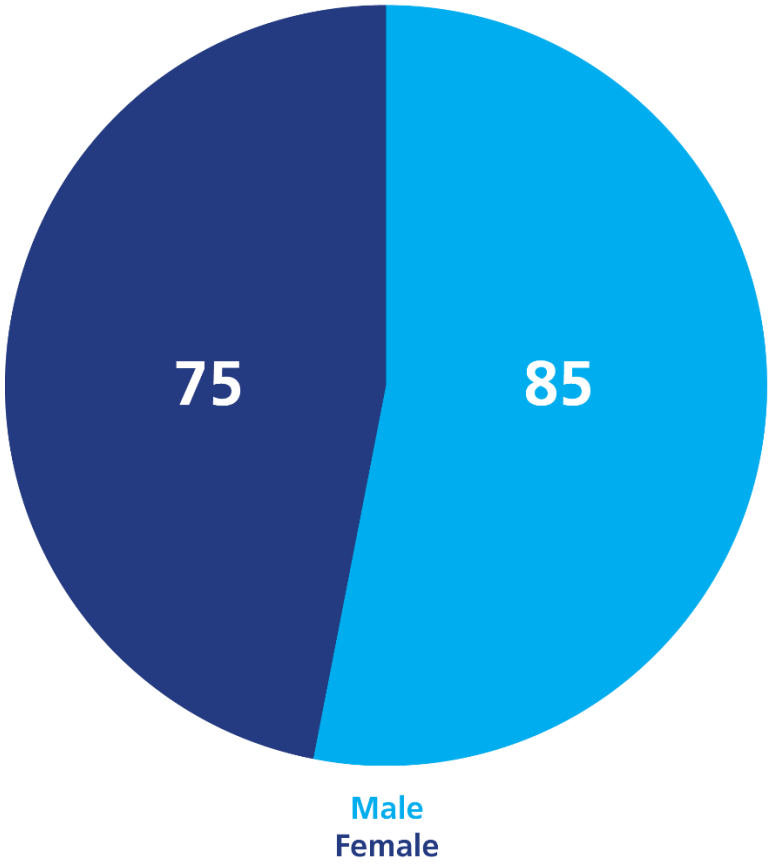
The Midlands and England median age reflects data to 2019 and does not therefore reflect the impact of the COVID-19 pandemic.

The percentage of deaths reported to H&W that are for those aged under 17 years is smaller than for England. The percentage of deaths for those aged 18-24 years in H&W is greater than the England position. This could indicate that either child deaths are under reported to H&W LeDeR or that those with life limiting conditions live into their early adult years. To 31st March 2021 only a very small number of child deaths (4-17 years) have been reported to H&W LeDeR. No concerns have yet been raised for any child death reported to H&W LeDeR and deaths were expected as part of a complex life limiting medical condition. The percentage of deaths for 4-24 year olds is smaller than the England average.

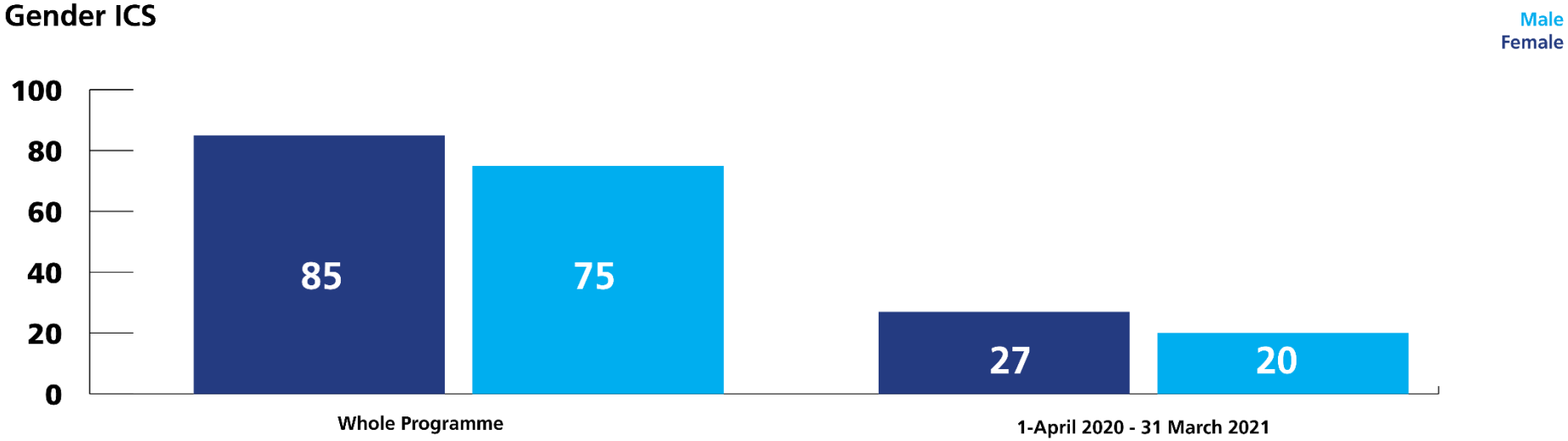
For H&W notifications the percentage or those aged 50-64 years and 65 years and above is greater than the England position, particularly for those residing in Herefordshire. Further analysis is required and caution needs to be applied due to small numbers.

The profile of notifications by gender

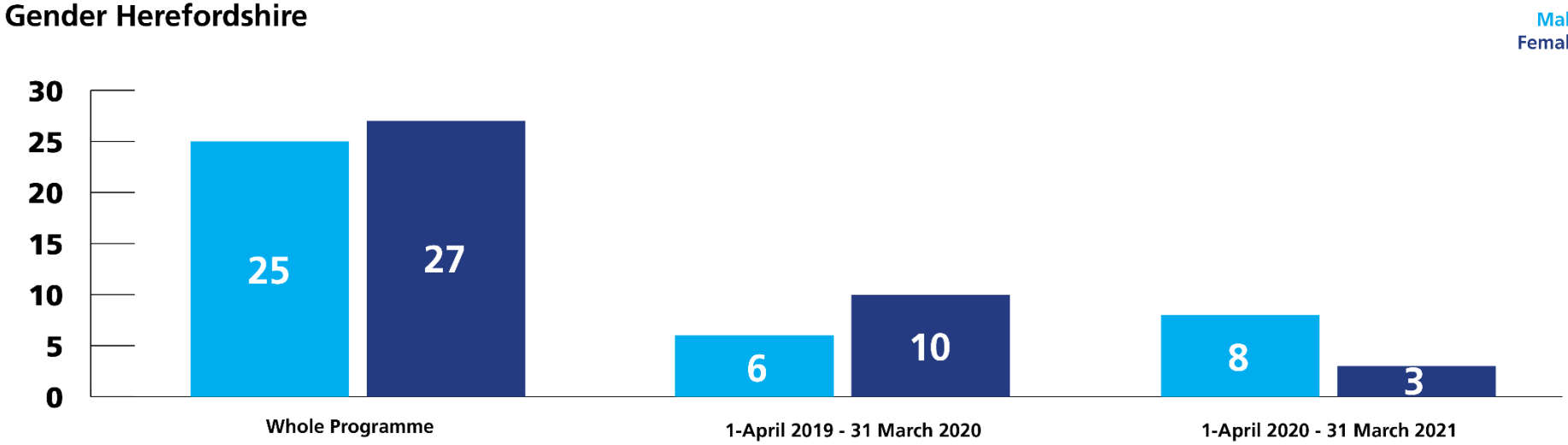
Figure 5 - notifications made for men and women

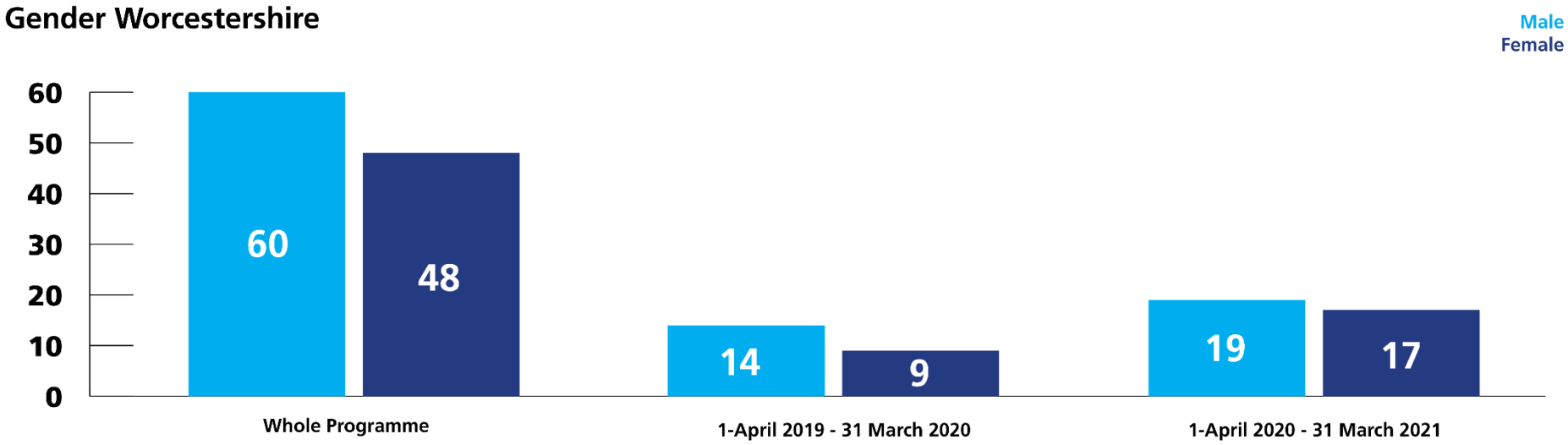


Gender ICS



Gender Herefordshire



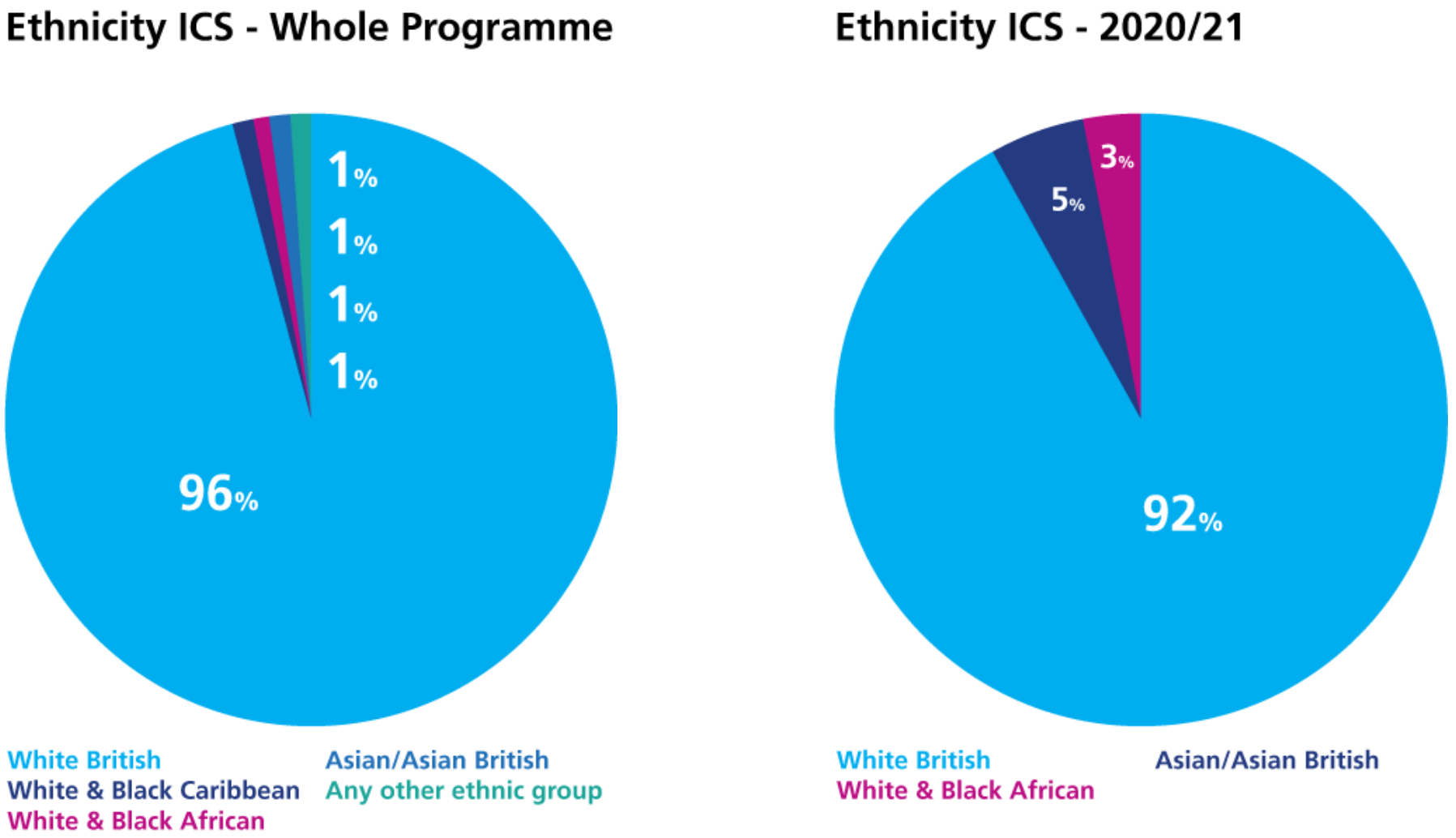


What does this tell us about the impact of gender on lifespan?

The median age of death for men and women is reflected in table 2 and 3. The national report reflects that 58% of notifications were for men. Whilst the overall profile across the ICS since 2017 reflects a more equal distribution (53% men : 47% women), there has in previous years been a higher ratio of notifications for women in Herefordshire. The 2020/21 H&W profile more closely reflects the national distribution of notifications (57% men : 43% women). Data for England across 2020 will be reflected in the national report expected by September 2021.

The ethnicity profile of notifications made to H&W LeDeR

Figure 6 – the ethnicity profile of notifications made to H&W LeDeR since 2017 and for 2020/21

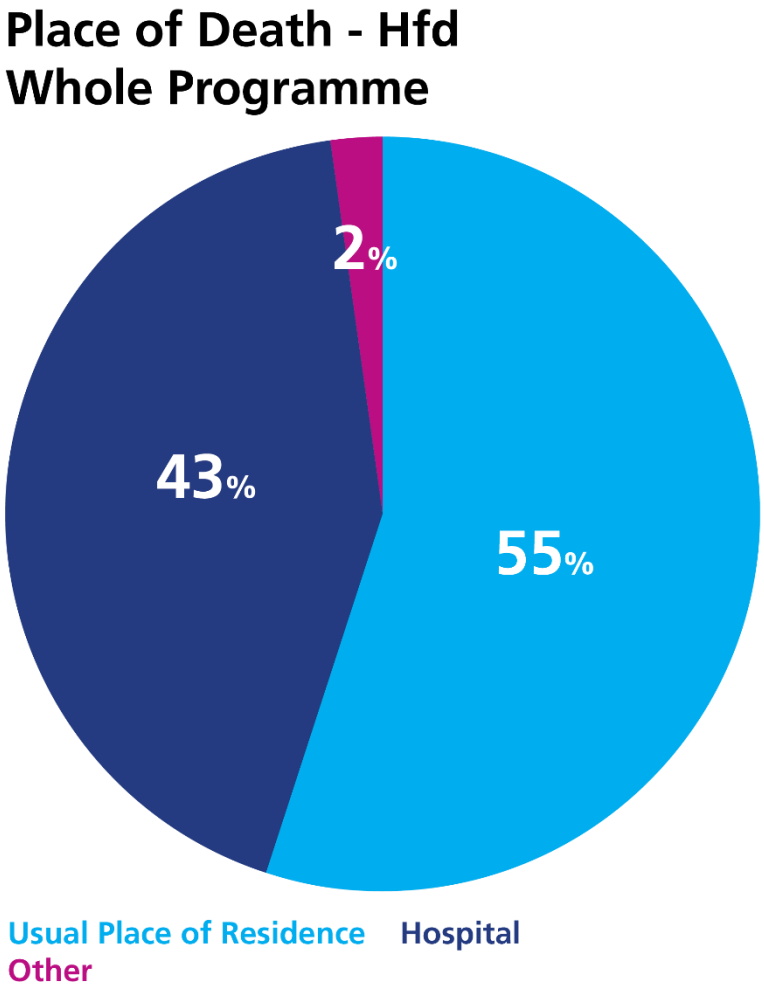


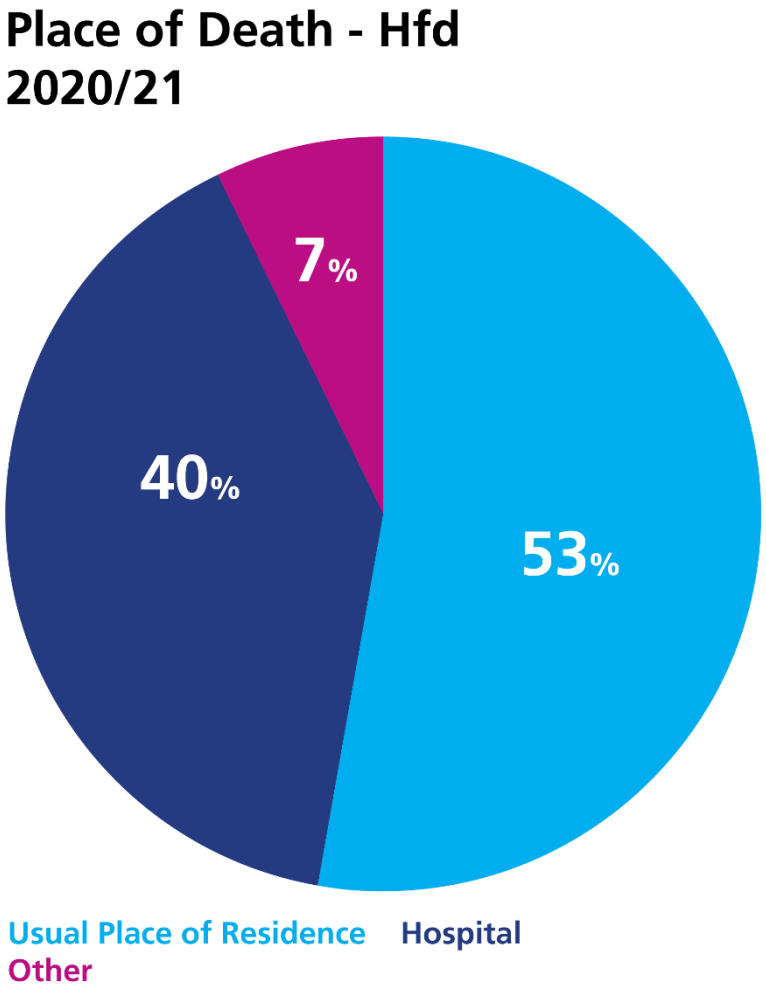
What does this tell us about the impact of ethnicity for deaths reported to H&W LeDeR?

Caution should be applied when making interpretations of the impact of ethnicity due to the small numbers reported for H&W. Within the notifications of individuals who reported their ethnicity as Asian, White and Black African, White and Black Caribbean or other the age range was 18-60 years. From all notifications received for H&W 25% of those aged 24 years or younger reported the persons ethnicity as Asian, White and Black African, White and Black Caribbean or other. As an ICS we need to do more to ensure that are receiving notifications from those with an ethnicity profile that matches our general population and understand more about the potential impact of ethnicity on the health equity and life chances of people with a learning disability.

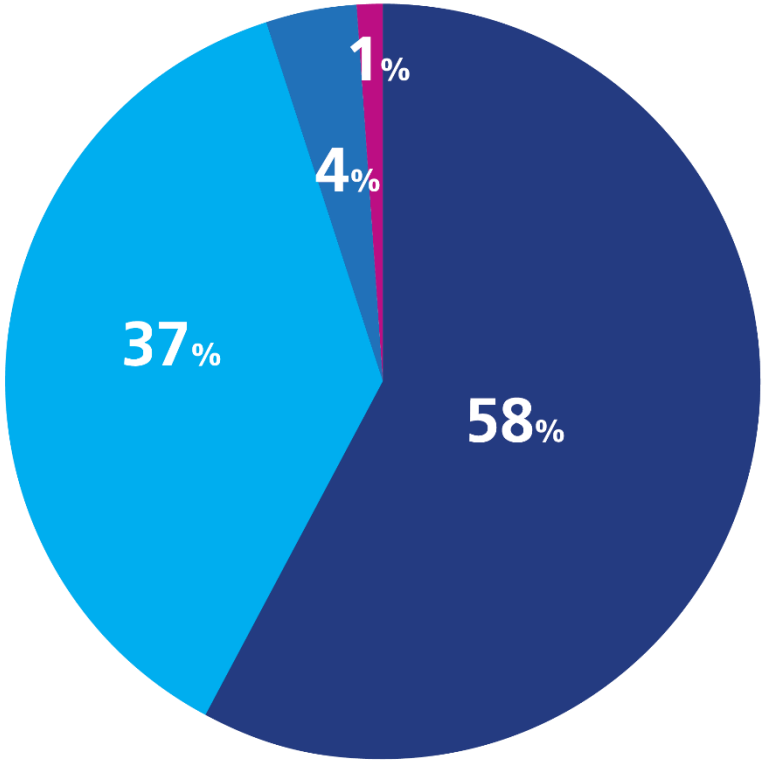
Place of death

Figure 7 – place of death in each county for 2017-2020 compared to 2020/21

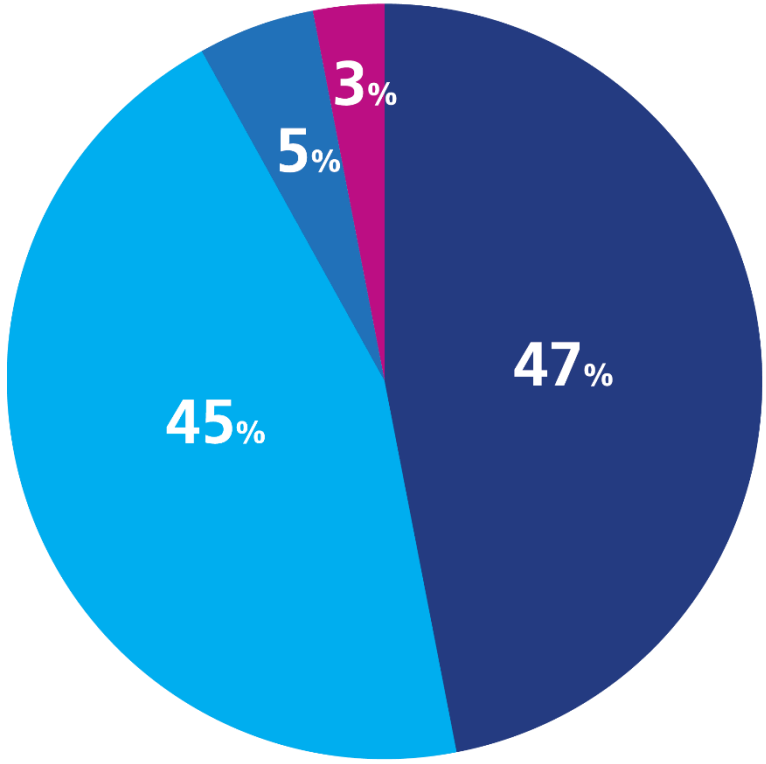




Place of Death - Worcs Whole Programme



Place of Death - Worcs 2020/21



What does this tell us about where people die within our system?

The extent to which deaths occur outside of an acute hospital bed, for people with a learning disability, has improved for both counties across the period of the programme. Worcestershire data for 2020-21 would have reflected a more significant difference were it not for the impact of COVID; 86% of people with a learning disability whose death certificate confirmed COVID-19 in part 1 died in an acute hospital bed but this was likely influenced by the context of testing availability. Additional analysis is required to review if people are achieving death in their 'preferred place'. No completed reviews have identified that acute care was required but was not accessed or the decision to not convey to hospital was found to be contributory to death in any way. Recommendations predominantly support that more people could achieve a different or preferred place of death if the timeliness of the identification of irretrievable deteriorating health or processes for planning and coordinating end of life care, were different. This includes examples where a return to home or an alternative care setting is considered.

3.2 Learning from the outcomes of completed reviews – key data findings

Data from completed LeDeR reviews are collated into a matrix to enable a level of analysis.

Causes of death

Cause of death, as listed on death certification, is compiled into themes. Where an underlying condition is felt to have been a significant contributory factor in the persons death this is reflected (for example end stage dementia might be listed within themed analysis as opposed to pneumonia).

Figure 8 - themes for most frequently reported cause of death for people with a learning disability

	Bowel Related	Respiratory & Pneumonia	Dementia	Cancer	Cardio-vascular	Epilepsy	Sepsis	Other	Covid-19
Cause of death – Hfd & Worcs Whole Programme	*7*	*73*	*9*	*20*	*21*	*3*	*3*	*15*	
Cause of Death – Hfd & Worcs Apr19–March20	*2*	*17*	*2*	*5*	*6*	*1*	*1*	*4*	
Cause of Death – Hfd & Worcs Apr20–March21	*1*	*16*	*5*	*4*	*4*	*1*	*1*	*7*	*8*

What does this tell us about the cause of death for people with a learning disability across our ICS?

Respiratory deaths continue to be the most prominent cause listed on death certification. Deaths due to aspiration pneumonia make up 35% of deaths for all respiratory causes. Of deaths where aspiration pneumonia is listed within part of the death certificate care was rated as poor or of concern (grades 4-6) for 30%. A Priority Action Group will continue to focus on the modifiable factors that can contribute toward aspiration pneumonia so that the ICS can have confidence that aspiration pneumonia need not be seen as an inevitable cause of death for many. Cause of death themes for each county are not reported here as some themes reflect very low numbers or single figures.

Very low numbers of deaths are recorded as being due to sepsis. The ICS has also seen very low numbers of deaths reported due to Sudden Death in Epilepsy (SUDEP) or epilepsy related.

Bowel related deaths have significantly reduced since the first year of the programme (overall less than 2% compared to 6% of all England LeDeR notifications). A review of interventions across both counties is the focus of a Priority Action Group and may identify additional learning to further embed good practice.

Deaths where the cause is listed as due to cancer remain fairly static and reflect a broad range of primary sites. Late stage diagnosis is not uncommon. Death due to cancer appears to be reflected less often for people with a learning disability than for the general population. We do not know how many people may be dying from undiagnosed cancer. Further analysis of screening access is underway and equity of uptake will be a key priority over the next 2-3 years.

Deaths where the cause of death is listed as due to cardio-vascular disease also remain static however all deaths were exclusively compatible with individuals who had a recorded high Body Mass Index.

COVID-19 Pandemic

During 2020/21 a new health condition and cause of death emerged, COVID-19. The pandemic had an unusual impact on the pattern of reported notifications (see figure 9). Only 1 death was notified to LeDeR during quarter 3. Between May 2020 and March 2021, but particularly between October 2020 and March 2021, death notifications were below expected levels.

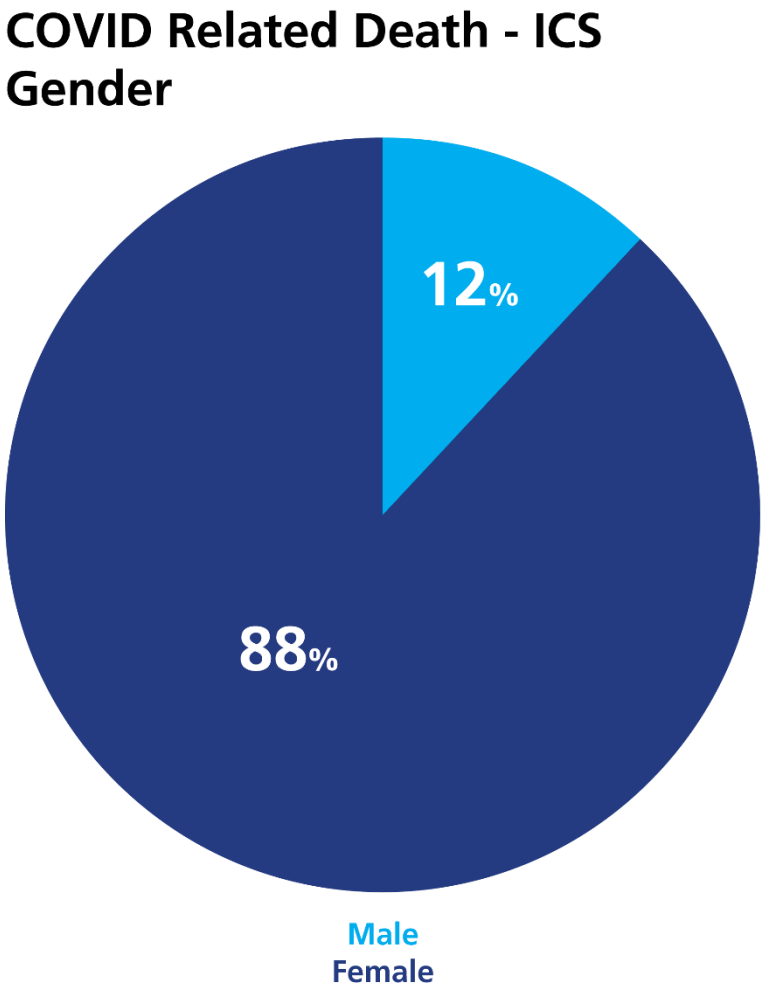
Figure 9 - cause of death profile, by month of the year during 2020/21

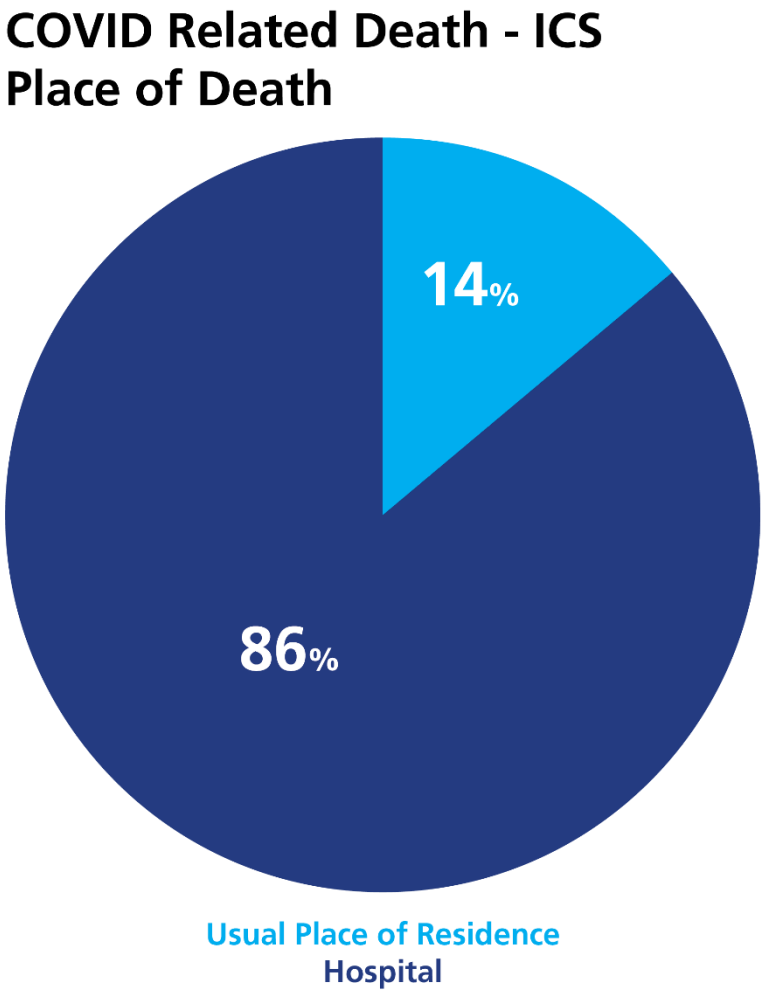
	Mar20	Apr20	May20	Jun20	Jul20	Aug20	Sep20	Oct20	Nov20	Dec20	Jan21	Feb21	Mar21
Respiratory	3	7	0	1	1	1	1	0	0	0	4	2	0
COVID related Death	0	6	0	1	0	0	0	0	0	0	0	1	0
Cardio Related Death	1	2	0	2	0	0	0	0	0	0	0	0	0
Other COD	2	3	2	2	3	2	3	0	1	0	0	3	0

The characteristics and health needs of individuals who had died from confirmed or suspected COVID-19 were subject to an initial Rapid Review to enable the extraction of key learning points in a timely manner. Where a completed review confirmed the cause of death as COVID-19 further analysis of associated factors was undertaken.

Both the gender profile and place of death was different to the trend seen for other causes of death (see figure 10).

Figure 10 - gender and place of death for individuals whose completed reviews confirmed a cause of death as COVID-19





Some patterns of health condition were similar to those seen across the full profile of LeDeR reviews for the ICS. This included 71% of people with a Mental Health need and 43% of people with a history of cardio-vascular disease.

Some areas of health need were underrepresented. No-one who died from COVID-19 had diabetes and 14% had asthma.

Other areas of health need were disproportionately represented, and this included epilepsy (57%) and obesity (71%). The rate of prevalence of underlying health condition is however based on small numbers and so should be interpreted with caution.

Of those who died from COVID-19 75% lived in a multi-occupancy care setting and 71% of individuals had mild or moderate levels of learning disability.

Of those reviews completed (87%) 71% have been given a care grading of 4 (poor care) or 5 (areas of significant concern that may have been contributory to death). Where relevant Serious Incident and / or Safeguarding investigations were triggered, and LeDeR Reviewers worked in close alignment with partners.

The overall grading of care provided

Within the current LeDeR system each review, prior to completion, is graded from 1 (excellent) to 6 (where care gaps contributed toward death). Care grading is approved by the LAC prior to final submission. The care grading should reflect the overall quality of integrated care and the number and significance of areas of learning or recommendations made, not purely the final weeks or days of life.

Figure 11 - overall grading of care as a percentage of completed reviews

	Grade of Care – Whole Programme		
	ICS	Herefordshire	Worcestershire
6	3%	4%	3%
5	4%	2%	5%
4	20%	13%	23%
3	31%	22%	35%
2	33%	40%	30%
1	9%	18%	5%

	Grade of care – 2020-21		
	ICS	Herefordshire	Worcestershire
6	0%	0%	0%
5	6%	0%	6%
4	22%	0	26%
3	17%	20%	16%
2	47%	60%	45%
1	8%	20%	6%

NB- 2020/21 only reflect reviews notified within 2020/21 that have been completed to date.

What does this tell us about the grading of care and how this contributes to premature or avoidable death in our system?
The percentage of cases graded as 1 or 2 (met or exceeded good care) has increased over time. The ratio of care graded as poor (grade 4) often reflects poor end of life care. No reviews notified during 2020/21 have yet required a multi-agency review (MAR). The percentage of cases graded as 5 or 6 compare proportionately to the all England position (7%). Cases graded 6 are usually subject to a Coroner's Inquest. Inconsistent methods for the grading of care across both counties were addressed during 2020/21.

The underlying health conditions of people whose deaths were notified to H&W LeDeR Programme

Underlying health conditions are recorded for each completed review irrespective of whether the condition was felt to be associated with the cause of death.

Figure 12 - themes of common underlying health conditions detailed within completed LeDeR Reviews

Underlying Health Concern - Herefordshire	Whole Programme	1-April-2019 - 31-March-2020	1-April-2020- 31-March-2021
Epilepsy	22	12	5
Cardio – vascular	18	8	5
Dysphagia	15	9	4
Mental illness	27	11	8
Constipation	26	14	8
Diabetes	7	3	2
Obesity	8	4	2
CKD	5	3	0
Asthma	6	5	0

Underlying Health Concern - Worcestershire	Whole Programme	1-April-2019 - 31-March-2020	1-April-2020- 31-March-2021
Epilepsy	55	7	22
Cardio – vascular	47	3	23
Dysphagia	41	4	21
Mental illness	68	4	36
Constipation	72	7	36
Diabetes	21	0	13
Obesity	24	2	16
CKD	8	1	3
Asthma	13	1	5

Figure 13 - the number of health conditions

Number of Underlying Health Concerns - Herefordshire	Whole Programme	1-April-2019 - 31-March-2020	1-April-2020- 31-March-2021
UHC - 2 or less	14	7	4
UHC - 3	11	7	2
UHC - 4 or more	18	8	5

Number of Underlying Health Concern - Worcestershire	Whole Programme	1-April-2019 - 31-March-2020	1-April-2020- 31-March-2021
UHC - 2 or less	22	1	11
UHC - 3	40	5	18
UHC - 4 or more	39	3	19

Table 4 - percentage of individuals notified to LeDeR with specific underlying health conditions recorded (2017 onwards)

Health condition	% of cases England	% of cases Herefordshire	% of cases Worcestershire
Epilepsy	**36%**	**44%**	**51%**
Cardio-vascular disease	**32%**	**36%**	**43%**
Mental Health	**26%**	**52%**	**63%**
Constipation	**23%**	**50%**	**67%**
Dysphagia	**29%**	**33%**	**40%**
Diabetes	**Not available** (general population in UK- 6%)	**14%**	**19%**
Obesity	**Not available** (general adult population UK-26%)	**16%**	**21%**
3 or more long term health conditions	**56%**	**56%**	**72%**

What does this tell us about underlying health conditions and their contribution to premature or avoidable death?

The percentage of notifications received that reflect a long-term health condition for individual's with a Learning Disability residing within our ICS appear to be greater across all reported themes compared to those reported within notifications across England. The variance is most significant for Epilepsy, Mental Health and Constipation. This prevalence data reflects health conditions experienced by those who have died and whose deaths have been reported to LeDeR and may not therefore be an accurate reflection of health condition prevalence for the wider population of people with a learning disability. More analysis is required to understand whether the position is reflective of a good level of health surveillance and recording or whether, for example, medication use for severe or enduring mental health conditions is influencing the prevalence of other health needs.

Over the next 2-3 years we will collaborate with partners within the ICS, particularly Primary Care and Public Health, to understand the health needs and inequalities of people with a learning disability in more detail. This will include a focus on the accurate recognition, recording and clinical coding of health needs in the Annual Health Check. Health surveillance data can then inform population health management that recognises local health need and empowers each locality to address health equity for those who may be more vulnerable to experiencing barriers to happy and healthy lives, including access to programmes aimed to support prevention, diagnosis, earlier intervention or treatment.

3.3 Learning from the outcomes of completed reviews - key themes and what we have achieved during 2020/21

Reviewers are encouraged to make recommendations from the information made available to them when completing an initial review. Recommendations arising from each completed review are then considered by system partners who agree the most effective action that can be taken to improve practice or influence better outcomes for people with learning disability.

Themes have emerged over the course of the programme. The frequency with which a recommendation type is made and the seriousness of the potential outcome supported the Steering Group to agree key priority areas for improvement and the development of Priority Action Groups to take forward each area of required improvement. During 2019/20 there were 5 Priority Action Groups.

- Bowel Health (linked to a key theme of deaths with an underlying factor of chronic mis-management of faecal impaction)
- Respiratory Conditions (linked to the most frequent cause of death and the factors that might influence modifiable factors)
- Annual Health Checks (including a theme in review learning for variability in the uptake and quality of checks)
- Support during an Acute Hospital admission
- Experience of the end of life (including themes relating to ReSPECT and DNACPR decisions and documentation)

In the months prior to the start of 2020/21 the necessary health and social care response to the COVID-19 resulted in the need to quickly review the areas of focus for service improvement linked to LeDeR themes. The work of the Priority Action Groups for Bowel Health was paused.

The focus of group members for ‘Support during a Hospital Stay’ and ‘Experience at end of life’ merged and the focus shifted to respond to growing concerns about the perception of the inappropriate use of ReSPECT forms in acute hospitals and community settings.

The work of the Priority Action Group for Annual Health Checks was temporarily paused during the first few months of 2020/21 but then rapidly gathered momentum in later months during the wave 1 recovery.

The Priority Action Group for Respiratory Conditions rapidly evolved to focus almost solely on COVID-19. Table 5 below summarises what we have collectively achieved during an extraordinary year.

Table 5 – Actions and outcomes of Priority Action workstreams during 2020/21

Priority Action focus	Actions during 2020/21	What we achieved.
The uptake and quality of Annual Health Check completion.	The Priority Action Group, established earlier in the programme, focused on developing an improvement plan based on a gap analysis. The Group is led by the Lead Commissioner for Complex Needs and includes a broad range of partners from Public Health, Primary Care, Learning Disability Community and Liaison teams, family carers and strong links to a consultative group of experts by experience. During 2020/21 the Group achieved: • A co-produced range of accessible resources and guides to support Annual Health Check delivery. Materials were based on examples of national best practice and informed by local people's experience. • Oversight of 'tests of change', funded by LeDeR Learning into Action funds, to support and evaluate effective models and processes for delivering quality Annual Health Checks across Primary Care Networks. This involved examples including the consistent implementation of call, recall and booking processes; the implementation of an MDT approach; the use of a central PCN team; the utilisation of Learning Disability Nurse expertise and support • Oversight of progress with the completion rates of Annual Health Checks by establishing and sharing frequent data updates on progress made. This involved PCN level data shared every two weeks to compare current position and progress made over time.	A co-produced 'resource pack', published at https://herefordshireandworcestershireccg.nhs.uk/our-work/learning-disabilites-and-autism/annual-health-checks By 31st March 2021 a completion rate across H&W of 84.9%. For PCNs involved in 'test of change' projects completion rates exceeded 90%. 91% of individual GP Practices exceeded the national completion rate target of 67% The number of people on the GP Learning Disability Register increased, particularly for people aged 14-25 years, a position that we will build on into 2021/22. This will result in more Annual Health Checks being offered next year.

Priority Action focus	Actions during 2020/21	What we achieved.
The system roll out of the ReSPECT programme.	During wave 1 of the COVID-19 pandemic many were concerned by media reports about the potential for the unlawful use of Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) forms and Do Not Attempt Resuscitation (DNAR) documentation to justify discriminatory barriers to accessing health care including Intensive care beds. Healthwatch, on behalf of the local population, wrote to the LeDeR LAC to raise these concerns. A review of documentation for people with a learning disability who had died in an acute hospital during wave 1 was undertaken. Areas requiring improvement were noted for some of the ways in which decisions were documented however all decisions were found to have been appropriate to personal need. The ReSPECT Programme Board includes Learning Disability practitioners and Advocacy organisation representation to ensure that the needs of people with a learning disability are reflected. A collation of themed learning from LeDeR reviews was due to be presented in May 2020 but was deferred due to the COVID-19 pandemic. Integrated multi-disciplinary partnership working has been key. Community Learning Disability Teams have been fundamental to raising awareness of ReSPECT for people with a learning disability and their families and have developed accessible information to support the process.	The CCG Medical Director wrote to all GPs and the Trust Medical Directors/ Chief Medical Officer wrote to all clinicians, to reinforce that DNAR and ReSPECT decisions must be individual and personalsied and not be justified solely on the grounds of a person having a Learning Disability. A review of hospital notes determined that all decisions regarding DNAR and access to healthcare intervention during wave 1, for people with a learning disability who had COVID-19 included in part 1 of their death certificate, were appropriate and did not result in discriminatory barriers to healthcare. Completed LeDeR Reviews during 2020/21 have continued to reflect many examples of highly personalised end of life care. Review has also recognised however that most people who required an acute hospital admission during the pandemic had to rely on hospital doctors, who may not have met them before, to make challenging decisions during an emergency situation. 56% of those who died in hospital had a ReSPECT form completed whilst an inpatient. More needs to be done to support people with a learning disability and their families to be encouraged to think about ReSPECT form completion alongside trusted community-based health and social care teams, prior to an episode of deterioration.

Priority Action focus	Actions during 2020/21	What we achieved.
Respiratory Conditions (focus on minimising transmission of the COVID-19 virus and maximising protection)	Learning from COVID-19 LeDeR Rapid Reviews was used to inform work with partners to provide support to minimise COVID-19 outbreaks in care settings. The LeDeR LAC and LeDeR Clinical Lead worked alongside other Registered Nurses within the CCG Quality Team to form an extended Infection Prevention and Control Clinical Cell, coordinating access to testing in care settings during the 1st wave and supporting LD Care Settings to access testing ahead of the national offer. Learning from initial COVID-19 local and national LeDeR reports were shared with partners across the system. Took action from learning identified from COVID-19 related LeDeR reviews to inform a proposal to offer COVID vaccination to people with a learning disability in care settings, alongside older people in care settings in JCVI 1, and therefore ahead of the national offer. This proposal was supported by the system Ethics Forum (established during the COVID-19 pandemic) and approved by the Clinical Commissioning Executive Committee. Promoted use of the LD Register to identify those in JCVI 6 for vaccination, shared easyread resources with PCNs and worked with family carers to coproduce a FAQ factsheet shared through social media Learning Disability Teams were instrumental in facilitating vaccination for those with the most complex needs, including support to coordinate best interest decisions.	Supported access to the whole home testing for care settings supporting people with a learning disability in the weeks ahead of national offer. This helped to identify asymptomatic cases and contribute toward minimising COVID-19 outbreaks. Maintained virtual Learning into Action Group meetings and updates to engage and sustain partnerships during the pandemic. Supported access to vaccination for people living within learning disability care settings ahead of the national offer, with initiation of vaccination at the early stages of wave 2 offering increased protection for people with a learning disability who were amongst those most at risk. Deaths of all causes for people with a learning disability reduced by 60% from 25 (April- June 2020) to 10 (January to March 2021), with a reduction in notifications with a confirmed cause of death of COVID-19 positive from 7 (wave 1 March -May 2020) to 1 (wave 2 January to March 2021). By 31st March 2021 the vaccination uptake rate for people with a learning disability was 88%. Uptake rates continued to grow after this date thanks to the dedicated work of PCNs and Community Learning Disability Teams.

3.4 Affecting meaningful change in Herefordshire and Worcestershire - Our 3 Year Road Map to Longer, Healthier and Happier Lives

The capacity and opportunity to influence meaningful improvements for the health outcomes of people with a learning disability has always been the main driving force and key priority of LeDeR Reviewers and the members of the LeDeR Steering Group and Learning into Action Groups for H&W. Steering Group members agreed that to have effective and sustained influence it was crucial to focus on a relatively small number of key priorities.

During 2020/21 the COVID-19 pandemic brought into sharp focus and in many ways compounded the health inequalities experienced by people with a learning disability. Underlying health conditions that had not previously featured as a significant contributory theme for premature mortality were brought to people's attention. Information and learning gathered from the completion of LeDeR Reviews this year contributed to the wealth of information that we have collectively generated now that we have been undertaking learning from LeDeR Reviews for 3 full annual reporting year cycles.

From the themed learning generated up to and during 2020/21 and the feedback of people with lived experience a number of priorities were felt to be of greatest importance. The agreed areas of focus outlined in table 6 will be a key feature of the milestones within our 3 Year Learning Disability And Autism Plan and in the HW LeDeR 3 Year Strategy that will be developed during 2021.

To enable meaningful and sustainable change that impacts on people's health outcomes and starts to address health equity for our local population we must ensure that we also work together to address a number of underpinning determinants of health. For this reason it is essential that our HW LeDeR Strategy is informed by local Joint Strategic Needs Assessments reflective of our local population of people with Learning Disability or Autism led by local experts in Public Health. It is also critical that a Strategy to outline plans for improving health outcomes is shaped in a meaningful co-produced manner by those who are key to delivering services and people with lived experience. National Policy requires that we achieve the development of a Strategy by the end of June 2021. Table 6 sets out our overarching strategic priorities and we will work together during 2021, as our ICS evolves, to clearly set out a Strategy for achieving this.

Table 6 – Our Priorities

Supporting peoples emotional and mental health needs by:

- training staff in mental health services to recognise and respond to the needs of people with a learning disability or autism
- ensuring that services are accessible to all
- ensuring that peoples needs are met in a manner that does not over rely on medication
- ensuring that the move to increase digital services does not exclude access for vulnerable people

Supporting people with learning disability or autism and their loved ones to make and influence choices about their care when they are very unwell or when they are dying by:

- Increasing the meaningful completion of Summary Plans for Emergency Care and Treatment (ReSPECT) before a crisis situation
- informing plans to make access to the detail of ReSPECT wishes available across the health and social care system
- ensuring that training to support the planning and delivery of end of life care reflects the needs of people with learning disability or autism

Recognising and responding to health need through Annual Health Checks by:

Achieving high rates of Annual Health Check completion (85% or more)
Ensuring all those who may be eligible are on the GP Learning Disability Register, particularly young people aged 14-25 years and those who represent the ethnicity of our wider population in Herefordshire and Worcestershire
Annual Health Checks resulting in a meaningful Health Action Plan that reflects wide ranging need including access to dental services, screening programmes and roles aimed to support health and wellbeing (including coach, trainer or social prescriber roles)
The way that Annual Health Check outcomes are recorded are accurate, consistent and support the system to understand health needs of the population in a better way.

Increasing protection from respiratory conditions to include:

Dysphagia assessment, support and training
Pneumococcal, Influenza and COVID-19 vaccinations
Improving oral health and preventing disease
Understanding the impact of long COVID

Taking a zero tolerance to avoidable deaths related to poor management of constipation or bowel impaction by:

- ensuring that Annual Health Checks lead to advise on healthy lifestyle support that reduces the risk of constipation
- Training people to develop and use bowel management plans for chronic constipation
- raising awareness of how to use laxatives
- supporting access to bowel screening and monitoring uptake.

Prevent a deterioration of health needs by recognising and supporting people to understand the impact of obesity by:

- ensuring that Body Mass Index is recorded in the Annual Health Check
- improve data to understand the extent of diabetes in our local population
- ensure that those on medication for emotional or mental health needs have the right health checks to identify and reduce cardio-vascular disease risks

Underpinning features of all improvements

People at the heart of all we do with service design informed by those with lived experience , that responds to their needs
Meaningful inclusion and choice- including Mental Capacity assessment and facilitated Best Interest decisions
A workforce equipped to recognise and respond to personalised adjustments that enable equity of access and opportunity
A way of working that supports people to collaborate and share information and decision making

4. Conclusion and next steps

The NHS Long Term Plan, published during 2019, and the NHS Oversight Framework for 2019/2020, provided a welcome spotlight on reducing the health inequalities experienced by people with a learning disability. From 1st April 2020 the four Clinical Commissioning Groups across Herefordshire and Worcestershire merged to become one single CCG. The two local programmes for LeDeR across H&W were integrated under one single Local Area Contact to form a cohesive partnership. A single H&W LeDeR Steering Group, with a Learning into Action Group aligned to the geography of each Health and Wellbeing Board at county level, was in place by the end of September 2020.

The remit of Clinical Commissioning Groups, as a key partner and system leader during 2020/21 has been to continue to support partnership working to deliver the LeDeR programme. We believe we have achieved this. We have collaborated, during an extraordinary year, to start to see improvements across programme performance and key outcomes that experts with lived experience and family carers tell us are important to them. This included improving the time within which reviews are completed, significant improvements in Annual Health Check completion rates and equitable access to COVID vaccination. The NHS Priorities and Operational Planning Guidance 2021/22, issued in March 2021, demonstrates that in the year to come there will continue to be a significant focus on reducing health inequalities for people with a learning disability and autism and we very much welcome this.

In March 2021 a national Learning from Lives and Deaths (LeDeR) Policy was published. The Policy signals the introduction of new requirements and standards and as we move toward Integrated Care Systems by 1st April 2022 we will work collaboratively to agree and set out how we will take the LeDeR programme forward. Milestone implementation is required from June 2021 and an outline of our current position is included in appendix 2. We will develop a clear summary of this report, accessible to all, that outlines who we are, what we have learnt this year, what action we have taken and what we plan to do going forward into 2021/22 and beyond. This will form the basis for our HW LeDeR Strategy. 2021/22 presents many uncertainties and this includes the impact of the implementation of a new LeDeR platform from 1st June 2021 and the way in which COVID-19 will influence peoples longer term health, the nature of health inequality, peoples day to day lives and premature death.

HWCCG and the HW LeDeR Steering Group members welcome the current national emphasis and focus on the health needs of people with a learning disability and autism, and look forward to another successful year of improving outcomes so that local people can live longer, happier and healthier lives.

Appendix one - LeDeR Steering Group Terms of Reference (V3 approved June 2020)

Terms of Reference

Herefordshire and Worcestershire Learning Disability Mortality Review (LeDeR) Steering Group

Background

The Learning Disabilities Mortality Review (LeDeR) Programme, delivered by the University of Bristol, is commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England. The Programme was established as one of the key recommendations of the Confidential Inquiry into the premature deaths of people with learning disabilities (CIPoLD) (2013).

The aim of the Programme is to drive sustainable improvement in the quality of health and social care service delivery for people with learning disabilities, to help reduce premature mortality and health inequalities in this population, through mortality case review. Reviews will be undertaken to help clarify contributory factors for the causes of death that contribute to the overall burden of excess premature and amenable mortality for people with learning disabilities; identify variation and best practice; and identify key recommendations where there is opportunity to influence improved outcomes.

The outputs of the Herefordshire and Worcestershire (H&W) LeDeR Programme will contribute toward the national Programme which will complement and contribute to the work of other agencies and workstreams of the Learning Disability and Autism Programme including Transforming Care and other aspects of Building the Right Support.

In March 2017 ‘National Guidance on Learning from Deaths’, published by the National Quality Board, set out a requirement to providers to use the LeDeR methodology to undertake reviews of all deaths for people with a learning disability in contact with their services.

Core shared values

As members of the H&W LeDeR Steering Group we commit to ensuring that local Programme delivery:

- Keeps the experience of people with a learning disability, whose life and death we will become aware of through the course of the Steering Group, firmly at the center of the review and learning process and the forefront of our mind.
- Engage with families and carers in a manner that is inclusive, values their contribution and is respectful of their experience and bereavement.
- Remain focused on celebrating where end of life experiences are managed well, capturing examples of 'reasonable adjustments' and considering how lessons can be learnt following deaths considered to be premature or amenable to improvements in healthcare.
- Remain open minded and agree not to pre-judge outcomes or contributory factors, giving fair consideration to all available information.
- Support an evolving process that will become sustainable and embedded in local culture.
- Uphold the key principles of cooperation and partnership to ensure that the programme of work affects meaningful change on reducing health inequality and increasing the opportunities for the experience of a 'good' death for people with a learning disability.

The scope of the local reviews of deaths

The LeDeR Programme will support the reviews of all deaths of people with learning disabilities aged 4 years and over, irrespective of the cause or place of death. The H&W LeDeR Programme will ensure oversight of the review of all deaths of people with a learning disability who are registered with a Herefordshire or Worcestershire GP and meet the criteria to be listed upon a GP Register for a Learning Disability Annual Health Check. Children and young people, originating from H&W but placed out of area during the time of their death, will be within the scope of reviews for the H&W LeDeR programme (in alignment with the scope of the Child Death Overview Panel).

Purpose / role of the Steering Group

- To work in partnership with the Regional LeDeR lead for NHS Midlands.and the Learning Disability and Autism Programme
- In partnership with stakeholders, ensure that a nominated Local Area Contact has oversight of the programme activities for H&W.
- To guide the implementation of the programme of local reviews of deaths of people with learning disabilities.
- To receive regular updates from the Local Area Contact about the progress and themed findings of reviews.
- To agree the key benchmarks or indicators from which progress and impact of the LeDeR programme will be evaluated. To re-prioritise or modify benchmarks in response to emerging local themes following the completion and reporting of reviews.
- To agree priority recommendations, based on the themes of reviews and contributory factors that have the potential to make the greatest impact.
- To oversee the tracking of progress toward agreed measurable outcomes where local action is recommended through receipt of updates from the Learning into Action Group for each county of Herefordshire and Worcestershire
- To ensure each identified partner agency is accountable for the delivery of action required from the organisation that they represent.
- To ensure agreed protocols are in place and are adhered to, for information sharing, accessing case records and keeping content confidential and secure.

Each county based Learning into Action (LeDeR) Group will

- Receive a summary of anonymised case reports pertaining to deaths relating to people with learning disabilities in order to contribute to a collective understanding of learning points and recommendations across cases.
- To help interpret and analyse information submitted from local reviews, including areas of good practice in preventing premature mortality, and areas where improvements in practice could be made.
- To consider the recommendations made within completed reviews and agree system or partner agency actions to be taken to ensure improvements in health outcomes and experience
- To gain updates from partner agencies on the progress of agreed actions arising from reviews, escalating actions that are not progressing as expected to the Steering Group

Membership - Membership for the H&W LeDeR Steering Group will include broad representation including health and social care; provider and commissioning organisations; people with a learning disability and those who support them, including family carers and advocacy organisations.

Role of Steering Group Members

Members will continuously review the programme direction and make decisions to make sure that:

- Partners work together to support the success of the programme and make sure that the voice of no single interest will dominate.
- All identified risks are assessed, putting in place actions, mitigations and contingency plans for all high impact risks.
- The time and resources needed for the programme objectives are available.
- The Governance of the programme ensures that information available is recorded and stored safely and accurately.
- Support is available for the Local Area Contact to deliver the programme across H&W.
- The progress of the overall programme is monitored and achieves meaningful and measurable outcomes.

Governance

- Steering Group Meetings will be held quarterly and Learning into Action Groups will be held 4-6 weekly
- Meetings will be quorate when representatives or the nominated deputy from the relevant organisation/ forum marked with * are in attendance. Where meetings are not quorate, key decisions will be agreed virtually by email wherever possible to avoid meeting cancellations.
- Meetings will be organised by the Local Area Contact.
- The Chair will be agreed by the Steering Group.
- The Steering Group will provide themed annual reports to the CCG led Mortality Oversight Group and each county Learning Disability Partnership Board,
- High risks identified that cannot be mitigated will be escalated to the CCG Quality, Performance and Resource Committee via the HWCCG Risk Register and to a relevant partner agency forum
- The Steering Group may request that task and finish working groups be established to focus on resolving specific emerging priorities and issues.

Membership of the Steering Group will include representation from key groups, organisations and forums. Required organisation/ forum representation is outlined below and roles for quoracy indicated *. Where a key representative is unable to attend a suitable deputy should attend.

	Representation
*	HWCCG LeDeR Lead Area Coordinator / CCG Director
*	Safeguarding Adult Board or Child Death Overview Panel representative
	HWCCG LeDeR Clinical Lead
*1	Worcestershire Acute Hospitals NHS Trust Mortality Lead
*1	Worcestershire Health and Care NHS Trust Mortality Lead
*1	Wye Valley NHS Trust Mortality Lead
*1	Primary Care/ CCG GP Quality Lead Worcestershire
*1	Primary Care/ CCG GP Quality Lead Herefordshire
	West Midlands Ambulance Service
*2	Complex Needs Commissioning / Transforming Care Lead
*	Learning Disability Commissioner
*2	Adult Social Care representative
*	Worcestershire Health and Care NHS Trust ,Learning Disability Services
*2	Public Health
*	Speak Easy NOW
*	Family Carer Representatives
	LD Provider Forum
*1 Medical representation from any one agency for quoracy *2 representation of both Herefordshire and Worcestershire County Councils from at least one member	

Experts by Experience

SpeakEasy NOW Worcestershire have consulted with Health Checkers on behalf of the Steering Group to guide a decision about how they may wish to be involved in the work of the LeDeR programme in the most meaningful way. Health Checkers have reached a decision that they would not wish to form part of formal Steering Group meetings where Reviews will be discussed in detail. Health Checkers preference is for a member of Speak Easy NOW to attend the Steering Group and act as a link between the Steering Group and Health Checkers group meetings.

Health Checkers are a key component of the Staying Healthy Sub Group of the Worcestershire Learning Disability Partnership Board. Consultation on the detail of how improved outcomes can be achieved for people with a Learning Disability, as a result of work of Priority Action groups that take forward the themes arising from Reviews, will take place at the Staying healthy Sub Group and LeDeR updates are a standing item on the meeting agenda. The Staying Healthy Sub Group will work closely with the Worcestershire LeDeR Learning into Action Group.

Herefordshire Learning Disability Partnership Board includes key representation of experts by experience including a co-chair arrangement. Consultation is achieved through meaningful engagement with a range of provider supported experts of experience service users between formal meetings. The Herefordshire LeDeR Learning into Action Group will work with the Lead Commissioner for Learning Disabilities to agree the most meaningful way to engage with experts by experience.

Appendix two – HWCCG Response to the Oliver McGowan Independent Review Report Recommendations

Recommendation	CCG Position	Current Gaps	Level of Assurance
All those who are new to the role of reviewer, or Lead Area Coordinator (LAC), must be allocated a 'buddy' who is experienced in the LeDeR process	All reviewers are supported by the LeDeR Clinical Lead, who makes a minimum of weekly contact to ensure that the reviewer is fully supported and supervised. New reviewers are supported through telephone contact and Review template content oversight by the LeDeR Clinical Lead. Supervision on an ongoing basis remains in place until there is mutually agreed confidence that the reviewer can complete a review with reduced frequency of ongoing supervision. Experienced reviewers can also provide peer support and guidance. The LeDeR Clinical Lead receives weekly contact with the Lead Area Coordinator (LAC) for support and supervision.	No gaps identified.	Green.
Dedicated time and administrative support must be given to reviewers and LACs to undertake complex LeDeRs	Dedicated administrative support (substantive contract) is provided to the LeDeR programme. During 2021/22 a review of analyst support to inform programme oversight and progress will need to be undertaken.		Green
There must be a transparent process for LeDeR in each locality, with robust governance and appropriate resources to ensure that each review is properly monitored in terms of procedure and outcomes	LeDeR programme processes across H&W ensure transparency in the following ways:- Close working relationships between the LAC, Clinical Lead and Reviewers that enables oversight of progress and process. Multi-disciplinary scrutiny panel sign-off ensures that the correct procedures and processes have been followed and reviews are quality assured. Recommendations and outcomes are shared with county based Learning into Action Groups with recommendations approved and action agreed. Progress is then tracked and reported to the Learning into Action Group and the LeDeR Steering Group. Progress, outcomes and updates are reported through CCG governance structures, including the CCG Governing Body and Safeguarding Boards. Reporting to Health & Wellbeing Boards in 2021.	No Gaps identified	Green

Recommendation	CCG Position	Current Gaps	Level of Assurance
Each CCG must identify an executive lead to be responsible for the LeDeR programme and for ensuring that the board has full sight of progress.	The Chief Nurse is the Senior Responsible Officer / Executive Lead for LeDeR and ensures that timely updates are provided to the CCG Governing Body and Safeguarding Boards for awareness and assurance.	No Gaps	Green
The CCG executive lead for LeDeR will ensure that LeDeR Reviews are completed in a timely and correct manner and will intervene where problems are escalated, such as the inability to obtain critical information from the relevant agencies.	There is an escalation process in place when critical information has been difficult to obtain in a timely manner. The H&W LeDeR Team have developed and maintained positive, collaborative relationships with partners and it is very rare that we encounter difficulty in acquiring information. During 2020/21 the COVID pandemic placed a level of demand upon services and processes that resulted in delays in completing and sharing Subjective Mortality Reviews, gaining access to Care Home notes and in obtaining GP records on occasions. Processes are now in place, should COVID secure measures be required, to support timely access and avoid delays. No significant avoidable delays have been experienced since wave 1 of the pandemic and delays in 6 month completion during 2020 have been largely due to pandemic redeployment or bereavement impacting on family engagement.	No Gaps	Amber
When a multi-agency review (MAR) is indicated, it is important that the correct process and outcomes are achieved. It is therefore expected that where the reviewer or LAC have no previous experience of a MAR, they will seek support from an experienced 'buddy'	All MARs have been chaired by the LAC who has experience of chairing multi-agency meetings– including those that are highly sensitive. The LAC is supported by the Clinical Lead who is also experienced in chairing highly complex and challenging meetings. Where additional support might be required the Chief Nurse and SRO is available to guide and advise.	No Gaps	Green

Recommendation	CCG Position	Current Gaps	Level of Assurance
In regard to the MAR meeting itself, it is recommended that there is action taken to: -ensure that families are central to the process, are offered full sight of all documents, and are invited to attend all or part of meetings as they wish -review the purpose of the MAR with specific reference to the function of Question 8 (now Question 9 in version R05) and, should this question be retained, provide clear guidance for MAR participants; also, to think through whether this question should be asked in confidence if it is a particularly difficult situation	In all MARs chaired by the CCG to date Family members have been invited and actively encouraged to attend and contribute (in one case the deceased was estranged from their NoK and as this was very well documented it was therefore not appropriate to invite them to the MAR). All LeDeR MAR processes are followed, the meeting documented and shared for accuracy checking before final acceptance/ approval. Much thought and consideration is given to how a MAR will be approached, given the highly sensitive nature of it's purpose. Decisions regarding how Q9 is approached is done on a considered case by case basis, deferring to the Coronial process where relevant and giving due consideration to an organisations capacity to appoint legal representation.	No Gaps	Green

Recommendation	CCG Position	Current Gaps	Level of Assurance
Appropriate support should be available to reviewers, along with strong governance, to ensure that all LeDeR recommendations are robust and actioned in a timely manner, and that lessons learnt are shared nationally.	Appropriate support is available to Reviewers, provided by the LAC and the Clinical Lead, prior to approval via a multi-disciplinary quality assurance process. Leder recommendations are endorsed by the Learning into Action Group and actions agreed. An action tracker is reviewed monthly and progress of a themed work plan is overseen by the Steering Group. Lessons are shared regionally through NHSE/I Forums and locally through a network of Forums connected to the Learning Disability Partnership Board in each county .	Re-prioritisation of work due to the COVID pandemic and vaccination programme has resulted in progress in some areas of Priority Action not progressing as we would have hoped – new areas associated with COVID have however made significant improvements. Learning from wave 1 led to a reduction in deaths of people with a learning disability in wave 2 and this is to be celebrated. Despite the delay in some areas of progress the infrastructure is strong.	Green
Each CCG must formally undertake and document and review its own systems and processes against the learnings and recommendations arising from Oliver's re-review.	This document reflects the review undertaken into systems and processes against the learnings and recommendations arising from Oliver's Independent Review. Further review will be undertaken during 2021/22 in light of the new national LeDeR Policy.	No Gaps	Green

Appendix three- Initial Implementation Plan for the national LeDeR Policy 2021

No	Deliverable and method of measurement	Frequency	Required date of delivery	System position and required action	Lead
1	100% of reviews (both initial and focused) are completed within six months of notification. Monthly dataset will show ICS completion rates. Evidence of robust plans in place to achieve 100% where performance is below this figure.	Monthly	30 June 2021	Reviews notified 1st March to 31st May will not be released to system until 1st June 2021. Twice monthly Review Oversight meeting to be formalised to track progress of each review, monitor days toward deadline and unblock barriers to progress. Data to be collated monthly and reported to Steering Group quarterly. Oversight will monitor and respond to the impact of any 3rd or subsequent waves of the COVID pandemic. Substantial workforce requirements form part of the national Policy. This will be scoped and agreed as part of the implementation plan to be developed by September 2021	LeDeR Clinical Lead
2	ICS will demonstrate each quarter that there is progress against delivery of LeDeR actions which will be monitored using a RAG rating. Quarterly reports to NHS England and NHS Improvement regional teams.	Quarterly	30 September 2021	Agreed reporting template to be in place by end of September 2021, aligned to milestones within LDA 3 Year Plan, themed Priority Actions agreed via Learning into Action Group and in consultation with Experts by Experience.	LeDeR LAC
3	Annual Report agreed at public meeting of CCG/ ICS and local Health and Wellbeing Board by end of Q1 each year. Annual Report, including accessible version published in June each year via ICS website. Documents approved within CCG/ ICS governance and shared with regional teams.	Annually	30 June 2021	Annual Report final draft will be approved by LeDeR Steering Group during May and shared with CCG Governing Body and Health and Wellbeing Boards by the end of June 2021.	LeDeR LAC

No	Deliverable and method of measurement	Frequency	Required date of delivery	System position and required action	Lead
4	A three year strategy demonstrating how the ICS will act strategically to tackle areas identified in aggregated and systematic analysis of LeDeR Reviews and national findings will be shared with NHS England / Improvement and updated annually in June each year. The Strategy will contain section on issues faced by people with learning disability from Black, Asian and minority Ethnic backgrounds who have a learning disability	annually	30 June 2021	Draft three year LDA plan required for submission by 30 April 2021. The plan was informed by LeDeR thematic analysis and consultation with experts by lived experience and family carers. Thematic analysis will be incorporated into a three year Strategy that will include plans to better understand the needs of young people (under 25 years) and people with a learning disability from diverse ethnic backgrounds and ensure equity in uptake of Annual Health Checks and vaccinations.	Lead Commissioner for LDA informed by contribution from LeDeR LAC LeDeR LAC
5	The ICS will demonstrate how they are narrowing the gap in health inequalities and premature mortality. Locally determined targets agreed with NHS England and Improvement regional teams to include measures around: -A reduction in repetition of recurrent themes -Reduced levels of concern and areas for improvement -Reduced frequency of deaths that are potentially avoidable and amenable to good quality healthcare.	Annually	30 June 2021	Key milestones of the three year LDA plan reflect: Reductions in aspiration pneumonia associated with modifiable factors – pneumococcal vaccine, eating and drinking plans, postural care plans Zero tolerance for avoidable deaths Increased uptake and quality of annual health checks Increased vaccination uptake Increased achievement of preferred wishes including place of death and use of ReSPECT	LeDeR LAC
6	Clear and effective governance in place which includes LeDeR governance within ICS quality surveillance arrangements (including minutes of quarterly meeting of ICD governance meeting)	Annually	Plan by 30 September 2021 operational by April 2022	Implementation plan for LeDeR governance and revised Terms of Reference for the LeDeR Steering group will be in place by September 2021 and will take account of evolving ICS governance structures	LeDeR LAC

No	Deliverable and method of measurement	Frequency	Required date of delivery	System position and required action	Lead
7	A named executive lead will act as LeDeR SRO across the ICS by June 2021	Annually	30 June 2021	Existing LeDer SRO is HWCCG Chief Nurse. This position is expected to remain unchanged for 2021/22 but will be reviewed by April 2022.	LeDeR SRO
8	A named lead for Black, Asian and Minority Ethnic inequalities will be part of the LeDeR Steering group. Increased reporting of deaths from people with Black, Asian and Minority Ethnic communities will be proportionate and relative to communities living within the ICS geography (baseline data to be reported by April 2022)	Annually	1 April 2021	The LeDeR Clinical lead is the named Black, Asian and Minority Ethnic Lead for LeDeR and this will continue until the Terms of Reference for the ICS are reviewed during 2021/22. During 2021/22 baseline population data will examine whether the ethnicity profile of deaths reported to LeDeR are proportionate to our local population.	LeDeR Clinical Lead
9	Clear Strategy for the meaningful involvement of people with lived experience in LeDeR governance. Evidence of meaningful engagement in local governance group by September 2021 (including engagement of autistic people proportionately to the number of notifications)	Annually	30 September 2021	Existing arrangements in place are detailed in Terms of Reference for the meaningful engagement of people with a learning disability, in a format determined by individuals themselves. This will be reviewed during 2021/22 to ensure appropriate representation. During 21/22 review Herefordshire expert by lived experience engagement, revise support for family carer involvement and liaise with the Autism Board to ensure proportionate representation for autistic people.	LeDeR LAC
10	Senior ICS leaders, including local authority partners are involved in governance meetings where issues found in local reviews are discussed and actions agreed collaboratively.	Annually	1 April 2022	Terms of Reference for Steering Group and Learning into Action Groups reflect partnerships and collaboration. Review Terms of Reference as ICS structures evolve during 2021/22	LeDeR LAC

Herefordshire Council

Title of report: Carers strategy

Meeting: Health and Wellbeing Board

Meeting date: Monday 26 July 2021

Report by: Senior commissioning officer

Classification

Open

Decision type

This is not an executive decision

Wards affected

All wards

Purpose

To consider the attached draft carers strategy for 2021 to 2026 from the adults and communities directorate and to determine any recommendations the Health and Wellbeing Board wishes to make.

Recommendation(s)

That the Health and Wellbeing Board:

(a) considers the draft carers strategy for 2021 to 2026 (appendix A) by the adults and communities directorate; and

(b) determines any recommendations it wishes to make to the council or relevant health bodies to improve the strategy and action plan alignment to the health and wellbeing strategy and/or to improve integration between health and social care.

Alternative options

1. There are no alternative options. It is a requirement that Herefordshire has a carers strategy. Key stakeholders, including health and social care, have worked together to form this strategy and the high level actions within. It is a function of the board to

encourage those who arrange the provision of any health or social care services in Herefordshire to work in an integrated manner for the purpose of advancing the health and wellbeing of the people of Herefordshire. The carers strategy seeks to support this aim through joint working of key stakeholders to deliver against the actions and thus improve the health and wellbeing of carers in Herefordshire.

Key considerations

2. The health and wellbeing board carries out statutory functions as required by the Health and Social Care Act 2012 and other functions delegated to it. This includes encouraging those who arrange the provision of any health or social care services in Herefordshire to work in an integrated manner for the purpose of advancing the health and wellbeing of the people of Herefordshire. As such the board is asked to consider the content and plans for delivery of the Carers Strategy for Herefordshire 2021 – 2026 and how this will advance the health and wellbeing of carers in Herefordshire.

3. Family and other unpaid carers play an important role in supporting vulnerable older and disabled people in communities and have been the focus of wide ranging legislation and national policy over the past twenty years. Herefordshire's current carers strategy was adopted in 2017 and is due to be replaced by a new strategy in 2021. The 2011 census identified approximately 21,000 unpaid or family carers in Herefordshire, based upon a broad definition. 7,500 carers are flagged among the patient population of GPs in the county. Carers are people of all ages, as are those they support. Young carers form a particularly vulnerable group which has been a focus of particular development during the period of the current strategy.

4. The current carers strategy expiring in 2021 adopted six priorities:

Identifying carers	Information and signposting
Carers knowledge and employment	Networking and mutual support
Access to universal services	Assessment and support

Review of the strategy has indicated that the majority of actions and priorities have been addressed successfully, but that there is still work to be done. Some of the established priorities from that strategy are taken forward in some form by the new draft strategy albeit with different emphasis. There are multiple stakeholders in strategies of this kind and it is for each of those stakeholders to ensure implementation and continued engagement, in this case with carers. The council has limited resources with which to drive and co-ordinate whole system strategies. In the future, all strategic documents including the carers strategy will be subject to a formal mid-term review report. This review of the strategy will take place in 2023, culminating in a report to this board.

5. The current and new draft strategy both promote the council's strengths based approach, focusing on what people can do for themselves and with the support of their peers, their families and communities. There is a focus on trusted information and signposting and participation in communities, along with access to services and support when needed. This is also the context for the service for carers, which was recommissioned by the council in 2018/19 and makes the most of limited resources to address key needs among carers. Over the same period a new service was

established for young carers, delivered by children and families directorate as part of wider family support and early help provision. This complements some continuing support groups and activities for young carers provided by voluntary and community organisations.

6. The new strategy is informed by Talk Community, exploring both how carers can be supported by their communities and what they themselves can contribute to their local community.

7. The draft carers strategy is the product of extensive engagement with carers and stakeholders which began in September 2020 and has included a carers forum, a stakeholder group, a public survey and surveys of young carers and young adult carers. Feedback and ideas from the different interest groups has shaped the priorities and proposed actions in the strategy. Engagement will continue over the next few months until the strategy is considered formally by cabinet in September 2021. The timetable for completing the strategy includes:

April-May 2021	Further engagement with carers focus group and stakeholders
	Second draft of the carers strategy
June 2021	Health and wellbeing board review of the draft strategy
July-August 2021	Engagement with carers and stakeholder agencies
	Preparation of final draft of carers strategy
September 2021	Carers strategy considered by cabinet
Oct-Nov 2021	Strategy published in various forms and websites

8. The carers strategy was considered by Adults and Wellbeing Scrutiny Committee, with attendance by Children and Families Scrutiny Committee members, in March 2021. Recommendations were made by the committee that have informed the further review of the strategy content and will be taken into consideration to strengthen the delivery of the actions set out in the strategy. In particular reference to strengthening the delivery of the actions, recommendation h from the Scrutiny Committee sets out 'That system partners be invited to consider improving the experiences for carers in an integrated way across the system, with specific consideration given to carers as part of the emerging Integrated Care System.'

9. The draft strategy identifies five priorities to be taken forward over the next five years:

- Carers voice
- Carers in the community
- Services offered to carers
- Carers wellbeing
- Financial stability for carers

In addition, the strategy encompasses two over-arching themes;

"Think carer" "Carers and technology"

These are felt to be important across a number of priorities and have potential to develop over time. Considerations relating to young carers are identified at various points throughout the strategy.

10. A number of actions are set out for each priority, these are summarised in an action plan towards the end of the document. Each individual agency will be responsible for delivering the actions within their services. To offer challenge and support in delivering these actions a carers partnership board will be established and be maintained for the life of the strategy. In addition a formal mid-point review will be reported to the health and wellbeing board for review, challenge and to hold each agency to account in the delivery of the action plan.

11. The carers strategy engagement and preparation has been taking place during the Covid-19 emergency. There has been considerable national and regional attention given to carers issues, recognising the additional pressures and risks which may attend carers lives, including social isolation, reduction in support and illness. During periods of lockdown, demand for and contact to the commissioned service provided by Crossroads 2gether was reduced. The provider developed new approaches and a more versatile model to maintain services and find ways of reaching and supporting carers at this time. Talk Community operations handled enquiries from carers, most notably during the first lockdown.

12. Unpaid family carers have been offered vaccination in February and March as part of Priority Cohort Six, with up to 10,000 individually identified carers being offered appointments for first doses. The government direction on this priority identifies that some carers of children will not be eligible and restricts vaccination for young carers to those aged 16 and 17 only.

Community impact

13. In accordance with the adopted code of corporate governance, Herefordshire Council achieves its intended outcomes by providing a mixture of legal, regulatory and practical interventions. Determining the right mix of these is an important strategic choice to make sure outcomes are achieved. The council needs robust decision-making mechanisms to ensure its outcomes can be achieved in a way that provides the best use of resources whilst still enabling efficient and effective operations and recognises that a culture and structure for scrutiny are key elements for accountable decision making, policy development and review.

14. This scrutiny activity contributes to the corporate plan – county plan 2020-24 ambition "strengthen communities to ensure everyone lives well and safely together". The carers strategy in particular promotes involvement by and support of vulnerable carers in communities, whilst also promoting the plan's theme of connectivity.

15. There are no particular implications of this report for the council's role as corporate parent, although for some family carers of disabled children, the family will be experiencing the care system. Information, signposting and support for carers of disabled children should reflect and fulfil the council's responsibilities as corporate

parent, where appropriate. There may be health and safety implications for partner and provider agencies delivering direct support for carers and these would be identified by those agencies and where applicable in any contract held by the council.

Environmental impact

16. There are no general implications for the environment arising from this report. The significant focus in the draft carers strategy on carers engaging with their local communities, including through Talk Community will tend to encourage carers to participate and seek support in their local area, so reducing need for travel or the transporting in of services to provide support. Therefore indirectly, the strategy may help to reduce carbon emissions in the county over time.

Equality duty

17. 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.

18. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services. The carers strategy addresses the experience and opportunities of a significant population group who include large numbers of people sharing protected characteristics. Many carers are people over 65 and therefore share the protected characteristic of age, as do young carers under 18, who are a much smaller but very vulnerable group of carers. A majority of carers are women and otherwise carers are drawn from all walks of life and so include representation of other groups sharing protected characteristics.

19. Carers are supporting people, often family members, who belong to groups sharing protected characteristics, including older people, but most notably, disabled people of all ages, including people with mental health needs. The draft carers strategy is intended generally to improve the experience of and services or opportunities for carers, including those sharing protected characteristics. The carers strategy is not expected to have any negative or adverse impact on anyone belonging to a group sharing protected characteristics.

Resource implications

20. The draft carers strategy has no direct resources implications for the council as it sets out a general strategic direction for the whole local system, which will be dependent on the existing resources of multiple partner agencies. There is no specific impact on council resources currently directed to carers.

Legal implications

21. Both the Care Act 2014 and The Children and Families Act 2014 introduced responsibilities on local authorities to assess a carer's need for support, and where appropriate, consider the impact of what being a carer has on their wellbeing.

Risk management

22. No risks are identified specifically in relation to this covering report; health and wellbeing board is a key element of informing decision making and may make recommendations to strengthen the content and delivery of the plan, with particular interest to encourage those who arrange the provision of any health or social care services in Herefordshire to work in an integrated manner for the purpose of advancing the health and wellbeing of the people of Herefordshire.

Consultees

23. There has been extensive consultation with carers and with a wide variety of stakeholders since September 2020 in preparing for the draft carers strategy. Those consulted include;

    Carers

    NHS partner agencies, including Wye Valley NHS Trust, Herefordshire and Worcestershire Clinical Commissioning Group, Taurus and Herefordshire and Worcestershire Health and Care NHS Trust.

    Voluntary and community organisations including commissioned providers

    Commissioned providers of domiciliary care and nursing and residential care

    Members of the council

    Parish Councils

    Herefordshire Making it Real Board, advising on adult social care provision

24. The method of engagement with these stakeholders has included;

    - Formation of and multiple virtual meetings with a carers focus group, reflecting a wide range of different carers, by age and demography, geography and cared for user groups. A variety of support has been offered to carers to enable them to participate and contribute.

- Multiple meetings with stakeholders from voluntary and community organisations, NHS and other partners
- An online survey of carers via the council website promoted through various routes including parish councils, with around 70 responses
- A survey of young carers, supported by the council's young carers service, eliciting 21 responses
- Attendances at provider forums for domiciliary care, care homes and community providers and two attendances at Making it Real Board
- A members' workshop
- Adults and wellbeing scrutiny committee

25. The content of the draft strategy has been shaped and directed entirely by the engagement conducted, so it is not practicable to pick-out particular contributions or influences. The carers focus group and other carers engaged with have directed the priorities and cross cutting themes. The wider stakeholder and member engagement has contributed to elements of the priorities and to the form and scope of the actions in the strategy. The Making it Real Board raised questions and suggestions about the wider engagement and the form and accessibility of the eventual publishing of the finished strategy.

26. The engagement on the draft strategy will continue beyond the health and wellbeing board and on a final draft document. This will include further consideration by the carers focus group and stakeholder group before the final draft of the strategy is considered by cabinet.

Appendices

Appendix A Draft carers strategy

Appendix B Review of previous strategy

Appendix C Recommendations and executive responses – Adult and Wellbeing Scrutiny Committee

Background papers

None identified.

Herefordshire Council

Appendix A

Herefordshire Carers Strategy 2021 – 2026

Second draft

May 2021

Herefordshire Council

Contents

Introduction

A commitment is made by key stakeholders in Herefordshire to recognise the role played by carers and improve the experience of unpaid and family carers in the county. This strategy outlines what has been identified as important to carers and what action will be taken to help enable improvement to their lives and experiences.

This carer's strategy has been developed during the COVID 19 pandemic. Therefore the engagement and direction of the strategy has been shaped by the climate in which it has been prepared.

Herefordshire's vision for carers

This strategy seeks to *"improve the life and experience of Herefordshire's Carers by recognising, valuing and equipping them to carry out their caring role, whilst enabling them to keep well and live their own life."*

Who is the strategy for?

There are estimated to be over 21,000 carers supporting people with care or support needs in Herefordshire.

Carers are anyone, young or old, who provide unpaid care or support for someone they know who cannot cope without their support because of their illness, frailty, disability, a mental health problem or an addiction. Many of us will have caring responsibilities at some point in our lifetime, often whilst juggling other roles such as work, study and other family commitments.

Carers and those they care for may have many different relationships with one another; they may be a couple, part of a larger family living together or friends. Carers often don't recognise themselves as a carer, because it can be difficult to define the type of support they provide and separate it from the relationship they would have with the cared for person in any other way. It often takes up to two years for a carer to recognise themselves as such.

Terms frequently used for describing Carers include;

- Unpaid carers (to distinguish from the paid care workforce)
- Parent carers (where a parent has additional caring responsibilities because of a child or Young person's illness or disability).
- Young Adult Carers (Young adult aged 16 to 18 with caring responsibilities)
- Young Carers (Anyone aged 15 or younger with caring responsibilities).

The sort of care and support provided by a carer will vary from person to person in each scenario. Some carers provide care for many years and their role may evolve as the cared for persons

condition changes, others may become carers in response to a crisis, which may require intense care for shorter periods of time. Below are some examples of the type of support a carer may provide.

I am 12 years old and I support my mum when she is finding things hard. I help to cook meals, care for my younger brother, make sure my mum has taken her meds and get things she needs when she is feeling low.

Dad had a bad fall last month and required hospital attention. Since then he has been in a lot of pain that the doctors can't diagnose, other than soft tissue damage from the fall. I have been having to stay with him as I don't live nearby and he is calling people in the middle of the night in pain, including paramedics. I am trying to navigate the services available to him, support him with some personal care, do everything for him around the house and have to get up to him several times a night. I am emotionally and physically exhausted and find it all overwhelming.

I am retired and live in the countryside. My elderly neighbour does not have any family nearby, they are quite frail and have had some falls. They also get lonely. I get their shopping for them and pop in to say hello when I deliver, although COVID has made this difficult. They have an emergency alarm and I am the first point of contact if they have an emergency like a fall.

I am self-employed working part time and I care for my sister who lives with me. My sister is often awake at night and I have to get up several times, which makes me very tired in the day when working.

I am mum to 3 children aged between 4 and 9. My eldest and my youngest child both have conditions that require additional support from me as a parent, their teachers and our support staff. As a parent I want the best for my children and find the judgement of others at times upsetting. I have given up work so that I can provide my children with the additional care and support they need. I do miss work though and would hope to be able to return in the future, when I can commit to regular hours.

What is the strategy about?

The carer's strategy is a document which sets out what carers, and others have told us is needed to improve the lives of carers in Herefordshire and what action needs to be taken to achieve this.

In developing this strategy council officers have engaged with many different people including;

- A focus group of carers from different backgrounds with different caring responsibilities.
- Young carers and young adult carers.
- Other key stakeholders such as health organisations, the police and specialist carer focused organisations.
- Making it Real Board; a group of people from Herefordshire with different experiences of health and social care services.

- Councillor's
- The wider public through a public survey.

This strategy will bring together the information gathered from engaging with these groups and carrying out desktop research in the form priority areas to improve lives for carers. Each priority area will have a set of actions that will need to be taken to achieve the improvements for carers.

Who is responsible for making the actions happen?

Anyone who interacts with carers, including carers themselves, can make a difference to the experiences carers have in Herefordshire. Carers can be of any age, from any background and with any of the challenges of day to day life that all residents of Herefordshire may face in addition to their caring role.

Overarching responsibility for driving and delivering the actions set out in this strategy lies with a number of different organisations, including the council. A Carers Partnership Board, made up of carers with lived experiences, key stakeholders and other relevant organisations or voluntary groups, will be established to challenge and support the key stakeholders in the delivery of actions. Progress in implementing the strategy and further challenge will be reviewed by the council scrutiny committees and the Integrated Care System Transformation Board. Herefordshire's Health and Wellbeing Board will hold the key stakeholders to account, with a formal midpoint review of the strategy implementation and delivery of actions.

Identifying themselves as a carer can enable people to take the first steps to make a difference for themselves and for other carers. Former carers can also be an invaluable source of support for other carers and in raising awareness. The council's whole system initiative, Talk Community provides important context for the carers strategy The Talk Community approach considers;

- What can I do for myself?
- What can I do for my community?
- What can my community do for me?

As a member of the community, be that local, shared interest or another form of community, each person can make a difference for carers as part of that community.

When someone is receiving care and support they are often able to offer something in return. For example, a grandchild may call in to help their grandparents with some cleaning and whilst they are there their grandparent may share a skill such as art, or their experience and knowledge of a subject the grandchild is studying at school or college.

Feedback from the public engagement survey told us that 57% of those who responded were working and a further 14.3% were engaged in volunteering. Employer, education providers and places that offer volunteering opportunities have a key role to play in supporting carers to be able to continue to live their own lives, whilst also being a carer.

Policy and Strategic Context

A Strengths based approach

Herefordshire's adult social care and wider community services follow a strengths based approach to identifying people's needs and supporting them. This is focused on personalised planning and promoting independence. The approach starts from understanding the person; who they are, their aspirations, their role in their community and what they can do for themselves. It then seeks to understand what they can do with the support of their family, their carer and their wider community.

The strengths based approach also informs Talk Community and other strategic initiatives including Project Brave. In social care services for children and families, the national Signs of Safety programme encompasses the principles of strengths based working.

COVID 19

This strategy has been developed during the COVID 19 pandemic. As such some carer experiences will reflect the additional pressures of these times.

Nationally Carers UK have reported that;

- 70% of carers are providing more care due to the coronavirus outbreak.
- Over a third (35%) of carers are providing more care as a result of local services reducing or closing.
- Carers are, on average, providing 10 additional hours of care a week.
- 69% of all carers are providing more help with emotional support, motivation, or keeping an eye/ checking in on the person they care for.

Findings from the Herefordshire public engagement survey for carers in 2021 show that 79.3% have found that COVID has made their caring role more difficult.

The main issued faced by carers during Covid-19 were listed as:

- 42.3% carers stated 'I am spending more time caring'.
- 40.4% stated 'I am concerned about increased risk to the person I care for'.

Herefordshire's County Plan

The County Plan 2020 – 2025 encompasses a renewed focus on People and Communities. The plan sets out the ambitions for Herefordshire under three areas;

- **Environment**. Protect and enhance our environment and keep Herefordshire a great place to live.
- **Community**. Strengthen communities to ensure everyone lives well and safely together.
- **Economy**. Support an economy which builds on the county's strengths and resources.

The plan commits to continuing to develop approaches that build on people's strengths and the many resources they have in their local communities, such as our exceptionally strong voluntary sector and family carers. With the aim to recognise and support the role that these important people play in enriching the lives of many vulnerable people in our community.

Talk Community

Talk Community is an all-encompassing approach to communities and their partnership with the council. It is about all communities and people of all ages. Talk Community recognises that the council cannot and should not commission or deliver everything required to promote wellbeing and manage demand for formal care or support for all vulnerable people in the future. A successful strengths-based, prevention focussed system depends upon the council finding the right ways to support, promote, inspire and enable local communities to develop their own assets.

The Talk Community vision is that the council will be "innovating to make independence and wellbeing inevitable".

The plan is set out under three main areas, indicating how Talk Community will focus on:

- People; creating sustainable vibrant communities;
- Place and space; where people live, work, study and get together;
- Economy; how promoting wellbeing and supporting vulnerable people benefits from the local economy and contributes to it.

The former strategy

"A Joint Carers Strategy for Herefordshire 2017 – 2021" is replaced by this strategy. It has been reviewed throughout the strategy lifespan and the impact measured against an action plan. Learning from what has worked and what has not worked within the current strategy has informed the content of this new strategy.

The current strategy now expiring set out six priorities and each priority had numerous actions under the title of "what needs to happen".

In autumn 2019 a review of the Joint Carers Strategy for Herefordshire 2017 – 2021 identified that of the 47 actions planned, the majority had progressed well and had either been delivered or were in the process of being delivered. This has also been reflected on during engagement in planning for the development of this strategy. Whilst consequently there have been some improvements for carers there is still much to be done, this strategy will seek to build on the former strategy, as well as addressing newly identified priorities.

Nationally and locally there is still a challenge in carers recognising themselves as carers, as well as others **recognising and valuing carers i**nput. Whilst there have been some improvements in local online information available to carers, it is mainly people supporting carers who use this rather than carers themselves.

Support available to **young carers** and **young adult carers** has increased through a whole family service provided by the council. The service has met with generally positive feedback and responses from those using it, along with some suggestions about how the service can be developed further encourage young carers to come forward for support.

> The family support worker has changed my family for the better. I have a better relationship with my parents, I can control my emotions better and understand them. I have a lot of support in school now from my teachers and this is because my family support worker has told them everything and they now understand, they answered all the questions I couldn't. Thank you.

Your advice was most helpful and enabled us to contact and stir into action relevant social care services when I began caring for my wife after hospitalisation and we have now engaged professional carer's. It gives us confidence to know you can and will point us in the right direction to tackle any problems arising from social care needs.

Employer and school awareness of carers to enable carers to continue or re-enter the workplace requires attention and is addressed further within this strategy. Access to support networks and somebody to talk with is a high priority for carers. This has been raised by the carer's focus group and consolidated by the public survey. Many carers went on to express the need to have someone to talk to, including at night.

Whilst carers have had some positive experiences that evidence **health and social care services are more carer aware,** there are equally still some negative experiences indicating an inconsistency in service responses to carers.

Overarching themes

There are two defined overarching themes that are key to all aspects of this strategy and are linked the five priorities.

Think carer

"Think carer" is a simple concept of asking services and professionals to actively consider that the people who engage with their offer, and those who work for them, may be carers. In light of this they should consider how that may affect the service provided to ensure it is accessible for carers.

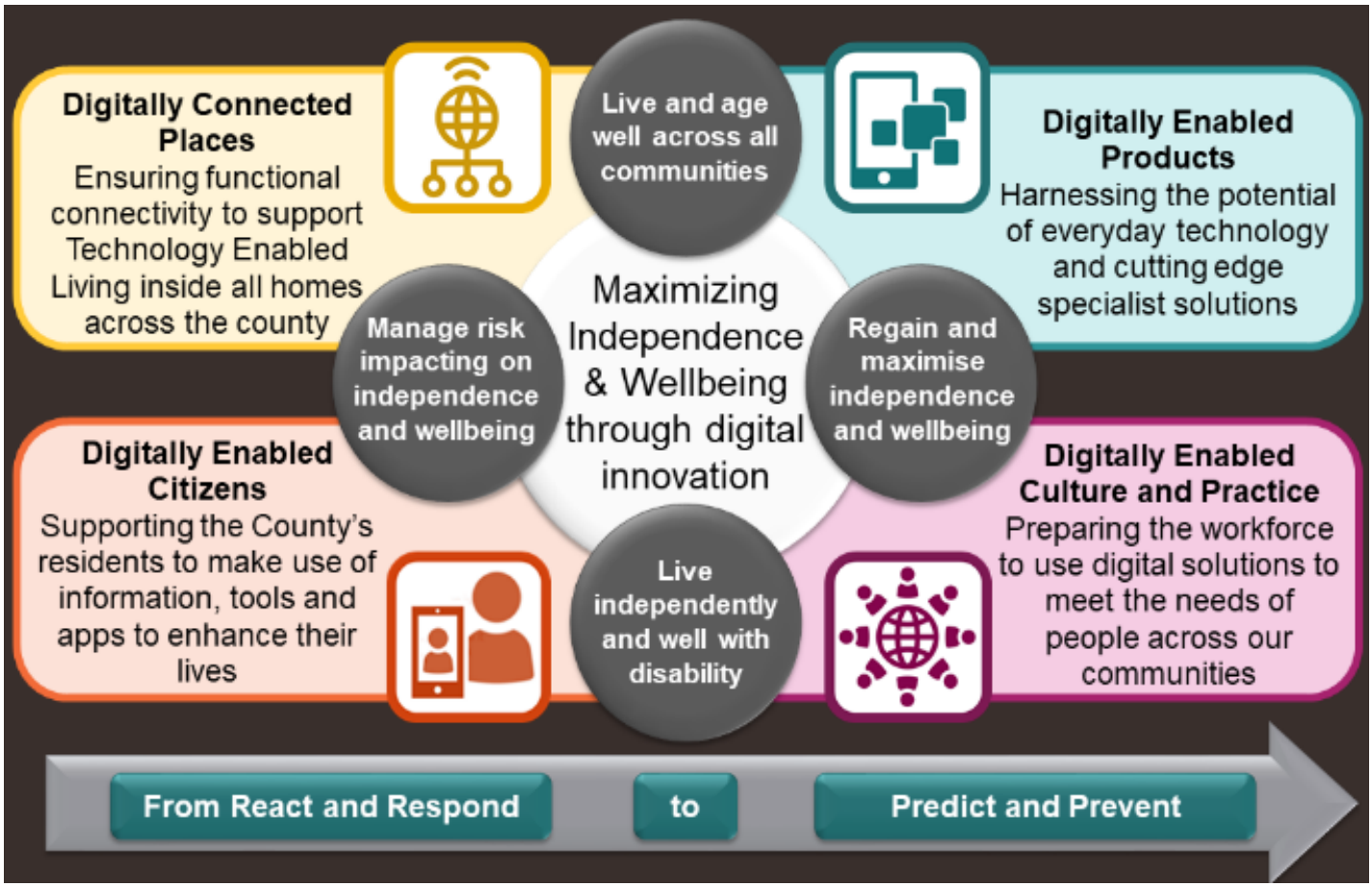
Raising awareness of carers across the wider community will provide a better understanding of carer needs, better responses and customer experiences. Also carers say that health, social care and other public services always considering carers when interacting with them and the cared for person is vital key in improving their experiences. Opportunities to explore and promote "think carer" include;

- Principle 1 of the NHS Commissioning for Carers Principles is "Think carer, think family; make every contact count"
- Carers Week is held in June each year. This is a national awareness week that helps to raise awareness of the vital contribution carers make and highlights the challenges carer face.
- Carer Awareness programmes and training seek to raise awareness of carers in the health and social care workforce.

Technology

Technology is continually evolving and will continue to do so at pace during the lifespan of this strategy. There are several projects underway in Herefordshire exploring and implementing ways to use technology to increase independence for those with care and support needs. The potential benefits for carers of these developments are also significant, if fully realised. Carers first considerations are for the cared for and a shortage of time is a recurring challenge and strain for carers. Through the use of technology there is the opportunity to improve independence for the cared for and carers, by increasing time and flexibility available to them.

Herefordshire council's technology approach seeks to progress beyond using equipment and applications simply for monitoring purposes, It is investing in proactive and predictive technologies to support the wider health and wellbeing of local people and communities. The image below summarises the local approach.



Priorities

There are five priorities adopted in the strategy and these describe what is important to carers and what can action is proposed to make a difference and improve outcomes;

- Carers voice
- Services offered to Carers
- Carers in the community
- Carer wellbeing
- Financial independence for carers

Making a difference to carer's lives will not come from one person or one organisation. It is important that many different people and organisations recognise their role in making a difference, embrace these priorities and take action to make this a reality. Each intention will identify 'what can I do', as well as formal actions for ley stakeholders to undertake.

The Actions detailed within each priority are the responsibility of key stakeholders to drive across the county and embed within their own organisations. Under each action are some outcomes, changes that carers can expect to see and experience as a result of the action.

In addition to the key stakeholder actions are 'What can I do' actions. These are actions that carers may be able take for themselves and one another, what the wider community can do to support carers and what the cared for person can do. At different times in the caring role carers may feel more or less able to speak out and voice their thoughts. During the engagement for this strategy carers have expressed concern about being able to freely express their thoughts without negative implications for themselves or those they care for. Stakeholder services, employers, education providers, communities and others need to be mindful of this and support opportunities for open and honest communication.

Some ways that carers, communities and the cared for may take action include;

- Honest feedback to services on individual experiences, for example commenting on a service provided or completing feedback forms at GP surgery, supermarket or from a care provider. Highlighting and sharing positive experiences as well as where experiences haven't been so good and could do with improvement.
- Participate in surveys, such as the annual Survey of Adult Carers in England.
- Attend meetings or workshops to represent carers, for example parish council meetings.
- Actively challenge ourselves and each other, such as our neighbours, employer or school, to 'Think Carer'.

Priority 1 – Carers voice

Actions;

1. Key stakeholders will proactively seek to **identify carers** in the process of delivering their normal services. Where a carer is identified they will ensure that they record this and provide relevant information and advice, including signposting Talk Community Directory.
    - Key stakeholders will hold a record of carers.
    - Carer's feedback will report that following engagement with key stakeholders they are able to locate relevant information and advice sources.

2. Where appropriate carers should be included in any **cared for planning, assessment or delivery of care provision**. Where this is not appropriate this should be clearly explained to the carer, with opportunity for the carer to clearly articulate their thoughts.
    - Cared for records will identify and link to carer records.
    - Carer feedback will report inclusion and / or opportunity to articulate thoughts in cared for planning, assessment or delivery of care.
    - Carers will report offer of carers assessment at time of cared for assessment.

3. As employers, key stakeholders will set out to model good practice to other employers in Herefordshire by proactively seeking **to identify carers in their organisation**, **raise awareness of carers** amongst their workforce and seek ways to support carers as a responsible employer.
    - Key stakeholders employment records will identify carers.
    - They will have relevant policies in place to support carers.
    - They will have an evidence based programme to raise awareness of carers in their organisation and will be able to demonstrate impact of this on the workforce.
    - Feedback from key stakeholder employees who are carers will need to illustrate an improved understanding of caring roles and reasonable measures to enable workers to continue and progress in their employment.

4. Schools and further education settings will improve **identification and support for young carers and young adult carers in education**.
    - Schools and further education providers will have policy and processes in place to identify young carers and young adults carers.
    - All school and further education provider staff will be aware of young carers and young adult carer specific needs, being able to adapt to support them to engage and / or signpost them to specialist information and support.

5. A **Carers Partnership Board** will be established to ensure that the voice of carers are heard by key stakeholders in developing services and to support the implementation of this strategy.
    - Carers with lived experience (current or former) will feel that their voices are heard and see them reflected in service delivery changes by key stakeholders.
    - In delivering the actions required within the action plan key stakeholders will be able to access challenge and support of carers with experience of caring in Herefordshire.

6. Key stakeholders will model **engagement** with carers and how their **participation** can shape individual and wider service experiences.
    - Key stakeholders will be able to demonstrate engagement with carers and the impact this has had in any new services, operational procedures, strategies or other developments that directly or indirectly impact on carers.

- Herefordshire Council will actively involve carers in procurement of services and development of projects relating to the use of technology in promoting independence for people with care and support needs.
- Impact will be indicated by carers reporting that they have been engaged with and listened to in service developments.

What can I do?

1. As a carer I will actively seek opportunity to make my voice heard, offer reasonable challenge and feedback to services where I have had a positive or negative experience as a carer.

2. As a resident of Herefordshire I will support friends, family, neighbours, colleagues or anyone else I know who identify as a carer in making their voice heard and increasing understanding of what carers do.

3. As someone who requires care or support, I will make professionals or other services that I interact with aware that I have a carer and what they do to support me.

The issues;

Hearing Carers' perspective

To enable carers to have a voice, awareness of and respect for carers must be raised. This will only be achievable if more people are aware of carers and consciously think about the carer when engaging with them or the person they care for. This may be in education or employment, where the educator or employer can enhance support for carers and productivity by being aware of the role of carers and the potential impact this may have on the carer whilst undertaking their studies or work.

I find it hard with working and making sure I have enough money to live on whilst taking the needs of the person I care for into consideration. If the person I care for has appointments it's sometimes difficult asking an employer for time off, not all employers are understanding.

The GP is not very understanding. Not being allowed to have flu vaccinations at the same time as the person I care for means we have to make two journeys, which are difficult.

When I struggle to get homework done my teachers will just tell me off and sometimes I just need a time to myself. I don't think school know what I do at home. They don't take in to consideration caring responsibilities and no flexibility with work. Nobody checks in with me.

Carers' Contribution

Carers make a substantial contribution to supporting vulnerable people in Herefordshire. The census in 2011 indicated that around 11% of the total population in Herefordshire were providing at least an hour of unpaid care a week, this is slightly higher than the nationally reported proportion of at 10%. During the COVID pandemic the support provided by carers has been even greater, stepping in or increasing input as paid support services have been stopped or reduced contact. In the public survey in early 2021 79.3% reported that the COVID pandemic has had an impact on their caring role, with 42.3% providing more hours of care.

Carers often have valuable knowledge and experience that should be listened to and respected. Carers have played a key role in the development of this strategy, informing and shaping the content through a range of engagement, including a focus group of carers, attendance at young carer virtual groups and online surveys.

Improving the experience of carers

Whilst many key stakeholders recognise the value of carer contribution in their strategic vision, this is not consistently the experience of carers in Herefordshire. Feedback from carers indicates that there are excellent examples of carers being recognised, consulted and offered valuable information or support. However, there are also examples, even in the same setting, of poor experiences that have left carers feeling undervalued, uninformed and therefore unable to carry out their caring role effectively.

To date carers have not been engaged with in the development of technology enabled living projects. Technology presents a number of opportunities to support carers in their role and to provide the cared for person with greater independence. This may include monitoring systems that can provide reassurance for a person to be left alone for a period of time, or environmental controls that can assist with activities such as turning lights on or opening curtains.

Valuing and championing carers

In engaging with carers a common theme raised is that carers want to be heard, both collectively and individually. Generally, carers in Herefordshire do not feel empowered to make their voice heard and they do not feel that there is a collective voice to champion the role of carers and pose challenge to ensure carers views are listened to. Through the carers focus group it has been highlighted that many carers do not know what their rights are or how to find information about what these may be.

Collectively carers identify that there is a lack of awareness of who carers are, the type of role they undertake, the pressures these bring and what carers contribute, in both their caring role and in the wider community.

In addition to being heard carers want their role to be respected and their contribution recognised and valued by professionals working in the health and social care sector, as well as more broadly in the community. By recognising and valuing the strength and offer that carers have, carers will be empowered to carry out their caring role, contribute to care for assessment and planning and enable carers to maintain their own wellbeing and live their own life.

Priority 2 – Support offered to carers

Actions;

1. Provide a carer specific service to act as a **single point of access** for information, advice, signposting, contingency planning and outcomes focused support.
    - Herefordshire Council will continue commission a carer specific service and promote continuing service improvement.

2. **Clear and easy to find web based content** to be available through a single point of access, providing links to further **reliable sources of information** and advice.
    - All stakeholders will ensure the Talk Community Directory has up to date cares specific information about their services.
    - All stakeholders will ensure their workforce is aware of the Talk Community Directory, will use this to direct carers to sources of information or signposting and will ensure carers know how to utilise the directory themselves in the future.
    - Carers will report being able to find clear and relevant web based information through a single source.
    - Section on caring in a crisis to be available on Talk Community Directory.

3. Key stakeholder workforce to be aware **'carer aware'** and to signpost carers to relevant services or information at all opportunities.
    - Key stakeholders will have a clear workforce development record that their workforce is 'carer aware'.
    - Carers will feedback that in all interactions with key stakeholders the workforce have been aware of the role of a carer.
    - Carers report being signposted to services or information relevant to their individual circumstances.

4. Support **voluntary and community organisations** to develop services for or inclusive of carers by providing information and guidance, including identifying and accessing relevant funding opportunities.
    - Talk Community encourages awareness and inclusion of carers in voluntary services.
    - Carers report being able to access services or areas of interest within their communities.

5. Ensure that **information about key stakeholder services** is available in a timely and accessible format to carers as well as cared for.
    - Carer's feedback that they understand what services are available and how to access these.
    - Carers are able to access information in an accessible format, such as large print.
    - Carers of young people transitioning to adulthood understand the changes this has for the carer, as well as the cared for.

6. **Carer's needs for social care support are appropriately assessed and reviewed.**
    - Adult social care ensures that all carers seeking support are aware of the right under the Care Act 2014 to a carer's assessment.
    - Children and families social care ensures that all young carers, young adult carers and parent carers receive an assessment of their needs utilisting a 'whole family' approach as defined in the Children and Families Act 2014.

- Where appropriate and the carer agrees, a strengths based or holistic assessment will be completed.
- Where a cared for person is offered an assessment of their needs, any carers are also offered and assessment. The outcome of the two assessments reflect, consider and align with one another, as appropriate.
- Social care performance data records the number assessments completed for carers, including statutory carer's assessments.
- All packages of support agreed with carers are reviewed appropriately. .

What can I do?

1. As a carer I will seek information about what is available to me by the means I have available. This may be through searching the web or speaking to someone such as a health professional or specialist carer support.

2. As a resident of Herefordshire I will seek to support others who may find it difficult to search for information in finding relevant resources to help them in their caring role.

3. As someone who requires care or support I will seek information to help support my carer when interacting with services that support me.

The issues:

Information

An important part of empowering carers is to ensure that they have access to reliable sources of information and advice. Having a single point of access for carers and a reliable source of online information has been identified by carers as an important tool in being able to carry out their role as carer, as well as maintaining their own physical and mental wellbeing. Information needs to be clearly accessible to both carers who are providing long term care and those who are caring in response to a crisis. Carers responding to a crisis often require large amounts of information in a short period of time, which can be difficult to find and digest.

Services provided by key stakeholders vary in their accessibility to carers. The workforce of key stakeholders should be aware of carer specific needs and how to interact with carers to identify the relevant offer. The national "Carers Action Plan 2018 – 2020, Supporting carers today" identifies the need to raise awareness of carers amongst health and social care workers. NICE guideline [NG150] "Supporting adult carers" also provides guidance in best practice for health and social care workers working with carers. The recommendations within the NICE guidance include the need to identify people who are caring for someone and giving them the right information and support.

Feedback from carers has been that they do not always have confidence in the workforce providing the service and they then do not communicate openly. Not all carers are aware of what a carer's assessment is or how to access one. Further to this safeguarding reviews have identified that there are improvements to be made in practice relating to carers.

Trusted Sources

Whilst there is a growing understanding and use of web based information and social media, there are still a number of carers who do not have, do not use, or do not wish to have access to

web based information. 48% of young carers used the web to find information, but most commonly asked parents, friends, school staff or family support workers for information when needed. Half of carers who responded to the public survey felt they had the information they need to carry on caring, half did not. Some of the comments in the public survey and the carer's focus group reflected that more condition specific information is required from trusted sources and where to get support from.

Talk Community Directory is a website provided by Herefordshire Council. It provides information including local services and events to support the health and wellbeing of all adults, children, young people and families across Herefordshire, including carer specific content. Feedback has demonstrated that awareness of Talk Community Directory amongst carers and professionals is increasing. Those who have used it have found it useful, if they know what they are looking for. Some carers have reported of not having heard of Talk Community Directory or of not having access to IT equipment or knowledge. In this scenario it is important that those who do have access to Talk Community Directory or other web based information have support to find the relevant information, this may be a friend, neighbour, family member, school, employer, carer services or public services, including health and social care workers.

It is also important to consider how accessible information is in online or printed information. Feedback from the Making It Real Board highlighted that the current strategy is not accessible to those requiring assistive technology to read due to the layout and format. Through the public survey further comments were made about information provided by the council being in small print.

> I am unable to see the small print due to my visual impairment. As a result of this, I could be missing out on important information that I need to be aware of as an unpaid carer

Carers support service

Herefordshire has a carer's service, 'Carer Links' that is purchased by Herefordshire Council and delivered by Crossroads Together. This service connects carers to information, advice and signposting. It also offers up to 12 weeks of support to help carers improve their health and wellbeing.

Further to this there a numerous community and voluntary organisations that offer carer specific support, such as local carer support groups, carer specific activities or adapting service offer to make it more accessible to carers, for example by making provision to support the cared for person at the same time.

At times, carers need access to training, this may be to assist them with physical requirements of their caring role, or it may be to enable them to understand relevant processes such as power of attorney, the importance of will writing, medication management or positive behaviour support.

Support for the cared for

Carers primary concern is often for the person that they care for, with the needs and wellbeing of the person they support coming before their own. Whilst replacement care for the person with care or support needs benefits the carer, eligibility for these services is assessed on the needs of

the person requiring care or support. It is therefore not addressed directly in the Carers Strategy. There is a wide variety of replacement or respite care available, for example through health and social care, private care providers and charitable organisations.

Whole family approach

Assessment of a carers needs should not take into account the carer in isolation, if should consider and where appropriate align to the cared for person and the family as a whole. This applies to an adult caring for an adult, a young carer, young adult carer or as a parent carer. Professionals working with adults and children should ensure that practices and processes are consistent across all ages, including the advice and guidance provided on assessments.

Priority 3 - Carers in the community

Actions;

1. To provide community groups and voluntary organisations with opportunities to raise carer **awareness and inclusion of carers within their community.**
    - Carers are able to access support within their local geographical community.
    - Activities and social opportunities are organised to be accessible to carers.

2. Support the creation of **diverse and flexible tools to connect carers** to one another and support within their physical or virtual communities.
    - Carers are able to connect to other carers and local communities in a way that works for them as individuals, utilising technology and media as required.
    - Carers feel supported within their communities of interest.

3. Ensure suitable awareness of **safe online communication and gaming** for young people, including young carers.
    - Carers are safely able to engage with virtual communities and use online support service.

What can I do?

1. As a carer I will seek to connect with or maintain connection with my local and shared interest communities and actively participate.

2. As a resident of Herefordshire I will seek to be aware of carers within my community and make any community offer I am aware of inclusive for carers.

3. As someone who requires care or support I will seek to connect to my community independently of and if we both agree, with my carer.

The issues;

If Carers are visible and understood in their community, both the carer and the community itself will benefit .Participating in community life is good for you and other people. Communities may be defined geographically or formed from a shared interest, such as a hobby or faith.

With carers first concern being predominantly for the cared for person, it is not uncommon for interaction with their community to reduce or change as their responsibilities increase and time becomes restricted. This can lead to social isolation and has been identified as a key risk among carers. Many carers in engagement have commented on not having time for themselves. Over 50% of respondents to the public carer's survey indicated that they sometimes or often / always feel lonely.

When help is needed I find that in reality no-one is there and everyone is getting on with their own lives.

I need information about work experience and long term support for my son. His independence effects mine

The National Carers Action Plan 2018 - 2020 recognises that "many carers will have little contact with services for carers, and will not be receiving formal support in their caring role. It is therefore vital that partners beyond government work together to raise awareness of caring among the wider population to build carer friendly communities." Herefordshire's County plan 2020-2024 seeks to shape the future of Herefordshire and aims to encourage and strengthen the vibrant communities within the county. The plan is underpinned by the themes of;

- Connectivity
- Wellbeing
- Sustainability

Herefordshire's Talk Community initiative embraces and supports the community in its response to supporting vulnerable residents in the county. This is particularly noteworthy in respect of the COVID pandemic, when communities have worked to ensure that vulnerable residents have what they need to stay safe and well during these difficult times.

Carers feel that their communities do not understand or are not able to adapt to support those in a caring role. This is potentially heightened in hard to reach groups such as With the geography of Herefordshire travel can be difficult and expensive, adding to challenges in participating in communities beyond resident's immediate geographical location.

I would like to be able to access some of the activities, but they all happen in the week, when it is impossible for me to attend.

When you're caring 24/7 you have not got the energy or inclination to go looking for help, it needs to be offered.

What unpaid Carers need is company with likeminded people over a coffee and cake - or a walk - or some form of company whereby they can escape the person they care for and chat about the problem with someone who is in the same boat.

It would be nice to talk to someone about the person I care for

Over 60% of the respondents to the public survey were working or self-employed carers. A further 14% were engaged in volunteering. Where carers are employees, volunteers or students they need their employer or education providers and colleagues or fellow students or volunteers to understand their caring role and what impact this has on them. Carers have reported feeling worried about telling their employer they are a carer for fear this may lead to dismissal. Also being a working carer can make engaging in community activities that take place during their working or caring hours more restrictive.

Young carers and young adult carers have reported an interest in online communities, particularly through online gaming. As well as shared interest such as football and socialising with friends. Many of the young carers also expressed their school or college work as a priority interest to them.

I do my homework or I will play Xbox with my mates.

Playing games online, Netflix and chatting to friends online. I'm not allowed on it all the time, at weekends I do other stuff.

Priority 4 - Carer wellbeing

Actions;

1. Where health or social care services are aware of a cared for person they should carry out **annual 'check-ins'** for both the person with care needs and also enquire of the wellbeing of anyone who provides them with care or support.
    - Carers will feel that health and social care services are aware of them and are accessible should they require any information or support.

2. Carers will have access to professional information and support that they have confidence in to assist with **contingency planning and crisis support**.
    - Carers are confident that they have plans in place should there be a crisis or they are unable to continue caring.

3. Confidential support will be accessible for carers to express any concerns that they have and access the relevant information or support to **keep them and the person they care for safe**.
    - Access to a single point of information and advice with specialist knowledge and experience of carer needs.

4. Carers will have information on how to access **training** to ensure that they are able to carry out their caring role safely and with dignity for themselves and the person they care for.
    - Carers are able to access an accessible training programme to carry out their caring role safely.

5. Newly transformed **community mental health services** will be able to provide a carer aware and appropriate response to the needs of carers.
    - GPs, social prescribers and mental first aiders in the community will be able identify the carers needs and refer or signpost appropriately.

- Carers will have access to early support to help prevent escalation of mental health needs
- Carers with mental health needs will confirm they have been able to access some appropriate support.

What can I do?

1. As a carer I will seek support with my own health and wellbeing needs, approaching my GP or local sources of support or advice in my community.

2. As a resident of Herefordshire I will offer emotional and / or practical support to those who are carers, for example assisting with meals or an open ear.

3. As someone who requires care or support where I need additional care or support I will seek to access appropriate assessment of my needs.

The issues;

The impact of caring

Carers, young carers and young adult carers report experiencing a negative impact on both their physical and mental wellbeing arising from their caring roles. Physically this is due to exhaustion or from having to move the person they care for. Mentally this is a challenge because of coping with the changes in someone they care for, a change in life style and coping with carrying out their caring role, in addition to day to day requirements such as looking after a home, working or going or school. Where young adult carers and young carers reported poor health, this was mainly associated with mental health such as anxiety, stress, feeling lonely and anger.

Carers are often predominantly interested in the wellbeing of the person or people that they care for, sometimes at the detriment of their own wellbeing. 64% of the respondents to the national "State of Caring 2019" report by Carers UK say that they focus on the care needs of the person they care for, and not on their own needs. It is also common for those providing care and support to not identify themselves as a carer. With the caring role and relationship with the cared for person is of upmost importance to carers, the wellbeing of the person who is cared for is intrinsically linked to the wellbeing of carers.

I still don't consider myself to be carer, but do find my own mental and physical health is deteriorating due to caring responsibilities.

I wish I was healthier and that I was allowed back on my computer. I was banned because it made me angry and if I'm on it for ages I get moody when dad tells me to get off it. I need to control my mood before I'm allowed on it again.

The occasional contact from professionals would be helpful, to check if we are OK. If we are not well or coping then the person we support will be bound to suffer in some way.

My time revolves in caring for my husband to the best of my ability.

You cannot separate the cared for from the unpaid Carer - if the cared for is actually cared for by society e.g. have care needs that are met, say by the council with a direct payment, this in itself helps the unpaid Carer to have a break - even if they have to be involved in the care package e.g. taking the cared for person to a community farm as there is no transport available.

The COVID 19 pandemic has bought about further challenges and pressures for carers, affecting their own wellbeing due to increase in caring requirements or with additional pressures in other areas of their life, for example due to home schooling, working from home or new working practices.

Young carer feedback has identified an increase in stress for the young carers and others in the home during the COVID 19 pandemic. Schools being shut to in person attendance has meant more support has had to be provided to siblings and usual support from teachers has not been available. Worsening health of the cared for person due to the restrictions in place, including contracting COVID 19, has added pressures and concerns to caring roles and at the same time they have felt they have lost support from some agencies, including GP's and wider family. They have had to increase duties, many carrying out shopping where they have encountered a lack of understanding from other members of the public.

Someone to talk to about my harmful thoughts who would help me through them

There is no escape from the caring role - they are with you much more often - you also have to be organised to arrange things because of Covid.

Safeguarding concerns have been identified through both carer and stakeholder engagement. This is a concern for the cared for, but also for the carer. For example, managing challenging behaviour of a child as they grow and develop.

Where carers do not have confidence in health and social care provision, difficulties that they may face in carrying out their caring role may escalate to crisis point without asking for support or intervention. For example, carers have expressed anxiety about difficulties in caring for a child as they may be placed into care.

Priority 5 - Financial independence for carers

Actions;

1. Provide or enable tailored advice for carers in respect of **employment, training and volunteering opportunities**.
    - Carers are able to access information and advice on employment and training opportunities relevant to their individual needs and circumstances

2. Access to free **Personal Protection Equipment** for carers.
    - Carers have consistent access to required Personal Protection Equipment to carry out their caring role safely.

3. Ensure carers have access to **advice on benefits, taxation, debt and other financial issues**.
    - Local public, voluntary and community sector providers of financial and welfare advice are well signposted and have good knowledge of the position of carers and can advise them affectively.
    - National telephone, online and social media sources of financial advice are well signposted and carers know which service to contact and how.
    - Carers report improved access to financial advice and greater confidence in understanding their financial situation and seeking help when needed.

What can I do?

1. As a carer I will seek education and training or employment opportunities, or I will engage with my education provider or employer about my needs as a carer. I will recognise when I have a financial problem and seek advice on benefits, debt or other financial issues when I need it.

2. As an employer or education provider in Herefordshire I will seek further information to enable me to support carers within my workforce.

3. As a community volunteer, I will be aware that carers may face particular financial issues or pressures and will make sure I can signpost them to the right advice.

The issues;

Employment

All aspects of the engagement and national policy and guidance relating to carers identify a link between financial stability and wellbeing of carers and the person they care for. Carers have identified concern with being able to pay for basic needs such as heating due to their financial circumstances arising from their caring role.

I find it hard with working and making sure I have enough money to live on whilst taking the needs of the person I care for into consideration, if the person I care for has appointments it's sometimes difficult asking an employer for time off too not all employers are understanding.

Information is one thing that is easily accessible today, but resources and money are the things that are really needed.

In the Carers UK “State of Caring 2019” report almost 2 in 5 carers (39%) of carers responding nationally to the survey said they are ‘struggling to make ends meet’.

Helping carers stay in, enter or return to work, education and training is identified in the NICE Guidance and the Care Act 2014 mandate to provide information for carers on work, education and training. By enabling carers to engage in employment or self-employment this will aid their financial independence and add to the local economy which, as identified in the County Plan, “improves quality of life for everyone and also generates the income through Council Tax and business rates that we need as a council to support local services.”

Benefits

For those who are unable to work or whose caring role means that they require a top up to their income access to benefits is important. Whilst locally influence cannot be made on government set benefits, the experience of carers accessing benefits could be improved through raising of awareness of Department for Work and Pensions (DWP) staff of carer specific needs. For example, carer’s feedback has expressed that they are required to attend DWP appointments without the person that they care for, but due to their caring role it is difficult to attend due to difficulty in finding replacement care.

Carers describe how an understanding of their role by employers and others is crucial in enabling them to remain in employment and young carers having positive experiences in school.

Additional costs

In addition to the financial strain of utility bills, some carers have reported the cost of travel as being prohibitive in attending appointments or engaging in social activities. Whilst most carers who responded to the public survey lived with or within 5 minutes of the person they care for, nearly 10% live over 20 minutes away by their normal means of transport.

During the COVID pandemic an additional expense that some carers report as incurring themselves has been for Personal Protection Equipment such as gloves, aprons or masks to enable them to care as safely as possible.

Carers and their Needs; Facts and Figures

National facts and figures highlights

- The 2011 census recorded 6.3 million carers nationally. However, Carers UK estimated that in 2019 this figure is closer to 8.8 million. This estimate relates to a broad definition of caring based on those providing at least one hour of care a week.

- The 2019 GP Patient survey found that 17% of the population in England over the age of 16 are carers.

- Every year over 2.1 million adults become carers and almost as many people find that their caring responsibilities come to an end. Therefore the overall numbers of carers remain reasonably consistent nationally, albeit demographic and geographical patterns will change over time.

- 3 in 5 people will be carers at some point in their lives.

- Nationally the number of people aged 65 years or over who are caring has grown by 43% from 1.4 million in 2011 to potentially over 2 million.

- In 2015 carers' support is valued at £132 billion a year.

- Estimates from Age UK showed a cost of £5.3 billion a year to the economy in lost earnings and tax revenue and additional benefit payments.

- Women make up the majority of carers at 58%, to the 42% who are men..

Local facts and figures highlights

- In the 2011 census nearly 21,000 people in Herefordshire were providing at least an hour of unpaid care a week. This represented around 11% of the population. 7,500 carers are coded on GPs patient lists in Herefordshire. At least 2,000 carers have been known to Herefordshire's adult social care services since 2018.

- 64 carers responded to the Herefordshire public carers survey in 2021;

    - 9 respondents identified as male and 53 as female.
    - The largest number of respondents (46) were aged 25-65. 15 were over the age of 65 and 3 preferred not to answer the question.

- 21 young carers and young adult carers responded to the young carer survey in 2020.
    - 8 identified as male and 13 as female
    - 2 young carers surveyed stated they are under 11 years of age and 19 stated they are between 11 and 17 years old.
    - 17 of the young carers who completed this survey stated they have free school meals.

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Action plan

There are a number of actions that key stakeholders can take to improve the lives of carers in Herefordshire. These action are set out within the priority area and are summarised in the table below.

Each action will have a lead statutory agency, although the action may fall to more then one key stakeholder. Delivery of these actions will be held to account by the Health and Wellbeing Board who will formally review at the end of year two (2023) and end of year four (2025).

The status of each action will be marked as;

- Green – on target to be achieved.
- Amber – some delay or barriers to achieving the action, mitigation in process.
- Red – delivery of action is at risk.

Priority	Headline	Detail	Steward	To be reviewed by	To be completed by	Status
1	Identify carers.	Key stakeholders will proactively seek to identify carers in the process of delivering their normal services. Where a carer is identified they will ensure that they record this and provide relevant information and advice, including signposting Talk Community Directory.	Herefordshire and Worcestershire Clinical Commissioning Group.			
	Inclusion of carers in cared for planning, assessment or delivery of care provision.	Where appropriate carers should be included in any cared for planning, assessment or delivery of care provision. Where this is not appropriate this should be clearly explained to the carer, with	Herefordshire Council – Social Care Operations.			

		opportunity for the carer to clearly articulate their thoughts.				
	Employer identification and awareness of carers in the workforce.	As employers, key stakeholders will set out to model good practice to other employers in Herefordshire by proactively seeking to identify carers in their organisation, raise awareness of carers amongst their workforce and seek ways to support carers as a responsible employer.	Wye Valley NHS Trust.			
	Identification of young carers and young adult carers in schools and further education settings.	Schools and further education providers staff will be able to identify young carers and young adult carer specific needs, and adapt to support young carers and young adult carers to engage and / or them to specialist information and support.	Herefordshire Council – Children and Families			
	Carer engagement and participation.	Key stakeholders will model engagement with carers and how their participation can shape individual and wider service experiences.	Herefordshire and Worcestershire Health and Care Trust.			
2	Carer specific single point of contact.	Provide a carer specific service to act as a single point of access for information, advice, signposting, contingency planning and outcomes focused support.	Herefordshire Council - Commissioning			
	Clear and easy to find web based content and access to reliable sources.	Clear and easy to find web based content to be available through a single point of access, providing links to further reliable sources of information and advice.	Herefordshire Council – Talk Community			

	Carer aware workforce.	Key stakeholder workforce to be aware 'carer aware' and to signpost carers to relevant services or information at all opportunities.	Herefordshire Council – Commissioning			
	Voluntary and community organisations.	Support voluntary and community organisations to develop services for or inclusive of carers by providing information and guidance, including identifying and accessing relevant funding opportunities.	Herefordshire Council – Talk Community			
	Information about key stakeholder services.	Ensure that information about key stakeholder services is available in a timely and accessible format to carers as well as cared for.	Herefordshire Council – Talk Community			
	Assessment and review.	Carer's needs for social care support are appropriately assessed and reviewed with a synergy to cared for assessment. Experiences of carers is consistent across adult and childrens services.	Herefordshire Council – Operations.			
3	Carer awareness and inclusion in the community.	To provide community groups and voluntary organisations with opportunities to raise carer awareness and inclusion of carers within their community.	Herefordshire Council – Talk Community			
	Tools to connect carers to one another and support.	Support the creation of diverse and flexible tools to connect carers to one another and support within their physical or virtual communities.	Herefordshire Council – Commissioning			

	Safe online communication and gaming	Ensure suitable awareness of safe online communication and gaming for young people, including young carers.	Herefordshire Council – Early Help Team			
4	Annual ‘check-ins’ by health and social care.	Where health or social care services are aware of a cared for person they should carry out annual ‘check-ins’ for both the person with care needs and also enquire of the wellbeing of anyone who provides them with care or support.	Herefordshire and Worcestershire Clinical Commissioning Group.			
	Contingency planning and crisis support.	Carers will have access to professional information and support that they have confidence in to assist with contingency planning and crisis support.	Herefordshire Council – Commissioning			
	Keeping safe.	Confidential support will be accessible for carers to express any concerns that they have and access the relevant information or support to keep them and the person they care for safe.	Herefordshire Council – Commissioning			
	Training.	Carers will have information on how to access training to ensure that they are able to carry out their caring role safely and with dignity for themselves and the person they care for.	Herefordshire Council – Practice Improvement.			
	Community Mental Health Services.	Newly transformed community mental health services will be able	Herefordshire and Worcestershire			

		to provide a carer aware and appropriate response to the needs of carers.	Health and Care Trust.			
5	Employment, training and volunteering opportunities.	Provide or enable tailored advice for carers in respect of employment, training and volunteering opportunities.	Herefordshire Council – Talk Community			
	PPE	Access to free Personal Protection Equipment for carers.	Herefordshire Council – Commissioning			
	Benefit and financial advice.	Ensure carers have access to advice on benefits, taxation, debt and other financial issues.	Herefordshire Council – Commissioning			

Reference sources

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https://www.nice.org.uk/guidance/ng150

https://understanding.herefordshire.gov.uk/community/topics-relating-to-vulnerable-people/carers/

http://www.carersuk.org/images/News__campaigns/CUK_State_of_Caring_2019_Report.pdf

https://councillors.herefordshire.gov.uk/documents/s50084582/07a_Appendix_Herefordshire%20Market%20Position%20Statement%202020-2025.pdf

https://www.herefordshire.gov.uk/downloads/file/1500/county-plan-2020-24

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Appendix B

Review of Joint Carers Strategy for Herefordshire (2017-2021)

In 2017 a Joint Carers Strategy was developed by Herefordshire Council and Herefordshire Clinical Commissioning Group to develop transformational change and ensure services were delivered to keep residents and cares healthy and well. The strategy was co-produced with carers to encapsulate their aspirations and recognise the challenges which come with being a carer.

The strategy has a shared vision:

"That carers are recognised and valued, able to keep well and live their own life"

Six priorities were developed from co-production and engagement with carers:

- Priority 1 – Information, advice and signposting
- Priority 2 – Identifying carers
- Priority 3 – Carers' knowledge, skills and employment
- Priority 4 – Access to universal services
- Priority 5 – Networking and mutual support
- Priority 6 – Assessment and support

Two years into the delivery of the strategy, a review of 'what needs to happen' was undertaken. Conversations were held with carers through the summer and autumn of 2019. This review illustrated that of the 47 actions identified, the majority had progressed well, been delivered or were in the process of being delivered.

During engagement on the new carers strategy for Herefordshire further review of the Joint Carers Strategy for Herefordshire (2017-2021) was undertaken. Overall feedback on the former strategy is;

- Does it have to be called a strategy? That word doesn't mean much to most people.
- It is too long and complicated. If it has to be that long can a shorter, easy read version be available?
- In the current format it cannot be 'read' by assistive technology.
- Reference to the 'Blueprint' doesn't have any meaning for the public, does it add anything?
- A strategy is useless as words alone, how can the change it seeks be connected to and understood by the wider community?
- Carers want to know what services they can access, what is going to be done and how this will benefit them.
- To keep the strategy meaningful and current it should be a working document that can be amended to reflect emerging circumstances such as the COVID pandemic.
- Needs to offer a way for public to engage with and make comment on the strategy during its lifetime.
- A big concern for long term carers is what will happen to the cared for person when I they are no longer able to care, the strategy does not cover this.

Progress against the six priority areas set out in the Joint Carers Strategy for Herefordshire (2017-2021) is summarised below.

Priority 1 – Information, advice and signposting

Many people in the early stages of caring for someone **don't see themselves as carers**, so don't search for information and advice for themselves. Carers tend to focus on getting support for the cared-for and find it difficult and frustrating to n**avigate their way around the health and social care system**. The complexities of two distinctly different public services (health which is free and social care which is means-tested) plus the fact that health and social care do not automatically interact and share information can cause confusion and frustration. **This remains a major stress factor for carers and has a detrimental impact on their wellbeing.**

Once they recognise they are a carer and establish contact with a support group, carers find it easy to access information and advice. The group may be carer or condition-related support group (such as dementia or Parkinson's).

WISH is not well known to carers, although the groups and people who support carers are familiar with and utilise WISH reasonably well.

Priority 2 – Identifying carers

How quickly carers recognise themselves as carers depends on their experiences: there is inconsistency across the health sector, particularly in relation to people's experiences in hospital. Generally those treated for a particular ailment requiring an operation feel they get a good service. However where after care is required, they feel the hospital wants to discharge patients too quickly with no or sporadic support. This puts considerable pressure on the carer.

A carer recognition system has been established by Wye Valley NHS Trust and is being rolled out across the organisation. The COVID pandemic has meant that some visual prompts for carers and professionals around the hospital have had to be removed.

Most GPs seem to recognise the carer's caring role and offer support and/or reasonable adjustments. They also offer signposting support through social prescribers. However, there is not always a consistent approach towards recognising and making provision for carers between GPs and the practices they are based in.

Priority 3 – Carers' knowledge, skills and employment

Carers engaged with at the midpoint review and in the development of the new strategy are at different stages in their lives and aspirations.

- Several of those who are retired now volunteer in other organisations to support other carers.
- Those who are of working age have either given up work to undertake caring responsibilities or are struggling with employment.
- Those who engage with the DWP feel that there is a lack of understanding of the role of carers and there is an attempt to coerce them into work when they had full time caring duties. Parent carers experienced being asked not to bring children they care for to DWP appointments.

- There's a fear amongst working carers that employment prospects become more vulnerable if employers know you are a carer. There's also a strong sense of pride about being able to deal with things and manage.
- Adults who are undertaking education courses were doing so to provide support to other carers.
- Young carers and young adult carers had mixed experiences in school or college, with some having positive experience of being supported, others experiencing a lack of understanding by staff and no allowances for their individual needs as carers.

All valued sharing their experiences with other carers, largely through support groups, but also through being able to talk to someone on the phone. The majority meet other carers through informal networks, hospital appointments, support groups and the internet.

Priority 4 – Access to universal services

Carers don't really understand what is meant by universal services. They don't expect to be treated any differently because of their caring role, apart from when they are dealing with health and social care.

Visibility of the Carer Links service is important and still has some work to increase awareness of the offer, particularly in respect of contingency planning.

Priority 5 – Networking and mutual support

Some carers attend the carer support groups formerly ran by Herefordshire Carers Support (HCS), although membership was reported as dwindling. The COVID pandemic has meant that these have had to be provided in different ways. Legacy funding from continues to support social activities and day trips, when restrictions allow.

Most carers engaged with participate in other social activities, although not as much as they would like.

Priority 6 – Assessment and support

The majority of carers feel involved in planning health-related support for the person they care for. However this varies according to the confidence of the individual and ability to ask questions and be assertive.

Only some carers had received a carers assessment and this was some time ago. There is a lack of understanding about whether carers should receive a review of their assessment. About three quarters of carers spoken to at the midpoint review did not know what a carer's assessment was, where they should go for one, and that it wasn't means tested. They assumed that if the cared for person wasn't eligible for council funded care, then neither were they.

Some carers reported having gone through the assessment process with their loved ones, but had not been offered a carers assessment themselves.

Appendix C: DRAFT Summary of recommendations to the executive and executive responses [Carers strategy]

On 29 March 2021, the adults and wellbeing scrutiny committee considered the report 'Carers strategy'. The committee resolved 'That the draft strategy be supported, particularly the level of consultation undertaken and planned, and the following be recommended to the executive':					
Recommendation a.	• That the need for coordination on appropriate solutions, for both the person being cared for and for the carer, be highlighted in the strategy.				
Executive Response	Agreed, strategy to be updated.				
Action		**Owner**	**By When**	**Target/Success Criteria**	**Progress**
To update priority 2 to reflect synergy between carer and cared for assessments where appropriate.		Senior Commissioning Officer	6th June 2021	Strategy wording revised to reflect this recommendation.	
Recommendation b.	• That consideration be given to specific approaches in terms of urgent crisis situations.				
Executive Response	Agreed, strategy to be updated.				
Action		**Owner**	**By When**	**Target/Success Criteria**	**Progress**
To update the strategy content to recognise the difference of caring in a crisis and long term caring. Specifically to update to include within description of caring roles in 'who is the strategy for' section and priority 2 actions.		Senior Commissioning Officer	6th June 2021	Strategy wording revised to reflect this recommendation.	
Recommendation c.	• That attention be given to single points of contact, including trusted sources of information and linkages to services that support carers.				
Executive Response	Agreed, this is reflected in the strategy.				

Action	Owner	By When	Target/Success Criteria	Progress
Talk Community Directory contains carer specific information, including links to services that support carers.	Senior Commissioning Officer	30th April 2021	Information available and accessible to carers.	Complete.

Recommendation d.	• That the strategy be shared with the council's partners and local business groups to raise awareness of the issues for carers who are also employees.
Executive Response	Agreed.

Action	Owner	By When	Target/Success Criteria	Progress
Carers strategy to be circulated amongst key stakeholder partners and local business networks, such as The Chamber of Commerce.	Senior Commissioning Office	1st December 2021	Key stakeholders and local businesses are aware of the carers strategy and reflect this in improvement in practice for carers within their workforce and/or customer base.	

Recommendation e.	• That consideration be given to working with the Department for Work and Pensions (DWP) to raise awareness of carer specific needs.
Executive Response	Agreed, at local level Job Centre Plus staff to be engaged in delivery of carers strategy actions.

Action	Owner	By When	Target/Success Criteria	Progress
Job Centre Plus to be engaged as a Key Stakeholder as part of Carers Partnership Board, to drive change for carers at a local level and to channel communications to / from DWP nationally.	Senior Commissioning Officer	31st October 2021	Named Job Centre Plus representative actively engaged in Carers Partnership Board.	

Recommendation f.	• That the use of colour in the action plan be reviewed to make it clear that these do not relate to red, amber, green ratings.
Executive Response	Agreed, strategy to be updated.

Action	**Owner**	**By When**	**Target/Success Criteria**	**Progress**
Final version of carers strategy to clearly present action plan, without use of colour shading that could be misinterpreted as RAG rating.	Senior Commissioning Officer	31st October 2021	Action plan is clear to readers.	

Recommendation g.	• In view of the changed circumstances and the new strategy, that consideration be given to the carers support service to ensure that the service remains fit for purpose.
Executive Response	Agreed, to be carried out through regular contract monitoring.

Action	**Owner**	**By When**	**Target/Success Criteria**	**Progress**
A minimum of quarterly contract monitoring reporting to be provided by the carers service provider throughout the lifetime of the contract.	Senior Commissioning Officer	31st March 2024	Monitoring data available each quarter, until end of contract period.	

Recommendation h.	• That system partners be invited to consider improving the experiences for carers in an integrated way across the system, with specific consideration given to carers as part of the emerging Integrated Care System.
Executive Response	Agreed, request for engagement with Carers Partnership Board to be made to the Integrated Care System partners.

Action	**Owner**	**By When**	**Target/Success Criteria**	**Progress**
Update 'Who is responsible for making the actions happen?' section of the carers strategy to reflect role of Integrated Care System Transformation Board.	Senior Commissioning Officer	6th June 2021	Role of Integrated Care System Transformation Board clearly define in carers strategy.	

Form a Carer Partnership Board from Key Stakeholders and Carers. Carers Partnership Board to request opportunity to review of board actions by the Integrated Care System at agreed intervals.	Senior Commissioning Officer	1st April 2022	Mechanism for formal reporting and feedback between Carers Partnership Board and Integrated Care System established.	

Recommendation i.	• The adults and communities directorate and the children and families directorate jointly review practices and processes to ensure consistency and support across all ages, including the advice and guidance provided on assessments.
Executive Response	Agreed, strategy to be updated.

Action	**Owner**	**By When**	**Target/Success Criteria**	**Progress**
Priority 2 of the carers strategy and associated actions updated to reflect the need for a consistent approach across all ages.	Senior Commissioning Officer	6th June 2021	Priority 2 reflects a commitment to a consistent approach to assessment and support for carers of all ages.	
Operational leads from adult and communities and children and families directorates to jointly review their practices and process to support for carers.	Operational Heads of Service	1st April 20222	Processes for assessing and reviewing carers are consistent and the experience of carers accessing services reflects this.	

Recommendation j.	• Consideration be given to the identification of young carers and the specific needs of young carers in an educational setting.
Executive Response	Agreed, strategy to be updated.

Action	**Owner**	**By When**	**Target/Success Criteria**	**Progress**

Priority 1 of the carers strategy to be developed to specifically include actions specifically around identification and support for young carers and young adult carers.	Senior Commissioning Officer	6th June 2021	Priority 1 reflects actions to be taken by	
Education representative to be included in Carers Partnership Board membership.	Senior Commissioning Officer	31st October 2021	Named education representative member of Carers Partnership Board.	

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Title of report: Better Care Fund (BCF) year-end report 2020-2021

Meeting: Health and wellbeing board

Meeting date: 26 July 2021

Report by: Acting Director for Adults and Communities

Classification

Open

Decision type

This is not an executive decision.

Wards affected

(All Wards);

Purpose

To review the better care fund (BCF) year-end 2020-2021 report as per the requirements of the programme.

Recommendation(s)

That:

a) the Better Care Fund (BCF) 2020-2021 year-end template at appendix 1, as submitted to NHS England, be reviewed and the board determine any further actions necessary to improve future performance.

Alternative options

1. The content of the return has already been approved by the council's director for adults and communities and Herefordshire Clinical Commissioning Group's (CCG) accountable officer and submitted prior to the meeting of the board, in accordance with national deadlines, however this gives the board an opportunity to review and provide feedback.

Key considerations

2. Health and Wellbeing Boards were advised that BCF policy and planning requirements would not need to be published, due to the Covid-19 pandemic commitments, and the continuity of provision, social care capacity and system resilience based on local agreement in 2020 to 2021, should be prioritised.

3. The year-end template is a revised version and focuses on funding contributions and expenditure. It covers the period during which the intended activities and spending patterns, were altered, due to the impact of the pandemic.

4. HWB areas were required to ensure that use of the mandatory funding contributions (Clinical Commissioning Group (CCG) minimum contribution, improved Better Care Fund (IBCF) grant and the Disabled Facilities Grant had been agreed in writing, and that the national conditions were met.

5. The national conditions for the BCF in 2020-21 were:

    1) A Plan has been agreed for the Health and Wellbeing Board area that includes all mandatory funding and this is included in a pooled fund governed under section 75 of the NHS Act 2006? (This should include engagement with district councils on use of Disabled Facilities Grant in two tier areas).

    2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the BCF policy.

    3) Agreement to invest in NHS commissioned out of hospital services.

    4) The CCG and LA have confirmed compliance with these conditions to the HWB.

6. The year-end template is attached at appendix 1, confirming that the national conditions have been met.

7. This year saw changes to the hospital discharge arrangements, with additional funding and requirements to respond to Covid-19. This year has demonstrated a remarkable level of effective partnership working across the health and social care sector in Herefordshire, with exceptional drive to achieve solutions to the challenges of Covid-19.

8. A new pooled-budget, pool seven - Covid-19 Hospital Discharge, was introduced this year to manage the joint funding of revised hospital discharge regulations. The council's contribution to the pool represents budgets allocated for new care placements in the year, the CCG's contribution to the pool represents funding from NHS England specifically for the hospital discharge scheme.

9. The coronavirus crisis led to considerable opportunity costs as response to the emergency necessarily took precedence over delivery of other plans. Overall the BCF saw underspends of £1.318m on schemes that could not be started or fully completed

and posts that could not be recruited to. There was also underspends of £3.192m on care home placements, this underspend was mostly driven by changes in patterns of demand relating to Covid-19. The underspending on pool 2 contributed to funding for the costs of the Covid-19 Hospital Discharge Scheme (Pool 7).

10. The section on social care fee rates provides data on average fees paid for domiciliary care, residential care (people over 65) and nursing care (people over 65). It collects what the council pays to providers (not covering self-funders, third party top ups and NHS Funded Nursing Care and not covering internal administration costs). It does not include client contributions.

11. COVID-19 data has been collected to understand long-term rates paid to social care providers to inform policy and spending decisions. The form therefore collects data on planned fee rates prior to COVID pandemic and actual fee rates including any additional temporary increases (calculated as eligible expenditure in-year divided by client weeks to pick up guaranteed payments (e.g. voids).

12. Joint working continues to make an impact, even during a pandemic, in autumn 2020, the council's Practice Improvement Lead, worked closely with West Midlands Academic Science Network at Regional level on a project of 'Recognising the Deteriorating Resident and has interpreted this into a local level across Herefordshire.

13. The aim of the project is to support staff on the front line to feel confident and competent to identify soft signs of deterioration as early as possible and as a result to possibly avoid hospital admission depending on the individual circumstance. Locally we are also working with the Wye Valley NHS Trust to offer to all care homes the training on a rolling programme. Due to the Covid-19 pandemic, delivery of training methods has had to change. Alternative methods of delivery have been established.

14. The reablement service has been fully responsive during the Covid-19 crisis and have supported the rapid discharge of patients from hospital. With an integrated discharge team and an integrated response team, working in a supportive way with joined up training and operational support.

15. The national submission deadlines for 2020/21 year end returns have already passed and therefore the board is requested to note the completed data, following its submission to NHS England.

16. The Policy Framework and Planning requirements for 2021/2022 have not been published and further guidance is awaited.

Community impact

17. The BCF 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.

Environmental Impact

18. Herefordshire Council provides and purchases a wide range of services for the people of Herefordshire. Together with partner organisations in the private, public and voluntary sectors we share a strong commitment to improving our environmental sustainability, achieving carbon neutrality and to protect and enhance Herefordshire's outstanding natural environment.

19. Whilst this is a decision on back office functions and will have minimal environmental impacts, consideration has been made to minimise waste and resource use in line with the Council's Environmental Policy.

Equality duty

20. 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.

21. 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 taken into account. 27. It is not envisaged that the recommendations in this report will negatively disadvantage the following nine groups with protected characteristics: age, disability, gender, reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

22. 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 improving the health and wellbeing of people in Herefordshire by enabling them to take greater control over their own homes and communities. There are no negative impacts for looked after children or with respect to the council's corporate parenting role.

23. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services. The Sustainability and Transformation Partnership (STP) is developing a more joined up approach to its equality duties, and has an STP equality work stream which is developing a robust and uniform approach to equality impact assessment across Herefordshire and Worcestershire which the BCF will be included.

24. Where appropriate, an Equality Impact Assessment (EIA) is undertaken for separate schemes and services that are within the BCF. Where large changes are planned via the BCF an EIA will be completed.

Resource implications

25. The table below shows the summary outturn at month twelve (March 2021) for the schemes that make up the section 75 agreement (s.75).

2020/21 Section 75 Finance Summary

Scheme ID	Pool 1- Mandatory Revenue & Capital Contribution to BCF Protection of Adult Social Care (PASC)	Annual Plan	Final Out-Turn	Over / (Under) Spend	% Over / (Under) Spend
		£,000	£,000	£,000	
51	Community Resilience & Prevention	573	538	(35)	(6.2%)
52	Hospital Discharge Support	3,792	3,094	(698)	(18.4%)
54	Social Care Services	1,264	1,070	(194)	(15.3%)
57	Carers' Support	225	225	0	0.0%
	Sub Total- Protection of Adult Social Care (PASC)	**5,854**	**4,927**	**(927)**	**(15.8%)**

Scheme ID	Pool 1- Mandatory Revenue & Capital Contribution to BCF NHS Commissioned Out of Hospital Spend	Annual Plan	Final Out-Turn	Over / (Under) Spend	% Over / (Under) Spend
		£,000	£,000	£,000	
51	Community Resilience & Prevention	123	123	0	0.0%
52	Hospital Discharge Support	802	802	0	0.0%
57	Carers Support	288	288	0	0.0%
60	Community Health Services	6,548	6,548	0	0.0%
	Sub Total- NHS Commissioned Out of Hospital Spend	**7,761**	**7,761**	**0**	**0.0%**

Scheme ID	Pool 1- Mandatory Revenue & Capital Contribution to BCF Capital Grants		Annual Plan	Final Out-Turn	Over / (Under) Spend	% Over / (Under) Spend
			£,000	£,000	£,000	
33	Disabled Facilities Grant		2,269	2,269	0	0.0%
	Sub Total- Capital Grants		**2,269**	**2,269**	**0**	**0.0%**
	Total Pool One- Mandated Revenue & Capital Allocations		**15,884**	**14,956**	**(927)**	**(5.8%)**

Scheme ID	Pool Two- Additional Contribution to BCF Care Home Market Management		Annual Plan	Final Out-Turn	Over / (Under) Spend	% Over / (Under) Spend
			£,000	£,000	£,000	
34	HCCG Care Home Package Costs		11,532	11,352	(180)	(1.6%)
34	HC Care Home Package Costs		26,719	23,706	(3,012)	(11.3%)
	Total Additional Contribution to BCF		**38,251**	**35,058**	**(3,192)**	**(8.3%)**

Scheme ID	BCF Pool Three- Improved Better Care Fund (IBCF)		Annual Plan	Final Out-Turn	Over / (Under) Spend	% Over / (Under) Spend
			£,000	£,000	£,000	
151	Community Resilience & Prevention		632	526	(106)	(16.8%)
152	Hospital Discharge Support		586	451	(134)	(23.0%)
153	Integrated Services		4,064	4,188	124	3.0%
154	Social Care Services		264	140	(124)	(47.1%)
156	Care Workforce Support		196	46	(150)	(76.5%)
158	Social Care Placements		842	842	0	0.0%
	Total Improved Better Care Fund		**6,583**	**6,193**	**(391)**	**(5.9%)**

Scheme ID	BCF Pool Four- Winter Pressures Grant		Annual Plan	Final Out-Turn	Over / (Under) Spend	% Over / (Under) Spend
			£,000	£,000	£,000	
258	Social Care Placements		0	0	0	0.0%
	Total Winter Pressures Grant		**0**	**0**	**0**	**0.0%**

Scheme ID	Pool Five- Children's Services		Annual Plan	Final Out-Turn	Over / (Under) Spend	% Over / (Under) Spend
			£,000	£,000	£,000	
4	Herefordshire Council Contribution		876	908	32	3.6%
4	Herefordshire CCG Contribution		4,647	4,840	193	4.2%
	Total Children's Services		**5,523**	**5,747**	**225**	**4.1%**

Scheme ID	Pool Six- Integrated Community Equipment Store (ICES)		Annual Plan	Final Out-Turn	Over / (Under) Spend	% Over / (Under) Spend
			£,000	£,000	£,000	
5a	Herefordshire CCG Contribution		845	909	64	7.6%
5b	Herefordshire Council Contribution		655	705	50	7.6%
	Total Integrated Community Equipment Store		**1,500**	**1,613**	**113**	**7.6%**

Scheme ID	Pool Seven- Covid-19 Hospital Discharge		Annual Plan	Final Out-Turn	Over / (Under) Spend	% Over / (Under) Spend
			£,000	£,000	£,000	
5a	Herefordshire CCG Contribution		0	9,662	9,662	-
5b	Herefordshire Council Contribution		2,059	2,059	0	-
	Total Covid-19 Hospital Discharge Support		**2,059**	**11,721**	**9,662**	**-**

Legal implications

26. The Care Act 2014 amended the NHS Act 2006 to provide the legislative basis for the BCF. It allows for the Mandate to 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.

27. Health and wellbeing boards are responsible for encouraging integrated working between health and social care commissioners, including partnership arrangements such as pooled budgets, lead commissioning and integrated provision.

28. Their purpose is to establish collaborative decision making, planning and commissioning across councils and the NHS, informed by the views of patients, people who use services and other partners.

29. Overseeing the deployment of BCF resources locally is a key part of their remit. BCF plans have to be signed off by the health and wellbeing board as well as the CCG (Clinical Commissioning Group), which represents the NHS side of the equation.

Risk management

30. 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.

31. Monitoring the delivery of the Herefordshire BCF Plan is undertaken by the council and CCG. The project manager monitors a risk register and escalates to the directorate risk register where necessary. Higher risks will also be escalated, to the council's corporate register in accordance with the council Risk Management Plan.

Risk / Opportunity	**Mitigation**
Increasing demand due to the demography of expected older age population could outstrip the improvements made.	A number of the schemes include both areas that support prevention and the urgent care parts of the system to spread the risk. In addition, the local authority continues to lead on development with communities and implementing strengths based assessments to reduce demand where possible.
The 2021/22 Better Care Fund (BCF) Policy Framework has not been released.	There is no planned major shift for the BCF in 2021-22. The likely direction of travel is that it will bring the objectives that were agreed through the BCF review (February 2020), into the policy framework and planning requirements. The broad focus will be on prevention and anticipatory care, as well as discharge and flow.

Risk / Opportunity	Mitigation
	Funding allocations have been made for 2021/22. Partners continued to work together on activity to address demands in community health and social care, and prioritise continuity of care, maintaining social care services and system resilience.

Consultees

32. Content of the returns have already been approved by the council's director for adults and communities and Herefordshire Clinical Commissioning Group's (CCG) accountable officer and submitted prior to the national deadlines.

Appendices

Appendix 1 – Better care fund 2020/21 year end national performance template.

Background papers

None identified.

Better Care Fund 2020-21 Year-end Template

1. Guidance

Overview

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

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

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

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

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

Checklist (all sheets)

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

Cover

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

National Conditions

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

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

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

The four national conditions are as below:

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

Income and Expenditure Actuals

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

Income section:

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

Expenditure section:

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

Year End Feedback

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

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

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

Delivery of the Better Care Fund

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

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

The questions are:

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

Part - Successes and Challenges

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

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

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

SCIE - Integrated care Logic Model

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

Social care fees

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

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

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

CCG-HWB Mapping

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

Better Care Fund 2020-21 Year-end Template

2. Cover

Version 1.0

Please Note:

- The BCF end of year reports are categorised as 'Management Information' and data from them will published in an aggregated form on the NHSE website. Narrative sections of the reports will not be published. However as with all information collected and stored by public bodies, all BCF information including any narrative is subject to Freedom of Information requests.

- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.

- All information, including that provided on local authority fee rates, will be supplied to BCF partners to inform policy development.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

		Checklist Complete:
Health and Wellbeing Board:	Herefordshire, County of	Yes
Completed by:	MARIE GALLAGHER	Yes
E-mail:	Marie.Gallagher1@herefordshire.gov.uk	Yes
Contact number:	01432 260435	Yes
Is the template being submitted subject to HWB / delegated sign-off?	Yes, subject to sign-off	Yes

Where a sign-off has been received, please indicate who signed off the report on behalf of the HWB?

Job Title:		Yes
Name:		Yes

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

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

<< Link to the Guidance sheet

Better Care Fund 2020-21 Year-end Template

3. National Conditions

Selected Health and Wellbeing Board: 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 in 2020-21:**
1) A Plan has been agreed for the Health and Wellbeing Board area that includes all mandatory funding and this is included in a pooled fund governed under section 75 of the NHS Act 2006? (This should include engagement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes	
2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the BCF policy?	Yes	
3) Agreement to invest in NHS commissioned out of hospital services?	Yes	
4) The CCG and LA have confirmed compliance with these conditions to the HWB?	Yes	

Better Care Fund 2020-21 Year-end Template

4. Income

Selected Health and Wellbeing Board: Herefordshire, County of

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Herefordshire, County of	£2,268,653
DFG breakerdown for two-tier areas only (where applicable)	
Total Minimum LA Contribution (exc iBCF)	**£2,268,653**

iBCF Contribution	Contribution
Herefordshire, County of	£6,583,421
Total iBCF Contribution	**£6,583,421**

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

Local Authority Additional Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Herefordshire, County of	£26,718,512	Care Home Placements Commissioning
Total Additional Local Authority Contribution	**£26,718,512**	

CCG Minimum Contribution	Contribution
NHS Herefordshire CCG	£13,614,924
Total Minimum CCG Contribution	**£13,614,924**

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

Additional CCG Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding. If you are including funding made available to support the Hospital Discharge Service Policy in 2020-21, you should record this here
NHS Herefordshire CCG	£11,532,000	CHC & FNC Placements
Total Additional CCG Contribution	**£11,532,000**	
Total CCG Contribution	**£25,146,924**	

	2020-21
Total BCF Pooled Budget	**£60,717,510**

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

Better Care Fund 2020-21 Year-end Template

5. Expenditure

Selected Health and Wellbeing Board: Herefordshire, County of

Running Balances	Income	Expenditure	Balance
DFG	£2,268,653	£2,268,653	£0
Minimum CCG Contribution	£13,614,924	£13,614,924	£0
iBCF	£6,583,421	£6,583,421	£0
Additional LA Contribution	£26,718,512	£26,718,512	£0
Additional CCG Contribution	£11,532,000	£11,532,000	£0
Total	£60,717,510	£60,717,510	**£0**

Required Spend	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum CCG allocation	£3,868,975	£7,761,196	£0
Adult Social Care services spend from the minimum CCG allocations	£5,853,727	£5,853,728	£0

Checklist

Complete:

Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Link to Scheme Type description

					Expenditure								
Scheme ID	Scheme Name	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
33	DFG	DFG Related Schemes	Adaptations		Social Care		LA			Private Sector	DFG	£2,268,653	Existing
51	Community Resilience & Prevention	Community Based Schemes			Social Care		LA			Local Authority	Minimum CCG Contribution	£573,312	Existing
51	Community Resilience & Prevention	Community Based Schemes			Community Health		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£122,551	Existing
52	Hospital Discharge Support	HICM for Managing Transfer of Care	Chg 4. Home First / Discharge to Access		Social Care		LA			Local Authority	Minimum CCG Contribution	£3,791,768	Existing
52	Hospital Discharge Support	Intermediate Care Services	Bed Based - Step Up/Down		Community Health		CCG			Private Sector	Minimum CCG Contribution	£802,344	Existing
54	Social Care Services	Care Act Implementation Related Duties	Deprivation of Liberty Safeguards (DoLS)		Social Care		LA			Local Authority	Minimum CCG Contribution	£1,263,648	Existing
57	Carer's Support	Carers Services	Carer Advice and Support		Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£225,000	Existing
57	Carer's Support	Carers Services	Respite Services		Community Health		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£288,017	Existing
60	Community Health Services	Community Based Schemes			Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£6,548,284	Existing
34	H&W CCG CHC / FNC Placement Costs	Residential Placements	Nursing Home		Continuing Care		CCG			Private Sector	Additional CCG Contribution	£11,532,000	Existing
34	Herefordshire Council Care Home Placements	Residential Placements	Care Home		Social Care		LA			Private Sector	Additional LA Contribution	£26,718,512	Existing
151	Community Resilience & Prevention	Prevention / Early Intervention	Social Prescribing		Social Care		LA			Local Authority	iBCF	£632,469	Existing
152	Hospital Discharge Support	HICM for Managing Transfer of Care	Chg 1. Early Discharge Planning		Social Care		LA			Local Authority	iBCF	£585,511	Existing
153	Integrated Services	Integrated Care Planning and Navigation	Other	Primary Care Network based Social Care	Social Care		LA			Local Authority	iBCF	£4,064,226	Existing
154	Social Care Services	Personalised Care at Home			Social Care		LA			Charity / Voluntary Sector	iBCF	£263,895	Existing
156	Care Workforce Support	HICM for Managing Transfer of Care	Chg 8. Enhancing Health in Care Homes		Social Care		LA			NHS Community Provider	iBCF	£195,678	Existing
158	Social Care Placements	Home Care or Domiciliary Care			Social Care		LA			Private Sector	iBCF	£841,642	Existing

^^ Link back up

Scheme Type	Description	
Assistive Technologies and Equipment	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Digital participation services).	
Care Act Implementation Related Duties	Funding planned towards the implementation of Care Act related duties.	
Carers Services	Supporting people to sustain their role as carers and reduce the likelihood of crisis. Advice, advocacy, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence. This also includes the implementation of the Care Act as a sub-type.	

Community Based Schemes	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood level (eg: Integrated Neighbourhood Teams)	
DFG Related Schemes	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes.	
Enablers for Integration	Schemes that build and develop the enabling foundations of health and social care integration encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.	
High Impact Change Model for Managing Transfer of Care	The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM as such, is included in this section.	
Home Care or Domiciliary Care	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.	
Housing Related Schemes	This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.	
Integrated Care Planning and Navigation	Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches like Single Point of Access (SPoA) and linking people to community assets. Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams. Note: For Multi-Disciplinary Discharge Teams and the HICM for managing discharges, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.	

Intermediate Care Services	Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups. Four service models of intermediate care are: bed-based intermediate care, crisis or rapid response (including falls), home-based intermediate care, and reablement or rehabilitation. Home-based intermediate care is covered in Scheme-A and the other three models are available on the sub-types.	
Personalised Budgeting and Commissioning	Various person centred approaches to commissioning and budgeting.	
Personalised Care at Home	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.	
Prevention / Early Intervention	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.	
Residential Placements	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.	
Other	Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.	

^^ Link back up

Better Care Fund 2020-21 Year-end Template

6. Income and Expenditure actual

Selected Health and Wellbeing Board: Herefordshire, County of

Income

	2020-21	
Disabled Facilities Grant	£2,268,653	
Improved Better Care Fund	£6,583,421	
CCG Minimum Fund	£13,614,924	
Minimum Sub Total		£22,466,998

	Planned	
CCG Additional Funding	£11,532,000	
LA Additional Funding	£26,718,512	
Additional Sub Total		£38,250,512

Actual		
Do you wish to change your additional actual CCG funding?	Yes	£11,352,406
Do you wish to change your additional actual LA funding?	Yes	£23,706,041
		£35,058,447

	Planned 20-21	Actual 20-21
Total BCF Pooled Fund	£60,717,510	£57,525,445

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2020-21	Additional funding matches actual expenditure incurred (see below)

Expenditure

	2020-21
Plan	£60,717,510

Do you wish to change your actual BCF expenditure?	Yes

Actual	£56,207,636

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2020-21	Underspend on schemes that could not be started or fully completed due to Covid-19 = £1.318m Underspend on additional contributions for care home placements (mostly due to Covid-19) = £3.192m

Better Care Fund 2020-21 Year-end Template

7. Year-End Feedback

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

Selected Health and Wellbeing Board: Herefordshire, County of

Part 1: Delivery of the Better Care Fund

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

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	Joint working with each member taking responsibility for delivery of schemes or projects that they are leading on. Communications into and across organisations in order to ensure effective understanding of the planned activity and outcomes. Updates are provided on a quarterly basis covering Implementation, Outcomes, Finance &
2. Our BCF schemes were implemented as planned in 2020-21	Agree	A number of schemes are funded through the BCF in Herefordshire. Throughout the year all schemes have been implemented, as planned, albeit with some difficulties due to COVID.
3. The delivery of our BCF plan in 2020-21 had a positive impact on the integration of health and social care in our locality	Agree	The ongoing approach to integration continues to have a positive impact with partners continually working together to achieve this.

Part 2: Successes and Challenges

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

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2020-21	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	5. Integrated workforce: joint approach to training and upskilling of workforce	In autumn 2020, the Practice Improvement Lead within Herefordshire Council, has been working closely with West Midlands Academic Science Network at Regional level on a project of 'Recognising the Deteriorating Resident and have interpreted this into a local level across Herefordshire. The aim of the project is to support staff on the front line to feel confident and competent to identify soft signs of deterioration as early as possible and as a result to possibly avoid hospital admission depending on the individual circumstance. Locally we are also working with the Wye Valley NHS Trust to offer to all care
Success 2	7. Joined-up regulatory approach	Our Reablement service has been fully response during the covid crisis and have supported the rapid discharge of patients from hospital With an integrated discharge team and an integrated response team, we are truly able to support each other with joined up training and operational support

5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2020-21	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges
Challenge 1	5. Integrated workforce: joint approach to training and upskilling of workforce	• Due to the Covid 19 pandemic, delivery of training methods has had to change. Alternative methods of delivery have been established. • Not being able to carry out follow up visits to evidence the training is embedded into practice.
Challenge 2	7. Joined-up regulatory approach	There have been some challenges trying to balance the "priorities", particularly during Covid. However we have now got joint management in place, and this has helped support the difficult decision making that staff sometimes are asked to make. The staff feel better supported

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

Better Care Fund 2020-21 Year-end Template

8. improved Better Care Fund

Selected Health and Wellbeing Board: Herefordshire, County of

These questions cover average fees paid by your local authority (including client contributions/user charges) to external care providers for your local authority's eligible clients.
The averages will likely need to be calculated from records of payments paid to social care providers and the number of client weeks they relate to, unless you already have suitable management information.

We are interested ONLY in the average fees actually received by external care providers for your local authority's eligible supported clients (including client contributions/user charges). Specifically the averages SHOULD EXCLUDE:
- Any amounts that you usually include in reported fee rates but are not paid to care providers e.g. your local authority's own staff costs in managing the commissioning of places.
- Any amounts that are paid from sources other than eligible local authority funding and client contributions/user charges, i.e. you should EXCLUDE third party top-ups, NHS Funded Nursing Care and full cost paying clients.

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

If you only have average fees at a more detailed breakdown level than the three service types of home care, 65+ residential and 65+ nursing requested below (e.g. you have the more detailed categories of 65+ residential without dementia, 65+ residential with dementia) **please calculate for each of the three service types an average weighted by the proportion of clients that receive each detailed category:**
1. Take the number of clients receiving the service for each detailed category.
2. Divide the number of clients receiving the service for each detailed category (e.g. age 65+ residential without dementia, age 65+ residential with dementia) by the total number of clients receiving the relevant service (e.g. age 65+ residential).
3. Multiply the resultant proportions from Step 2 by the corresponding fee paid for each detailed category.
4. For each service type, sum the resultant detailed category figures from Step 3.

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

	For information - your 2019-20 fee as reported in Q2 2019 20 *	Average 2019-20 fee. If you have newer/better data than at Q2 2019-20, enter it below and explain why it differs in the comments. Otherwise enter the Q2 2019-20 value from the previous column	What was your anticipated average fee rate for 2020-21, if COVID-19 had not occurred?	What was your actual average fee rate per actual user for 2020-21? **	Implied uplift: anticipated 2020-21 rates compared to 2019-20 rates.	Implied uplift: actual 2020-21 rates compared to 2019-20 rates.
1. Please provide the average amount that you paid to external providers for home care, calculated on a consistent basis. (£ per contact hour, following the exclusions as in the instructions above)	£18.02	£18.17	£19.25	£20.06	5.9%	10.4%
2. Please provide the average amount that you paid for external provider care homes without nursing for clients aged 65+, calculated on a consistent basis. (£ per client per week, following the exclusions as in the instructions above)	£625.58	£666.28	£695.73	£655.12	4.4%	-1.7%
3. Please provide the average amount that you paid for external provider care homes with nursing for clients aged 65+, calculated on a consistent basis. (£ per client per week, following the exclusions in the instructions above)	£642.80	£658.12	£687.21	£683.27	4.4%	3.8%
4. Please provide additional commentary if your 2019-20 fee is different from that reported at Q2 2019-20. Please do not use more than 250 characters.		Variation in demand, intensity and location of placements affects the average hourly or weekly cost. Rural placements are considerably more expensive than urban placements				79 characters remaining
5. Please briefly list the covid-19 support measures that have most increased your average fees for 2020-21. Please do not use more than 250 characters.		10% increase in home care fees for placements for hospital discharge				182 characters remaining

Footnotes:

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

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

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

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

E10000003	Cambridgeshire	06K	NHS East and North Hertfordshire CCG	0.8%	0.7%
E10000003	Cambridgeshire	07H	NHS West Essex CCG	0.2%	0.1%
E10000003	Cambridgeshire	07K	NHS West Suffolk CCG	3.9%	1.4%
E10000003	Cambridgeshire	26A	NHS Norfolk and Waveney CCG	0.3%	0.4%
E09000007	Camden	07P	NHS Brent CCG	1.2%	1.7%
E09000007	Camden	08C	NHS Hammersmith and Fulham CCG	1.1%	1.2%
E09000007	Camden	08Y	NHS West London CCG	0.3%	0.3%
E09000007	Camden	09A	NHS Central London (Westminster) CCG	5.4%	4.7%
E09000007	Camden	93C	NHS North Central London CCG	15.4%	92.1%
E06000056	Central Bedfordshire	04F	NHS Milton Keynes CCG	0.1%	0.1%
E06000056	Central Bedfordshire	06F	NHS Bedfordshire CCG	56.7%	94.9%
E06000056	Central Bedfordshire	06K	NHS East and North Hertfordshire CCG	0.3%	0.7%
E06000056	Central Bedfordshire	06N	NHS Herts Valleys CCG	0.4%	0.9%
E06000056	Central Bedfordshire	06P	NHS Luton CCG	2.1%	1.7%
E06000056	Central Bedfordshire	14Y	NHS Buckinghamshire CCG	0.8%	1.6%
E06000049	Cheshire East	01W	NHS Stockport CCG	1.6%	1.2%
E06000049	Cheshire East	02A	NHS Trafford CCG	0.2%	0.1%
E06000049	Cheshire East	02E	NHS Warrington CCG	0.7%	0.4%
E06000049	Cheshire East	05G	NHS North Staffordshire CCG	1.2%	0.6%
E06000049	Cheshire East	15M	NHS Derby and Derbyshire CCG	0.1%	0.2%
E06000049	Cheshire East	27D	NHS Cheshire CCG	51.6%	97.4%
E06000050	Cheshire West and Chester	01F	NHS Halton CCG	0.2%	0.0%
E06000050	Cheshire West and Chester	02E	NHS Warrington CCG	0.4%	0.3%
E06000050	Cheshire West and Chester	12F	NHS Wirral CCG	0.3%	0.3%
E06000050	Cheshire West and Chester	27D	NHS Cheshire CCG	47.3%	99.5%
E09000001	City of London	07T	NHS City and Hackney CCG	1.8%	66.3%
E09000001	City of London	08C	NHS Hammersmith and Fulham CCG	0.1%	4.3%
E09000001	City of London	08V	NHS Tower Hamlets CCG	0.3%	12.8%
E09000001	City of London	08Y	NHS West London CCG	0.0%	0.2%
E09000001	City of London	09A	NHS Central London (Westminster) CCG	0.1%	3.4%
E09000001	City of London	72Q	NHS South East London CCG	0.0%	0.3%
E09000001	City of London	93C	NHS North Central London CCG	0.0%	12.7%
E06000052	Cornwall & Scilly	11N	NHS Kernow CCG	99.7%	99.4%
E06000052	Cornwall & Scilly	15N	NHS Devon CCG	0.3%	0.6%
E06000047	County Durham	00P	NHS Sunderland CCG	1.1%	0.6%
E06000047	County Durham	13T	NHS Newcastle Gateshead CCG	0.7%	0.7%
E06000047	County Durham	16C	NHS Tees Valley CCG	0.1%	0.1%
E06000047	County Durham	84H	NHS County Durham CCG	96.8%	98.6%
E08000026	Coventry	05A	NHS Coventry and Rugby CCG	74.6%	99.8%
E08000026	Coventry	05H	NHS Warwickshire North CCG	0.4%	0.2%
E08000026	Coventry	05R	NHS South Warwickshire CCG	0.1%	0.0%
E09000008	Croydon	08C	NHS Hammersmith and Fulham CCG	0.3%	0.2%
E09000008	Croydon	36L	NHS South West London CCG	23.9%	93.7%
E09000008	Croydon	72Q	NHS South East London CCG	1.0%	4.7%
E09000008	Croydon	92A	NHS Surrey Heartlands CCG	0.6%	1.4%
E10000006	Cumbria	01H	NHS North Cumbria CCG	99.9%	63.5%
E10000006	Cumbria	01K	NHS Morecambe Bay CCG	53.2%	36.5%
E06000005	Darlington	16C	NHS Tees Valley CCG	15.2%	96.6%
E06000005	Darlington	42D	NHS North Yorkshire CCG	0.0%	0.1%
E06000005	Darlington	84H	NHS County Durham CCG	0.7%	3.3%
E06000015	Derby	15M	NHS Derby and Derbyshire CCG	26.6%	100.0%
E10000007	Derbyshire	01W	NHS Stockport CCG	0.1%	0.0%
E10000007	Derbyshire	01Y	NHS Tameside and Glossop CCG	13.9%	4.3%
E10000007	Derbyshire	02Q	NHS Bassetlaw CCG	0.2%	0.0%
E10000007	Derbyshire	03N	NHS Sheffield CCG	0.5%	0.3%
E10000007	Derbyshire	04V	NHS West Leicestershire CCG	0.6%	0.3%
E10000007	Derbyshire	05D	NHS East Staffordshire CCG	7.9%	1.4%
E10000007	Derbyshire	15M	NHS Derby and Derbyshire CCG	70.9%	92.5%
E10000007	Derbyshire	52R	NHS Nottingham and Nottinghamshire CCG	0.9%	1.2%
E10000008	Devon	11J	NHS Dorset CCG	0.3%	0.3%
E10000008	Devon	11N	NHS Kernow CCG	0.3%	0.2%
E10000008	Devon	11X	NHS Somerset CCG	0.4%	0.3%
E10000008	Devon	15N	NHS Devon CCG	66.0%	99.2%
E08000017	Doncaster	02P	NHS Barnsley CCG	0.3%	0.3%
E08000017	Doncaster	02Q	NHS Bassetlaw CCG	1.7%	0.6%
E08000017	Doncaster	02X	NHS Doncaster CCG	97.0%	97.7%
E08000017	Doncaster	03L	NHS Rotherham CCG	1.5%	1.2%
E08000017	Doncaster	03R	NHS Wakefield CCG	0.1%	0.2%
E06000059	Dorset	11A	NHS West Hampshire CCG	1.7%	2.5%
E06000059	Dorset	11J	NHS Dorset CCG	45.9%	95.7%
E06000059	Dorset	11X	NHS Somerset CCG	0.6%	0.9%
E06000059	Dorset	92G	NHS Bath and North East Somerset, Swindon and Wiltshire CCG	0.4%	0.9%
E08000027	Dudley	05C	NHS Dudley CCG	91.9%	90.6%
E08000027	Dudley	05L	NHS Sandwell and West Birmingham CCG	4.0%	7.0%
E08000027	Dudley	06A	NHS Wolverhampton CCG	1.7%	1.5%
E08000027	Dudley	15E	NHS Birmingham and Solihull CCG	0.1%	0.6%
E08000027	Dudley	18C	NHS Herefordshire and Worcestershire CCG	0.1%	0.3%
E09000009	Ealing	07P	NHS Brent CCG	2.1%	1.9%
E09000009	Ealing	07W	NHS Ealing CCG	87.0%	89.7%
E09000009	Ealing	07Y	NHS Hounslow CCG	4.4%	3.3%
E09000009	Ealing	08C	NHS Hammersmith and Fulham CCG	5.1%	3.5%
E09000009	Ealing	08E	NHS Harrow CCG	0.4%	0.3%
E09000009	Ealing	08G	NHS Hillingdon CCG	0.7%	0.5%
E09000009	Ealing	08Y	NHS West London CCG	0.8%	0.5%
E09000009	Ealing	09A	NHS Central London (Westminster) CCG	0.4%	0.2%
E09000009	Ealing	93C	NHS North Central London CCG	0.0%	0.1%
E06000011	East Riding of Yorkshire	02Y	NHS East Riding of Yorkshire CCG	97.2%	85.1%
E06000011	East Riding of Yorkshire	03F	NHS Hull CCG	8.7%	7.5%
E06000011	East Riding of Yorkshire	03Q	NHS Vale of York CCG	6.8%	7.1%
E06000011	East Riding of Yorkshire	42D	NHS North Yorkshire CCG	0.2%	0.2%
E10000011	East Sussex	09D	NHS Brighton and Hove CCG	1.1%	0.6%
E10000011	East Sussex	70F	NHS West Sussex CCG	0.7%	1.2%
E10000011	East Sussex	91Q	NHS Kent and Medway CCG	0.2%	0.7%
E10000011	East Sussex	97R	NHS East Sussex CCG	99.4%	97.5%
E09000010	Enfield	06K	NHS East and North Hertfordshire CCG	0.3%	0.6%
E09000010	Enfield	06N	NHS Herts Valleys CCG	0.1%	0.2%

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

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

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

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

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

E09000031	Waltham Forest	08N	NHS Redbridge CCG	1.3%	1.4%
E09000031	Waltham Forest	08W	NHS Waltham Forest CCG	94.2%	95.3%
E09000031	Waltham Forest	93C	NHS North Central London CCG	0.0%	0.4%
E09000032	Wandsworth	08C	NHS Hammersmith and Fulham CCG	1.9%	1.4%
E09000032	Wandsworth	08Y	NHS West London CCG	0.9%	0.6%
E09000032	Wandsworth	09A	NHS Central London (Westminster) CCG	1.3%	0.8%
E09000032	Wandsworth	36L	NHS South West London CCG	22.0%	93.3%
E09000032	Wandsworth	72Q	NHS South East London CCG	0.8%	3.8%
E09000032	Wandsworth	93C	NHS North Central London CCG	0.0%	0.1%
E06000007	Warrington	01F	NHS Halton CCG	0.3%	0.2%
E06000007	Warrington	01G	NHS Salford CCG	0.5%	0.6%
E06000007	Warrington	01X	NHS St Helens CCG	2.2%	1.9%
E06000007	Warrington	02E	NHS Warrington CCG	97.5%	97.0%
E06000007	Warrington	02H	NHS Wigan Borough CCG	0.2%	0.2%
E10000031	Warwickshire	04V	NHS West Leicestershire CCG	0.5%	0.3%
E10000031	Warwickshire	05A	NHS Coventry and Rugby CCG	25.1%	21.6%
E10000031	Warwickshire	05H	NHS Warwickshire North CCG	96.6%	30.4%
E10000031	Warwickshire	05Q	NHS South East Staffordshire and Seisdon Peninsula CCG	0.8%	0.3%
E10000031	Warwickshire	05R	NHS South Warwickshire CCG	96.0%	46.0%
E10000031	Warwickshire	10Q	NHS Oxfordshire CCG	0.3%	0.3%
E10000031	Warwickshire	11M	NHS Gloucestershire CCG	0.2%	0.2%
E10000031	Warwickshire	15E	NHS Birmingham and Solihull CCG	0.2%	0.5%
E10000031	Warwickshire	18C	NHS Herefordshire and Worcestershire CCG	0.2%	0.2%
E10000031	Warwickshire	78H	NHS Northamptonshire CCG	0.2%	0.2%
E06000037	West Berkshire	10J	NHS North Hampshire CCG	0.6%	0.9%
E06000037	West Berkshire	10Q	NHS Oxfordshire CCG	0.2%	1.1%
E06000037	West Berkshire	15A	NHS Berkshire West CCG	29.7%	97.7%
E06000037	West Berkshire	92G	NHS Bath and North East Somerset, Swindon and Wiltshire CCG	0.0%	0.4%
E10000032	West Sussex	09D	NHS Brighton and Hove CCG	1.1%	0.4%
E10000032	West Sussex	10V	NHS South Eastern Hampshire CCG	4.0%	1.0%
E10000032	West Sussex	70F	NHS West Sussex CCG	97.7%	97.4%
E10000032	West Sussex	92A	NHS Surrey Heartlands CCG	0.8%	1.0%
E10000032	West Sussex	97R	NHS East Sussex CCG	0.3%	0.2%
E09000033	Westminster	07P	NHS Brent CCG	1.3%	2.0%
E09000033	Westminster	08C	NHS Hammersmith and Fulham CCG	1.5%	1.7%
E09000033	Westminster	08Y	NHS West London CCG	22.4%	21.6%
E09000033	Westminster	09A	NHS Central London (Westminster) CCG	77.6%	70.8%
E09000033	Westminster	72Q	NHS South East London CCG	0.0%	0.2%
E09000033	Westminster	93C	NHS North Central London CCG	0.6%	3.7%
E08000010	Wigan	00T	NHS Bolton CCG	0.2%	0.2%
E08000010	Wigan	01G	NHS Salford CCG	0.8%	0.7%
E08000010	Wigan	01X	NHS St Helens CCG	3.5%	2.1%
E08000010	Wigan	02E	NHS Warrington CCG	0.4%	0.3%
E08000010	Wigan	02G	NHS West Lancashire CCG	2.9%	1.0%
E08000010	Wigan	02H	NHS Wigan Borough CCG	96.7%	95.9%
E06000054	Wiltshire	11A	NHS West Hampshire CCG	0.1%	0.2%
E06000054	Wiltshire	11J	NHS Dorset CCG	0.2%	0.4%
E06000054	Wiltshire	11M	NHS Gloucestershire CCG	0.4%	0.5%
E06000054	Wiltshire	11X	NHS Somerset CCG	0.4%	0.4%
E06000054	Wiltshire	15A	NHS Berkshire West CCG	0.2%	0.2%
E06000054	Wiltshire	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	0.2%	0.5%
E06000054	Wiltshire	92G	NHS Bath and North East Somerset, Swindon and Wiltshire CCG	51.0%	97.8%
E06000040	Windsor and Maidenhead	10C	NHS Surrey Heath CCG	0.2%	0.1%
E06000040	Windsor and Maidenhead	10Q	NHS Oxfordshire CCG	0.0%	0.2%
E06000040	Windsor and Maidenhead	14Y	NHS Buckinghamshire CCG	0.3%	1.0%
E06000040	Windsor and Maidenhead	15A	NHS Berkshire West CCG	0.4%	1.3%
E06000040	Windsor and Maidenhead	15D	NHS East Berkshire CCG	33.7%	96.9%
E06000040	Windsor and Maidenhead	92A	NHS Surrey Heartlands CCG	0.0%	0.5%
E08000015	Wirral	12F	NHS Wirral CCG	99.7%	99.6%
E08000015	Wirral	27D	NHS Cheshire CCG	0.2%	0.4%
E06000041	Wokingham	10Q	NHS Oxfordshire CCG	0.1%	0.4%
E06000041	Wokingham	15A	NHS Berkshire West CCG	32.1%	97.0%
E06000041	Wokingham	15D	NHS East Berkshire CCG	1.0%	2.5%
E08000031	Wolverhampton	05C	NHS Dudley CCG	1.3%	1.4%
E08000031	Wolverhampton	05L	NHS Sandwell and West Birmingham CCG	0.2%	0.3%
E08000031	Wolverhampton	05Q	NHS South East Staffordshire and Seisdon Peninsula CCG	1.9%	1.4%
E08000031	Wolverhampton	05Y	NHS Walsall CCG	3.4%	3.4%
E08000031	Wolverhampton	06A	NHS Wolverhampton CCG	94.0%	93.4%
E10000034	Worcestershire	05C	NHS Dudley CCG	0.7%	0.4%
E10000034	Worcestershire	05N	NHS Shropshire CCG	0.3%	0.1%
E10000034	Worcestershire	05R	NHS South Warwickshire CCG	2.4%	1.1%
E10000034	Worcestershire	11M	NHS Gloucestershire CCG	0.5%	0.6%
E10000034	Worcestershire	15E	NHS Birmingham and Solihull CCG	0.9%	2.0%
E10000034	Worcestershire	18C	NHS Herefordshire and Worcestershire CCG	74.6%	95.8%
E06000014	York	03Q	NHS Vale of York CCG	59.8%	99.9%
E06000014	York	42D	NHS North Yorkshire CCG	0.0%	0.1%

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